

"New Maternalisms"

Tales of Motherhood
(Dislodging the Unthinkable)

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“New Maternalisms”

Tales of Motherhood (Dislodging the Unthinkable)

EDITED BY
**Roksana Badruddoja
and Maki Motapanyane**


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DEMETER PRESS

*For Efatul Bushra and M. Badruddoja.
And for Maia and Terence.*

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—Roksana and Maki

Foreword

A Historical Journey Towards “New Maternalisms”

MARTHA JOY ROSE

IN WRITING ABOUT her 2012 curated collection “New Maternalisms,” artist Natalie Loveless declared, “According to a new materialist worldview, knowledge is never simply disseminated or applied, but is rather always made by its subjects as it is in turn remaking them” (12). The notion that knowledge—and identity—is *made* and *remade* provides a robust context for this anthology. Within these pages, an exploration of knowledges and identities surrounding “motherwork”—women’s unpaid labour of reproduction and/or caregiving—commences. The notion of motherwork includes multiple dimensions—mother as identity, mothering as practice, and motherhood as institution—and these dimensions are constantly in flux within the academy, in the arts, and amid those advocating for mothers. This underscores the (re)productions taking place within the personal landscape of motherhood as well as within the body of our understanding around motherwork. The spirit of *New Maternalisms: Tales of Motherwork (Dislodging the Unthinkable)* is entrenched in the interdisciplinary and multidisciplinary study of mothers, mothering, and motherhood. The concept of “new maternalisms” invites fresh perspectives and inventive discourse.

In much the same way that “new maternalisms” has encouraged an exploration of evolving mother material(s), “mother studies,” as I have turned the phrase, is grounded in academic discourse and the reality of everyday experiences in motherwork. Mother studies invites the formation of an entirely distinct discipline devoted to the issues, experiences, topics, history, and culture of

mothers, mothering, and motherhood. Though also referred to as “maternal studies,” “motherhood studies,” or “mothering studies,” I have chosen to focus on the broad range of individual experiences of the *mother*. Hence, I focus on the word “mother,” which is informed by mothering the practice, also contending with motherhood the institution. The core of mother studies grounds itself within the diverse aspects of identity, action, and role-playing that are assumed and enacted and, subsequently, studied and written about. The anthology is strongly informed by thinkers whose work has laid the foundation for explorations of “new maternalisms.” The forebears of this field are many, and their efforts have spanned over thirty years. They include Adrienne Rich, Sara Ruddick, Barbara Katz Rothman, Patricia Hill Collins, Andrea O’Reilly, Amber Kinser, and so many more who have worked diligently to embed mother studies in philosophy, economics, psychology, sociology, history, feminism, women’s and gender studies, and public health. This trailblazing has made such an anthology possible, inserting itself into a myriad of imaginations. This anthology before you links together a multitude of theories, praxes, and spaces.

It is critical to underscore the rapid rise of interest in the sphere of motherwork. In 2014, three peer-reviewed academic journals focusing on mothers and one on fathers released calls for submissions: the *Motherhood Initiative for Community Involvement* (MIRCI), *Studies in the Maternal*, *Journal of Mother Studies* (JourMS), and *Fathering, The Journal*. In 2015, four universities organized international conferences focused on mother culture, mother art, and motherwork: the tenth annual academic Museum of Motherhood (MOM) conference explored “New Maternalisms” at the City University of New York (CUNY) Graduate Center and Manhattan College; the seventeenth annual *Women’s History Conference* at Sarah Lawrence College focused on “Worn Out: Motherhood in the Age of Austerity”; the *Motherhood Initiative for Research and Community Involvement* (MIRCI) conference held in Rome focused on “Maternal Subjectivities: Psychology, Literature, Culture, and the Arts”; and, finally, a cultural conference that highlighted “Motherhood & Culture; Identity, Diversity, and Value” was held at Maynooth University in Ireland. Motherwork as a topic worthy

of academic rigour and intellectual study is irrefutably on the map both in America and abroad.

The Museum of Motherhood in New York City has attempted to firmly ground the subject of motherwork in both the academy and in our daily lives. This exhibition and education centre has seen several incarnations since it was founded in 2003. Recent activities and displays were housed on the Upper East Side of Manhattan between 2011 and 2014. Museum content is currently online with pop-up exhibits, conferences, and special events. Blogs, articles, and art offer topical and cultural information focused on mothers, fathers, and families. The museum situates itself between the intersection of the academic and the para-academic. Its activities support a community of students, activists, artists, and laypeople interested in investigating the science, art, and, history of mothers while championing rhetoric around a mother studies agenda. To that end, classes in mother studies were launched to the general public in 2011 and, subsequently, made available to university graduate and undergraduate students in partnership with professors Laura Tropp at Marymount Manhattan College and Aurelie Athan at the Columbia Teachers’ College. During my time teaching the students of these professors, I realized the implications of reaching out to future generations and rupturing their preconception of motherwork (before they became busy with families of their own).

Those inspired by the concept of “new maternalisms” include a fresh crop of artists contributing to the art of motherwork. Since 2010, these include an exciting array of individuals who blend the fine arts with theory while embracing social activism. Loveless harbours a desire “to enact a collective care practice and to bring public attention to the status of motherhood in contemporary art” (4). She aspires to care for mothers and their young and to make the art of motherhood visible. Likewise, in 2015, four newly emerging international online exhibits solicited partnerships from the Museum of Motherhood to promote and share their initiatives. They include *MAMA* (a partnership between *Mothers Are Making Art* and *Procreate Project*), which partners artists’ pregnancy projects with academic texts on a monthly basis; *Project AfterBirth* promotes artists’ work immediately after childbirth;

and, the exhibit entitled *Motherhood Archetypes* collaboratively partook in the 2015 Biennale of Contemporary Jewish Art in Jerusalem, along with the Museum of Motherhood. Finally, *Birth Rites Collection* with Helen Knowles has secured several gallery and museum exhibits focused on birth and motherhood. In each of these cases, the work of “new maternalisms” pushes forward an agenda that focuses attention on mother labour, mother art, and mother experience. All of these efforts are accompanied by a rich and thoughtful textual analysis bridging the discourse of both academic communication and those meaningfully engaged with motherwork. These endeavours constitute tremendous fortitude and effort. They are often unfunded or underfunded yet miraculously executed by true pioneers and visionaries.

The intersection between scholarly discourse and the lay perspective is paramount to mother studies as well as to “new maternalisms.” Unlike traditional labour and art, the labour and art of motherhood are formed amid the chaos of family, between folds of time. Therefore, experience, identity, and perspective are paramount to the oral, material, and cultural traditions of those who give birth, those who mother, and those who work as caregivers as they disseminate information to others. Bookending these perspectives and theoretically grounding them is the work of the students and professionals engaged in the humanities and sciences. Literary scholarship on motherhood spans a perspective that furthers intellectual comprehension of the overall field of mother studies. The pioneers for this can be counted through their foundational texts including, but not limited to, Adrienne Rich’s *Of Woman Born*, Sara Ruddick’s *Maternal Thinking*, Barbara Katz Rothman’s *Recreating Motherhood*, Patricia Hill Collins’s *Black Feminist Thought*, Andrea O’Reilly’s *Maternal Theory*, and Amber Kinser’s *Motherhood and Feminism*. In this anthology, the editors attempt to move works from the 1980s, 1990s, and early 2000s forward towards a rigorous collection of present-day thoughts, hence entitled *New Maternalisms*.

Although thoughtfully stewarded by a multitude of individuals, the interdisciplinary field of mother studies has, nevertheless, yet to be established as a legitimate and permanent area of degreed study. The more than thirty-year history of mother studies’ canons; the

eighteen-year history of institutional teaching of feminist motherhood, maternal health, and gender studies; and the recent rise of conferences, art exhibits, and social movements demonstrate the profundity of this initiative. The work of Maki Motapanyane—on sole parenting and mothers in hip-hop culture—along with the work of Roksana Badruddoja—women and gender studies scholar and one of the newest champions of the mother’s movement in academe—propel the work on “new maternalisms” forward. The next agenda must be to drive collections such as this to the heart of a mother studies curriculum. This curriculum must ultimately be situated firmly within the academy. I invite researchers, teachers, activists, artists, policymakers, and community members to make mother studies’ theory and praxis important within our institutions of higher learning. The next horizon must be to promote this field of scholarship. I am delighted to have been invited to be a part of this anthology, and I am grateful to have been asked to contribute. It is my hope that works such as “*New Maternalisms*”: *Tales of Motherwork (Dislodging the Unthinkable)*, which are grounded within a diversity of expression, can contribute to the canons of this field. The study of and advocacy around mothers, mothering, and motherhood is made visible and real by such texts, through which we are all enhanced.

—Martha Joy Rose, Founder & Executive Director
of the Museum of Motherhood

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Introduction

Invisible Identities: Centring the Voices in Motherwork by Dislodging

ROKSANA BADRUDDOJA

MUCH RESEARCH ON MOTHERHOOD has been published in the past eighteen years (e.g., Tropp; Motapanyane; O'Reilly, *The 21st Century, Maternal Theory*; Chernick and Klein; Kinser; Crittenden;; Rothman; Collins; Ruddick), which suggests an increased interest in and visibility and acknowledgement of feminism and the topic of motherhood. The literature is concerned with the invisibility of mothers and the labour of caregiving or motherwork. Specifically, contemporary literature on motherhood is embedded in postcolonial and transnational scholarship in which motherhood scholars such as Ruddick, Chernick and Klein, and O'Reilly articulate “a new economy of collective caregiving and mutual exchange” (Klein). The works also reflect the changing structure of the family (e.g., same-sex relationships and assisted reproductive technology or ART). Drawing on artist Natalie S. Loveless's curation in spring 2012 for FADO Performance Art Centre in Toronto, I call this shift in the representation of motherhood in the literature as “new maternalisms” (the title of Loveless's curation).

As a Bangladeshi-American woman, a queer, a womanist or feminist of colour, a “Third World” feminist, a postcolonial, a mother to twelve-year-old girl who is negotiating her “brownness” at school, and a professor of women's studies and sociology, my mission is to recognize the voices of mothers and affirm the dignity of all mothers at large. I specifically bring attention to those who engage in motherwork or the labour of caregiving or “maternal practice” as theorized by Ruddick. The term “mother,” then, is not limited to biological mothers but to

anyone who takes on the work of mothering as a central part of their life. Collins describes the invisibility of motherwork as the unacknowledged labour that mothers do, including care work. This task of bringing the invisible, marginalized, and peripheral voices to the centre inevitably raises questions about how one can represent an individual mother's preferences and priorities in order to reflect their own unique subjectivities and histories (self-identity) but also to bear the imprint of their own complex social relationships (social identity). In other words, what do the voices of those who engage in motherwork have to say? And, how can those who engage in motherwork insert themselves into a story in which their experiences have a fuller role to play locally, nationally, and globally? The present work "*New Maternalisms*": *Tales of Motherwork (Dislodging the Unthinkable)* begins to answer such questions by focusing on the roles of mothers and the motherwork in which they engage. The anthology signals the important sociological and anthropological shifts taking place in the field of motherhood as it relates to mothers who are marginalized through motherwork.

In this anthology, Maki Motapanyane and I explore the perceptions of those who engage in and/or research motherwork or the labour of caregiving (i.e., mothers), and how mothers view themselves in comparison to broader normative understandings of motherwork. The selections are written by individuals from a multitude of vantage points, ranging from academe to art and to medicine. The authors featured here explore the meanings of mother, mothering, and motherwork within a variety of cultural and national spaces in order to investigate the intimate boundaries of motherhood. The anthology further contributes to the research on the complex construct of maternal practice, begun by such notable scholars as Andrea O'Reilly, Barbara Katz Rothman, Sara Ruddick, and Ann Crittenden, which has illuminated "the fissures and cracks between the ideological representation of motherhood and the lived experiences of being a mother" (Klein). It is in service to this in-between space of research and theory and the lived and every day that Motapanyane and I introduce the following anthology, "*New Maternalisms*": *Tales of Motherwork (Dislodging the Unthinkable)*.

It is tempting to present the experiences of mothers and their motherwork solely through the conventional tales of mothering and motherhood. The popular cultural imagination of mothers and the labour of caregiving that they engage in is through the monolithic lens of being held captive by domesticity to be followed by their achievements and exceptionalisms. Mothers—those who engage in motherwork—are, therefore, commonly constructed as the marked "Other," and "Othering" is a practice of domination. I find "Western" feminist movements to be highly fragmented and based on false assumptions of gender and culture essentialisms. "Western" feminism assumes that all mothers share a coherent group identity as women, and mothers of colour and mothers from developing countries, or what I call "Third World mothers" (à la Mohanty) are portrayed as victims of their culture. When "culture" is read from bodies of colour, it often yields cultural practices as part of an untroubled model of secular progressivism in which "of colour" and the "third world" can only be read as a trope of incarceration. "Western" feminism simply refuses to accommodate the multilayered experiences of mothers and motherwork. A distinguishing feature of the anthology, then, is that it attempts to dislodge "Otherness," and Motapanyane and I begin to do so by grappling with the following questions: 1) what caregiving practices are pursued in motherwork and how have these practices been shaped by factors such as nation, religion, gender, and other axes of difference?; 2) how do caregivers frame or understand their motherwork?; 3) what alliances do caregivers build locally, regionally, and internationally, and what factors have caused rifts or fissures between and among caregivers?; 4) to what extent does caregiving intersect with other forms of activism or resistance?; 5) how have individual identities as caregivers been disrupted or shaped by binaries, such as east-west or north-south?; 6) whose agency is privileged or obscured within motherwork?; and 7) how do global discourses shape local motherwork, and, how, in turn, do local issues and frames shape global discourses around motherwork?

The questions here provide a space in which we begin to critically argue that those who engage in motherwork need a feminist movement, a theory of our own, a language of our own (*The 21st*

Century). Andrea O'Reilly gives us hope here. She expresses that a feminism that is both theoretical and practical—and specifically for mothers, a “matricentric feminism”—is needed. O'Reilly argues that as feminist theory and women's studies have grown and developed as a scholarly field, they have incorporated various and diverse theoretical models to represent the specific perspectives and concerns of particular groups of women, from global feminism to queer feminism and from third wave feminism to womanism. However, feminist theory and women's studies have not recognized and embraced a feminism developed from the specific needs or concerns of mothers. O'Reilly puts forth a mother-centred feminism that allows us to imagine the notion of “feminist mamas.” She emphasizes a feminism that positions the needs and concerns of mothers as the starting point in theory and activism on and for women's empowerment. To be clear, O'Reilly is not suggesting that matricentric feminism replace traditional feminist thought. Rather, in challenging gender essentialism, O'Reilly reminds us that the category of mother is distinct from the category of woman (*The 21st Century*). In similar vein, Patricia Hill Collins criticizes white feminists for only challenging the views of white male scholars' depiction of motherhood from a white perspective, which did nothing for black women and other women of colour. Following in O'Reilly's and Collins's footsteps, Martha Joy Rose—the founder of the Museum Of Motherhood (MOM)—calls for a “sociology of motherhood” or “mother studies.” In the foreword to this book, Rose argues that there is currently no intellectual interdisciplinary exploration of motherhood, fatherhood, and family.

Clearly, mothers and motherwork have been left out of the scholarly development of feminist theory and women's studies. “*New Maternalisms*” is an urgent call for the representations of mothers and motherwork through our own voices, our own scholarship, where the power to define and represent lies with the editors and contributors of the anthology. This anthology represents a step forward in the ways in which we rebuild our lives towards various forms of empowerments that come through our motherwork, both in practice and in theory. The twenty-five contributors of this anthology unfold powerful statements around resilience, achievement, motherhood, and agency. “*New Maternalisms*” demands

what I call an “intersectional matricentric feminism,” which must be accorded legitimacy as a discipline.

The cover illustration by Cynthia Chapman Manuszak, titled “A Woman's Memory of the Den,” captures the essential framework in which the anthology is embedded. Drawing on O'Reilly's notion of “matricentric feminism,” the illustrative art challenges monolithic notions of mothers. Chapman lucidly depicts the messy nature of motherwork and the resulting complexities of mother and mothering identities. The point that Manuszak makes is a dire need exists to rupture monolithic understandings of the lives of mothers and their motherwork. As Manuszak conveyed to me personally, “This piece is a viable vision of motherwork.” Using Manuszak's work as platform, Motapanyane and I situate this anthology as a further expression of the complex and often contradictory experiences of engaging in the identity of mother and the motherwork we engage in.

The anthology begins with a section titled “The Motherwork of Mothering.” In this section, seven contributors explore the contours of family making by rupturing hegemonic notions of family, marked by, race, class, gender and nationalism and citizenship. That is, readers are immediately drawn into the heart of the concept of “new maternalisms.” In chapter one, “Unauthorized Mothering: Legal Status, Legal Violence, and the Resilience of Undocumented Families,” Isabel-Souza Rodriguez shows that “millions of households in the United States are spearheaded by undocumented mothers intimidated by social and legal sanctions of the state because of their status.” She calls on readers to understand the relationship between status and mothering practices. Rodriguez finds that although a mother's lack of legal status affects mothering practices by constraining maternal decision making, access to resources and services, and perceptions of self-worth, the author also discovers the ways in which undocumented mothers are teaching resilience to their children. Rodriguez's contribution is both heartbreaking and hopeful, much like motherwork itself. In chapter two, “Bumpy Road, Bumpy Road, Smooth(ing the) Road: Experiences in Lesbian Mothering,” Elizabeth Bailey discusses the role research plays in both opposing and legitimating non-normative family forms; the ways in which lesbians go about creating family; and the challenges

that lesbian parenting poses towards conventional ideas about biology and mothering.

In chapter three “‘God Gives Us Sons, but the Government Takes Them Away’: Ethiopian Wars and Motherwork,” Victoria Team reflects on non-normative mothering approaches in Ethiopia, where she worked as a general practitioner over ten-year period from 1989 to 1999. A number of consecutive wars in the late twentieth century—including the Ethiopian-Somali War, the Ethiopian Civil War, and the Ethiopian-Eritrean War—reshaped motherhood constructs of Ethiopian mothers. Team finds through her clinical and social interaction with women that Ethiopian mothers developed three main approaches of keeping their sons from the war field: (1) physically hiding them at the time of conscription campaigns; (2) “purchasing” their sons back by paying money to military authorities through informal dealers in conscription camps, and (3) arranging their sons’ emigration, including regularly applying to the U.S Department of State for the U.S. Diversity Immigrant Visa Program and arranging marriages overseas. Team’s contribution is chilling, and it ruptures hegemonic understandings of maternalisms. Jenny Flagler-George, Ginette Lafrenière and Angie Murie explore the intersection of motherhood and sex work in chapter four “Re-framing the Street-Based Sex Worker as a ‘Good’ Mother.” The chapter highlights the fissure that exists between the ideological representation of the “good” mother and the lived experiences of street-based sex workers as mothers. The authors challenge feminist theory and praxis to acknowledge the capacity of street-based sex workers to mother. The authors provide readers a way to “dislodge the unthinkable” in order to construct “new maternalisms” by opening up a potent portal in which to challenge the fantasy of normative motherhood. In chapter five, “Out of Time: Maternal Time and Disability,” Rachel Robertson uses a feminist disability approach. She shares with readers her relationship with her disabled son. Robertson’s claim is to share some of the experiences of disability through her role of mothering a disabled son, and by doing so, she explores the notion of disabled maternal lived time. She centres in her discussion the concepts of maternal subjectivity and disabled subjectivity and how they might be related to each other and what that might mean for forging new maternalisms.

In chapter seven “How Much Time Makes a ‘Good Mother’? Comparing Maternal Practice in Tanzania and the U.S.,” Susan L. Schalte and Sarah Monson de-centre “Western” concepts of what constitutes “good” mothering. They write, “Whereas nannies, fostering, and boarding schools would be unfavourable in the U.S., such practices are reflections of “good” mothering in Tanzania.” Through their finding, the researchers show that although maternal behaviour and childrearing in Tanzania and the U.S. may be modelled on “good” mothering ideology, what makes a “good” mother is culturally defined. In chapter seven “Motherwork in the Margins: Homeless Single Mothers,” the finale of the first section of the anthology, Marcella Catherine Gemelli argues that intensive mothering—mothers as the primary caretaker spending large amounts of time, energy, and material resources on the child—is more attainable for mothers who have a relationship with an income provider. Women who are able to do motherwork “well” may be celebrated and hailed as “good” mothers. Mothers on the margins—low-income, single, or homeless mothers—may still ascribe to the tenets of intensive mothering, but they cease to be in a position to meet its ideals. Ultimately, Gemelli argues, “the reality of doing motherwork is obscured and undermined by the idealized notions of mothering, which, thereby, deny women’s agency and choice to mother in their own defined ways.”

Section two, titled “Representation,” begins with Martha Joy Rose’s “Breastfeeding in the Public Arena: The Deployment of Mixed and Contradictory Messages.” In this chapter, Rose calls into question the raced and classed narratives intertwined with breastfeeding in the United States. Drawing on a photo of Karlesha Thurman, a black woman who was nursing her baby at her college graduation, Rose argues that breastfeeding messages disseminated to blacks and whites are perceived differently. Rose’s research illuminates raced and classed impacts on breastfeeding outcomes in the U.S. In chapter nine “‘Baby-Friendly’ or ‘Mother-Hostile’?: Deconstructing Gender in Breastfeeding Advocacy Campaigns,” Rothchild et al. extend Rose’s argument and examine the social constructions of gender in breastfeeding advocacy programs. In the chapter, the authors ask, “How do these advocacy programs

reinforce gender constructs? Might these campaigns help women empower themselves?” Through the research, the authors trouble the predominant discourse on “motherhood” and “baby-friendly” practices while also revealing innovative approaches to infant feeding through women’s empowerment.

In chapter ten “Quiet as It’s Kept: Black Infant Mortality, Tough Love, and New Maternalisms in Ayana Mathis’ ‘The Twelve Tribes of Hattie,’” Carly Chasin unfolds a haunting narrative of black infant mortality. In this piece, she depicts infant loss from a black mother’s perspective, an often underrepresented version of motherhood. Chasin writes, “black mothers’ experiences with infant loss remain underdiscussed and, oftentimes, misrepresented.” Much like Carly Chasin’s concerns with underrepresented versions of motherhood, Umme Al-wazedi equally questions, upsets, and reformulates traditional values about mothering in chapter eleven, titled “Power(ing) Mothers.” Al-wazedi accomplishes this by examining Mahasweta Devi’s short story “Breast-Giver” (“Stanadayini”) and Jhumpa Lahiri’s short story “The Treatment of Bibi Halдар.” In this chapter, Al-wazedi writes, “Motherhood and mothering have indeed been homogenized, but recent studies within feminism show that motherhood and mothering may have two different meanings and that there are different kinds of mothering, such as the lone mother, the professional mother, etc.”

Finally, in chapter twelve “When Chickens Come Home to Signify in Our Mothers’ Gardens: Alice Walker’s *The Chicken Chronicles* and Rebecca Walker’s *Baby Love*,” Mary Thompson offers a feminist exploration of the intertextual mother-daughter dialogic by comparing Alice Walker’s “The Chicken Chronicles” to Rebecca Walker’s mommy memoir “Baby Love.” Thompson finds “The Chicken Chronicles” to be a satirical and serious feminist critique of the neoliberal ideology of intensive mothering found in “Baby Love” (a theme first uncovered in Marcella Catherine Gemelli’s work in section one).

The third section “Framing, Naming, and Structures” begins with the concept of “obstetric violence,” an issue that is virtually invisible in the literature. In chapter thirteen “Voices of ‘Obstetric Violence’: Violence and Victimhood Discourses in Childbirth in

Brazil” Mariana Marques Pulhez attempts to fill this gap in the literature. She poignantly draws on the voices of women who have experiences of obstetric violence. As one of Pulhez’s respondents shares, “in the hospital where I was to give birth to my son ... they performed all the procedures that I requested them not to: they performed shaving [of pubic hair], episiotomy, and ... IV [therapy].” Pulhez enables readers to understand the how normalization of practices, such as C-sections, for one example, becomes part of the narrative of obstetric violence. In chapter fourteen, “The Politics of Labour: Birth Narratives and the Marginalization of Motherwork” Cecilia Colloseus, following the work of Mariana Marques Pulhez, explores the Internet forum “Mama Community” in Germany. She analyzes birth narratives in order to reveal how mothers understand themselves as actors within a system that renders them passive.

In chapter fifteen “Maternal Art Practices: In Support of New Maternalist Aesthetic Forms,” Eti Wade considers the relationship between maternalism and art and what that might mean for the value of both mothers and art (or lack thereof). Wade meticulously surveys the complex cultural and material conditions affecting the production and reception of maternal art. She vehemently expresses, “The rejection of maternally derived works of art within mainstream art-world institutions coupled with the scarcity of time and resources mother-artists have to overcome undermine both production and reception of maternal creative practice.” Wade’s chapter calls attention to the social position and status of mothers in the workplace as artists. Heather E. Dunn pushes readers to think about caregiving of genetically engineered children in chapter sixteen. Dunn’s chapter, titled “Care-Giving, Human Capital, and Genetically Engineered Children in the Twenty-First Century” may seem as if it were part of the science fiction genre. However, Dunn makes clear that “the rise in biopolitics, global capitalism, and technological agency has resulted in a growing investment in human capital along with devaluing primary caregivers and gestational and surrogate mothers.” Clearly, in this third section, readers grapple with non-normative discourses in understanding the making of families within the context of mothers, mothering, and motherwork.

Finally, in section four, titled “A Politics of Possibility: Now and Beyond,” Lenore Maybaum, Monica J. Casper, and I provide readers with a portal in which (re)negotiations of mothering becomes possible. In chapter seventeen “The Fantasy of Normative Motherhood: An Auto-Ethnographic Account of Contesting Maternal Ideology Readers,” I discuss my own experiences with a high-risk pregnancy and the ways in which I moved back and forth between pro-choice and pro-life viewpoints. In this chapter, I highlight the maternal ideology—the narrative of the traditionally selfless mother—invoked and deployed to regulate and constrain women’s bodies. I call into question the cultural imaginations of motherhood (and womanhood) and the deep unlearning of normative motherhood that is required. What my story begins to suggest is the very elasticity and compelling nature of maternal ideology, and my oppositional narrative of motherhood requires contesting dominant ways of thinking about motherhood.

In chapter eighteen “Production and Reproduction: Negotiating Narratives of Labour as an Academic Mother,” Lenore Maybaum points out that motherhood negatively affects a woman’s chance for success in academe but considers how institutional policies might change to account for the embodied practices of motherwork and how academic mothers might make visible their months and years of caregiving. The chapter helps to connect academe and motherwork in a way that makes tenure possible. The anthology comes to a close in chapter nineteen with a fresh creative non-fiction essay by Monica J. Casper titled “Toward a Theory and Praxis of Sustainable Feminism.” In this chapter, Casper explores her experiences in academe, feminism, publishing, and mothering. She argues that all these activities depend on invisible feminist labour and are all currently unsustainable. Yet Casper concludes by advancing pragmatic ideas for creating a more sustainable set of practices.

“*New Maternalisms*” is a compelling commentary of the problems posed by “western” feminist discourse around mothering. The anthology allows us to think about the development of a cultural and ideological composite “Other” constructed through diverse representational discourses versus the contributors of this anthology who represent material subjects and what I call their

collective “motherstories.” The contributors have multiple alliances as a result of both manipulating and resisting racial and gendered hegemonies at the local and national levels and transnationally. This work draws attention to the discursive colonization of the material and historical heterogeneities of the lives of mothers who engage in motherwork. In “*New Maternalisms*,” we frame feminism as a particular worldview that allows multiple variables of a mothers’ identity to work together to combat “Otherness.” Our commitment to progressive feminist methodology is clear. The issues represented in “*New Maternalisms*” emerge directly from the contributors themselves, and, in this way, Motapanyane and I engaged with our contributors to learn about ourselves. “*New Maternalisms*” reveals that mothers engaged in motherwork are the marked “Other” and uncovers how mothers are silenced and how they can speak up for their motherwork. That is, the anthology recovers unrecognized or suppressed aspects of mothering experiences.

The purpose of this collection is to focus on “new maternalisms” by exploring motherwork or the invisible labour of caregiving in our everyday lived experiences as mothers. The anthology serves to deconstruct motherhood by highlighting and dislodging it from maternal ideology, the socially-constructed “good mom” (read as “sacrificial mom”), and feminized hegemonic discourses. The objective of the anthology is to explore how mothers experience motherwork, what motherwork might mean to us and others, and how motherwork affects and is affected by the communities in which we live in. Collectively, this anthology is unique then, not just in its topic but also in its approach, which goes beyond the questions of identity and links motherwork to other areas, including work, culture, race, gender, ethnicity, religion, and sexuality. One of the central messages of the volume is that there is a growing need for us to become increasingly integrated to better understand the world’s political, social, and economic issues that systemically and systematically maintain the cultural and economic hierarchies around the labour of caregiving.

Finally, Motapanyane and I are touched by how the contributors’ works are part of a personal journey, as often our stories of motherwork have been shared through the voices of others. In this

collaborative storytelling project, the contributors, my co-editor, and I astutely locate ourselves in the context of multiple loyalties by implicating ourselves as caregivers, as “professionals,” as partners, as artists, and as advocates. Clearly, our work as mothers is always personal, and *we would argue here that motherhood requires contesting dominant ways of thinking about motherhood!* Please accompany us on a journey to uncover, recover, and discover ourselves.

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I.

THE MOTHERWORK OF MOTHERING

1.

Unauthorized Mothering

Legal Status, Legal Violence, and the Resilience of Undocumented Families

ISABEL SOUSA-RODRIGUEZ

WHO MOTHERS? WHO COUNTS?

THE UNITED STATES HAS THE LARGEST population (over 31 million) of foreign-born residents in the world (Castles, Miller, and Ammendola 538), including 3.9 million undocumented women (Passel), some of whom are mothers to 5.5 million U.S. and foreign-born minors (Passel and Cohn) growing up in the country. Lacking legal status—a civil violation that makes their presence in the country unauthorized—subjects these women and their families to legal and corporal sanctions aimed at removing them from the country, which constrains their daily decision making and physical mobility, and threatens their health (Menjívar and Abrego).

In 2012, President Obama instituted the Deferred Action for Childhood Arrivals (DACA) program that granted U.S. identification, temporary work permits, and protection from deportation to nearly a million undocumented immigrant adolescents and young adults, but left out their parents (United States, Department of Homeland Security). The contributions of this research are timely now that the Supreme Court is reviewing arguments for whether deferred action protections and benefits should be extended to parents. I detail ways that DACA alone cannot ensure the well-being of immigrant households with mixed legal status. Without a way to emerge from the shadows of the threat of deportation, undocumented mothers' lives, and those that are interdependent with them, continue to be vulnerable to insecurity.

Previous scholarship on the experience of illegality shows that symbolic violence transforms into real experiences of physical violence towards and control over immigrants (Menjívar and Abrego; Ellerman; Nicholls). I contribute to this scholarship by underscoring how illegality undermines undocumented mothers through placing undo responsibility on many of their children. Finally, I emphasize that although the physical presence of these women in the U.S. may be unauthorized under civil statute, their lack of documentation does not make them subhuman. They deserve basic resources and support networks to maintain a sustainable quality of life.

This research also connects to my personal journey. I immigrated to the United States when I was six years old with my undocumented father whose legal status made our household vulnerable to Immigration Customs Enforcement (ICE) and law enforcement that could, at any moment, intervene to separate our family. The constricted means imposed by our illegality placed on me social reproductive duties often associated with traditional understandings of mothering: cleaning, cooking, and raising my sister who has a mental disability. This research has allowed me to reflect on how my father's legal status pushed me to fill the void of becoming the mother for our household. Thus, this research examines mothering—biological, socially constructed, or imposed—that has sustained unauthorized families like my own. I am grateful for the mothers in this research and beyond that pass on their strategies of resilience every day, which gives us the tools and opportunities to guide public discourse in the United States in a direction that can benefit all U.S. families.

A REVIEW OF BIOLOGICAL AND SOCIAL REPRODUCTIVE FUNCTIONS OF MOTHERING

Maternalism as a specific field of study strives to explain the complexity of “mothering”—subdividing motherwork according to biological and social reproductive functions. The biological functions include childbearing and breastfeeding, and the social functions relate to caregiving, roles and expectations within the home, mothering as a form of civic participation, and the socialization of values within the family (Momsen 46). This chapter advances

maternalism studies by illuminating the role and contributions of undocumented mothers to our understanding of mothering struggles and family resilience in the United States.

In contribution to burgeoning scholarship, this chapter elaborates on the impact of “legal violence” on the lives of immigrant mothers. Leisy Abrego and Cecilia Menjívar describe legal violence as the multiple forms of reinforcing violence in the implementation of laws “for the general good” that enable “unintended” physical, economic, emotional, and psychological harm on marginalized communities (Abrego and Menjívar 11; Menjívar and Abrego). What is missing from this literature, and what this research develops further, is the ways that legal status and the threat of deportation can create an imbalance of power dynamics within the household, sometimes reversing roles of authority and agency between mothers and their children. This creates a spillover of legal violence onto other members of the family, even U.S. citizen children.

To explain this power imbalance in families as a result of legal status, I draw on Ruddick's definition of “maternal thinking.” Sara Ruddick explains that the gatekeeping privilege of the mothering role defines criteria by which children measure life success and failure, which provides a context for their identity formation. As a result, mother figures cognitively employ simultaneous mothering strategies: 1) preservation, 2) nurturance, and 3) socialization. I argue that maternal thinking is developed and practised by children of undocumented mothers who see their mothers undermined by the legal violence of the state. They step into roles of authority and gatekeeping for their own mothers (and fathers) from an early age, which affects the agency and self-worth of undocumented mothers who experience restricted authority and mobility as a result of their illegality. Ann Dally's research warns of the psychological risk for these mothers, whose escalating expectations of performance lead to isolation, anxiety, inadequacy, and guilt (470). I echo the concern for maternal mental health, especially for undocumented mothers whose well-being is interwoven in their barred access to lawful presence in the U.S.

What is known of undocumented mothers in the United States is limited. Their experiences are nearly always embedded in broader analyses of international migration trends or research of Latina

(specifically, foreign-born Mexican) and other ethnic minority women. (Bekteshi, Xu, and Van Tran; Kirchner, Patiño, and Forns; Segura). Research in this area has centered either on demography, transnational gender negotiations, or patriarchy broadly (Gedalof; Silvey; Nawyn). A growing body of ethnographic research has examined transnational parenting—stories of children in the home country, separated from parents temporarily or for extended periods of time (Dreby; Abrego; Horton; Nicholson; Schmalzbauer). In all of this research, however, narratives of undocumented mothers come from the accounts of children abroad, told as a component of a husband's labour migration or embedded in generalizations about the well-being of migrant families. These forms of research give the impression that the lives of undocumented mothers are only significant as appendages of their family members. This chapter challenges and criticizes those generalizations, especially as the Supreme Court prepares to hear oral arguments on April 18, 2016 for whether “deferred action” similar to DACA should be extended to parents (United States, Department of Homeland Security). I argue, like some of my colleagues, that the personal narrative of mothers, in their own words, must be central to the exploration of U.S. maternalism (Doering-White et al.). Until recently, very few researchers have successfully earned the trust of undocumented immigrant mothers to learn from them for sociological analysis, especially in light of the increased anti-immigrant stigma leading into the 2016 elections. This chapter contributes to the literature by sharing direct testimony from these women who were brave and gracious enough to share their stories, even at the risk of admitting their unlawful presence. I offer recommendations for future scholars who endeavour to carry this scholarship forward.

“I DON’T KNOW, ASK MOM”

This research began as part of an undergraduate project in the fall of 2013 with seventeen in-depth interviews of undocumented young adults who grew up in the state of Florida. The Institutional Review Board (IRB) at the University of South Florida approved a waiver of written consent so that no identifiable information about the participants could connect them to their lack of legal status.

Undocumented youth, ages eighteen to twenty-seven who moved permanently to Florida before the age of eighteen, were recruited through a snowball sample originating in a statewide immigrant advocacy non-profit organization where I was employed for seven years. Each participant is identified by a pseudonym that they chose for themselves to ensure their confidentiality and anonymity. The research instrument included specific questions on migration journeys, gender identity, and emotional well-being. For this chapter, I use thirteen of the original seventeen in-depth interviews that I conducted in 2013 and 2014. Given the geographic reach of the sample across the state of Florida, I scheduled private webcam chat sessions using an anonymous Skype account for participants to sign in from. Audio recordings were taken of each interview for transcription purposes afterward. I translated individual quotes that were used in this chapter.

The young adults whom I interviewed arrived to the U.S. before turning fourteen and grew up undocumented. There were six males, six females, and one participant chose not to identify their sex. One has a high school diploma, three have a bachelor's degree, and the rest are college undergraduates. They are from nine different countries in Latin America, and similar to many immigrants from Florida, nine out of the thirteen arrived to the U.S. by plane with a non-immigrant, temporary visa that subsequently expired, leaving them undocumented.

The motivation to expand the initial research on immigrant youth to examine mothering emerged from my preliminary analysis of the data collected in 2013. The immigrant young adults shared with me their families' many struggles with legal status, often referencing the many threats to their mothers' physical and mental health: criminalization, deportation, and in some cases, physical and sexual domestic violence. When I asked them how life had changed for their mothers since DACA, their collective response amounted to, “I don't know, ask mom.” Therefore, in 2014, I adapted the research instrument to use for new interviews with mothers, incorporating questions focusing on maternal decision making as part of the family's migration journey and on mothering strategies for navigating experiences of exclusion. The questionnaire was administered to a similar snowball sample of

nine mothers originating from referrals at my former employment. All but two of the mothers have no relation to the immigrant youth of the original sample.¹ Only Alyssa, Mia, and Emilia have previous membership in the advocacy institution. Three of the mothers were referred to me by a social worker for a health clinic in a low-income neighbourhood in west Florida. One of the mothers, Mireya, participated in her Skype interview from Spain; she was deported in 2010 to Nicaragua and fled to Spain, where she secured a stable job.

The total sample of mothers is nine women from six different countries of origin. Of these, one has DACA, and one could not meet DACA's education eligibility criteria. Emilia is the only respondent who has recently secured a path to permanent legal status after a spousal adjustment of status petition by her U.S. citizen husband was approved. On average, these women immigrated to the U.S. when they were twenty-two and have lived in the U.S. an average of fourteen years. Three of the mothers have college degrees and the other six have an average of nine years of secondary education.

I attribute much of my methodology in this research to my standpoint as a former undocumented immigrant. This standpoint has earned me the trust of my research participants who felt safe sharing their private fears with me about their experiences being undocumented.

Next, I describe the role of legal violence in the lives of undocumented mothers, how it creates a power imbalance that implicates children, and how these compounded experiences jeopardize the safety and health of these families.

UNDOCUMENTED MOTHERING THROUGH THE EYES OF MOTHERS AND THEIR CHILDREN

Legal Violence Against Immigrant Caregivers and Immigrant Families

Undocumented mothers in the United States often have no options to legalize their status, resulting in the inability to access U.S. government issued identification, work authorization, and driver's licenses. Exiled from this access until federal immigration legislation is approved, undocumented mothers' daily experiences

of illegality result in their constrained mobility, stratification, and insecurity, enabling what Menjivar and Abrego have conceptualized as "legal violence." This experience of violence is best captured in my interviews with Mireya and Benigna. Their stories reflect the types of difficult decisions that most undocumented mothers make for their children, especially in the absence of social support. I highlight in both of their narratives how undocumented women and children are particularly vulnerable to violence and how lack of legal status stands in the way of mothering, creating economic and, sometimes, even legal and geographic barriers between these mothers and their children.

Mireya, a thirty-nine-year-old mother of two, was born in Nicaragua and migrated to the United States at the age of twenty-nine. Her twin boys, six years of age, suffered from a medical condition that could not be treated in their home country. For their health, Mireya secured B-2 visas to bring her children to Miami for medical treatment (United States, U.S. Bureau of Consular Affairs). Once in the United States, Mireya made the difficult decision to stay beyond their visa expiration date, as she recognized that there were no employment prospects for her in Nicaragua to provide for her children. She believed that "the land of opportunity" might offer the chance for her boys to get ahead. She describes in our conversation the highlight of her fifteen years living undocumented with her sons in the United States: "My sons would wake up, bathe, make coffee. I would get dressed for work. They would go to school. We were happy. I prioritized our food, paying the electricity, and the rent. I felt like the queen of the world. I felt purposeful." This period of joy was short for Mireya and her sons; in 2010, Mireya was deported and the twins, age fifteen at the time, were left behind alone as unaccompanied minors and eventually taken into the foster care system. Mireya shared with me what the years that led up to her deportation were like. She recounted the painful tale of how, for a few years before moving out on her own with her kids, she lived with a boyfriend who abused her in front of her children. During one particular incident of violence and sexual assault, she hit her boyfriend with an iron on the head, causing him to bleed, and bit a piece of his ear off to try to escape his grasp. The man called the police and reported her violence.

Although Mireya pleaded with the police to listen to her side of the story, the officer said that they had to believe the man who was bleeding because he had made the call for help. Mireya was ordered to attend anger management courses, and the Department of Children and Families challenged her custody of her children.

The *Violence Against Women Act* (VAWA) of 1994 (reauthorized in 2013) stipulates that immigrant women must be able to prove that they were not the primary perpetrators of violence in a relationship, which can lead to the prosecution of the initial victim, as in Mireya's case, and even contribute to loss of custody of children (Coker). Months later, by missing one of her anger management classes to not lose her job, Mireya violated her parole; she was transferred to the custody of ICE and was then deported her to Nicaragua two months later. Because her undocumented children could have run the risk of being detained if they had tried to visit her in detention, Mireya was never able to properly say goodbye to her kids. Mireya's experience echoes the worst nightmare of nearly all undocumented people: being picked up by an agent of the state for circumstances beyond their control and removed from the country where they have established permanent roots and developed families. It also represents how legal violence by the state can exacerbate the physical violence that immigrant women experience.

Benigna, a thirty-six-year-old mother from Honduras, also experienced the manifestations of legal violence even though she was not the direct target of persecution in the household. She described to me a day that immigration enforcement conducted a raid of her neighbourhood and detained her undocumented husband:

My husband was pulling out of the parking lot on his way to work. The car didn't even make it to the street. The immigration officer knocked on his window and asked for his license and he said he didn't have one ... so they asked him to step out of the car ... and they took him.... He's been my husband for twenty-one years.... My son was eight years old that day, and I remember it was the last day of his state standardized testing in school ... so as immigration was taking my husband away, I had to

put my son on the school bus. He saw the officers taking his dad away. He just started crying and kept crying as his school bus drove off.... He stopped going to soccer ... many times I couldn't get him to eat anything.... I had to end up taking him to a psychologist.

Benigna's husband was detained instead of her, and he was held in detention for several months. Her eldest son (whom I later interviewed) took on three jobs to help her with the bills. Benigna was left with the economic burden of the household in addition to her caregiving responsibilities. During the raid alone, Benigna was simultaneously managing her husband's apprehension, making sure her eldest son (with DACA) was not implicated, and getting her youngest son to school for state standardized testing. Her caregiving capacities became repressed by the legal violence of having the head of her household taken without notice—a legal intervention with violent outcomes for her and her children.

Whether they came in contact with immigration or police at all, every one of the participants I interviewed described an omnipresent fear saturating their lives; they live with the paranoia of constant surveillance and the threat of family separation. This fear restricts their daily mobility and causes chronic anxiety. In the next section, I describe how legal violence by the state pushes children into mothering roles.

Adopting Mothering Roles

Immigrant youth are uniquely inserted in mothering practices when their own mothers' legal status or cultural barriers give the child an authoritative advantage in the household. Some examples include U.S. citizen children with legal privileges beyond their undocumented parents, English-speaking children of mostly monolingual Spanish-speaking parents, as well as high school and college-educated children of immigrant parents with limited formal education. These conditions create a power imbalance in the family that sometimes leads to a reversal of mother-child roles, which can extend into legal matters and decisions relating to the family's physical and mental health. It puts children in situations where they are compelled to employ Ruddick's strategies of ma-

ternal thinking: 1) trying to decide how to ensure preservation of the family; 2) nurturing parents through times of emotional hardship; and 3) having to decide how best to gatekeep information that assists their parents in being socialized into mainstream American culture.

Regular public engagement and socialization can be a cause for insecurity, guilt, and even terror as undocumented mothers perceive that their lack of status makes their entire lives vulnerable to being separated from their children without any legal recourse to guarantee them protection. They feel demoralized in front of their children by officers and other individuals who question their accent, background, and legal status—matters that only certified authorities by the Department of Homeland Security can lawfully examine. Both the perspective of the mothers and of their children confirmed that children are witness to their mothers' experiences of absolute panic and powerlessness, making both the mother and the child feel that the mother was undermined as caregiver and protector. The children, whether U.S. born or not, learn immediately that their primary guardian is in constant danger from the police—individuals who have the power to permanently separate the family—leaving them feeling vulnerable and unsafe. Children share in the panic of looking out for law enforcement officials everywhere they go in order to try to alert their guardians, as they take on the role of protecting their parents. This was seen earlier in Benigna's story with her older son Carlos. He shared with me how he put off a semester of college to take on three jobs to help his mom with the bills, while his father was detained. Because Carlos got a driver's license identification and work permit through DACA, he had to drive his two U.S. citizen younger siblings to visit their father in detention, and when his father was ultimately released, he became the designated driver for the entire family. For Carlos, his father's detention was more than just an experience of losing his dad—it became a traumatic moment that forced him to become the head of the household and to provide for his mom and younger siblings as well.

Given the threat of being apprehended while driving, the use of vehicles is one of the primary sources of fear for undocumented mothers. They understand that without any access to U.S.-issued

identification, they can be questioned and mistreated for their mere physical presence in the country, anywhere they go. Ana, a twenty-three-year-old mother from Mexico, told me that her fear of the police makes her hesitate to step out of her house to take out the trash. Pau, a twenty-four-year-old young adult from Chile, described this type of scenario in detail from the child's perspective:

[My mom] would only go out when extremely necessary. She was paranoid. She felt the cops were following her. My mom would tell me to [wear] my glasses because [she said] squinting made me look suspicious; [to carry] my cell phone so I could call for help, and my [university] ID because it made me seem respectable. [All this] just to take our dog on a walk. Ridiculous things like this became the norm.

Although Pau's mother was offering practical advice, her mothering is undermined because she has to teach her children to distrust law enforcement officers. Mariposa—aged twenty, who arrived from Mexico at the age of five—said: "my mom always told me to lie so we don't get separated or deported." Thus, the requisite lessons of family self-preservation clash with conventional mores of not lying and respecting or trusting government authority. Mothers feel that they must selectively instill values such as honesty to protect the family.

Another way that these power dynamics undermine mothering is through the role that children of immigrants often play as interpreters, or brokers, for their parents. Aureliano—aged twenty-two, who arrived from Colombia at the age of nine—remembered the following: "one time I had to translate for a cop that pulled [my mom] over, so pretty much I was the one giving my mom a ticket. I felt I was putting my mom down." In this manner, the repression of the state victimizes the mother by means of her own children, who feel dehumanized when they are forced to step into roles of authority over their own mothers. John—aged twenty, who arrived at the age of ten from Colombia—also remembered a similar challenge when his mom got taken to the emergency room: "My mother digested a fish bone [that] got stuck in her esophagus. I was put in charge of her medical accounts and basically trying

to seek aid for her payments. Bills came in and came in, and I had to read them to my mom: '[we owe] thousands of dollars.'" Thus, legal violence is not restricted to the aftermath of encounters with law enforcement. Legal violence can also result when children become gatekeepers for transactions with doctors, debt collectors, lawyers, landlords, bank tellers, and school teachers, to name only a few of the examples that arose in the data. Many facets of public life become a cause for anxiety in the lives of undocumented mothers as well as their children. The constancy of these pressures and fears exacerbate their already vicarious positions as persons denied access to most government services and any private services requiring government-issued identification. Next, I highlight testimony of the direct effects of legal status on the safety and health of the family.

(Un)safe, (Un)healthy, Undocumented, and Unauthorized Mothering

Most of the mothers whom I interviewed cannot remember the last time that they were able to see any type of doctor, not even for regular preventive health checkups. Benigna, the mother from Honduras whose husband was detained in the neighborhood raid, shared the following:

I went to the emergency room because I was in a lot of pain. I didn't speak English and after I told them I didn't have health insurance, they kept me for six hours in a hallway. I was never admitted. This never happens to my [two U.S. citizen] children. They have health insurance, and whenever I've taken them [to the emergency room] they are always given a room within two hours. This is why I never see a doctor. My medical treatment cost me USD 1,500. I couldn't follow up with the treatment. I don't have USD 1,500 to be seen again.

I asked her what type of support she might want for women like her to improve their overall health, and she responded:

To have more access to cancer screenings and other check

ups. Here [in the U.S.] I never check anything. In Honduras, I would get my checkups every six months: pap smears, mammograms ... I could pay 20 Lempiras and get all of my checkups.² There were even free clinics available.

Without legal status and barred access to public health insurance, Benigna could not continue her preventive health checkups in the U.S. in the ways that she was accustomed to in Honduras. A relapse in her health condition could result in hospitalization in the near future. The economic burden of healthcare without insurance pulls the entire family deeper into poverty.

The health of mixed-status and immigrant families also depends on their physical safety. Undocumented mothers experience domestic violence and sexual abuse and feel that they have nowhere to turn to for safety. Mireya reflected on her own experience of tolerating years of abuse: "How I permit myself to be trampled on for so long ... I don't know. Partly, I felt I could not do it alone—support my children, I don't know. I never found the courage to leave the house. Never. I don't know. I don't know." As Dally has pointed out, this quote is an example of how violence has internal manifestations whenever a mother feels guilt from an inability to satisfy unrealistic social standards as well as the inability to protect themselves and their children. This poses a major threat to the mental health of these women.

Coco, a twenty-seven-year-old mother from Mexico, confided in me that her former husband once beat her in an attempt to abort her unplanned pregnancy. Feeling isolated and stigmatized by her legal status, Coco used a knife one evening to try to take her own life while pregnant. The bleeding stopped before it was too late, and she found support from a social worker at the local prenatal clinic, who connected her to free counseling services, medical attention, and assisted her to secure a restraining order against her husband. Coco is currently exploring options with the social worker to apply for a U visa, which exists for certain victims of violence (United States, U.S. Bureau of Consular Affairs). Many other women in similar situations, however, have a hard time finding a sympathetic police officer to sign off on the paperwork that they need to file these U visa applications, mainly

because police tell them they prefer not to get involved with the immigration court system.

The pattern of mothers internalizing the stigma of illegality legitimizes and systematizes the repression of their mothering capacities through the forms of legal violence outlined in this chapter. Undocumented mothers internalize the belief that society does not care about their safety or that of their children, regardless of whether those children are U.S. citizens or not. This onslaught of repression and violence as a consequence of lacking papers makes many of these women question their self-worth, as with Alyssa, a mother from Pakistan, who confessed:

Sometimes I feel like a bad mom. I'm an undocumented person: I can't provide the best for my daughter. Three to four months ago, I felt like [my daughter] would be better off if she had [a parent] like a U.S. citizen. Cause with my life being unknown tomorrow, I don't know what her life is going to be either. I just feel like my daughter could be better off, and I'm not good enough.

In some cases, when undocumented mothers are depressed, angry, or vulnerable and without professional services to help them, they not only internalize a negative self-worth but sometimes also channel their negative emotions onto their children. These mothers can begin to seek and expect emotional support, advice, or even a physical outlet for rage, from these incidentally victimized children that take on mothering roles to manage these family stressors. Tony, Mireya's son for example, endured many of the diverted frustrations of his mother following her own experiences of domestic violence. Mireya confirmed this. Despite his own victimization by her, he felt that he had to console and protect his mom beyond his own physical or intellectual means. For Tony, this resulted in being recently diagnosed with trauma and a severe social anxiety disorder for which he was prescribed mood stabilizers to manage everyday social interactions. Several of the other youth whom I interviewed also felt that their mothers' lack of legal status forced them to step into mothering from a very young age and to perform various tasks: supporting the finances

of the house, making contract decisions on their parents' behalf, translating for authority figures, or serving as untrained mental health counselors for their own parents. Mireya acknowledged this inverted parenting experience and its outcome: "It has always been as if I was [my sons'] daughter because they are always advising me. I have learned so much from them and I always tell them that when I grow up, I want to be just like them."

LEGACY AND STRENGTH

Although U.S. denial of legal status to undocumented mothers sets the stage for legal violence and the repression of their caregiving and mothering practices institutionally, interpersonally, and in internalized ways, these women's personal stories underscore their tenacity. Yet as strong and determined as undocumented mothers are, I echo scholars who advocate for alternative parenting models that disregard the automatic assumption that mothering can and must only be carried out by women (O'Reilly 99-107). bell hooks says that when collective parenting is promoted, homes can be used as "sites of resistance." hooks quotes Thich Nhat Hahn to describe these sites as places where "invasion, occupation, assault, and systemic oppression" can be opposed in order to heal from the ways that mothering has been institutionalized as an oppressive practice burdening women (O'Reilly 268). This is an empowering alternative to the current conditions many undocumented mothers are facing (i.e. exclusion, criminalization, stigma). However, the burden of this support should not be placed on children. The implications of this can pressure them to take on responsibilities that they may not be developmentally equipped to handle, sometimes putting their own well-being at risk.

In order to best serve the interests and well-being of undocumented mothers and the millions of us across this nation connected to them in our own communities, ongoing research on undocumented families needs to ensure undocumented mothers' voices are amplified. Furthermore, community partnerships are needed to address the physical and mental health disparities faced by undocumented women. Their safety and well-being is central to that of their families. Finally, I recommend an awareness of the

impact on children asked to serve as automatic interpreters and representative agents for their parents; how this perpetuates some experiences of oppression and dehumanization against the parent and against the child needs to be recognized.

For mothers who have already been deported, such as Mireya, this chapter exposes the harm that deportation policies have on these women and their children. It serves as a reminder that future immigration policies should take every reasonable measure to keep families together and not treat the civil violation of lacking U.S. documents as a criminal offense. Further research and advocacy should counter the repression that unauthorizes mothering agency and should emphasize the need for just and humane alternatives that uplift these women and allow their families to thrive.

NOTES

¹According to their chosen pseudonyms, Mireya is Tony's mother, and Benigna is Carlos' mother.

²20 Lempira, the Honduran currency, is approximately USD 0.88.

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2.

Bumpy Road, Bumpy Road, Smooth(ing the) Road**Experiences in Lesbian Mothering**

ELIZABETH BAILEY

CASTING A WIDER NET

THIS CHAPTER EXPLORES THE WAYS in which family, motherhood, and parental identities are understood as lesbian-parented families become increasingly visible in Canada and the United States.¹ When depicted in mainstream culture and as a topic of research study, queer² families in general are often scrutinized under the criteria of (hetero)normative ideals. Researchers work to determine whether queer persons are fit to raise children as compared to the idealized nuclear family structure. While research outcomes overwhelmingly answer “yes,”³ how heterosexism informs such a question is generally ignored. In addition, the way in which queer families have to work to create their own fit within (or on the margins of) the heteronormative culture is left unaddressed. Queer persons are tasked with realizing their way through the challenge of becoming/being parents and creating a family. In addition, they also often find themselves on the fringe of current social norms and legislation. Although this creates an additional hurdle in the already challenging world of parenting, it is also an opportunity to alter the categories of family, parent, and self in a broader sense.

The focus of this chapter is the experiences of lesbian couples embarking on parenthood using assisted reproductive technology (ART). In examining the landscape in which lesbian women experience motherhood, I also highlight the ways in which they disrupt the normative scripts. In order to include a range of voices, I use a combination of academic, non-academic, and autoethnographic

accounts in this chapter. It is important to first acknowledge the variations in the ways lesbian women present, categorize, and understand themselves. In her research with regard to pregnancy outside of heterosexual relationships, Laura Mamo notes that although twenty-one of her participants (making up more than half of her sample) identified as lesbian, fourteen did not. The latter chose terms such as queer, gay, dyke, and so on. In addition, the title “mother” is also problematic in that not all lesbian parents identify as such. I recognize that there is no easy categorization or terminology that effectively represents the variety of potential identifications and family forms. By “lesbian family,” I refer here to the unit formed when two women in an intimate relationship raise children together.

Broadly, the question here asks, how do lesbian women go about creating and maintaining personal and family identity despite the prevalence of heterosexist and homophobic attitudes that surround them?⁴ In their very existence, lesbian mothers challenge normative understandings of gender, sex, sexuality, and parentage. Given the differences in legislation both at federal and state or provincial levels, Canadian and American lesbian family units are legally recognized as equal parents to a variable extent depending on their physical location. Despite the laws, what remains consistent within the larger culture is unquestioned heteronormative attitudes. This is seen in the way in which governments regulate reproductive technologies and in what context they will recognize two women as sole and equal parents; as well as on a social level in the idealization of the traditional (heterosexual) parental unit. Beyond challenging the legal system, one of the most effective strategies in undoing heteronormativity is in being unapologetically visible as a lesbian as well as a mother. In doing so, there is the opportunity to actively challenge stereotypes that generally consider lesbian motherhood to be oxymoronic, “deriving from the ‘fact’ that lesbians are presumptively non-procreative and that mothers are presumptively heterosexual” (Thompson 6).

(UN)CONVENTIONAL

Canadian and American culture is steeped in heteronormative

ideology, which maintains with a sense of urgency a definition of “normal” personhood that relies on an expectation of “naturally” sexed bodies (male/female, with no variation) at birth, from which specific and fixed gendered identities are expected to be exhibited (male/man; female/woman), and a heterosexual orientation to intrinsically follow. As Judith Butler observes, “‘persons’ only become intelligible through becoming gendered in conformity with recognizable standards of gender intelligibility” (22). The existing, constructed, and normalized categories (“properly” sexed bodies, “normal” gender identity, “hetero”-sexual identity) are individually loaded with criteria and expectations. They are also inextricably linked to form the complicated structure of heteronormativity, which creates the basis of traditional law, social education, and social custom. Jeffrey Weeks, in discussing heterosexuality which is, by extension, relevant to heteronormative expectations, notes that heterosexuality is “so much taken for granted as the norm that it is rarely questioned. It is the given of sexual theorizing, the natural form by which we judge others” (92). The danger of such ideology is in its invisibility, allowing for the notion of a natural order rather than recognizing the construction of a system that uses heterosexuality as a benchmark by which any variation is assessed.

It is important to note, however, that as social citizens, individuals are not unwitting puppets enacting heteronormative ideology; rather, our relationship with these norms is convoluted. Jaya Sharma notes that “we subscribe and challenge norms simultaneously; we perform norms—what appears complete compliance with norms could in fact be at some level strategic; performance of norms cannot be neatly separated from internalization of the norms” (53). Take, for example, the following excerpt from a blog entry posted on the queer parenting site *VillageQ*:

We created our family in a fairly unconventional way. Well, not that unconventionally—we met, fell in love, built a home and life together and made each other so happy we thought it would be great to share our love with another person—so we came to the decision to have a baby in a pretty normal way. But once the decision was made to expand our family—that’s where we hit a snag. You see, we

didn’t have any sperm. Not an insurmountable obstacle, but definitely something that required a little planning.
(Sandra)

This entry exemplifies our complicated relationship with heteronormative ideals. The blogger outlines the socially defined, legitimated, and naturalized expectations for relationships and the creation of family. She fits herself and her family into this script in an adapted form. This adaptation, of course, is not uncontested. Queer persons and their families often find the legitimacy of their identities and their families debated publically, including—and perhaps especially—in the political realm. Michael Memoli and Mark Barabak report in a 2012 *Los Angeles Times* article that

[Republican politician] Rick Santorum waded into the issue of gay marriage, suggesting it was so important for children to have both a father and mother that an imprisoned father was preferable to a same-sex parent. Citing the work of one anti-poverty expert [name unspecified in article], Santorum said, “He found that even fathers in jail who had abandoned their kids were still better than no father at all to have in their children’s lives.” Allowing gays to marry and raise children, Santorum said, amounts to “robbing children of something they need, they deserve, they have a right to. You may rationalize that that isn’t true, but in your own life and in your own heart, you know it’s true.”

Such political messages and the personal beliefs of politicians cannot and should not be easily dismissed because they have the ability to influence policy and legislation as it relates to the rights of queer persons and their families.

Santorum’s words sting. They represent the depth of the homophobia that can encircle queer families, whether they face it overtly or in subtler ways. As a lesbian mother with two children under the age of five, I am, at this time, making my way through the world that I describe within this body of work. I am deeply aware of the ways in which the silencing of queer identities through the unquestioned privileging of heterosexuality has shaped my

life. As a young child, I had no language with which to express the niggling feeling that I did not quite fit. I had only a vague understanding of what a lesbian was. Starting in the third grade, a set of boys at school took to calling me “Lizzy the Lezzy” in a loud, singsong voice. I knew early on that it was not an identity that was positively offered or one that I thought I could safely explore. Growing up, this lack of a visible, affirmative queer presence contributed to my intense struggle as I pushed my way through adolescence. I was unable to align myself with what had been presented as an available (heteronormative) model and was entirely unsure of what to do about it.

Years later, as my partner and I made plans to start a family, I had a similar feeling of having no set path to follow. This time, however, I felt armed with the resilience provided by life experience and the power of the Internet with which to do the searching. Without a wide circle of lesbian parents around us, Internet access was critical when researching our options, both logistically and legally, as we embarked on parenthood as a same-sex couple. Through the online world, especially through blogs, I found the voices of others who were making a similar journey. These online narratives were invaluable to me, and I was encouraged to see that many of the same fears and challenges we faced were being reflected back at us. Along with deciding whether we were ready to start a family, my partner and I were challenged by the process as it strayed from the normative understanding of creating a family with which we had each been raised. We had to wrap our heads around how we would go about it; we had to come to terms with the idea of buying sperm from an anonymous donor from an online catalogue; we had to meet with doctors and nurses and wonder whether they would be homophobic or not; we had to decide how we would present and name ourselves as parents; we had to negotiate our own understanding of family and motherhood, and our partnership along the way.

These experiences have caused me to stop and reflect on how a heteronormative upbringing failed to prepare me for my own life and have been a driving force in my research. I have also come to understand that I have an opportunity to profoundly question my perception of myself as a person, a partner, and a parent, given

that I am challenged every day by the hegemonic expectations of these roles. My goal is to stir the pot, to question the unquestioned and to be the visible, vocal presence that I did not have. The importance of this research is clear to me as my partner and I raise our children in a culture where our family structure remains on the fringe.

— “DID YOU CHECK ON THE KIDS?”

— “YEAH, THEY’RE FINE.”

As notions and models of family are debated in the social sphere, exemplified by the Santorum quote above, research outcomes are often cited on either side of the political debate. These outcomes are critical as they are used to incite change or reinforce current legislation affecting parental recognition and rights. As such, it is important to explore here the types of research being done, the focus of the studies, and how this research is used in the social realm.

Studies examining lesbian families often focus on the presence or absence of a father figure and “the healthy psychosocial and *psychosexual* development” of the children (Kranz and Daniluk 61). Outcomes have consistently found that “children raised in fatherless families since their first year of life were no more likely to develop emotional or behavioural problems than [*sic*] children residing with their fathers” (62). They were also no more likely to develop a non-heterosexual identity themselves as compared to children raised by heterosexual parents (Gibson). As Margaret Gibson writes, this research is critical, as there is an urgent need “to support queer parents’ efforts to access reproductive and adoptive service systems, or to obtain custody of their children after divorce or separation. Researchers have been routinely summoned by lawyers and legislators to demonstrate the fitness of queer parents” (3). In this way, the research and its outcomes have helped to shape the current legislation and movement toward greater social equality—but the comparison being made is to that of the heterosexual norm. This is problematic, given that the acceptable outcome within the research “accepts the terms of the existing systems that would view ‘normalcy,’ particularly regarding sexuality and gender, as a ‘good outcome’” (Gibson 3). In essence, as

Gibson notes, a “good outcome” is thought to be one that least challenges the normative scheme. That a queer person can prove themselves to be a good parent if they raise a child to be as “normal” (using social definitions of intelligence, social competence, and adjustment, as well as a heterosexual orientation) as expected of peers raised by heterosexual parents is problematic in the drive to (hetero)normalize the outcomes of parenting.

In the groundbreaking article “(How) Does the Sexual Orientation of Parents Matter?” researchers Judith Stacey and Timothy Biblarz explore the way in which heteronormative ideology pervades and restricts the research and its findings rather than asking whether queer persons are fit to parent. They argue, “it is the pervasiveness of social prejudice and institutionalized discrimination against lesbians and gay men that exerts a powerful policing effect on the basic terms of psychological research and public discourse on the significance of parental sexual orientation” (Stacey and Biblarz 160). The authors note that anti-gay researchers have used discredited research studies in the courts as justification to remove children from the home of a queer parent. In addition, anti-gay researchers also argue for continued restrictions on foster care placements that allow for placement with heterosexual parents only. Meanwhile, researchers making the case for the rights of queer parents are coming from a defensive, though well-intentioned, standpoint. Stacey and Biblarz have found that “[w]ith rare exceptions, even the most sympathetic proceed from a highly defensive posture that accepts heterosexual parenting as the gold standard and investigates whether lesbian parents and their children are inferior” (160).

Generally speaking, pro-gay researchers argue that queer families are at very least no different from the nuclear family. This effectively works to maintain the status quo: families are assimilated into heteronormative social structures as best as possible. For Stacey and Biblarz, the approach erases any challenge to the normative scheme, as researchers work to defend queer families and make them fit the existing framework. Researchers are drawn away from exploring how “differences in adult sexual orientation might lead to meaningful differences in how individuals parent and how their children develop” (162); they, instead, focus on proving the capabilities of queer parents.

Although none of the studies report a difference in outcome relating to the sexual orientation of children raised by queer parents, it is worth noting that “none ... attempts to theorize about such an implausible outcome” (163). Stacey and Biblarz point out that in all the theories of sexual development, no researcher would expect children raised by queer parents to turn out the same as those raised by straight parents: “[f]or example, biological determinist theory should predict at least some difference in an inherited predisposition to same-sex desire; a social constructionist theory would expect lesbian parents to provide an environment in which children would feel freer to explore and affirm such desires” (163). Stacey and Biblarz examine nearly two dozen comparative studies of queer and straight families. They highlight the differences they found (e.g., children’s gender and sexual preferences and behaviour indicating less strict gendering in lesbian-parented families) that were continually minimized by the original researchers. The article was groundbreaking in its attempt to highlight rather than negate the ways in which queer families differ, without an anti-gay slant. Although the researchers recognize that in taking this stance they, perhaps, are adding fuel to the anti-gay activist agenda, they conclude that

the case for granting equal rights to non heterosexual parents should not require finding their children to be identical to those reared by heterosexuals. Nor should it require finding that such children do not encounter distinctive challenges or risks, especially when these derive from social prejudice. (178)

I agree with the researchers here and with Jacqui Gabb, who emphasizes that “[t]here is an evident need to publicise the fact that lesbian families are neither normal, nor alternative, but essentially different” (126). The Stacey and Biblarz article is key not because it makes a case for or against the fitness of queer families but because it has sparked for some the need to shift the focus of the research. It also highlights the ways in which as researchers our own personal bias works to inform how we go about approaching, interpreting, and presenting our research.

REIMAGINING ORIGINATION

One obvious difference between heterosexual and lesbian families is how families are generally formed. Lesbian women create their families in a number of ways, whether through it blending families existing from previous relationships; through assisted reproductive technology (ART) such as intrauterine insemination (IUI), in-vitro fertilization (IVF), or a home-based approach with donor sperm; or through adoption, surrogacy, or various forms of co-parenting arrangements. Although all are viable avenues for building family, the focus in this chapter is on families created through ART in an existing lesbian relationship. These particular families can also take on a wide array of forms, especially when children are conceived through anonymous as opposed to known donor sperm. An anonymous donor may never be identified,⁵ whereas a known donor could play a significant role in the life of the family.⁶ The purpose here, however, is not to focus on precise family-formation methods. Rather, the focus for the remainder of this chapter is on exploring how lesbian mothers work to create a visible space for their families and for themselves as parents, as well as the challenges lesbian mothers face parenting in the context of a hetero-biased social sphere. This, of course, is done while lesbian mothers negotiate the challenges of parenthood independent of family structure and sexual orientation. This rupturing of the traditional family form allows for a reimagining of parental roles and family presentation.

RECOGNIZING THE CONSTRUCTION

Children who are conceived within the context of a heterosexual relationship through ART (whether a donor was used or not) may or may not be told of their origins, and no one beyond medical staff may know. In doing so, the guise of normative conception is quietly upheld. In contrast, within a lesbian-parented family, the story has been disrupted. In my own experience, the question of how my partner and I we conceived usually comes in hushed, hesitant tones in one-on-one or small group settings. Often, there are follow-up questions about the “father,” how we came to the

decision of who would carry the child, and whether the non-biological mother might carry a child next. The curious posing of the questions generally points to a lack of mainstream knowledge about achieving pregnancy outside of straight, fertile, traditional conception. It also unveils an anticipation that normative scripts will be upheld, for example in expecting that my children have a “dad,”⁷ and that as women, my partner and I might each want to experience pregnancy.

In facing assumptions about conception and the shape family form in lesbian-parented families, these families disrupt the norm in working to make themselves visible within the public sphere. Lesbian parents and queer parents in general continue to find themselves on the periphery while immersed in the day-to-day requirements of raising children. Queer parents can feel invisible at times when they are, in fact, highly visible. A queer family out in public can feel acutely their displacement in a culture that does not automatically see or accept the unit as a family. The family can find itself invisible through misrecognition but can also become uncomfortably visible when outed. As Rachel Epstein notes, queer parents are often outed by their children in everyday scenarios. This happens whether the parents want to be recognized as a unit in that instance or not. In that moment, Epstein remarks, parents can be challenged by their own discomfort with being outed. She writes,

As queer people we carry shame with us in complex ways. As parents we are forced to notice the places we get caught, the places our shame sneaks up on us and makes us not want to tell people about our families, about how we brought children into our lives, about our relationships and our sexuality. Of course, most of the time it’s none of their business, and we also want to teach children to be strategic about where and with whom one chooses to “come out.” But as parents we can’t control when our children will come out for us, when we’re picking berries, on an airplane, in the supermarket. We have to always be prepared to acknowledge our relationship and our families ... otherwise our children learn that there is something not okay about us, and therefore not okay about them. (101-102)

Being prepared to acknowledge one's relationship and one's family can be met with discomfort, if not outright hostility. Although I would rather not have to explain my family in everyday situations, I also recognize the importance in doing so. Recently, for example, my partner and I were out browsing for new glasses. Chatting with the woman who was assisting us, I said we would make a final choice another day, as we were due to pick up our boys from daycare. She seemed to only then consider that my partner and I were a couple. Curious, she asked the ages of our children and whether we had "gotten them" at the same time. I was puzzled for a moment, then realized that she assumed we had adopted. I clarified that they were turning two and four and were not adopted. She took a moment to reply. Clearly, this went beyond her realm of experience. I took a breath, sensing where this would go. The conversation went like this:

"Well, who is the mom?" she asked quietly.

"We both are. Are you asking me who carried?" I replied.

She nodded in response, and I considered saying that it did not matter: we were both their moms. In the end, I replied that I had carried them. Her curiosity grew, and I took a second breath. I reminded myself that this was important, although all I wanted was a new pair of glasses from this transaction. The salesperson asked me, suddenly louder in her disbelief, how we had done it? How had we gotten me pregnant?

"We used an anonymous donor," I told her. "It's just a simple procedure called an IUI. They do it at the hospital here. It's a quick injection, really."

"Oh!" she said. Then even more loudly, "Oh! You mean, you mean ... *like animals?*"

I cringed. Her hands flew up to her face to cover her mouth, clearly horrified at her own words. I considered my reaction. This was new to her, as it had been to me at one point. I wanted to be angry but instead managed to level my voice. I replied that I supposed the science behind it is similar. I also pointed out that assisted reproduction was really quite common, and not just in lesbian-parented families.

"I'm sorry," she said between bouts of loud, embarrassed laughter. "I just ..." she trailed off.

The conversation was uncomfortable, to say the least, and a sharp reminder of the way in which my status as a lesbian mother often makes me an object of curiosity, when not one of disdain. Although these experiences can be difficult, I remind myself that often these types of interactions can have a major impact on changing social attitudes and expectations. This salesperson had clearly never considered that two women could create a family in this way. Our conversation opened a door for her and made families like mine all the more visible.

Biological Privilege

As demonstrated in the questions from the salesperson above, the general conception of "mother" is of the individual who bears the child(ren). The privileging of and preference for biological connection in North American family structure necessarily excludes lesbian families. Unable to fit the ideals of the nuclear family, "[l]esbians and gay men have to sift the words and syntax of social discourse in order to find an appropriate language that may legitimise [their] family relationships" (Gabb 125). Within heteronormative North American culture, DNA is favoured over intention to parent as biological ties are used to assert "rights" to offspring. This is seen in popular culture through venues such as television tabloid talk shows that often feature the revelation of paternity test results. It is also seen in the formal courts where parentage is often contested, in terms of both a non-biological mother's rights as well as those of a known donor.

In my home province of Saskatchewan, the privileging of biology continues, even though same-sex marriage is legal in Canada,⁸ and my partner and I are both listed as parents on our children's birth certificates. It is important to note, however, that in order to be recognized as parents in this way, we had to first either be legally married prior to the birth of our first child or be able to attest to being in a spousal relationship, meaning having co-habitated as a couple for two years or more. Despite having happily co-habitated for close to a decade, we chose to marry as it seemed to provide the smoothest legal route. We celebrate our wedding date as our

“family anniversary,” as our formal marriage was one step towards eventual parenthood. After our first child was born, we remained in a hospital for less than a day. During that time, we were asked on several occasions by hospital staff (especially when it came to completing paperwork) whether we were “actually” married. The legitimacy of our family was questioned less than a day into our lives as new parents.

Although we are both listed as parents, when completing the paperwork to register the births of our children, my status as birth parent was honoured under the heading “mother,” whereas my partner, fully and wholly a mother to our boys, was relegated to the category “other parent.” According to Saskatchewan’s *Vital Statistics Act* from 2009:

“father” means the person who acknowledges himself to be the biological father of a child;

...

“mother” means the woman from whom a child is delivered;

...

“other parent”:

in relation to a live birth, means a person other than the mother or father who is cohabiting with the mother or father of the child in a spousal relationship at the time of the child’s birth and who intends to participate as a parent in the upbringing of the child;

...

“parent” means a mother, father or other parent

Within both Canada and the United States, the creation of the family outside of the traditional structure (straight and preferably married) is mired with both legal and perceptual concepts of illegitimacy, refusing to move away from the model of family and our conception of “parents” as being tied to the genetic makeup of the child. It is especially true in the United States where, if both mothers cannot be listed on a birth certificate (thereby recognizing only the biological mother as a parent), a second parent adoption (process wherein the non-biological mother formally adopts her child) may be required. This formal, potentially costly, and lengthy

process is in many states still contested. Until the adoption—if allowed by the state and if the couple can afford the fees—is complete, no legal parental rights are given to a non-biological parent. By extension, no legal rights are given to the child, which leads to limited access to health insurance and other supports from the non-biological parent.

Within the confines of viewing “family” through the traditional, heteronormative structure, the biological mother is privileged and acknowledged. Meanwhile, the non-biological mother and her contributions to the conception and growth of the child are rendered invisible. Despite her intentions to parent, she is limited in title to one that emphasizes otherness. Should her relationship end, an unrecognized non-biological mother could be in a precarious position with regard to parenting rights. Without a model for parenting that emphasizes roles other than that of biological mother and father, non-biological mothers are left to blaze a trail all their own. Creating legitimate space for non-biological mothers is vitally important. As Dawn Comeau writes, “[a]lthough not biologically connected, [the non-biological mother] shares responsibility in raising, loving, and economically supporting the child. Her role is particularly complex because without a biological connection many have a hard time imagining her relationship with the child” (156). Although some are comfortable in this role, it can be daunting for others. As Susan Dundas comments, “I had no idea how to be a non-biological second parent to my first-born child. I had no references or mirrors to view my reflection. The sense of separateness or confusion about my role in my son’s life began at the beginning” (Dundas 57). This profound sense of uncertainty about her role, and the lack of support within a culture that hardly come to grips with the idea of lesbians as mothers, has a lasting impact on a non-biological mother’s self-perception as a parent. The shortage of terminology with which to present oneself, as well as the lack of non-traditional roles to emulate as a parent, “signifies the rigidity of socially constructed roles” (Comeau 158).

She’s a “Natural”

Although the biological lesbian mother may find herself in a privileged position as the legally referred to as “mother,” this

does not mean that the identity is unproblematic. Both lesbian mothers are excluded from obtaining “good mother” status given the emphasis on biological connection and heterosexual orientation. Ideologies of (good) motherhood are constructed and deeply ingrained, much like the binary categories of gender. Extending from Judith Butler’s suggestion that gender is performed rather than being innate, the performativity of mothering can similarly be explored, as has been done by Emily Jeremiah, who notes that “[v]iewed in the light of Butler’s work, maternity is a practice, and maternal subjectivity is not static, but rather in process, constantly constructed or ‘performed’” (24). Drawing on the work of Adrienne Rich, Jeremiah describes the distinction between essentialist notions of *motherhood*, which denotes a fixed identity, versus *mothering*, which suggests something that one “does,” linking it to Butler’s theorizing of gender performativity. Laura Mamo argues that “[l]esbian reproductive practices have subverted the logic of the heterosexual matrix in part by delinking gender and parenthood. More specifically, if masculinity-fatherhood and femininity-motherhood are delinked, gender is reconfigured, revealing the ways gender is something done or performed” (123).

Reconceptualizing the way we think about mother identities in viewing them as something we do rather than being something we inherently are, “make[s] room for the idea of maternal agency” (Jeremiah 25). This is an important argument for lesbians as they take on a parental role—both for the biological mother expected to be all that a biological mother is expected to be and for the non-biological mother for whom the door is at least partially closed in having not carried the child. As Shelley Park observes,

A failure to recognize the ways in which various interlocking systems of privilege and oppression shape our claims about who has the right to claim the social and legal status of mother stems, in part, from biocentric theories of motherhood. All too often, claims about “real mothers” equate maternal reality with participation in a particular set of biological processes such as pregnancy, birthing, and lactation. Because of participation in these biological processes, a mother is frequently thought to possess a

special bond with a child such that loving and caring for that child is natural, a matter of “maternal instinct.” (4)

Seeing mothering as something one does transforms it from a prescribed identity into something both adaptable and adoptable, which is advantageous for lesbian women who may not meet the traditional criteria of motherhood.

The assumption that at least one partner in a lesbian relationship comfortably assumes a traditionally feminine “mother” role (and that this would generally be the biological parent) continues to privilege normative gendered roles and genetic connections within a family. Given their legitimated biological ties, it has been argued that lesbian birth mothers are more readily accepted as parents in the social realm (Sullivan). I agree that non-biological mothers are in a position of having to push against the heteronormative structures that deny them legitimate parental identity. I suggest that we question, however, the way in which we might understand lesbian biological motherhood as a significantly more comfortable social location. Certainly, a pregnant, birthing, or nursing lesbian is more recognizable as a mother. In those early, formative years when solidifying a parental identity, this visual connection to maternity could be advantageous as her status as mother is not questioned. We can presume, however, that not every case of mother recognition in public spaces is one that involves lactation and telling of birth stories. Beyond pregnancy and infancy, one’s body changes and birth stories begin to fade into the background. Does this idea of one parent passing more easily also begin to fade when moving beyond babyhood? If I am walking through a mall with my family and our child refers to my partner as “mama,” why would anyone who overhears assume that she is anything *but* “mama” (and then, perhaps, assume that I am *not*)?

The argument surrounding easy social recognition through passing and the ability to transition into a recognizable “mother” role is also dependent on the biological mother meeting and accepting (or successfully negotiating) the norms of femininity that accompany it. It assumes that she can be recognized as a mother, both to herself and to others, in a way that her partner cannot. In effect, this relies on a stereotypical image of lesbian partnership

in which one partner is identifiably feminine (and thought likely to bear the children) and the other not. As Raine Dozier notes,

While there is now a sizeable body of research examining lesbian parents and their children, virtually none of it discusses gendered behaviour and identities among mothers. In addition, what butch, stud, genderqueer, trans, or masculine-of-centre individuals bring to parenting and family structure is largely unexplored. (131-132)

Lesbian parenting further challenges the normative script when the biological parent refuses the title “mother” as well as when a traditional feminine identity has not been adopted. Karleen Pendleton Jiménez, for example, writes of her experiences as a butch-identified lesbian attempting to get pregnant. She describes her feelings of mis-fit and discomfort, not only with being a lesbian in a fertility clinic but in attempting to maintain her butch identity while having her legs up in the stirrups. She writes, “(t)here are gaps in understanding and miscommunication between my butch, lesbian self and a fertility clinic that largely caters to heterosexual clients” (69). Kris Quinones, featured in *The Advocate*, self-identifies as a “lesbian dad” and chose the moniker “mama,” tearing apart the general conceptions of “lesbian,” “dad,” and the title “mama.” Although one might assume that her partner carried their twin sons, Quinones is the biological parent (Dorsey). In the manner in which Jaya Sharma describes simultaneously accepting and rejecting norms, Quinones is challenging the traditional script while also subscribing to it (consciously or not). This can be seen with her comments on instincts and traditional mom/dad roles in their approaches to their children. She tells *The Advocate*,

It’s weird because sometimes I don’t consider myself the mom.... I consider myself the person who had the babies, and then sometimes I’m the dad because of all the things I do with them. But internally, there’s still that motherly instinct where we go out and I always want to, like, rub their heads and have them real close to me and have people say that these are my sons. (Dorsey)

Seeing the variation to the traditional mother-father parental units encourages further exploration in considering how to “be” a parent. It is through the sharing of these stories that queer parents further the disruption of normative scripts of gender, sexuality and parental roles. In doing so, we make new family forms readily visible to both onlookers and those who are making their way through similar territory.

ENDINGS, BEGINNINGS

In this chapter, I have outlined the ways in which lesbian families are challenged by heteronormative ideology, as they are caught in a place of being compared to the norm rather than being seen to exist in their own right. The visibility and viability of lesbian families is directly affected by the social attitudes, policies, and varying legislation that surround and police them. This is seen through research bias, hegemonic notions of (legitimate) family, parental identities, and the way in which these families are portrayed (or not) in the social sphere. A continued focus on examining the ways in which lesbian identities and families are represented will bring about change in social attitudes to become less reliant on the traditional scripts. It is through challenging the heteronormative assumptions and acknowledging difference rather than solely seeking similarity that lesbian families will become increasingly visible and legitimated in their own right in the social realm.

NOTES

¹According to Statistics Canada, for example, “The 2011 Census counted 64,575 same-sex couple families, up 42.4 percent from 2006” (Canada, Statistics Canada, “Portrait of Families”).

²In the context of this chapter, I use the term “queer” to encompass the LGBTTIQQ2S (lesbian, gay, bisexual, transgender, transsexual, intersex, questioning, queer, two-spirited) community.

³In 2004, the American Psychological Association’s Council of Representatives adopted a resolution that supported queer families. They note that “[o]verall, results of research suggest that the development, adjustment, and well-being of children with lesbian

and gay parents do not differ markedly from that of children with heterosexual parents” (Paige).

⁴I wish to make a distinction between blatant, aggressive homophobia and homophobia that is perhaps less overt but stems from unquestioned heteronormative ideology (e.g., questioning (even in silence) whether queer persons should be parents, and/or surprise that the couple/individual has the intention to parent).

⁵It is possible to have an anonymous donor be an open-ID donor, where both the donor and the family would sign consent forms allowing the children, generally once they are adults, to contact the donor.

⁶This may be in a co-parenting context or in some cases, the donor may play the role of an uncle figure or he may not have a place in the family at all.

⁷My partner and I, as with many others with similar families, are clear that our children have a donor, not a dad.

⁸I note this because of the conflation of marriage and parenting in the traditional scripts. Debates over same-sex marriage often encompass or stand in for debates over queer-parented families. Although marriage often affords rights to queer persons and their families, with rapidly changing laws, this is not always the case.

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3.

"God Gives Us Sons, but the Government Takes Them Away"¹

Ethiopian Wars and Motherwork

VICTORIA TEAM

ETHIOPIA WAS INVOLVED in a number of wars in late twentieth century, including the Ethiopian-Somali War, the Ethiopian Civil War, and the Ethiopian-Eritrean War. The government mobilized male youth by withdrawing them from schools and colleges, recruiting them through the local councils, and collecting them from their homes and from the street. After a short military training, they were sent to fronts. Hundreds of thousands were reported dead and many injured. Ethiopian mothers developed several motherwork approaches in relation to their children's conscription, recruitment, and military service, which I describe in this chapter. These approaches include hiding their sons away at the time of conscription; caring for each other's sons so that local authorities would remove their sons' names from the conscription registers; illegally paying money to military-conscription authorities to get their sons back; arranging their sons' emigration to avoid conscription; fundraising for the army; and, simply, waiting for their son's return. These approaches were very common in war-torn Ethiopia but, nevertheless, remain unrecognized, unacknowledged, and invisible, as is perhaps all motherwork (O'Reilly, *Twenty-First-Century*). I support these approaches with women's life stories that I heard and witnessed at the time of my practising general medicine in Ethiopia over a ten-year period, from 1989 to 1999.

Focusing on specific wartime approaches to mothering male youth in Ethiopia, I demonstrate that there is no uniform concept of "good" mothering and that motherhood cannot be stereotyped. Many factors shape women's experiences of motherhood, including

demographic, social, psychological, environmental and, of course, political (Walks and McPherson; Wong, *Moms Gone Mad*; Kinser). Furthermore, motherhood experiences differ across a mother's lifespan and child development stages, such as conception, pregnancy, birth, breastfeeding, potty training, and student mothering. These various stages require diverse maternal actions specific to a particular location and a particular period of time (Minaker), similar to the approaches to mothering young men undertaken by Ethiopian mothers during wartime.

I also demonstrate that the concept of mothering adult youth in Ethiopia differs from the "Westernized" normative concept of motherhood, explained by Minaker as "thirty-something, white, middle-class, able-bodied, married, and heterosexual mother situated in a nuclear family, preferably as a stay-at-home or full-time mother" (126). The understanding of "good motherhood" in Ethiopia also differs from "Western" understanding of this concept characterized by a number of patriarchal rules, as outlined by Andrea O'Reilly:

1) children can only be properly cared for by the biological mother; 2) mothering must be provided 24/7; 3) the mother must always put children's needs before her own; 4) mothers must turn to the experts for instruction; 5) the mother must be fully satisfied, fulfilled, completed and composed in motherhood; 6) mothers must lavish excessive amounts of time, energy and money upon the rearing of their children; 7) the mother has full responsibility but no power from which to mother; and 8) motherwork, and specifically childrearing, is regarded as a personal, private undertaking with no political import. (*Twenty-First-Century* 20)

During my time in Ethiopia, I combined ethnographic and clinical interviewing approaches that complement each other and reflect motherwork from multiple perspectives. A combination of both etic and emic perspectives allowed me to represent motherhood issues from the perspective of a young, white, female, and European-born and educated medical doctor on one side, and from the perspective of a mother of five children born with an Ethiopian father on the

other. There are, of course, robust differences between clinical and ethnographic research interviews and observations (Hunt, Chan, and Mehta). As a medical doctor working in public hospitals and private clinics, I was eliciting information required primarily for diagnostic and management purposes. However, during consultations, I allowed a little extra time to get to know my patients; I gave them the opportunity to share their life stories and mothering experiences out of empathy and compassion. I undertook my internship (1989-1990) at various hospitals in Addis Ababa, as assigned by the Ethiopian Ministry of Health. My medical and surgical rotations took place in Menelik and Yekatit 12 Hospital, where I worked with injured soldiers. My obstetrics and gynecology rotation took place in Paulus Hospital, and my pediatric term was in Birla Pediatric Clinic, Yekatit 12 Hospital, where I was eliciting women's reproductive health information and dealing with their mothering issues and experiences on a daily basis. I further practised general medicine in a medium-sized private clinic owned by the local council, where as a family physician, I became aware of medical and social histories of family members. I later analyzed women's wartime experiences of motherhood and mothering approaches by applying relevant anthropological theories, including commodification, marketization, and globalization of motherhood.

MOTHERWORK IN THE ETHIOPIAN CONTEXT

In Ethiopia, as well as in other African countries, children are viewed as human assets and income sources (Gebre-Egziabher). Parents who have many children believe that they will be well supported in their later life because larger families are well positioned to provide better care and financial support for elderly members (Falola). Children are also considered a gift and a blessing from God. These beliefs and expectations, as well as women's insufficient knowledge of contraceptive methods, contributed to a high fertility rate in Ethiopia (Zewoldi; Korra), particularly in the early 1980s when the fertility rate comprised approximately seven births per woman in her lifetime (World Bank, "Fertility Rate"). Boys are preferred because they remain in the family and work to support their elderly parents, whereas girls are given away and moved to

their husband's household; moreover, girls are less likely to be employed and are, thus, unable to provide financial support to their parents (Heinonen).

In the wars of the past two decades, raising children in Ethiopia was difficult, and parenting large families was deeply problematic. Wars in the country coincided with severe droughts and drought-related famines. Many people lived below the poverty line (Parker and Woldegiorgis), and continue to do, as food and water security remain an ongoing issue in Ethiopia (Winer; Kebbede). Post-drought recovery in female-headed households was particularly difficult (Block and Webb). Childrearing responsibilities disproportionately fell on women because of war-related widowhood, men's military service, and rural-urban male out-migration (Gish, Thay, and Latif).

Some traditional practices commonly occurring in Ethiopia several decades ago—such as female genital mutilation, child marriage, early marriage and abduction—had detrimental effects on women's health and limited their physical and psychological capacity for motherhood (Erulkar and Muthengi; Muleta, Rasmussen, and Kiserud). Multiple women's health conditions and illnesses—such as malnutrition (Gebremedhin et al.), anemia, and infectious diseases (Desalegn; Gyorkos et al.)—and socio-environmental issues—such as famine (Webb, von Broun and Yohannes), violence (Wolde Giorgis), displacement (Lothe and Heggen), and limited access to health care (Sibley, Buffington, and Haileyesus)—all affected their motherhood experiences. Experiencing multiple problems, women were raising their children in the hope of reciprocal care and support in their later life, which are still the expected outcomes and benefits of mothering. However, ongoing warfare-related conscription of boys aged as young as twelve years and their wartime mobilization disrupted women's experiences of motherhood and made their expectations of reciprocal care unrealistic (Falola).

CONSCRIPTION AND MOTHERING APPROACHES AT THE TIME OF THE ETHIOPIAN CIVIL WAR

From the beginning of the Ethiopian Civil War on September 12, 1974 until the fall of the Derg in 1991, young men were regularly

mobilized for war. Conscription took place every six months (De Waal). Youth were recruited through secondary schools, colleges, and local councils. Many young people were simply collected from the streets. Local councils were expected to have a register of youths aged sixteen years and older and, at the time of mobilizations, to conscript the required quota (De Waal). Because of insufficient numbers of adults among the population, children, too, were conscripted (Macpherson; Falola). Boys, as young as twelve years old (Falola), were caught by conscription officers before being placed in vehicles and taken to the temporary conscription camps in secret locations. At the time, Human Rights Watch reported that some recruitment officers conscripted university students, which was against the conscription protocol (Immigration and Refugee Board of Canada). They were ripping up their student ID cards that the students had believed could be presented in order to be released. Forcible recruitment was presented by the government radio stations as voluntary (De Waal). Some mothers were forced by local council officials “to ‘sacrifice’ their sons to the war front at gun point” (Aadland 36). Mothers, sisters, and other female relatives were asked for sexual favours by the local council's officials in exchange for a conscripted youth to be released (De Waal).

At the conscription camps, after a youth's identity was established, they underwent medical examination before being sent to the military training camps located at Awash, Azezo, Fiche, Shashemene, and Tatek (Shinn and Ofcansky). Military training for new conscripts was usually very short and lasted from three to six months (De Waal; Shinn and Ofcansky). After training, young people were sent to the front, where many died or were injured. Youth and their parents lived in constant fear of conscription (Falola). Most Ethiopians were against the Ethiopian Civil War, but people were scared to raise their voices against the decisions made by the military authorities for fear of the arrests, torture, and executions that were common at the time of political repressions under the Derg regime (Santamaria; Tiba; Shifaw).

Mothering of sons in their late teens and young adulthood was particularly difficult. When I asked women about their children as part of their childbirth and parenting experiences, my respondents often said, “*Wond leedje neberen, ena mengist wosedew*” (I had a

son, but the government took him away) or “*Egzabbhier leedjoch esetal, mengist ewosdal*” (God gives us sons; the government takes them away). These phrases were used so often that they became proverbs, which indicate that many women—between their late thirties to late forties—had resolved to accept that “it happened as it was supposed to happen.” However, this acceptance did not indicate that Ethiopian women were ambivalent about sending their sons to war, nor did it indicate that they were supportive of the politics of youth mobilization for war. However, Ethiopian mothers did not engage in mobilization efforts; rather, they developed various strategic approaches to keep their sons from conscription and the battlefield.

Hiding Away, Exchanging, and “Purchasing” Back

At the time of recruitment, mothers of young boys were most anxious. Hiding their adult, or near adult children, was not easy because many houses in Addis Ababa districts were small, usually only comprising a single room, and the houses were built close to each other with large shared yards (Kassahun). Nevertheless, keeping youth at home was a good protective measure from street conscription. At the time of recruitment, families usually sent their adult sons to their relatives and misinformed the council authorities that their sons had disappeared and, as the parents anticipated, were probably taken to the army. Arrangements to care for the youth were usually made by mothers, who utilized their relatives and close friends. For example, in 1989, my husband and I housed my husband’s nineteen-year-old distant relative for three weeks in our hostel until the end of the conscription company’s recruitment in the youth’s suburb. We told people that he came from the suburban area for medical examination and treatment. Some women practised exchanging their sons and provided care for each other’s sons so that the councils would cancel their sons’ names from their conscription list as no longer living.

When a youth did not return home during the time of conscription, mothers with support of their relatives and friends immediately attempted to find the location of the conscription camp and to establish communication with the conscription authorities through the procurement people. The procurement people illegally

communicated between both parties and negotiated the sum of money to be paid by the parents to them and conscription authorities in order to “purchase” their sons back. Not many parents were able to pay the required amount of money. Families were selling their belongings, raising money, and borrowing from their relatives and friends in order to pay the agreed sum. In successful cases, the conscripted people were released, usually due to a “failed” medical examination (De Waal). In other cases, military authorities failed to return youths back. Some people engaged in fraudulent activities by presenting themselves as the procurement people, eliciting a large sum of money from the parents and then disappearing. Developing a plan to avoid their children’s conscription became an approach to successful motherhood. Mothers of the conscripted soldiers blamed themselves for their inability to hide their sons properly or to facilitate their son’s return from the conscription camp.

In 1989, during my night duty at the Menelik Hospital, I heard weeping sounds coming from the room of Dr. Alemtsehay, a medical intern who recently returned from Cuba, where she studied medicine. She shared with me that her younger brother had not come home for the last two nights. Since his disappearance happened at the time of a recent conscription company, she was afraid that he had been taken to the conscription camp. She said, “My Mum will not overcome this. Ever since my dad died, and I was taken to Cuba, she was raising this child herself. The main problem is that we are very poor, and we would be unable to pay to facilitate his return.... And you know, being taken to war means to die.”

Thus far, I have described how Ethiopian women engaged in motherwork in the context of conscription. Hiding their sons, caring for each-other’s sons to mislead the local authorities, and paying money in order to facilitate their sons’ return from the conscription camp were only some of the ways in which mothers engaged in motherwork when their sons were enlisted and went off to war. These approaches are “new maternalisms,” which were developed by Ethiopian women to resist the oppressive structure of war and youth militarization. I next discuss yet another tactic of strategic motherwork in the context of conscription: emigration facilitation.

Sending Overseas and Arranging Marriages

Mothers played a significant role in facilitating emigration for their sons to avoid conscription, military service, and the battlefield. Some women were creative in arranging their son's emigration, including through marriage with U.S. citizens. Alemitu, one of my regular patients, shared that she had recently facilitated the emigration of her son. She and her friend persuaded their daughters, who immigrated to the U.S., to marry each other's brothers. There were similar stories of male youth emigration circulating in the community (perhaps daughters were sent overseas with the potential of facilitating the emigration of their brothers). Wealthier families had more choices in planning their son's future, such as sending them overseas for further education or business. To avoid conscription, male youths and their parents applied for the United States Diversity Visa, also known as the Green Card Lottery (Zezeza). Some visa application requirements were almost impossible to meet for a poor person in Ethiopia; however, mothers facilitated the required arrangements through informal connections with other women. Frequently, marriages were arranged to facilitate and to proceed with the emigration process.

Mesfin, an eighteen-year-old youth, won the Green Card Lottery. His relatives thought that it was useless in his case because he and his mother, Beletech, had no money to process the immigration application further and had limited capacities in finding a sponsor in the United States. However, Beletech thoughtfully arranged a fake marriage for her son with a girl from a rich family who had relatives in the United States. The girl's family agreed to pay all marriage-related costs and immigration application processing fees and to purchase the tickets for both of them. They expected that, in return, their daughter's name would be included in Mesfin's visa application, and she would go overseas together with him. The immigration files were finalized, and both Mesfin and his “wife” left to the U.S. Mesfin adjusted well in the new country and after two years of working in the U.S., he came to Ethiopia to visit his mother. Beletech shared with me her worries that her son had changed a lot and that she could not recognise him: “I missed him, but he did not want to stay in our family house. He did not want to eat what I cooked for him. He did not even want to take with

him to America all *shiro* [pea powder] and *berbere* [red pepper powder] that I had prepared for him.” Although Beletech was happy because her son was away from war and was well supported—and she was well supported through him, too—it was not how she had planned for them to live. Beletech was proud of her successful motherwork that allowed for the emigration of her son to avoid his military service, but she was dissatisfied with the new, distant form of mothering and her son's “Western” behaviours that she was unable to control.

In this section, I have tried to demonstrate how distant mothering and mother-youth interaction shaped by host countries' influence on their children in turn influenced Ethiopian women's experiences of motherhood and changed their expectations in terms of the reciprocity of care. Ethiopian women developed a new approach of mothering adult youth—distant mothering—in order for their sons to avoid wartime military service and related life-threatening consequences and death. Their motherwork was related to emigration facilitation, including through arranged marriages.

ETHIOPIAN-ERITREAN WAR: SUPPORTING SONS, NOT THE WAR

The conscription campaigns stopped after the fall of the Derg regime in 1991 and resumed with the beginning of the Ethiopian-Eritrean war in 1998. Although the Ethiopian government denied the forced mobilization of youth for war, there were reports of forced mobilization of youth for the Ethiopian-Eritrean war, particularly in rural areas (Immigration and Refugee Board of Canada). The mothering approaches to avoid conscription established at the Derg time were still in place. Rural women facilitated their children's escape by hiding sons in their relatives' houses in Addis Ababa and other major cities. Parents who opposed their children's conscription were threatened by government officials with having their land confiscated and being denied their right to participate in emergency food assistance programs and other social services (Immigration and Refugee Board of Canada). Furthermore, the Ethiopian government proposed competitive salaries for the soldiers and, hence, many young men volunteered to join the front. According to the Immigration and Refugee Board

of Canada report, the Oromo Liberation Front and the Ogaden National Liberation Front claimed that Ethiopian youth were “press ganged” into the army. Mothers’ opportunities to prevent their children’s self-recruitment were limited.

Ethiopian women whose sons were conscripted took active part in supporting the army through fundraising and volunteering at hospitals. They participated in collecting, sorting, and washing the second hand clothes that were sent to soldiers. Women cooked and packaged long-life foods in the form of snacks, such as *kolo* (toasted wheat grains or grain mix) and *dabo kolo* (bread snack, small-sized dried dough). These food preparations were organized and collected by the local councils. Some of the packaged snacks were sold in shops operated by the local councils, and the money raised was donated to the army. Having limited resources, people were generally less interested in supporting the army. However, women whose sons served in the army were very proactive in their fundraising activities. None of those women supported the war—they supported their sons. Being involved in fundraising activities, they repeatedly said: “*Ehe le nya leedjoch now*” (this is for our children).

Fundraising for the army and waiting for their sons’ return from the battlefield became new mothering approaches at the time of Ethiopian-Eritrean war. Traditional maternal roles, such as cooking meals and providing clothes, were modified and presented in a form of fundraising activities for the army. Engagement in these activities became a way for poorer women to recover their “incapacitated mother” status, which was attached to them due to their inability to arrange emigration for their sons. Fundraising and waiting became the only approaches for women to retain their motherhood status at the time of Ethiopian-Eritrean war. Motherwork activities of Ethiopian-Somali war widows were limited to waiting for their children’s return from Cuba as discussed in the following section.

ETHIOPIAN-SOMALI WAR WIDOWS: WAITING AS MOTHERWORK

The Cuban government—which supported Ethiopia in the Ethiopian-Somali war over Ogaden in 1977-1978 by providing military consultants and combat troops (Tareke)—had also offered further

support to the war orphans of parents, mostly fathers, who died during the conflict. In 1978, over one thousand Ethiopian children, aged from nine to sixteen years, were taken to Cuba, where they were offered primary, secondary, and higher education (Metaferia). Most of the children returned to Ethiopia when they became adults. Although being mothers, Ethiopian-Somali war widows did not have the opportunity to raise their children by providing care for them or communicating with them on a day-to-day basis. They lost their sense of maternal agency. Their motherhood was constructed as powerless and a victim of war, in which the remaining elements of power were related to waiting for their children’s return from Cuba and hoping that they would not be sent to the front. People who had completed tertiary education were not recruited, and if conscripted from the street, then they were usually released after presenting their educational awards and employment cards. These disconnected mothers became living shadows of their past motherhood selves, as they hoped that one day they would become a mother in full when their children would return back home from Cuba. Waiting for their children’s return was their distant mothering approach, as described in the example below.

I met a woman whom everybody called Mama in the hostel for medical interns. Her husband died at the time of the Ethiopian-Somali war. Mama lived with her married daughter who recently returned from Cuba where she was trained as a medical doctor. Mama was waiting for the return of her son, who was still in Cuba. Holding her little granddaughter, she wished for no other benefits in her life other than living with her children and holding her grandchildren in her hands. She said, “Look what the war has done to us; it took away our husbands and it took away our children. What type of woman am I, if I am not a wife nor a mother?” Waiting for her children for many years was not an easy for this woman, since as a mother, she wanted to live together with them. I witnessed the return of Mama’s son. Hugging him, Mama said, “From now on, I will not allow anyone to take you away from me. I carried you in my womb for nine months and on my back for two years not for the government to take you forcibly away.”

Ethiopian-Somali war widows became distant mothers as a result of governmental oppression, which was introduced to

them in the form of support, including covering living and educational expenses for their children in Cuba. Loss of the principal breadwinner, the husband who joined the war, left women having limited financial capacities to provide adequate care for their children and to support their education. Ethiopian-Somali war widows preferred distant mothering to incapacitated traditional mothering. They safeguarded their weak maternal agency by understanding the benefits of separation—including their children's higher education attainment and exemption from army services—and by waiting for their return, which became their motherwork activities.

WARS, GLOBALIZATION, AND THE NOTION OF “GOOD MOTHERHOOD” IN ETHIOPIA

In African societies, motherhood has been traditionally placed at the centre of women's existence (Littlefield). But, previously, the notion of motherhood was viewed merely as a status. In contemporary society, the construct of motherhood has changed from a status to action; that is, from who mothers are to what mothers do in terms of their motherhood (Rothman). Orleck expands the popular understanding of the construct of motherhood further by situating motherhood in a particular environment in a particular period of time. She writes: “The institution of Motherhood ... regulates acceptable behaviour ... and designates appropriate spaces for action in a ‘particular milieu’” (5). She also suggests the idea of “good motherhood” “break[s] down quickly along class,” allowing upper- and middle-class women more choices (12).

The ongoing wars in Ethiopia and related conscription of youth have contributed to the reconstruction of the notion of motherhood and development of new mothering approaches at that period of time. Voluntarily or involuntarily, many women adopted distant mothering, either locally or overseas. For example, locally, women would provide care for someone else's son, while that family cared for their own son, to reduce the ability of the local council to trace either son at the time of conscription. Fundraising and food preparation by the mothers of conscripted youths in order to support the army were also approaches of distant mothering.

Distant mothering through immigration is an example of globalization of motherhood in contemporary society. The term globalization of motherhood was introduced by Chavkin, who attributed it to the disaggregated biological and caregiving components of motherhood that may take place transnationally. Globalized motherhood constructs and approaches were researched among transnational migrant workers and international students who cared distantly for their children that remained in home countries (Hondagneu-Sotelo and Avila; Mahalingam, Balan and Molina; Yeoh and Huang). In Ethiopia, distant parenting through emigration took a different pattern, with youth emigrating and the mothers remaining in the home country. Accommodation of long-time absences became a mothering construct of globalized motherhood in Ethiopia (Zimmerman, Litt and Bose): in the case of the Ethiopian-Somali War widows, who were separated from their children for over a decade and in the case of mothers who facilitated the emigration of their children to avoid conscription.

Distant mothering was frequently described in literature as fragmented, disrupted, alienated, and dispersed (Herrera; Hondagneu-Sotelo and Avila; Mahalingam, Balan and Molina; Romero). However, distant motherhood as a result of arranging a son's immigration overseas was preferred by Ethiopian women over risky and stressful traditional motherhood, which was accompanied by the constant maternal fear that their sons would be conscripted, and they, potentially, could be left childless. Saving their sons' was the primary benefit of distant mothering. Their sons' better education, well-being, and prospects in life in a new country complemented the primary benefit of distant motherhood.

Successful motherhood required Ethiopian women to become alienated from their children and change their cultural beliefs regarding parenting and expectations of reciprocal care. Facilitation of children's emigration was viewed as a parenting duty and immigration to another country as an outcome of successful parenting. Talking among themselves, women would say that a particular woman is a good mother because she managed to send three of her children overseas, for example. Wealthier Ethiopian women had more choices and opportunities to fulfill

their mothering roles and to be allocated in a socially constructed group of “good mothers.” Poverty-stricken families had fewer opportunities. Youth’s conscription and a military service, with its attendant risks, became a punishment for “bad mothering.” Through this protective mothering, Ethiopian women resisted and rejected the notion of sacrificial motherhood imposed on them by the Derg regime. Having rejected patriotic ideology, women refused to raise their children as the future military force for the country.

MOTHERHOOD AS A COMMODITY: MARKETS AND OWNERSHIP

In war-affected Ethiopian society, male youth became a commodity in its direct meaning as a product exchanged for money (Marx). Motherhood also became commodified. For example, traditional motherhood could have been re-attained by “purchasing” the conscripted sons back. Likewise, the status of mother could have been retained through the son’s immigration facilitation, which required financial resources and connections. The availability of the procurement people, who could facilitate the return of the conscripted youth to families as a third party in the process, suggests marketization of motherhood in the country. Involvement of profit-motivated third parties in some socially and biologically constructed processes, such as reproduction and motherhood, usually suggests the marketization of these processes (Rapp; Lock and Nguyen).

Women’s bodies, too, became commodified and controlled by the various war-supporting Ethiopian governments, which saw women merely as factories to produce a military force for the country. Militarizing motherhood, the patriarchal governments expected women “to become the mothers of the nation [that] will bear and raise citizen-soldiers who will in turn be responsible for protecting and fighting for the country” (Kaptan 254). Historically, war-time motherhood control by the state took different forms, such as the intensive racial reproduction scheme, also known as selective breeding, in Nazi Germany to make the German army operational in a short period of time (Canning; Stackelberg and Winkle; Taha); prohibition of abortions with the aim of restoring

the male population in post-World War II Russia (Lubin); and the Israeli fertility policy in the 1950s that aimed to increase “the production of sons—as future soldiers” (Sharoni 149).

Although the Ethiopian governments viewed boys as the future military force, mothers viewed them as family assets and future sources of support for themselves and their families. Mothering approaches developed by Ethiopian women sought to regain control over their own lives and over the lives of their sons. Oppression of mothers by socio-political structures also creates their resistance towards the very same structures (Kaptan). As Minaker argues, when controlled by societal structures, “women simultaneously exercise agency, develop strength and build capacities to resist;” oppression and resistance become “intrinsic to maternal experience” (127). Historically, African women were described as powerful matriarchs (Amadiume; Cooper; Clark). Ethiopian war-supporting governments victimized women to a degree that they were de-womanized, as exemplified by the Ethiopian-Somali war widows. Their wifehood and motherhood, which traditionally embody womanhood in Africa, were replaced by widowhood and distant motherhood, an equivalent to childlessness (Nnaemeka; Spronk). Their only remaining elements of power were waiting for their children’s return and hoping that their educated children would not be mobilized for war. Through the development of these mothering approaches, Ethiopian women maintained their powerful matriarchal status and ownership of their sons.

CONCLUDING REMARKS

Wars disrupted traditional motherhood in Ethiopia and created new mothering approaches. These approaches were shaped by poverty, political and ethnic instability, a lack of life prospects for young people, and an increased risk of life-threatening battlefield injuries and death in the context of war. Protecting children was one of the maternal roles, which was expressed by hiding their sons, by arranging their emigration, or by facilitating their recruited sons’ return by paying money to the local council’s officials and military authorities. Women’s individual circumstances, their negotiation

and networking skills and, importantly, financial status influenced their options.

Although the Ethiopian authorities expected women to adopt sacrificial motherhood, women were not willing to sacrifice their sons for the war. Ethiopian mothers dreamed about peacetime traditional motherhood, in which the youth were at home, and mothers received reciprocal care as their children grew older. Clearly, the perception of successful and desirable motherhood was compromised. As Gina Wong has argued, mothering should be viewed as “a site of powerlessness, oppression, resistance and empowerment” (“Introduction” *Moms Gone Mad* 1). The new adopted approaches and motherwork actions in turn influenced women’s experiences of motherhood, for example distant mothering and infrequent youth home visits compared to traditional “day-to-day, face-to-face, embodied” mothering (Pratt 70). The described distant mothering and fundraising for the army were Ethiopian women’s wartime empowerment approaches. These mothers supported the maternalist argument that motherwork activities counter the universal patriarchal rules that “only a mother—close at hand—can properly and fully nurture a child” (Pratt 46), and this type of care “must be provided 24/7” (O’Reilly, “Outlaw(Ing) Motherhood” 20).

In this chapter, I have described new maternalist approaches in relation to youth conscription and army service. Providing relevant case studies, I have aimed to enrich the contemporary understanding of wartime motherhood in Ethiopia and to contribute to the neo-maternalist movement that contests the conventional representation of motherhood and maternal roles. I have also complemented the available yet scarce literature on motherwork related to youth conscription and mothering conscripts to enrich our understanding of the wide variety of motherwork activities and actions.

Dedicated to my mother-in-law, Adey Abrekhsion Tesfay, and to all Ethiopian and Eritrean mothers.

NOTES

¹All translations from Amharic to English were done by the author.

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4.

Reframing the Street-Based Sex Worker as a "Good Mother"

JENNY FLAGLER-GEORGE, GINETTE LAFRENIÈRE,
AND ANGIE MURIE

MORALIZING STREET-BASED SEX WORK

SEX WORK CAN BE BROADLY UNDERSTOOD as the exchange of sexual services for money or goods. The lived experiences of sex workers may be drastically different depending on the context of their work. Social researchers affirm that sex work occurs in many different venues ([Understanding] Sex Work). Street-based sex workers are among the most vulnerable populations, experiencing a range of health and social risks because of their social locations. Data show that women do approximately seventy-five percent of all sex work.¹ Establishing exact numbers is extremely difficult due to the transient nature of street-based sex workers and not all people working in the sex industry self-identify as such. The lifestyles of sex workers are often framed in popular discourse as being inconsistent with motherhood. Women who do sex work do not conform to the socially constructed image of the "good" mother.

Feminist theorizing around the concept of the good mother has its roots in the work of psychoanalytic feminists, such as Melanie Klein and Nancy Chodorow, who were among the first to emphasize the vital role of the mother in the development of a child's psycho-social self (Doane and Hodges). Popular discourse around the good mother is embedded in a specific set of expectations. Vincent, Ball, and Braun argue that working-class women have a long history of living at odds with expectations for a good mother. Being a good mother requires economic self-sufficiency, responsible mothering,

and adherence to socially acceptable behaviours (Vincent, Bal, and Braun). The concept of the good mother is tied to a host of moral implications, including limiting sexual relationships to the confines of a socially approved monogamous heterosexual relationship. The image of the good mother decontextualizes mothering by divorcing it from other important social factors that shape the ability of a mother to do ongoing and essential care work.

According to Welles-Nystrom, New, and Richman conceptualizations of the good mother vary between cultures. The authors argue cultural values associated with motherhood are created through a subset of cultural norms developed through ongoing social interactions. Specific differences can be observed across cultures, including differences in the methods used to achieve goals associated with successful childrearing. Although sex workers operate within a specific culture, they exist on the margins of society. In addition, even though they may ultimately hold the same goals for motherhood, sex workers develop their own notion of what it means to be a good mother consistent with their realities. The ability of sex workers to successfully mother while working in the sex industry demonstrates the necessity to move beyond the narrow image of the good mother. Based on data collected from mixed methods interviews with fifty-two street-based sex workers in southern Ontario, this chapter identifies key factors that shape the experiences of street-based sex workers, namely economic need, work schedule flexibility, public regulation, stigma, and internalized shame. The aim is to highlight the fissure that exists between the ideological representation of the good mother and the lived experiences of street-based sex workers as mothers.

The goal of this chapter is to contribute to the production of a shared consciousness among caregivers that encourages greater support of mothers from all social locations. The data collected during the interviews help to reframe dominant ways of thinking about motherhood to develop a mutually supportive network of care for mothers who are street-based sex workers. This is a necessary undertaking given that policies and programs designed to support mothers have served, in practice, to separate mothers as worthy and unworthy of support. Many street-based sex workers fear disclosing their involvement in the sex industry because their

children may be taken away as a result. This chapter is predicated on the assumption that the vulnerability of mothers is structural, not inevitable. The way in which those who engage in sex work are conceptualized is partly rooted in how sex work is framed in feminist discourses. In the following section, we provide the theoretical underpinning for our chapter by calling for feminism to extend beyond debates about sex work and move towards being supportive of sex workers from their standpoints.

MOVING BEYOND MORALIZATIONS

Sex work is a contested terrain and a source of internal debate within feminist research. Some feminists argue that sex work is inherently degrading and oppressive to the (disproportionately) women who participate in the sex industry (Overall). Such research frames sex workers as victims in need of saving. The impact of negative experiences, such as early childhood abuse, is frequently emphasized as the reason for entering the sex industry to the exclusion of other considerations. Based on a systematic review of international research on sex work conducted from 1990 to 2000, Vanwesenbeeck claims that research focusing on sex workers as victims actually contributes to social stigma around sex work by reducing the self-determination and autonomy of sex workers themselves. The lack of self-determination experienced by many sex workers further contributes to negative outcomes, including higher rates of HIV infection among sex workers who do not feel they have ownership over their own bodies and thus do not initiate condom use with clients. Research focusing on the victimization of sex workers has the unintended consequence of negating the care that sex workers can, and do, provide to their children.

A focus on victimization contributes to the misconception that sex workers are incapable of caring for themselves or others. We argue that sex workers should be empowered through feminism to ensure they are given the support required to provide for themselves and those they care for. Existing research conducted collaboratively with sex workers reveals that many resent the assumption that their work is not a valid choice. Zatz astutely notes that sex work may be the best choice available for some women with lim-

ited options, even when the choice to engage in sex work reduces individual sovereignty over one's body. As she writes, "Given the other choices available, an option that is harmful to autonomy may still be better than the alternatives, for instance, starvation" (278). The choices that sex workers make need to be understood and acknowledged within the given social realities in which they live. Engaging in discussions that dichotomize sex work as either good or bad does nothing to improve the living conditions of sex workers themselves (Overall). Moreover, moralized discussions are also more likely to lead to questions around how to best govern or restrict sex work. Without the need to consider imposed moralizations, sex workers can move towards obtaining the same workplace rights as those in other industries, such as equal treatment and protection under the law, by emphasizing the work relations involved between workers and clients. These types of protections often serve as an important source of support for those engaged in mothering. Rather than speaking for sex workers, we desire in our study to provide a space for street-based sex workers to discuss their experiences as mothers from their own standpoints.

EXPLORING THE EXPERIENCES OF STREET-BASED SEX WORKERS

Our study was initiated by a local advocacy group for sex workers in 2012 and was carried out within a university-community collaboration framework. Our findings rely on an analysis of mixed methods data obtained through in person interviews with fifty-two street-based sex workers living in southern Ontario in 2014, including thirty-four women. A majority of the women who participated in the research are mothers. The sex-workers who participated were not directly asked about mothering. It was determined at the outset of the study that this would create undue concern among the participants that their mothering practices would come under scrutiny. However, mothering became an important theme as many of the research participants were interested in sharing their stories of mothering. Our desire to reframe the conceptualization of the good mother emerged directly from the data. Each of the participants was made aware that their participation in the study

was voluntary. All participants were asked to sign a comprehensive consent form prior to participation, which clearly indicated the right to withdraw from the study at any time without any repercussions. Letter-based pseudonyms have been attributed to the research participants for the purposes of this analysis in order to protect the privacy of the research participants. A mix of purposive and snowball sampling facilitated recruitment. Each of the interviewers was carefully trained. The main ethical considerations were that sex workers may not feel safe to participate or may feel a desire to give answers reflecting what the interviewers wanted to hear. In order to remain consistent with a feminist framework, we included sex workers from the community on the research team and consulted them throughout the research process.

The participants represented a wide cross-section. Participants ranged in age from eighteen to fifty-five. Existing literature on the sex industry indicates that there are many youths under the age of eighteen currently engaging in sex work. However, no youths were included in this research because of ethical considerations regarding the need for informed consent and legal implications that may exist for underage mothers working in the sex industry. In total, twenty-one of the participants were between the ages of twenty-six and thirty-five, although fourteen fell between the ages of forty-six and fifty-five years of age. A majority of the participants self-identified as white, four as being part of a racialized minority group, and eleven as Aboriginal. It is important to note that the number of Aboriginal participants is disproportionately high compared to the number of Aboriginal people living in southern Ontario, which speaks to the complex impact of colonization on the lives of Aboriginal peoples in North America. In terms of educational attainment, twenty-six of the participants had at least a high school education, with fifteen having at least some post-secondary education. In regards to frequency of work, thirty-five of the sex workers interviewed claimed to be involved in sex work only sporadically rather than on a regular basis.

STREET-BASED SEX WORKERS AS MOTHERS

In the following section, we identify key themes influencing the

experiences of sex workers as mothers emerging from the data, including economic need, work schedule flexibility, public regulation, stigma, and internalized shame. We draw on these themes to call into question the ideological representation of the good mother by demonstrating that it serves to isolate mothers who are street-based sex workers, who become further marginalized. The image of the good mother is inconsistent with the experiences of street-based sex workers, who, nevertheless, have the capacity to demonstrate a clear commitment to caring for their children in ways that are consistent with societal standards and goals.

Economic Need

In many cases, sex work is driven by an economic need for a source of income. Research indicates that many sex workers use their work to support themselves and dependents, including children (Harcourt and Donovan). Our study confirms this claim, as a number of the participants admitted to entering the sex industry to financially provide for their children. This was the case for L who entered the sex industry to provide basic necessities, such as food, for her children. “Originally, I started with doing hand jobs because I didn’t want my kids to go hungry anymore. I then continued to doing full service because I needed more money to pay for things as they grew up.” L initially entered the sex industry on a part-time basis and began to work more frequently as the financial needs of her children increased over time. Our finding is not anomalous, as research elsewhere has found that many street-based sex workers use their sex work to care for dependent children (Harcourt and Donovan).

The fact that many women working in the sex industry first begin their careers to provide for dependent children demonstrates their commitment to what Ruddick terms “maternal practice.” Those engaging in maternal practice act based on their children’s needs. They are oriented towards ensuring that their children thrive and develop into fully functioning members of society. Ruddick refers to the basis of maternal action as preserving the life of the children. Street-based sex workers such as L have the capacity to adhere to maternal practice even in the face of extremely limited resources and few, if any, alternative employment options. This

is a significant finding because it demonstrates that rather than failing to provide adequate care to their children, street-based sex workers may show an extreme commitment to the well-being of their children. Instead of being seen as “bad” mothers, street-based sex workers should be extended additional economic support to sustain their roles as working mothers.

Work Schedule Flexibility

Sex work may be a viable occupational choice for those with limited alternatives because it allows for a flexible work schedule. This flexibility means that mothers can fit paid work around the demands of childrearing. Researchers argue flexibility is largely absent from many of the jobs otherwise available to low-income women (Zatz). Sex work becomes a way to ensure the provision of care that conforms to the notion of the dutiful mother. The structure of care provided may be entirely consistent with socially constructed norms of motherhood even when the occupation of sex worker itself is not. This conclusion is consistent with research indicating sex workers separate sex acts performed during their work from their other daily roles (Zatz). This is not surprising given the understanding that sex work is a form of work that does not necessarily impede other aspects of one’s identity. S, for example, engages in sex work because it allows her to choose her own schedule so that she can be home when her children return from school. “I do this [sex work] because I have kids that I have to be there for them when they come home.” S conforms to traditional standards of mothering in that she frames being home with her children as her top priority. However, her statement also demonstrates that she faces limited options given she is expected to provide care with little to no support from outside sources.

The lack of support offered to mothers like S reflects a limited application of an ethic of care. Under an ethic of care, care is an ethical imperative. In theory, an ethic of care necessitates care for all, including caregivers themselves. In practice, an ethic of care has largely been applied to the care of children to the exclusion of the most vulnerable mothers. This result has led care-focused feminists, including Eva Feder Kittay, to extend the warning that without a critical analysis of how an ethic of care is applied, any

efforts made to create policies based on an ethic of care as a moral good may be used to further marginalize the most vulnerable caregivers. Programs that bypass the mother and focus on the child create a sense of fear among sex workers that their children will be taken away from them if they are not seen as worthy mothers. This is a significant finding as it may help to provide an impetus for policymakers to consider the needs of both children and mothers if the ultimate goal is to provide an environment that will truly support the care of children. Without providing adequate support for mothers, including offering more flexible work arrangements, it is unlikely that the most vulnerable mothers will receive the support they need.

Public Regulation

The public regulation of sex workers limits the drive for needed policy change. Street-based sex workers are the most visible of all sex workers because at least a portion of their work, specifically solicitation, occurs in public spaces (Church et al.). Public visibility creates an open ground for moral regulation, which is inseparable from the expectations placed on women's sexuality, as the sex industry continues to be highly gendered (POWER). Street-based sex workers often go without needed support for mothering, as moral regulation decontextualizes care work and the dependency that doing care work creates. N entered the sex industry as a means to escape her abusive husband, as the police did not deal with his abuse sufficiently enough to ensure her and her children's long-term protection. "I started doing sex work because my husband used to hit me. I finally told the cops. He only got a \$500 fine and anger counselling, which he talked them out of. I knew he wasn't going to stop hitting me, so after that I left him. I have kids that I had to look after." N described her experience of reaching out for help and meeting a system that did not take her safety or that of her children, seriously. Given this reality, N left the abusive situation with little outside support, financial or otherwise. As someone who had little work experience or training, sex work provided N with the financial resources that she required to remove herself and her children from an abusive situation. N's experience illustrates how mothers continue to hold subordinate status without

sufficient support to ensure that they themselves do not become vulnerable. This is relevant as it draws attention to society's failure to acknowledge its own moral obligations to protect caregivers. The current conceptualization of the good mother relies on a very individualistic model wherein the good mother receives little societal support outside of the nuclear family unit. N's experience indicates that such a view is inadequate for those who do not have a stable traditional nuclear family, such as women who experience domestic violence.

The public regulation of sex workers as mothers is also linked to a legacy of racism. Racialized minorities and Aboriginal people continue to be overrepresented in the sex industry. In our study, over 21 percent of the participants self-identified as Aboriginal, whereas Aboriginal people accounted for just over 4 percent of the population in Canada in 2011 (Canada, Statistics Canada). The overrepresentation of Aboriginal women in street-based sex work has complex roots that have created uneven access to the economic and social resources for the most vulnerable. Sikka argues that Aboriginal women are disproportionately found in the sex industry because of a history of colonization that has directly impeded their social and economic opportunities creating few alternative employment options. Chartrand and McKay claim that the discrimination experienced by Aboriginal people is both pervasive and endemic; such systemic discrimination, however, is all but unacknowledged in popular discourse. The resulting implication is that the experiences of Aboriginal women as mothers in the sex industry are never fully understood. Eva Feder Kittay rightly argues that because of the legacy of colonialism and its resulting discrimination, racialized and Aboriginal women experience an exaggerated degree of moral regulation. Persistent discrimination further masks the value of care work performed by racialized and Aboriginal mothers. When Aboriginal mothers who do sex work provide good care to their children this care is devalued.

Stigma and Internalized Shame

Despite the negative implications of the pervasive regulation of mothers who are sex workers, there is little widespread attention given to this group. This is partly because stigma surrounding

sex work creates little momentum for large-scale support of street-based sex workers. Many of the mothers who were interviewed in our study discussed feeling stigmatized through their work in the sex industry. P claimed that there is no escape from stigma in her daily life. “Stigma is here night and day. Here it [sex work] is frowned upon and you have no place to go. There is a stigma.” P argued that because of the persistent stigma she does not have anywhere to turn when she requires support to mother her children. Addressing the stigma against those working in the sex industry is urgent because stigma increases the safety risks for sex workers. For example, Brooks-Gordon refers to a qualitative study done with twenty-four female sex workers and seven male sex workers in Serbia to analyze the effect of stigma to the violence experienced by sex workers. The findings indicate that stigma increases the violence inflicted on sex workers from clients. The author argues that clients who act violently feel entitled to do so because they do not view sex workers as equal citizens. Clients are more likely to feel that they can act violently towards sex workers because society does not take the welfare of sex workers as seriously as non-sex workers do. The sex workers in Brooks-Gordon research report feeling a lack of police protection because the police were often the perpetrators of violence, including coerced sex and harassment.

In addition to fostering a culture of acceptance for the mistreatment of sex workers, external stigma often creates feelings of internalized shame. G argued that she would feel ashamed if her children were to find out she worked in the sex industry, despite the fact that she does it to provide them with needed care and resources. “It’s [sex work] degrading and demeaning to me. My kids are unaware that I am a sex worker. I would just die if they found out I was selling my body.” G’s statement reflects the fact that she does not feel sex work is consistent with her role as a mother. The internalized expectations of what it means to be a good mother may lead many street-based sex workers, such as G, to feel shame. This is relevant as internalized shame is intrinsically tied to feeling unworthy of support. Sex workers will not push to receive the resources required to support their mothering if they do not feel that they deserve them.

The themes discussed above illustrate the inconsistencies that exist between the current conceptualization of the good mother and the lived realities of street-based sex workers who are mothers. Despite the fact that the women we interviewed seemed committed to providing for the economic, social and physical needs of their children, they are often characterized as though they were unworthy mothers. Consequently, they are refused access to the kinds of supports that could help them gain additional independence. In the next section, we argue that the current conceptualization of the good mother must be reframed in order to make room for sex workers. This reframing will provide the needed push to address the moral regulation and stigma used to restrict access to caregiver supports.

STREET-BASED SEX WORKERS AS GOOD MOTHERS

The failure to recognize society’s obligation to mothers who provide necessary care to dependent children is a failure to recognize the moral worth of mothers themselves. In order to overcome the notion that street-based sex workers are necessarily “bad” mothers, we argue that the current conceptualization of the good mother must be reimaged. The care that mothers provide must be framed as an intrinsic good rather than being linked to largely unrelated factors, such as being employed in the sex industry. Care understood as an intrinsic good means that care would be seen as a good in and of itself. If care is conceived of in this way, providing mothers with the resources needed to maintain the caring relationship would be essential. We contend that providing comprehensive economic support for caregivers should be considered a societal responsibility because mothers make an essential contribution to society through their care work. If even the most vulnerable mother received economic support in times of need, it would reduce the pressure placed on women to enter the sex industry when they do not wish to do so. At the same time, understanding care as an intrinsic good would not negate the ability of women to be good mothers while also working in the sex industry as a matter of choice.

Under current societal standards, sex workers are seen as failing to be good mothers. However, if motherhood were untied from

moral implications related to sex work, motherhood and sex work would no longer be seen as incompatible. Such a shift would not contradict the need for effective and dedicated parenting; it would simply reframe the standards. The adoption of this perspective on a wider scale would help to reduce the level of moral regulation experienced by sex workers. In doing so, this would create space for mothers working in the sex industry to address internalized shame. Through this process, sex workers could collectively push for access to supports for mothering. Understanding all mothers as potential good mothers would help to build a community of support among all mothers. Our goal is to open dialogue around mothering to help build a shared consciousness among mothers based on a cultural reimagining of the good mother.

In order to be effective, we propose that the notion of a good mother based on care as an intrinsic good must be mindful of the ways in which social location shapes the lived experiences of mothers. The Eurocentric underpinnings of the current conceptualization of the good mother must be problematized. Failure to do so would result in the continued exclusion of racialized and Aboriginal women who are overrepresented in the sex industry. Our findings demonstrate that by highlighting the fissures that exist between the ideological representation of the good mother and the lived experiences of street-based sex workers as mothers, it is possible to build an image of the potential good mother that is inclusive of sex workers. Our argument calls for feminism to reach beyond discussions of the moral implications of sex work and towards addressing the needs of sex workers as mothers in a practical way.

CONCLUSION

Framing the care work of women working in the sex industry as an intrinsic good will contribute to a wider call for the support of all mothers within their given social locations. This will help to negate discussions within feminist discourse about the moral implications of sex work in relation to mothering and the degree to which sex workers occupy a morally ambiguous position. Research indicates that engaging in discussions that dichotomize sex work as

either exploitative or empowering does little to improve the living conditions of street-based sex workers. In fact, such discussions may have the unintended consequence of further stigmatizing sex workers and reducing the societal value placed on the motherwork that they do. By providing sex workers with support and resources, they will be afforded needed agency as mothers and as people. The first step in this larger project is acknowledging the capacity and value of all mothers as potential good mothers or at the very least, “good enough” mothers (Doane and Hodges).

NOTE

¹Cis men and transgender men and women have unique challenges that bare further exploration in future research. Although this chapter focuses on motherhood, the impact of moral regulation has different and far reaching consequences for people who fall outside of the cis woman category.

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5. Out of Time

Maternal Time and Disability

RACHEL ROBERTSON

A MOMENT

HE IS LAUGHING. He stands under a jet of water, arms outstretched, hands wide, face tipped, mouth open—and he laughs. Then he runs around to do it all again—up the steps, down the water slide, through the fountain of water and finally standing under the bell-shaped spout as it gradually fills with water, and he laughs as it tips down and over him. It is a hot day and other children are here too, shrieking and racing up and down the slide and through the water sprays. There are toddlers, wobbling around on fat legs and stomping in the puddles, a pair of girls who look like twins, about six or seven years old, several groups of little boys chasing each other, and a very small boy with a serious face, being encouraged by his dad to try the slide. And there is my son, Ben,¹ fourteen years old and twice the size of every other child around him. When he gets to the top of the slide, he lets the other children go in front of him, waving them on. Some of them even go down and then race back up for a second slide while he still stands there, waiting for his turn. Then, finally, he decides the time is right, and his body is so long, he hardly has any distance to travel before he is at the bottom, splashing in the shallow pond.

I am smiling as I watch him, a coffee in my hand, my book temporarily closed. It is such a pleasure to see him having fun in the sun and the water, at ease with his environment and oblivious to difference. It is like a momentary vision of equality, where chronology and cognitive ability do not count, an alternative world where

developmental time no longer rules, and difference unites not divides. Here, nobody cares that Ben is a teenager playing alongside much younger children. In spite of his height, he merges into the scene because his actions are similar to all the other children's. He is a part of a moving mosaic of bodies in water, and even his stiff-armed gait as he stands and runs is unremarkable amid falling toddlers and boys chasing and jumping and sliding around him.

Such moments are rare for us. It is more common for Ben to stand out. He is always either too "old" chronologically or too "young" cognitively, socially, and emotionally. This local water park and swimming pool complex is one of the few places where time is irrelevant; it is a liminal world of possibilities unfolding and never foreclosed.

I note that I have written "such moments are rare for *us*," not for *him*. I include myself in this experience of temporal dissonance, even though Ben is now fourteen years old and I might have expected more separation between us by now. Like everything else about my mothering experience, though, my relationship with my son is not following imagined or textbook defaults. This temporal dissonance is shared by me; indeed, it is probably noticed and experienced by me to a greater extent.

This chapter explores the notion of disabled maternal lived time and how might one might understand this.² I examine how we think about the temporal structures that complicate disabled maternal subjectivity and agency. I take a feminist disability studies approach to the notion of time and maternal subjectivity and build in particular on the work of Alison Kafer, Lisa Baraitser, and Rosemarie Garland-Thomson. I start by exploring the way notions of time are central to discourses about disability before summarizing some key discussions on women's time and caring, including Baraitser's work on interrupted time and mothering. I suggest that there may be a parallel between maternal subjectivity and disabled subjectivity in the way both problematize temporality. My discussion then draws on Kafer's and Garland-Thomson's discussions about futurity to explore the relationship between futurity, maternal subjectivity, and disability.

In speaking of disabled maternal time, I am not suggesting that I claim the identity "disabled" myself, an issue that is much debated

but which I do not want to address directly here. My claim is to share some of the experiences of disability through my role of mothering a disabled son, what Alison Kafer describes as feeling a "collective affinity" with disabled people. My son Ben does not identify as disabled either at present, although he does identify as autistic (which is his official diagnosis) or sometimes as "Aspie" (which I would describe as a disability rights term, but Ben may not understand as such).³

As always, it is questionable to use the single term "disabled" to refer to the very diverse lives of people experiencing disablement. I recognize that the experience of disability varies greatly. I am starting from my own lived experience of mothering an autistic child⁴ (one who is verbal, was not diagnosed with an intellectual impairment but does have cognitive differences), not to suggest that my experiences are generalizable but rather as a form of anecdotal theorizing, using "the fertility of the specific as the site of productive thinking," as Jane Gallop describes it (138). I am following the model offered by Lisa Baraitser in her work on maternal encounters because she has shown how fruitful and apposite anecdotal theory is for thinking about and around maternal subjectivity. This approach is similar to what Garland-Thomson names as "the feminist disability studies practice of putting story in the service of theory" ("The Story"). I am writing as the mother of a disabled child, using the insights of this role, in a manner that has been deployed by scholars, such as Cynthia Lewiecki-Wilson, Eva Feder Kittay, Sara Ryan, and Katherine Runswick-Cole. Although my own particular experience relates to autism (and I have contributed to critical autism studies elsewhere), my interest here is to use personal experience via anecdote to enable a more general consideration of the way mothering a disabled child may result in a range of complex relationships to temporality.

TIME AND DISABILITY

Notions of time are central to the discourse around disability, both in terms of medical discourse and definitions but also in the cultural discourses that surround disability. In fact, living with a disability often opens up a temporal focus that was not there previously.

There is diagnosis time, prognosis time (what or how long a future is imagined), curative time (what treatments or interventions are offered), relapse, or remission, and there is developmental time, that imaginary ideal trajectory of human development based on finding the mean of able-bodied and/or able-minded people's experiences. Most noticeable to me when my son was diagnosed with autism was the way his future suddenly became both present and unimaginable to many people. I was asked: (how) will he go to school, learn to drive, get a job, have friends, get married, become independent? It is easy to see that economic and physical independence, marriage, and reproduction have become the markers of adulthood in Western culture. I do not think that other mothers of three-year-olds are asked if their child is likely to be able to drive. The very name of a developmental disorder such as autism encodes time doubly: the condition is life long and it delays, disorders, or disrupts the "normal" development of a child. It, therefore, creates the sense of an unpredictable future, something that Western cultures tend to fear. As Rosemarie Garland-Thomson says,

A world and life trajectory that is unpredictable or uncontrollable is anathema to our liberal modern ethic of self-determination, design, and freedom. One reason we do not expect people with disabilities to appear in our world is because we do not have predictable narratives of their future; we do not imagine them as having tractable futures or life trajectories. ("The Case" 351)

Kafer describes how Judith Halberstam claims that "normative narratives of time" underpin "definitions of the human in almost all our modes of understanding" (Halberstam qtd. in Kafer 34). Elizabeth Freeman uses the term "chrononormativity" to describe the use of time "to organise human bodies into maximum productivity" through the use of clocks, schedules, calendars and time zones, which inculcate particular temporal experiences and privilege powerful groups (3). As Karen Davies, building on the work of E. P. Thompson and others, points out, clock time may appear natural, but it is, in fact, socially constructed. Linear time, then, is linked to productivity and is the time of history or teleology.

The past is useful as a form of prediction for the future. Davies also notes that it is common to test people's cognitive functioning (for example when examining a patient for dementia) by asking them about time: asking what day or year it is and about temporal order and cause and effect. In other words, as Bruner, Eakin, and others have demonstrated, the notion of "personhood" is closely linked to the ability of an individual to understand and recount a temporal narrative about her or his self.⁵

Kafer argues that Halberstam's "normative narratives of time" all presume a "linear development from a dependent childhood to an independent adulthood defined by marriage and reproduction" (34). When this linear development is disrupted or contested, the most common response is to have recourse to what Kafer describes as "curative time." If an individual cannot be cured as such (as with developmental conditions), then the focus falls on normalizing treatments in order to assimilate difference. Autistic children, for example, are taught to behave more like others by making eye contact, even though they may not wish to, or by avoiding public vocalizations and actions ("stimming"), which are deemed inappropriate.

I was struck by the fact that it was the apparatus of chrononormativity that was used to help my son manage his life in a non-autistic (neurotypical) world: visual schedules and timetables were among the most common tools used by schools and therapists, for example, in helping him transition from one activity to the next. There are also autistic adults and children who require adherence to timetables in order to provide a form of predictability or security to their lives. My son's limited ability to formulate cause and effect required an external reference point so that socially constructed clock time became essential to understanding how to live with others in the world. Ben, his embodiment appearing to rupture linear developmental time, is tied back to it via external apparatuses of control.

I recognize that my anecdote about Ben playing in the water park might be read as an ablest framing of disability. I identify my usual experiences with Ben as a disruption in the temporal field and describe his embodiment as a form of "asynchronology," where body and mind are not aligned. By saying that he is always

either too young or too old, I may seem to support a normative ideology where difference is excess or deficit and not valid, where the linear developmental norm is given value over people's individual differences. I do not support this ideology, but I think my anecdote reflects the way we are all subject to, and contributors to, this kind of ablest framing and that it can be a complex thing to unravel these frames. The facts that my lived experience is out of sync with the norm and that I read critical disability studies scholarship do not make me immune from the dominant discourses of my culture. I still find myself saying to Ben, "stop making those weird gestures," when we are out in public, whether because they discomfort me or others I do not entirely know.

That moment in the water park stands out for me as a desired future, what I describe as a "vision of equality" (for me, not necessarily for Ben or other children or parents). It is not a vision of Ben before, after or without his disability, but rather of a changed world, where this seeming misalignment of mind and body is no longer a problem, but simply accepted as a possible way to be.⁶ This imaginary future would be a place where Ben can make "weird gestures," where the teenage body is not seen as grotesque or threatening or shameful in non-teenage spaces. It is a place where chronological age would no longer be the main structural marker for education, recreation, and communal life. In this future, too, my own experience of mothering would not be marginal. As a mother, I would not experience what Rozanna Lilley names as "attachment stigma," a stigma resulting from the prolonging of the child's dependency on the mother.

MATERNAL CARE, TIME, AND INTERRUPTION

Just as linear time has been associated with men and the world of work, cyclical time has been associated with women (Davies; Felski; Kristeva). In "Women's Time," Julia Kristeva argues that monumental (or eternal) time and cyclical time are linked with female subjectivity, based on the association of women and maternity. Christine Battersby has explained the association of women and maternity through the "shared position *vis a vis* the founding metaphysical categories that inform our notion of individuality,"

arguing that "whether or not a woman is a lesbian, infertile, post-menopausal, or childless, in modern western cultures she will be assigned a subject-position linked to a body that has perceived potentialities for birth" (16). For Kristeva, monumental time cuts across linear time and creates cyclical time. Davies notes that in the pre-industrial West, cyclical time was associated with everyday life as well as being associated with mythological consciousness. Cyclical time, she argues, reproduces the past. The daily activities of care for others require short repeated cycles of work. These everyday activities are reproduced within larger seasonal and communal cycles.

Rita Felski writes that "Repetition is linked to the everyday, and the everyday to woman. For feminists, this connection can be a problem or a source of strength" (25). Davies suggests that women's time can be seen as continuous because of the ongoing nature of caring. However, thinking specifically about maternal caring, Baraitser makes the point that the repetitive and continuous nature of caring for young children is also subject to interruption. Indeed, she argues that the interruption itself "forms the ground of maternal experience against which all other maternal experiences are understood" (*Maternal Encounters* 74). In what follows, I try to think through this idea of interruption as a primary maternal experience and how this links with the everyday repetition of maternal caring in the context of disability.

Baraitser articulates that the maternal subject is "both she who is subjected to relentless interruption, and she whom interruption enunciates" (*Maternal Encounters* 67). She describes the "breaches, tears or puncturing to the mother's durational experiences bringing her back 'again and again' into the realm of the immediate" and how those interruptions reveal the background of experience through rupturing it (*Maternal Encounters* 68). She suggests that the mother is often in the not-thinking immediacy of responding to her child, that interruption is the rule rather than the exception.

Baraitser builds on Steven Connor and Jacques Lacan to argue that these interruptions have a generative as well as depleting force. She uses the work of philosopher David Appelbaum on "the stop" to explore "an articulation of maternal subjectivity that does not necessarily devalue or seek to eliminate such experiences, but

seeks to foreground them as providing access to new subjective experiences" (*Maternal Encounters* 76). Baraitser's reading of Appelbaum traces how the interruption gives rise to conscience and an ethical imperative. Through these experiences, Baraitser argues, the mother accesses a new sensory or somatic mode of self-experience (*Maternal Encounters* 80).

Baraitser's thinking on interruption is particularly relevant for the mother with a disabled child, especially a child with a developmental condition. If mothering a baby is indeed "the pitilessness of the present tense" (*Maternal Encounters* 66), what about mothering a child who may remain dependent for far longer than the usual span of years? Both the intensity of the child's demands on the mother and the extent of them are expanded. In this case, the mother's "new mode of self-experiencing" is likely to be much more radical (*Maternal Encounters* 80). Accepting interruption and the rupturing of flow as the basic fact of one's life as the mother of an infant is one thing; accepting this for an indefinite period is something else.

For the mother of a disabled child, then, I would argue that interruption needs to be read in conjunction with repetition. The mother is repeatedly interrupted, but also this dynamic may be played out in repetitive form for the rest of the mother's life. I am not suggesting here that disabled children fail to develop and change or that they necessarily continue to make on their mothers the kind of interruptive demands that Baraitser describes babies and young children making. But the fact of disability, certainly as Western cultures perceive it, means that mothers of disabled children may imagine or fear such an experience, and many women do directly experience this. When a friend asked me how I would provide for my son (then still in primary school) if he could not gain a paying job, she was unwittingly reflecting this notion that developmentally disabled people will always be dependent on private care and that it is the mother's role to provide or organize such care. These views both reflect the status quo for many families, in Australia at any rate,⁷ and are easily internalized or actively adopted by mothers of disabled children (Landsman).

Baraitser describes the mother of a young child as encumbered by all the equipment that she needs to take with her to successfully

care for that child. By the end of her book, the mother emerges as a "dis-abled figure," and the child is conceived of as an "extra unpredictable limb" (*Maternal Encounters* 153). Baraitser's "dis-abled" mother is "dis-abled" by physical matter—by the baby, the baby's stuff, by the physical landscape or streetscape, by the lack of access that is characteristic of the places most of us live. Once again, this state of encumbrance will be magnified for the mother of a disabled child, as she is likely to need specific equipment and be more constrained in her ability to navigate place (as will be a disabled mother). Baraitser's mother is an encumbered self, newly aware of the material elements of her environment. This is reminiscent of the physical world as experienced by people with physical or sensory disabilities or those experiencing chronic pain. It may even be similar to the experiences of those with psychiatric or cognitive impairments, as the noise of traffic confuses, the road rules obscure and other people become difficult and unpredictable objects in their path.

Baraitser's "dis-abled" mother sees another kind of world as a result of her "dis-ablement." Again, this may be likened to discussion in disability studies about how disabled people may, by virtue of their non-normative embodiment and experiences, contribute specific ways of knowing to the world, what Jackie Leach Scully describes as "experiential gestalts" (91) and Garland-Thomson describes as an "epistemic resource" ("The Case" 346). Baraitser says: "In a not completely serious manner, I suggested that an answer to the question what/who comes after the Subject might be informed by taking the maternal subject, glimpsed as a bizarre dis-abled figure, as if she were 'normal'" (*Maternal Encounters* 153). Is this in part a recognition that what we call disability is "the essential characteristic of being human," as Garland-Thomson has argued? ("Misfits" 603). As many disability scholars have claimed, disability is really the "normal" of being human, and perhaps particularly so of being a mother. It is a "normal" still repressed, denied, and fought against because disability also holds its status as "the master trope of human disqualification" (Mitchell and Snyder 3). In this way, the disabled subject is surely similar to Baraitser's take on the maternal subject. Disabled subjectivity—if there is such a thing—is like maternal subjectivity in the sense that

it is, as Baraitser notes, “excessive to” disabled identities (*Maternal Encounters* 22). As Garland-Thomson notes, “Disability is, then, a conceptual category that represents something going beyond actual people with disability” (“The Case” 352).

I am suggesting here a parallel between maternal and disabled subjectivities because of the way both problematize temporality. The maternal subject is continually pulled into the present by the interruptions of the child. Continually interrupted and encumbered in her attempts to move through space, she encounters a new and generative mode of self-experience. The disabled subject, too, has a different relationship to space and time. She (or he) presents a challenge to chrononormativity, disrupting ideal linear development and exhibiting a failure to “fit” within normative time and space. This, too, can be generative, as disabled people develop and share new resources for managing this “misfit” (Garland-Thomson, “Misfits”).

MATERNAL TIME, DISABILITY, AND THE FUTURE

In her discussion of “crip time,” Kafer demonstrates how the notion of “the future” has been deployed in the services of compulsory able-bodiedness and able-mindedness. She argues that disability all too often serves as “the agreed-upon limit of our projected futures” (25). Utopian visions of the future are always disability-free, as if it is self-evident that this is better than a world with disability. Kafer describes curative time as “a *curative imaginary*, an understanding of disability that not only *expects* and *assumes* intervention but also cannot imagine or comprehend anything other than intervention” (emphasis in original) (27). The future for disabled people, then, is always described as either a diminished future (a poor quality of life with impairment) or a curative future (where impairment no longer exists or is normalized).

Kafer, building on the work of Lee Edelman, suggests that futurity is always figured in reproductive terms and that the figure of the Child is the imaginary beneficiary of every intervention (28). Focusing on creating a better future for our children leads to “an ethics of endless deferral,” as we work towards a future cure rather than assisting disabled people to live more fully in the present.⁸

According to Kafer, “the only culturally acceptable—culturally recognisable—future [for disabled people] in this context is a curative one, one that positions a medicalized cure as just around the corner, as arriving any minute now” (43). This positions disabled people in a temporality that cannot exist fully in the present; life is always on hold.

For the mother of a disabled child, this curative futurity demands that the present is always in service to the future. The mother’s caring role is amplified to include a kind of future-fear, whereby the mother must balance every decision she makes not just against the present but also against an imaginary curative future and/or a seemingly unimaginable non-curative future. Of course, all mothering involves planning for a child’s future but because the future of a non-disabled child is *assumed* to be predictable, it does not cast the same shadow over the present. For mothers of disabled children, the child’s diagnosis creates a future that dominates the present by virtue of its known unknowability. This double-time living creates a marginality of its own, one that is exaggerated by experiences of asynchronology due to a specific impairment or difference. In noting down my anecdote about my son playing at the water park with children half his age, I could have also noted the feeling I often get that I should not encourage him to have this sort of harmless fun because his time would be better spent learning skills such as crossing the road safely or trying yet again to play a team sport. I could also have added that it crossed my mind to wonder how much longer he might be able to play in this place, how soon his body will make him too distinctive and cause problems for us. In thinking about my son’s future, I am aware that disabled people are continually being written out of the future, that researchers have explored the possible genetic bases of autism, perhaps with a long-term aim to create a pre-natal test for autism so that autistic people are no longer brought into this world.⁹ I may yet witness my son “rendered the sign of the future no one wants” (Kafer 46).

Garland-Thomson reads the dilemma of disabled futurity in a more hopeful fashion. Noting that “Disability represents a problem with temporality as it is formulated in modernity,” she suggests that disability frustrates “modernity’s investment in controlling the

future” (“The Case” 352). She is suggesting that we can read disability as severing the present from the future, rather than deferring the present for a pre-determined imagined future. She argues that

disability can be a narrative resource that does not trade the present in on the future. More than simply an antidote to modernity’s overreaching, disability contributes a narrative of a genuinely open future, one not controlled by the objectives, expectations, and understandings of the present. Perhaps counter-intuitively, rather than dictating a diminished future, disability opens a truly unpredictable, even unimaginable, one and, in doing so, confounds Promethean prognosis—that narrative of the future upon which we premise so much of our present. (“The Case” 352)

By suggesting that disability demands that we imagine a subject whose life trajectory is not managed or determined by the present, Garland-Thomson argues that one of the gifts of disability is that it rescripts our temporal practices and understandings. This may provide the space for Kafer’s non-curative approaches to futurity. Breaking the notion of a mapped linear development from dependent child to independent autonomous adult, of a future controlled by past and present, we may find ourselves able both to live in the present without the shadow of the future and imagine a future inclusive of disability and all other forms of human variation.

Returning to Baraitser’s encumbered mother and my parallel between the temporalities of the maternal and disabled subjects, we can see the possibility that mothering may also be read as “a narrative resource that does not trade the present in on the future” (Garland-Thomson, “The Case” 352). Baraitser argues that the mother’s experience of continual interruption brings her into the present while also causing her to encounter the open future of her child. It is not a trade of present for future, but rather a reinforcing of the present over past and future, a change in the mother’s experience of her temporal being. Baraitser describes an ethical subjectivity arising out of the maternal engagement with the child’s interruption and suggests that the mother’s experience of the present may include “a kind of impossible waiting that is

the time the child’s futurity requires of her” (“Giving an Account” 22). Framing “the time of maternal waiting as a certain kind of ethical labour” (22) is a powerful idea for all mothers, but particularly for those with a disabled child. The marginal spaces and temporal dislocations that we experience may help us to work towards “a narrative of a genuinely open future” for our children (Garland-Thomson, “The Case” 352).

POSTSCRIPT

I am driving my son Ben home from school. He is telling me about a class discussion about what the students want to do in the future, after they leave school. First, they were asked what they liked about school.

“What did you say?” I ask.

“I said I like school because it is interesting. My school is very bio-diverse,” he explains.

Then they were asked what sort of job they wanted and what sort of workplace they would like to work in.

“Of course,” said Ben, “I want to work near a train station so that I can travel to work by train. That’s my number one want for the future.”

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NOTES

¹Ben is an alias.

²In this chapter, I use the terms “mothering” and “maternal” to refer to the relation of care between a female adult and a person who that adult describes as their child, thus including fostering or step-mothering and so on. I use the phrase “disabled person/child” rather than person/child with disabilities to signal that individuals with impairments are disabled by society and in recognition that disabled has become a positive identity term.

³“Aspie” is a term used by some people on the autistic spectrum, especially those who identify as Asperger Syndrome, to describe themselves. It may be used as a positive term of self-determina-

tion and autistic pride as part of the neurodiversity movement. For information about neurodiversity, see Savarese and Savarese; Runswick-Cole.

⁴I use the phrase “autistic child” rather than child with autism in acknowledgement that being autistic may be an integral part of a person, not an add-on or something that might be removed or cured. It may also be embraced as an identity term. I use the term autism rather than autism spectrum disorder for shorthand.

⁵There are people who are not able to construct a self-identity narrative like this, because of cognitive or neurological differences. Although autistic people have often been cited as a “limit case” for self-narrative (Eakin, *How Our Lives Become Stories*; Smith), I join other autism studies scholars in disagreeing with this interpretation (Robertson). Clearly, many autistic people can and do create temporal self-narratives. See, for example, Grandin, *Emergence*; Grandin, *Thinking in Pictures*; Lawson; Nazeer; Tammet), to name just a few of the many autistic writers now published commercially.

⁶There is plenty of literature, of course, from the neurodiversity movement about how environments can be made more appropriate for autistic people (and form the basis of events like Autreat) and how autistic preferences for “stimming,” repetition or other activities should be acknowledged and may be the basis of autistic culture (see for example Nelson). In this particular anecdote, I am focusing on the issue of chronological age, an issue that arises for other mothers and children, not just autistic ones.

⁷According to the Australian Bureau of Statistics’ 2012 *Survey of Disability, Ageing and Carers*, “females made up the majority of carers, representing 70% of primary carers and 56% of carers overall,” whereas “female primary carers were four times more likely than their male counterparts to be the parent of their main recipient of care.”

⁸One might argue with Kafer that working towards future cure also results in an improvement in the lives of disabled people in the present, as some of this work has produced interventions that develop new skills and outcomes (29). This still positions disabled people as on route to a better future, however.

⁹The consensus at present among researchers is that there is no single causal pathway and that it may be more accurate to speak of

“autisms” in the plural. Whitehouse and Stanley say, “It has been estimated that autism has a known genetic aetiology in 10%–15% of diagnosed individuals” and that “after seven decades of intense investigation, the research community is yet to identify proximal (neurobiological) or distal (genetic and environmental) causes that lead to the full constellation of behaviours seen in all individuals with an autism diagnosis” (302).

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6.

How Much Time Makes a “Good Mother”?**Comparing Maternal Practice
in Tanzania and the U.S.¹**

SUSAN L. SCHALGE AND SARAH MONSON

INTRODUCTION: “GOOD” MOTHERING

MOTHERS GROW ACCUSTOMED to being routinely subject to the critical gaze of others who evaluate our mothering skills and practices. Mothers are socialized to continually strive toward meeting the demands of mothering, or risk being labelled “a bad mother.” As a result, we self-regulate our behaviours and regularly adjust, at least publicly, our actions to the expectations of others. These expectations can make motherwork both demanding and stressful. We endeavour to be “good mothers,” while the threat of being seen as “bad mothers” always looms. But what does it mean to be a “good” mother, a “good enough” mother, or even a “bad” mother?

In this chapter, we discuss the practice and ideologies of “good mothering,” comparing the expectations of mothers and popular notions of attachment parenting in the U.S. to mothering roles and expectations in Tanzania. Cross-cultural analysis demonstrates the heavy burdens attached to the concept of the “good mother” and helps make the practice of mothering visible. Such an analysis also challenges the tendency to essentialize motherhood and reveals the complex experience of motherhood in two very different societies. Tanzania provides an interesting case study because its social, economic, and religious systems differ markedly from those of the U.S. Polygyny is legal in Tanzania, and most people practise patrilineal descent wherein descent is traced through the male line only. Approximately one-third of the population also identifies as

Muslim. By exploring different constructions of motherhood and different ways of mothering, we hope to show that there is no one right or natural way to be a good mother.

Drawing on data gathered from interviews, focus groups, and participant observation in Dar es Salaam and the U.S., we examine maternal practice in Tanzania within the framework of practice theory.² To begin, we explain the context of our research on mothering and share the motivation and rationale for our analysis. An overview of the theoretical foundations of our approach to understanding the everyday practice of mothering is provided. We review key texts in anthropology as well as in relevant literature in related fields, and offer a discussion of maternal practice in relation to current interpretations of attachment parenting in the U.S. We go on to examine ethnographic data collected during four separate field research projects. The everyday experiences and approaches of mothering in Tanzania are compared to U.S. mother-child interactions. Finally, we discuss our findings regarding variations in maternal practice, namely that the categories and expectations of mothering are culturally defined and widely variable. In each case study, we also found immense responsibilities and high expectations placed on mothers. Our data show that mothers in the U.S. and Tanzania are expected to provide for their children those resources—time and economic opportunities, respectively—that have become especially scarce in each society (Barlow, Personal interview 18 Nov. 2011).

**CULTURAL DIFFERENCES IN AMERICAN
AND TANZANIAN MOTHERING**

In their discussion of the impetus for the 2010 *Ethos* special issue, “Mothering as Everyday Practice,” Kathleen Barlow and Bambi Chapin write about the disjunctions each experienced as they mothered their own children while carrying out anthropological fieldwork overseas. Both related stories of friends and neighbours identifying them as “bad mothers,” in their fieldwork settings (Sri Lanka and Papua New Guinea) based on interactions with their children that would have been perfectly acceptable in American society. Here, each time Susan Schalge returned to the field after

becoming a mother, she expected to hear similar judgments. In 2006, on her first return trip to Tanzania after becoming a mother, she anticipated negative reactions for leaving her son behind in the U.S. with her parents. “But what about your son?” most people in the U.S. immediately asked in response to the news of her research field trip. During that summer, Schalge prioritized her own needs and the demands of her career, turning over the job of mothering a young boy to others. This decision was criticized by a variety of friends, family, and colleagues in the U.S., but when she arrived alone in Tanzania, people praised her decision. As she proudly showed her son’s picture and explained that he was with his grandparents, the typical response was “Yes, that is good,” “That is best,” or “Yes, that is where he should be.”³ She was, according to the Tanzanian model, being a “good mother.”

Similarly, in 2010, Schalge again braced for negative evaluations of her mothering. That time, she had travelled to Tanzania with her son but left him in the care of his (paternal) Tanzanian relatives while she carried out her research. She expected her Tanzanian friends and relatives to chastise her for putting her career above the needs of her child. Once again, however, those criticisms never came. “Well of course,” one mother commented. “That is where he should be. You can’t have him with you while you are working. Plus, he needs to spend time with his relatives.” Schalge’s son’s uncle (father’s brother) explained, “You shouldn’t have him with you while you are trying to do your research. That is too difficult. He needs to stay with us. That way, you can work without worrying about him, and he can get to know his family here. It is what will be best for him.” Placing her son with relatives for an extended time while she worked was the proper course of action and good mothering in Tanzania.⁴ During the same field trip while Monson and Schalge worked together, yet another example of the socially defined expectations of mothering surfaced during Sarah Monson’s interactions with Tanzanians, particularly around the question, “Do you have children?” In Tanzania, this is a perfectly acceptable question. A woman—particularly one who is married and well beyond adolescence—is expected to have children. Rather than say “no,” Monson learned to say “*bado*” (“not yet”) to avoid the “whys.” However, even with the expectation to become

a biological mother, Tanzanians saw no conflict in Monson’s aspirations to travel, attend graduate school, or pursue a career. Although many American mothers delicately balance careers and motherhood, building a career does not threaten one’s (potential) ability to be a good mother in Tanzania. These dissimilarities illuminated core differences in both the definition and practice of “good mothering.”

THE PRACTICE OF MOTHERING

In line with previous work within practice theory (see, for example, Bourdieu, *The Logic*; Ahearn; Ortner; Ruddick), our own approach to understanding mothering focuses on the “ordinary [maternal] interactions” of “everyday life” specifically, the work that women do as mothers (Barlow and Chapin, “The Practice” 325). Positioning the theoretical lens on everyday mothering behaviours helps explicate the range of variation in mothering as well as the particular ways that specific people mother. Moreover, the examination of practice also illuminates sites of resistance. Mothering practice is never simply about structure, it also concerns women’s agency by examining the ways that mothers play with and push the boundaries of what is possible.

In our analysis, we use Pierre Bourdieu’s theory of practice as examined through the “habitus,” or “dispositions [that] function as structuring structures ... which generate and organize practices” (*The Logic* 53). According to Bourdieu, “The practical world that is constituted in the relationship with the habitus, acting as a system of cognitive and motivating structures, is a world of already realized ends—procedures to follow, paths to take” (53). Similarly, maternal practice is defined by what mothers do every day, which is in turn shaped and defined by the ideologies of good mothering. Bourdieu explains how ideologies are formed: “One of the fundamental effects of the orchestration of habitus is the production of a commonsense world endowed with the objectivity secured by consensus on the meaning of practices and the world” (*Outline* 80). Therefore, understanding how good mothering is defined requires an examination of everyday maternal practice.

Responding to what comprises everyday maternal practice, feminist philosopher Sara Ruddick states, “It is only within a practice that thinkers judge which questions are sensible, which answers are appropriate to them, and which criteria distinguish between better and worse answers” (16). Ruddick’s three primary aspects of maternal practice, which are outlined in her book, *Maternal Thinking*, are particularly relevant as we discuss the contrasting ideologies and goals of American and Tanzanian mothers as well as the differences associated with socio-economic status. Ruddick argues that preservation, growth, and social acceptability make up the core of maternal practice. Each mother first chooses whether to work toward the preservation of a child’s life.⁵ Maternal work then becomes focused on insuring the child’s growth and eventual social acceptance. “To engage in a practice,” Ruddick reasons, “means to be committed to meeting its demands” (14).

“GOOD” MOTHERING IN THE U.S.

In the U.S., “good mothering” is intimately bound up with the notion of time, and many women struggle mightily with work-life balance issues. As a case in point, consider a conversation that took place in 2011 at a lunch date of professional women who were all active in a local community organization in a small Midwestern city. The primary topics of discussion were children and time management. All of the women at the table were mothers, and each one lamented the amount of time that they spent either driving their children from one activity to another, attending children’s events, or waiting for their children. “I hate having to drive,” one mother complained. “You sit there; it is so boring. It eats up so much time.”

“I feel like I spend all my time in the car waiting for my son at hockey practice” Allison,⁶ another mother of three, contributed.

“I know what you mean,” Janie, a young single mother of two agreed, “my daughter is in *four* separate dance classes in two different dance studios. I barely have time to breathe. Not to mention how expensive it is!”

“I know,” replied Allison, “I want to go do something else, not

just sit there, but then I worry. Oh my gosh, what if something happened to my child? You have to be there, *right there*” she emphasized.

Schalge suggested that they simply tell their children that they cannot be involved in so many activities or that they find someone else to drive them around. “Tell them that you need time for other things,” she said. All the mothers stopped and looked at her; some were visibly startled by her advice.

“No,” Janie flatly replied, “I couldn’t do that.”

Similar exchanges were often repeated in the women’s regular meetings at community socials, school events, and the programs offered by a local women’s organization to which they all belonged. These Midwestern mothers were clear that they thought and worried about their children continually. Moreover, meeting their children’s needs was paramount; children’s needs were nearly The concerns these mothers expressed were confirmed in a 2012 survey and four subsequent focus groups on women’s political participation conducted in the same community. Nearly all female participants noted that their civic engagement was determined and limited in large part by family constraints. For example, several women legislators, and other elected officials who participated in a focus group, advised waiting until children were older (at least school age) before entering politics. They pointed out that “the hours are not conducive to raising a family.” It is particularly problematic for “out state” women (i.e., those located far from the capital) to serve in the legislature. Each representative related stories of fellow female legislators who were frequently called away from the capital by their children, which limited their efficacy. Yet even those mothers who were not deeply engaged in politics identified family responsibilities as limiting their abilities to participate in the wider community. The American mothers with whom Schalge spoke said that time constraints required them to prioritize, placing children’s needs first. “I feel like I’m pulled in so many directions. Is there a clear line between work and home for men? For me it never stops [being a struggle].” Clearly, time and the ways that mothers choose to manage competing demands on their time are significant factors in the practice of mothering.

ATTACHMENT PARENTING AND MATERNAL PRACTICE

In the U.S., time is a key component of maternal practice. “Good” mothering is measured, in large part, according to the amount as well as quality of time spent in mother-child interactions. Moreover, those interactions are expected primarily to be child centred and aimed at meeting the physical, developmental, and emotional needs of the child, not the parent. Perhaps the most vivid example of these beliefs can be found among the proponents of attachment parenting. The popularized version of attachment parenting is based on the work of John Bowlby (*Attachment*) and Mary Ainsworth. Bowlby and Ainsworth, among others, argue that all infants form attachments to their primary caregivers, who are most often the children’s mothers (*A Secure Base*). Thus, the mother-infant dyad is seen as crucial for successful, healthy development.⁸ The quality of the mother-infant dyadic bond is posited as key and predictive. Infants are either securely or insecurely attached based on the sensitivity of the caregiver: “The pattern of attachment consistent with healthy development is ... found to be promoted by a parent in the early years especially by mother being readily available, sensitive to her child’s signals, and lovingly responsive when he seeks protection and/or comfort and/or assistance” (Bowlby, *Attachment* 166). Insensitive mothers create unhealthy, anxious individuals who could “attempt to live life without the love and support of others” (167).

Attachment parenting currently looms large with such central principles as “Natural Living,” “Respond with Sensitivity,” and “Use Nurturing Touch,” suggesting that such nurturing practices are a “biological imperative,” “innate,” and “a return to the instinctual behaviours of our ancestors” (Attachment Parenting International). Dr. Sears, a lead proponent of attachment parenting, explains its ideology as follows: “A close attachment after birth and beyond allows the *natural, biological* attachment-promoting behaviours of the infant and the *intuitive, biological*, caregiving qualities of the mother to come together.” (emphasis added) Moreover, the attachment parenting model that many contemporary childcare “experts” extol aggrandizes the parent-child (and specifically the mother-child) relationship, whereby the amount of time spent in

close contact is paramount. In fact, in the article entitled “The Critical Importance of Mothering,” Dr. Elliott Barker describes the “perceived lack of time” as an obstacle to “adequate nurturing” in which parents fail to “slow down to a child’s pace.” Advocates of popularized attachment parenting argue that, as a parent, one must be aware of and fulfill all of the child’s physical and emotional needs (Attachment Parenting International). Failing to meet those needs has dire consequences according to members of *The Natural Child Project*, a parenting education site. Nationally recognized family and parenting counsellor (and contributor to *The Natural Child Project*), Naomi Aldort states, “Several research studies show a clear connection between children not getting their needs met at an early age and malfunctions in adulthood, such as depression, drug use, violence and divorce.” The costs of *not* parenting in an attached way can be great, according to Aldort and other attachment proponents. “It is our job to be responsive parents, meeting the needs of our child; it is not the child’s job to meet our needs for a quiet and perfectly well-behaved child,” adds child psychologist Jan Hunt, director of *The Natural Child Project* and website.⁹

As the attachment parenting examples above suggest, time with one’s child is highly valued, as well as the ability to attune oneself to the needs and desires of the child. Even among scholars, maternal time investment is a frequent subject. Many researchers have expressed concern that mothers’ work outside the home has grim consequences for children and have studied labour in relation to a variety of social problems. For example, researchers have looked at the (mostly negative) effects of maternal employment, the primary reason for separation from children, on children’s cognitive development (see, for example, Brooks-Gunn, Han and Waldfogel), injury and disease, teen pregnancy, school performance, obesity, and alcohol consumption to name just a few. It seems that much rides on the constant presence of the mother in the child’s immediate environment.

Although claims of the biological basis and innateness of attachment mothering are common, such practices are not universal. Anthropologists have criticized the cultural bias inherent in early attachment theory. In their discussion of attachment

theory from an anthropological perspective, Robert LeVine and Karin Norman critique the rigidity of the Bowlby-Ainsworth model of attachment as adhering too strictly to universal application and minimizing cultural variability. They state, “The Bowlby-Ainsworth model of attachment posits species universals in the optimal pattern of attachment and has no explicit place for cultural variations other than as ‘suboptimal,’ maladaptive, or pathogenic” (129). Cultures vary in their worldviews and parenting practices, which in turn lead, to differing processes of childhood socialization. Evolutionary anthropologist and primatologist Sarah Hrdy argues that “maternal instinct” is actually acquired through socialization: “Contrary to the notion of a ‘maternal instinct,’ a person’s responsiveness to the needs of infants is to a large degree acquired through experience—through both the experience of nurturing and the experience of being nurtured” (*Mother and Others* 290).

In her book *Mothers and Others*, Sarah Hrdy discusses the evolutionary benefits of a co-operative breeding model for early hominins. She defines co-operative breeders as “any species with alloparental assistance in both the care and provisioning of young” (30). Hrdy argues that the amount of resources and care needed to rear a dependent infant to an independent adult would have been too costly for a mother to shoulder alone. Moreover, this model of infant care dispersed among many is commonly found throughout the order of Primates (92). Under the co-operative breeding model, hominin mothers would have depended on alomothers—individuals or “other mothers” who assume a care giving role—to assist with the protection, care, and provisioning of children (31). As Hrdy argues, “We have underestimated just how important shared care and provisioning of offspring by group members other than parents have been in shaping prosocial impulses” (20). Regarding attachment theory specifically, Hrdy states that, “there is no one, universal pattern of infant care among primates ... *continuous-care-and-contact mothering is a last resort* for primate mothers who lack safe and available alternatives ... there is nothing evolutionarily out of the ordinary about mothers cutting corners or relying on shared care” (*Mother Nature* 85, emphasis added).

ETHNOGRAPHIC DATA AND FINDINGS: TIME, RESOURCES, AND THE “GOOD MOTHER”

Mothering in Tanzania: Prioritizing Economic Needs

Understanding what it means to be a “good” mother in any given culture requires a paradigmatic shift beyond the “biological” and “natural” and into the cultural domain, where we consider maternal practice. In contrast to the practice of attachment parenting in the U.S., maternal practice in Tanzania places greater emphasis on what one does for one’s children. The economic role of provider takes much greater importance for Tanzanian mothers than it does in traditional ideologies and rhetoric of North American mothers. Specifically, the measures taken to provide for children’s basic needs and future successes take precedence over emotional intimacy, concerns about self-esteem, or extensive time devoted to direct mother-child interactions once children grow past infancy. Whereas nannies, fostering, and boarding schools would likely be viewed unfavourably in the U.S., such practices are, in fact, reflections of good mothering in Tanzania (Leinaweaver). These cross-cultural variations demonstrate that “maternal practice, therefore, is not biologically determined; rather women are taught to respond to socially defined expectations and objectives” (Schalge, “Maternal Practice” 240).

As Gracia Clark demonstrates in her work with Ghanaian traders, the economic and financial responsibility of mothers is paramount, more so than the biological role of motherhood. The ideal mother in Ghana is exemplified in the phrase “nursing mother,” which refers to a mother’s ability to take care of her children financially, such as covering “money for food, medical expenses, and school fees” (Clark “Nursing-Mother Work” 233) or, in ideal circumstances, to leave a house for one’s kin or send a child abroad (Clark, *African Market Women* 31 and 219). Furthermore, teen mothers, or mothers unprepared for the financial obligations of motherhood, are regarded as “bad mothers” (*African Market Women* 233). In Tanzania, mothers are also expected to be the primary providers for their children, but caregiving duties are not expected to be the sole responsibility of the mother. It is only when there has been a breakdown in the system that mothers become the sole bearers

of such responsibilities (Schlage, “A Women’s Strength”). It is, as Hrdy describes, “a last resort” (*Mother Nature* 85). Particularly acute in many of our interactions with mothers in Tanzania is the reality of the day-to-day economic struggle to provide for one’s children.¹⁰ Whereas American mother-child interactions stress time spent together nurturing the biological and emotional relationship, maternal practice in Tanzania is first and foremost concerned with children’s survival and success. Time *is* a component of good mothering in Tanzania, but unlike the U.S., time is “spent” working to provide for one’s family. A woman must do whatever she can to earn enough for her family’s basic survival. Tanzanian mothers never expressed worries and concerns about time spent with their children, which American mothers mainly focused on.

To provide for their children, poor women in Tanzania typically enter the economic informal sector. They perform such activities as selling greens or cooked food on the streets, rendering fat for home-made soaps and lotions, or gardening, in addition to their regular domestic chores of washing clothes, cooking the day’s meals, sweeping the floor, etc. In the evenings, it is common to see mothers with sleeping infants tied to their backs or nursing in their arms, while they sit along the side of the road selling fish and other cooked foods. Traditionally, infants stay with their mothers, breastfeeding, until they can walk. This remains the dominant model among poor women who work outside of the formal economic sector. Until the child can walk, she is her mother’s constant companion. How quickly a child walks “depends on the strength of the mother’s milk,” according to our research participants in Dar es Salaam. Mother’s milk determines the child’s development and abilities. If one is late to walk, they say the child was not breastfed enough or that the mother’s milk was not strong. Children nurse on demand, and families most often sleep together. Coincidentally, these are all practices essential to the Western model of attachment parenting.

Learning How to Be a “Good” Mother in Tanzania

Many women talked about learning mothering skills through instruction from their own mothers and through caring for younger siblings. Training starts early as illustrated by small children carrying their younger siblings on their backs, piggyback style,

or with *kangas*—a cloth worn by women that is also used to tie infants to their mothers’ backs. Aziza, a young mother of three who has worked extensively with Schalge during each of her field trips, explained to us that she learned about mothering from her own mother through observation and from instruction. She said her mother told her, “The way I raised you, the way I worked hard for you, that is what you need to do for your children. When you have your own house and family, treat them how I treated you.”

When we asked people to define mothers’ responsibilities, both women and men cited providing for and disciplining children, but most did not talk about creating emotional bonds among mothers and their children as a mother’s responsibility.¹¹ Edina, a well-educated and articulate single mother of a teenage son, described the relationship between children, parents, aunts, and uncles as follows: “A child can’t go to the parents for everything. He can’t talk about romantic love with his mother. Parents aren’t friends with their children.” It is expected that a child goes to his or her mother’s brother (*mjomba*) or father’s sister (*shangazi*) for advice.¹² Parents are disciplinarians and are expected to be strict. “But I am trying to create a different relationship with my son,” Edina explained. “I want him to be able to talk to me about anything; I encourage him to talk to me.” Although sharing an emotional bond more accurately defines the ideal relationship between American mothers and their children, particularly in attachment parenting, this is not central to the expected or traditional relationship between Tanzanian mothers and their children.¹³ Material and social concerns tend to supersede emotional or affective ones.

Maternal Practice and Socio-economic Status

Maternal practice is dictated, in part, by socio-economic status. In Tanzania, disparities in wealth are extreme and during this field trip, we were able to observe both wealthy and poor mothers. We found several common practices and concerns as well as differences due to varied economic circumstances. For instance, the main concerns of poor women are practical. One woman who worked as a *mamantilie*—a woman who sells cooked food on the streets—summarized her anxieties in the following way: “Mostly I worry about whether I have the things I need to raise them [her

children]. If you miss the necessities, you get very worried. If you don't have corn meal for porridge or milk, you do what you can to get what they need, but it can be hard sometimes.”

Wealthier mothers talked more about abstract issues, such as character, feelings, and access to higher education. Victoria, a well-educated and wealthy mother of four, is widely considered a very good mother. However, she does not spend a great deal of time directly engaged in activities identified as part of motherwork (e.g., childcare, cooking, personal care, etc.). She works full time and often travels in her position as a finance executive. Yet even when she is home, others perform most of the daily work of mothering her children. In addition to a full staff of servants (including a “house boy,” around-the-clock security guards, a gardener, and two “house girls”), there are always other relatives living with them who perform extensive childcare. One day we were invited to join her and her family on a trip to one of Dar es Salaam's two water parks.¹⁴ Victoria drove to the park, paid for all of us to enter, and then went to find a table in the shade. For the remainder of the day, she sat at the table, drank beer, and visited with the adults in our group. Her two youngest children were cared for the entire day by their older siblings and a young, unmarried uncle who lives with them. The older siblings helped change the young ones, took them to the bathroom, fed them, and swam with them in between trips to the bar for their mother and the other guests. In all of the time we spent with the family, we never saw Victoria perform such basic childcare tasks as feeding, bathing, dressing, or putting the children to bed. Servants, her young in-laws, or her elder children always carried out these tasks. Victoria was not at all unique in her style of mothering.

Another mother of higher socio-economic status, Iris, shared her concerns with us about an upcoming international business trip. She needed to decide whether to leave her two-year old daughter in the care of her brother's household or pay the extra expense to bring both her daughter and her daughter's nanny. In fact, bringing her daughter's nanny along to both social functions and business trips was a regular practice, as evidenced in a family trip to a park whereby both mother and nanny shared childcare duties. In addition to a full-time live-in nanny and a “house girl,” Iris, like

Victoria, also shared childcare duties with a variety of relatives. During the summer of 2010, for example, her niece Gladness¹⁵ was living with her to help care for her toddler.

In addition to sharing daily childcare, fosterage is also a respected and widespread practice among both rich and poor. Unlike the wealthy women described above, Aziza only has with a primary school education. She lives in a squatter settlement on the outskirts of Dar es Salaam with her husband, two of her three children, a stepdaughter and her stepdaughter's son. Aziza's eldest son, Bashir, had been living with his maternal grandmother until she died. Her mother passed away shortly before we arrived to the field, and Aziza felt her loss deeply. Her husband was unemployed, so most of the burden of supporting the family had fallen to Aziza. She earns money by selling cooked food on the street outside her home and rents out several rooms in the family home. Aziza pays for all three of her children's school fees and basic needs, but it is a struggle for her without the support of her mother. She was constantly searching for opportunities for herself and her eldest son to improve their circumstances. One possibility in which she was particularly interested was finding another place to foster Bashir. As we sat discussing possible solutions to Aziza's difficulties one day, it was suggested that Bashir be sent to live with Schalge in the U.S. In fact, people offered their children to us quite regularly. One afternoon as we sat discussing the duties of mothers with her and another research participant, both offered to foster their children with Schalge.

“I'll give you Rose if you want her because I know you would care for her just like I would,” the first offered.

“Yes,” Aziza agreed. “Me too. I would even give you Bashir if you wanted to take him home with you.”

Fosterage is both common and considered beneficial for the children. “They learn something new,” Aziza explained to me. “Kids may talk back to their parents, but they won't act that way with someone else. They learn manners, maybe a skill, maybe they are educated.” Fosterage also contributes to building and maintaining important social ties among friends and family.

Similar to the widespread practice of fosterage, boarding schools are considered the ideal practice for educating and preparing

children for the future. Even though Victoria and her children live just a few kilometres away from the children's private school, they chose to board the children at school rather than have them live at home. We were told several times that it was important for children to board, as it led to improved academic performance and helped children form important social networks with their peers. For example, Victoria, her husband, the children's uncle, and the children themselves all noted the fact that the (then) President of Tanzania Jakaya Kikwete's children attended and boarded at their school. Such contacts could prove very valuable in the future. Similarly, another individual proudly stated that his children attend boarding school. Children's attendance at boarding schools is a mark of high status and privilege, or of good fortune. Parents sacrifice much to make boarding school a possibility. Although few Tanzanians can afford to send their children to boarding school let alone pay private school fees, this example demonstrates the importance of what one does for one's child, particularly the financial responsibility.

CONCLUSION:

A "GOOD" MOTHER IS CULTURALLY DEFINED

Mothering is a complex, shifting, challenging, and rewarding endeavour that varies according to the context in which it occurs. The wide range of variation in the ideology of the "good mother" and the practice of mothering in the U.S. and Tanzania show that much remains to be learned. Moreover, there is much that North American and East African mothers can learn from each other. Good mothers come in many forms, and there are a variety of ways to mother successfully.

Returning to the 2010 *Ethos* special issue and their discussion of good mothering, Barlow and Chapin write,

the project of mothering may involve many participants ... it is a project responsive to—although not dictated by—surrounding cultural, social, economic, and political context and to changes in those domains ... mothering is a psychodynamically and intersubjectively complex pro-

cess. Although it often appears "natural" and "practical" to participants and observers, it is richly produced. ("The Practice" 333)

Our findings show that although maternal behaviour and childrearing in both Tanzania and the U.S. may be modelled on "good" mothering ideology, what makes a "good" mother and how "good mothering" is practised are culturally defined and mutable. Mothering is neither natural nor instinctive, as is so often claimed. "Mothers are not creatures conditioned wholly by biological imperatives and instincts. Nor do mothers exist outside of a system of cultural constraints. They are shaped by the physical, social, economic, and political milieu in which they live" (Schalge, "Maternal Practice" 350).

Mothers have significant responsibilities, but those responsibilities and the ways that they are met are culturally constructed and widely variable. In the cases presented here, mothers are expected to provide those resources that are scarcest in each society. In Tanzania, mothers must provide material support and opportunities that are in short supply. In the U.S., time has become the scarce resource that mothers are expected to give. Although mothering in each society looks different at first glance, our research shows that "good" mothering is driven by providing what is culturally and contextually in high demand. Even as differences between the U.S. and Tanzania are illuminated, the pursuit of "good mothering" remains a dynamic initiative between ideology and practice, between what is expected and what is possible, and what is "good" and what is best.

NOTES

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as our family, friends, and colleagues who offered their support during the research and writing of this piece.

²Research in Tanzania was conducted over the course of three field trips. Schalge engaged in research from May 1995 to December 1997 and from June to August 2006. Schalge and Monson worked together from June to August 2010. Schalge conducted research in the U.S. from April 2012 to May 2013.

³All KiSwahili translations were done by Schalge.

⁴Schalge was regularly scolded for failing to teach her son sufficient Swahili and for only having had only one child. This demonstrates that people were not at all hesitant to offer criticisms of her or her parenting. They just found nothing to criticize in her decision to have others care for her child.

⁵As Hrdy's (1999 and 2009) work has shown, this is a choice and not instinctual or biologically determined: "I have become convinced that in worlds before birth control, a mother's assessment of her infant's prospects to survive, grow up, and find a niche first in the family and then in the world has to be counted among the primary factors affecting infant survival" See Hrdy, *Mother Nature*.

⁶All names have been changed to protect confidentiality.

⁷For a more extensive examination of Midwestern mothering in particular see: Brown.

⁸See also Winnicott's work on the "good enough mother."

⁹It should be noted here that we are citing these pieces not as scholarly sources on attachment theory as defined in the work of such researchers as Bowlby, Ainsworth, and Winnicott but rather as evidence of popular cultural beliefs and practice. For further discussion of the popularization of attachment theory, see Casillas 7.

¹⁰In 2010, GDP per capita was USD 56, and Tanzania had a 75.8 per 1,000 mortality rate for children under five (CIA Factbook). Approximately 33 percent of the population was living below the national poverty line (Tanzania).

¹¹One schoolteacher who we interviewed said the first duty is to love your children. Another young mother also talked of love, but such responses were less common than meeting material concerns and financial responsibilities.

¹²Most ethnic groups in Tanzania follow a pattern of unilineal descent using bifurcate merging kinship terminology. Mother and

mother's sisters are referred to using the same term (*mama*). Father and father's brothers are all called "*baba*" or "father." Father's sisters and mother's brothers are referred to with distinct terms (*shangazi* and *mjomba*, respectively). Our research participants came from both matrilineal and patrilineal groups.

¹³This is not meant to suggest that Tanzanian mothers do not love their children. They do, indeed, love their children deeply, but love in this context takes a different form and meaning.

¹⁴This was a tremendous luxury reserved primarily for the wealthy residents of Dar es Salaam's suburbs.

¹⁵Her niece was the daughter of a sister, thus in kinship terms, the niece was a classificatory daughter.

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Motherwork in the Margins**Homeless Single Mothers**

MARCELLA CATHERINE GEMELLI

MOTHERWORK AND HOMELESSNESS

Motherwork is comprised of the often invisible duties and responsibilities performed mostly by women on a daily basis. It bears both physical and mental demands that may be exacerbated by the needs of the child; by the stress of paid employment or, conversely, the stress of needing but not finding employment; by familial and daycare arrangements; and, overall, by insufficient access to monetary resources. Race, class, and social location cannot be ignored here. Although motherwork does not privilege women overall, as it is typically devalued and unrecognized, women who are able to do it “well” may be celebrated and hailed as “good” mothers. Women who meet the expectations of good mothering seemingly perform motherwork as a natural, necessary, and universally accepted extension of their womanhood. Intensive mothering—mothers as the primary caretaker spending large amounts of time, energy, and material resources on the child—proves to be more attainable for mothers who have a relationship with an income provider. Mothers on the margins—low-income, single, or homeless mothers—may still ascribe to the tenets of intensive mothering, but they cease to be in a position to meet its ideals. The reality of doing motherwork is obscured and undermined by the idealized notions of mothering, which, thereby, deny women’s agency and choice to mother in their own defined ways.

This chapter will explore the lived experiences of homeless single mothers. To accomplish this, I review the literature on the

social construction of mothering, specifically focusing on race, single motherhood, and homelessness. I then present my research documenting the realities of motherwork and the idealized representations of motherhood showcased by thirteen transitional shelter residents.

THE SOCIAL CONSTRUCTION OF MOTHERING

Although I refer to a multitude of works to situate the experiences of the homeless mothers in my study, I specifically draw on literature that centres the homelessness of single mothers in understanding their roles as primary caretakers of their children. In reviewing the literature, I focus on intensive mothering; mothering outside the norm of white, middle-class caregiving; and issues faced by homeless, single mothers. The literature reveals pertinent themes. First, discourses that label homelessness as a deviant identity necessitate the participation in strategies that allow homeless mothers to overcome the negative identity label. Second, deviancy related to homelessness is more pronounced for single mothers simply due to the general negative attitudes towards single motherhood. Here, by ignoring structural obstacles to mothering, such as race and poverty, the dialogue around single motherhood focuses on “bad” personal choices. Hence, homeless single mothers must do more than cope with being homeless; they must also contend with how their identities are socially constructed as mothers in the context of being single, poor, and homeless.

Intensive Mothering

Marlee Kline describes the dominant ideology of motherhood as “the constellation of ideas and images in Western capitalist societies ... against which women’s lives are judged” (119). The expectations established by these ideals limit and shape the choices women make in their lives and construct the good-bad mother dichotomy. This powerful belief of motherhood includes what Sharon Hays calls “intensive mothering” (4). Intensive mothering involves the mother as being the primary caretaker; spending large amounts of time, energy, and material resources on the child; and not comparing work activities to mothering activities (8). Intensive

mothering functions in a heterosexual, nuclear family context with disregard for differences in race, class, ethnicity, sexual orientation, and age. Intensive mothering, as an influential practice, then serves to distinguish between “fit” and “unfit” mothers, where “expectations of good mothering are presented as natural, necessary, and universal,” thereby devaluing any other types of mothering experiences (Kline 121). “Unfit” mothers, in political and professional discourses, are often associated with being single, poor, and black (Fineman; Roberts, “Racism and Patriarchy”). Martha Fineman argues that single mothers in poverty are often associated with “degenerates”, the underserving poor who perpetuate their destitution through negligent personal choices (212). Families headed by single mothers, or mothers with precarious relationships with the fathers of their children, are seen as perpetuating deviance and, perhaps, even their own poverty through their lack of attachment to a male breadwinner.

The institution of marriage and government policies around marriage and family impart a two-parent ideal, which contributes to the conversation around the deviant single mother. Randy Albelda, Susan Himmelweit, and Jane Humphries argue, “The deck has long been stacked against lone mothers. Market-based societies have evolved a sexual division of labour that is built into the institutions of marriage and family” (1,8). The sexual division of labour relies on the expectation that mothers will be the primary caregivers of the family, presumably with a husband who works to support the family with his sole income. Yet both married mothers and single mothers are working outside the home. According to the U.S. Department of Labor, the labour force participation rate for married mothers with children under the age of eighteen was 67.8 percent and for single mothers, 74.2 percent in 2013. However, intensive mothering does not include working for wages as part of its tenets. Paid work limits time mothers can spend with their children, yet, as good, intensive mothers, they know that they should be spending as much time with their children as possible. Thus, both working married and single mothers may experience the “mommy guilt” of not being there for their children; but the expectation of intensive mothering is even more difficult to uphold for the single mother,

since economically, she must provide for herself and her children.

For poor women and women of colour, the world of wage work has been one in which they have been historically engaged. Dorothy Roberts argues, “The conception of Black women as unfit for motherhood was reinforced by their working lives. The virtuous mother depended on her husband for support, while women who worked for wages were considered deviant and neglectful” (Roberts, *Killing the Black Body* 14). As Roberts (*Killing the Black Body*) and Patricia Hill Collins remark, the demands of work by women of colour who work as domestics in the homes of white people further undermine their roles as mothers, homemakers, and important contributors to the world of wage work. Thus, motherwork for many women involves time spent not only caring for their own children and managing households but also for other families in private or public daycare settings. Idealized notions of motherhood escape the poor, single minority mother as she works outside of the household to help economically support her family, and in some instances, doing motherwork for other women’s families. Homeless mothers who are single heads of households who economically support their families are similarly situated out of the intensive, good mothering discourse.

Homeless Mothering

According to the U.S. Department of Housing and Urban Development, 84 percent of families experiencing homelessness are female headed. Whatever the reason for homelessness (e.g., domestic violence, mental health issues, or family separation), homeless mothers must often overcome the stressors contributing to their homelessness while maintaining their family lives. These “mothers in the margins” are not impervious to the ideologies surrounding “good” mothers, and to be without a home creates a significant challenge in meeting the tenets of intensive mothering.

Both Jean Calterone Williams and Julia Wardhaugh purport that the home is more than a physical space in which to reside; it often provides social meaning and identity, a space and source of comfort, stability, safety, and human development. (For individuals affected by domestic violence, “home” does not have the same meaning, and victims often feel they are “homeless” within their

own home.) Gendered aspects of the definition of home and the home as a feminine construction present a challenge to homeless mothers. As the dominant ideology of motherhood relies on a white, middle-class, and heterosexual nuclear family, so too do the traditional concepts of home (Wardhaugh 95). Wardhaugh explains that “Home is widely, and often unproblematically associated with femaleness: both with the women who are expected to maintain the hearth and home, and with the presumed feminine principles of boundedness, physicality and nurturance” (97). Homeless women, in the study by Williams, emphasized that home is a place of origin, a fountainhead “necessary to create the next generation, to have a wholesome, healthy, or ‘normal’ beginning” (135). For homeless mothers, this beginning involves bringing up their children in a physical and ideal space in which they can practise actions tied to intensive mothering. Without this space, as Williams notes, “Their disconnection from the domestic sphere means homeless women do not have access to one of the most important traditional markers of femininity” (138). Single mothers who are homeless are at once stripped of their abilities to be the “ideal” mother through white, middle-class constructions of motherhood and home.

Deborah Connolly explains that the homeless mothers in her study subscribed to idealized notions of motherhood and home, but faced challenges in how to navigate their lived experiences of motherhood in a temporary shelter. In describing the various experiences of homeless mothers, Connolly recognized that feelings of anger or frustration are “erased from idealized versions of motherhood” (48) because expectations of mothering are seen as natural (Kline 125). Contradictions, complaints, effort, or ambivalence regarding mothering are not acknowledged, as “patriarchal ideology defines [mothering] as a woman’s instinctive vocation” (Roberts, “Racism and Patriarchy” 225). The feminization of home and the social construction of intensive mothering affect the internalization of idealized versions of motherhood of homeless mothers.

The reviewed literature on intensive mothering provides a necessary backdrop for exploring the motherwork of homeless mothers. Too often, the day-to-day struggles of women in poverty are ignored. How do they find day-care when working a split shift or how many bus transfers does it take to go to a job and get the kids

to school? Indeed, there is a need to hear the voices of “mothers in the margins.” In this study, I observed and interviewed thirteen homeless transitional shelter residents in exploration of their own defined meaning of motherhood.

EXPLORING THE MARGINS

The study of homeless mothers on which this analysis is based involved yearlong observation at a transitional shelter for women and their children in Phoenix, Arizona from August 2003 to 2004. A six-week Internet Art Workshop, which provided shelter residents an opportunity to learn computer and design skills and to tell their story through photographs and web pages, contributes a crucial and foundational piece to this research. Specifically, the data include a compilation of 1) documents from the shelter, including handouts given to residents regarding conduct and regulations, sample case plans provided by the case manager, and lesson plans for the Internet Art Workshop; 2) observational field notes taken at each instructional session for each of the thirteen participants of the Internet Art Workshop as well as at a tour of the shelter and during informal conversations with the residents; 3) interviews with each participant of the Internet Art Workshop and interviews with each of the staff members, including the case manager, the director, the career guidance specialist, and the therapist; and 4) the completed websites created at the Internet Art Workshop, which include the recorded voices of and photographs taken by the participants.

The overall creation of this study emerged and developed through naturalistic inquiry, a qualitative approach designed to investigate, through various and multiple methods, the lives and experiences of people in their social settings (Lincoln and Guba). The experiences of the residents in this study, therefore, reflect living under the institutional arrangement of a shelter that provided various programs and services assisting with drug or alcohol rehabilitation, finding paid employment, and, ultimately, transitioning women into permanent housing. The shelter residents were without permanent housing and were the main caregiver and economic provider for their children. Thus, homeless, for the purposes of this study,

means transitional shelter resident, and single mother means being the sole economic provider for self and family. The residents in this study ranged in age from twenty-one to forty six, had one to three children, and had diverse educational and racial-ethnic backgrounds. Length of time at the shelter varied from one month to a year and a half.

In this chapter, I draw primarily from interview data and the websites created by the homeless mothers. Semi-structured, open-ended interviews based on themes that emerged throughout the six-week Internet Art Workshop were conducted after the completion of the websites. These interviews lasting about one hour were each videotaped and transcribed verbatim. A website analysis protocol that I designed was used to interpret the thirteen different websites containing photographs, verbal scripts, fonts, and colours. Through the examination of this rich material, the construction of motherhood surfaced as a major theme, poignantly described through the residents' descriptions of motherwork and their adulation of motherhood.

REALITIES OF MOTHERWORK

The women in my study articulate the struggles of being a single mother and confront them by speaking pragmatically about how to take care of themselves and their children. For example, Jenny¹ acknowledged that working full time precludes spending time with her three-and-a-half-year-old daughter. She said "I get to see her on the weekends and I try to make the most out of every weekend I can. But I'm going to be without her all day long because I'm a single mom." Jenny accepted being unable to spend time with her daughter because she works, and she works because she does not share the financial responsibility for raising a child with anyone else. Claire also explained how she is the sole provider and caretaker of her children. She expressed, "I'm going to be their mom. I'm going to be their dad. It's a struggle. I know they label single moms ... but I am a person, I have a job. I am taking care of my kids. I am doing what I need to do, just like any two-parent family out there. Don't label me. I'm a mom doing the best for my children." Like Jenny, Claire understood that being a single mother

means making sacrifices in order to take care of children without a partner. Although Claire admitted to the strenuous endeavour of being a single parent, Kim described the day-to-day struggle in more detail. She explained:

It's really tough. I pick [my children] up from day care and try to get them to calm down, but I understand it's the heat, and they're yelling, "I'm hungry!" I want to go home, and then we have to get on the bus, and it's hard getting them on the bus. And then by the time I get home with them, I'm out of energy and they reenergize somehow. Raising [more than one child] by myself is a tough job ... trying to get all of them to brush their teeth ... it's a really tough job. It's a big challenge to do it by yourself. Nobody better tell me what I'm doing because I'm doing this all by myself. It's a big challenge.

Kim identified something as routine as getting her children to brush their teeth as a daunting motherwork task, especially when she has to get them on and off the bus, to and from day care, and home to the shelter to settle down for the night. Like Claire, she reviled the notion that single mothers are deviant, and perpetrators of their own difficulties. In explaining their accounts of single motherhood, the women disputed the labels that define them as unfit to do the job. "Don't label me" and "Nobody better tell me what I'm doing" are defiant statements asserting their capabilities to do single motherhood.

Single motherhood for the transitional shelter residents arguably created obstacles to fulfilling everyday motherwork tasks, but it was also a way for them to assert their independence and a sense of non-dependence on the fathers of their children. Claire, Jenny, Kim, and Mary do not mention marriage as a way out of their single motherhood situation. Mary specifically pronounced that "I'm more independent on myself than anybody else. My mom told me to never depend on a man. So, I've always depended on myself. I have things to do for my kids. I tell him [children's father] that too. I can't play games. I need to take care of my kids. I can't be dependent on nobody." The residents understood the realities of

caring for children on their own without a male breadwinner for monetary or even emotional support; they, thus, accepted paid work as part of their single motherhood status. Despite this acceptance, they elaborated on problems related to working and parenting.

Balancing parenting and paid employment responsibilities is difficult for two-parent families and even more so for single-parent families. Donna Haig Friedman explains that the effects of low-income and contingent employment on a single mother confound issues related to transportation, finding quality childcare, and affording health insurance. In my study, Stephanie worked at a restaurant and was paid under the table. She said, “I had this job, and it only paid \$5.25 and [my boss] paid me under the table. I had to take [my child] with me because I didn’t have day care and so at the end of the week, I had enough to pay my rent and then I had like ten dollars left.” She compromised low pay and hard work with the trouble and expense of finding and taking her son to daycare before work. Stephanie subsisted on this arrangement because she did have money to cover rent, and daycare was not an expense. The cost and availability of childcare can significantly affect motherwork.

As much as finding quality and affordable childcare is an issue for all working parents, it can be extremely complicated for low-income mothers who work irregular hours or are several bus transfers from their work or home to daycare. In my study, Stephanie thought she would take classes toward being a medical assistant rather than a certified nursing assistant (CNA) because she worked on Sunday, and she could not find care for her son on that day. But once she found a twenty-four-hour day care and had access to a reliable car, she was able to take her son to daycare so that she could work on her CNA classes. She said, “There’s a twenty-four-hour daycare, and now that I have a car, I can take him because before on the weekends, we had to take the bus, and, oh my god, if you don’t get the bus [you have to wait forever for the next one].” Nancy who used to have a car but relied on the bus during the time of this study remarked, “I take a bus now. It takes me about an hour and twenty minutes to take the kids to daycare and then forty-five minutes to get to school from their day care.” The bus system in Phoenix has a limited weekend schedule and

due to the sheer size of Phoenix, travelling to an outlying suburb can mean several transfers and, as Nancy indicated, a very long time on the bus.

Large amounts of planning, craftiness, and self-assertion were exercised by the residents in my study in order to fulfill their motherwork. Although these women defended their single motherhood, the exhausting reality for them is not only engaging in the day-to-day tasks of caring for children but also balancing that care with being the sole financial provider. Low wages, finding flexible childcare, and transportation issues are significant hurdles affecting the balance of caretaking and working.

Although interviews and observations revealed the day-to-day experiences of looking for work, balancing work and childcare, the websites that the transitional residents created as participants in the Internet Art Workshop do not emphasize their struggles. Rather, the websites created by the mothers showcase a more idealized and normative portrait of motherhood.

ADULATION OF MOTHERHOOD

Overcoming “Bad” Mothering

Aware that their mothering was on display in the shelter, many homeless mothers who participated in the Internet Art Workshop felt that they could not discipline their children as they wanted or truthfully vent their frustrations about mothering to shelter staff and other shelter residents. The institutional rules of this particular social service agency monitored parenting behaviour and actions, thereby affecting the residents’ motherwork. Cultural discourses of the bad mother and the good mother are built into the controlling functions of the transitional shelter. Connolly notes that regulatory trends affect “women who are already marginalized—those who are already suspect because their poverty, their lack of education ... render them unable to act out the middle-class ideal. Homeless mothers ... risk being placed in the dependent category of the incompetent mother (49).

For some residents, their “bad” mothering needed to be reconciled or overcome. Lori and Jeanese expressed guilt and regret for not living up to the cultural expectations of good mothering. They

admitted to their past use of alcohol and how, in their minds, it jeopardized their ability to mother. Jeanese stated, “My past experience as a mother hasn’t met the expectations I’ve ever had of being a parent. This was due to my past involvement with alcohol and drugs. I am in recovery now, and my relationship with myself, friends, and family has since been restored. I am working on my ideal dream of becoming the parent I always wanted to be.” Jeanese expressed regrets regarding her ability to mother, whereas Lori felt she could make up for being a “bad” mother to her own children by being a good “mother” to her grandchildren, whom she is raising as her own.

Jenny conveyed that by having a child, she needed to stop her drug use. She said, “[My child] is my joy. She is the reason I’m changing my life.” Similarly, Betty indicated that her children were the reason she worked so hard to get her life together. She said, “I’ve come a long way. Those [children] are why. I know I have to be there for them because I know nobody else will be. So I have to keep myself going for them.” Even quitting smoking was a way to become a better mother for Ashley. She said, “I quit smoking because I don’t want [my children] to see that. I want to be healthy for them.” “Changing my bad behavior so that my children will have a better life” is an expectation implicit in the discourse of good motherhood and one that these mothers embraced.

Embracing “Good” Mothering

Webpages created by the residents embraced the ideals of “good” mothering through an emphasis on home and photographs of children. Judith, Shannon, and Heather highlight their domestic affections through framed pictures of their children, and in Shannon’s website, they appear to be hanging on a wall as they may be displayed in the family room of a home (see Figure One). Heather’s website shows her son Chris at the park with friends, riding a scooter, fishing, and doing “kid stuff,” whereas Violet and Lori both include photographs of their boys playing. Other residents present their children in similar ways (see Figure Two).

The photographs of children and other family members, in addition to the way that they are displayed, create an idealized version of home for the residents where children are portrayed as



Figure 1: Children in Picture Frames



Figure 2: Children Playing

happy and adjusted. Julia Hirsch argues that editorial authority goes into the taking and displaying of family photographs, which discards any photographs that can be linked to failure or stress. Family photographs are selective, avoiding such occurrences as marital violence, family strife, or dislocation; they “do not show grades failed, jobs lost, opportunities missed. The family pictures we like best are poignant—and optimistic” (Hirsch 118). Having a well-adjusted family, one where children are participating in fun activities and are joyful and spirited, is important to portray when living under circumstances that may be cause for maladjustment.

The mothers in my study purposefully chose to include photographs that did not portray homelessness as a struggle for their children. Homelessness, disharmony, domestic violence, or disunity

is antithetical to being a “normal” family, in which the mother often has the primary responsibility for keeping the family happy and intact. Far from any dysfunction, the well-adjusted family should be seen as having fun, which may involve family member’s relations with material goods.

The Consuming Family

Photographs in magazines and images in commercials show happy, smiling, nuclear families participating in consumer culture. These families are seen in advertisements for new homes, cars, and vacations as well as buying material gifts for each other particularly around the holidays. Although children in this study were not photographed with many toys or other material items because personal belongings at the shelter were limited, the mothers spoke of the desire to buy toys, or to provide gifts and parties for birthdays, or to take their children to the movies, as a way to represent themselves as a “normal” family. Heather’s son was photographed celebrating at his movie-themed birthday party with his friends, his dog, and his special birthday cake. Children were photographed at restaurants, a movie theatre, and a “play land” in the mall. Often the mothers in this study felt the need to justify items bought for their children or other entertainment purchases. For example, Violet stated that the check her brother gave her was specifically for a TV; it was his gift to her.

Although children were photographed with popular characters from movies and TV, the residents included photographs of themselves with cars, houses, and on a simulated vacation. Zakiyyah and Tricia, had luxury cars on their websites, while Jeanese photographed herself with a Ferrari and in front of a new model home. As the photograph of Camille and her son is transposed in front of a picture of Disneyland, it appears that they are participating in material “normalcy” by going on an annual family vacation (see Figure Three). Pictures of luxury cars, model homes, and a vacation to Disneyland represent a desire to participate in material culture.

Low-income families are acutely aware of the need to fit into material culture, but they also know the structural barriers that they face in doing so. Connolly poignantly explains the bind that affects poor mothers specifically,



Figure 3: Camille and Disneyland

On the one hand, in order to be viewed as moral and deserving of benefits, one must correspond with the norms of good motherhood and responsible expenditures. On the other hand, it is often necessary to break the norms of responsible expenditure in order to try to live up to the standard of allowing your children to partake in the paradigmatic practices of consumption and celebration in this culture. (168)

Mothers in poverty, specifically homeless mothers in this study, lived the tension between fiscal need and the obligation to provide more than basic resources to their children.

MOTHERHOOD REDEFINED

The deviant labelling of homelessness and the single mother are constructions perpetuated by the disciplinary techniques and rules of the transitional shelter that controlled the residents’ behaviours and actions. Problems that the residents faced were deemed to stem from poor individual choices and decisions, not structural barriers, such as poverty, race, gender, or disability. Reinforcing the good-bad mother dichotomy, the shelter’s executed regulations sought to fix a bad mother’s poor decisions by requiring her to take drug counselling or rehabilitation, to find work, or to attend parenting

classes. Good mothers were seen as motivated, appreciative of help, and focused and calm when faced with distress.

The shelter residents were acutely aware of the praise or consequences received either by accepting or defying such regulatory arrangements. Furthermore, they both resisted and complied with powerful constructions of white, middle-class motherhood. Asserting independence from a male breadwinner, working hard to create a life of normalcy for themselves and their children, emotionally and financially supporting their children despite their homeless situation—all were ways the residents defied tenets of intensive mothering. Working for wages was not seen as antithetical to being a good mother. Yet the residents also participated in conforming to certain qualities of the good mother by altering bad behaviour, such as drug or alcohol use, by controlling anger, and by complying with the rules of the shelter. The residents also emphatically embraced feminine notions of home while pictorially showcasing their happy, normal, and adjusted family.

The transitional shelter as an institution revolves around one single program designed to fix the problem of the single mother and her homelessness. But the lived experiences of the thirteen women in this study were intricately varied and suggest a complexity of factors that contributed to how they viewed themselves as a wage worker, domestic abuse survivor, recovering drug addict, homeless transitional shelter resident, and mother. Thus, despite being confined to institutional pressures, each woman had a unique story to define motherhood in her own way.

NOTE

¹All real names have been changed.

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II.

REPRESENTATION

8.

Breastfeeding in the Public Arena

The Deployment of Mixed and Contradictory Racialized Messages

MARTHA JOY ROSE

AN INTRODUCTION: THE INTERSECTION OF PUBLIC HEALTH, MEDIA, AND THE ARTS

BREASTFEEDING IN AMERICA is on the rise, according to the Center for Disease Control (CDC).¹ Nonetheless, the increase has occurred at higher rates among white populations than black, and although social media and fine arts initiatives have attempted to confront issues of visibility around breastfeeding, problems remain. Mainstream ideology continues to be fixed on images of white women as the primary signifiers for breastfeeding nurturance. This chapter focuses on an exploration of the racial and class dimensions of nursing and on how the popular cultural imagination of breastfeeding reifies itself in conventional discourse. Media images shape nursing as white and middle class, eclipsing the experiences and realities of black women, specifically economically disadvantaged black women.

The original inspiration for my investigation came from Natalie Loveless's art exhibition on feminist perspectives of *New Maternalisms*. Loveless's curated exhibit explores the intersection of art, action, and visibility. The aim of her collective of shared artists' exhibits as twofold. She harbours a desire "to enact a collective care practice and to bring public attention to the status of motherhood in contemporary art" (Loveless). In this way, Loveless aspires to care for and about mothers and their young and to make the art of motherhood visible. Yet doing so leaves viewers open to many different interpretations. Even within the broader culture

of motherhood, a variety of potential meanings can be attached to images, language, and actions.

This chapter is grounded in the work of Stuart Hall, whose theories facilitate a deeper understanding of the ways images and language are received and construed differently along racial lines. Hall—a sociologist and cultural theorist and the author of *Representation: Cultural Representations and Signifying Practices*—suggests that culture consists of “feelings, attachments, and emotions as well as concepts and ideas” (xix). He asserts that the ways in which messages are decoded depend on subcultures. “Meanings consequently will always change, from one culture or period to another” (Hall 45). Therefore, an exploration of breastfeeding in the civic arena must acknowledge different black and white subcultures. The goal of this text is to identify and expose raced and classed inequities embedded in messaging as well as to begin to understand the ways in which directives are interpreted. It is my hope that through increased comprehension of the issues raised here all mothers—regardless of race—might receive the personal and public support that they require. It is imperative that government policy and prevailing media presentations of the issue more cohesively align to acknowledge the real and problematic differences that black and white nursing mothers face.

The trajectory of this chapter pivots among three forms of communication: (1) journal reports from the public health sector, (2) images in the media and in social media of breastfeeding mothers, and (3) artistic representations of nursing. The articles presented in the first section evaluate factors within the population that impact breastfeeding outcomes for black mothers who use government health assistance programs. Looking at mainstream media and social media portrayals, the second section examines the predominant images of white women breastfeeding and the relative absence of visible black women in that context. Finally, artistic representations of breastfeeding navigate bodies, milk, activism, and literature but do not necessarily move the race and class conversation forward. Regardless, recent blogging and book activities suggest the possibility of black women empowering themselves, with the support of black men, and creating an activist community.

BREASTFEEDING AMBIVALENCE AMONG LOW-INCOME AFRICAN AMERICAN WOMEN

Expectant and new mothers are exposed to a great deal of messaging both before and after their birth experiences. At issue here are how information is deployed and why it is significant. How do different groups interpret the directives that they are given? Hall identifies “codes” as those indicators that communicate “which concepts are being referred to when we hear or read signs.” Among cultural groups are “shared conceptual maps” (Hall 7). Although Hall uses the notion of concrete signifiers, such as the common traffic light or language, it is through shared meaning that groups communicate. Messages that are clear for one group may be interpreted differently by another. For example, although doctors and public health initiatives encourage mothers to nurse—and nursing is considered good for both mother and child—government policies do not mandate companies to award pregnant mothers paid maternity leave, which results in mixed messaging. There is strong verbal encouragement towards breastfeeding but no regulation supporting time away from work. For a woman whose employer provides ample paid maternity leave or for a woman being supported by a partner, this might not matter. However, women who are at the greatest economic disadvantage can misconstrue these messages. Mothers on assistance, who rely on health programs for their maternity care, may be most inclined to choose cultural familiarity rather than public health directives citing research that breastfeeding offers the best sustenance for their infant.

In their article “Breastfeeding Ambivalence,” Kaufman, Deenadayalan, and Karpati explore some of the reasons why black mothers nurse at lower rates in the United States: “U.S.-born Black women sampled in low-income New York City neighborhoods have a breastfeeding rate of 46 percent respectively, in contrast with a citywide rate of 78 percent among White women” (696). Using an ethnographic model, this study examined “perceptions about the dangers of breastmilk, the virtues of formula, and the practical and sociocultural challenges of breastfeeding” (696). The research identified several salient points for increased breastfeeding ambivalence

among the lower-income group whom they interviewed in New York City. First, the women “commonly believed that breast milk could be dangerous” for their babies (699). Citing environmental concerns, “they [women in the study] felt that the body’s transmission of somatic conditions, including sicknesses (such bronchitis or a cold) and toxins (from smoking, drinking, and poor eating habits) through breast milk pose[d] a risk to infants” (699). The negative associations conflate body image, status, race, and class. The results could be construed as *black* mothers make *bad* milk. If messaging is interpreted differently among racial groups—and the evidence shows that it is—then Hall’s assertion that not “every object in one culture will have an equivalent meaning in another, precisely because cultures differ, sometimes radically, from one another in their codes” is unquestionably valid (45).

Keisha Goode’s 2015 work elaborates further on this concept, as she wrestles with institutional racism in her dissertation, “Birthing, Blackness and The Body.” In her dissertation, she deconstructs some of the barriers American birth mothers face in terms of adequate maternal and infant care. She then argues for the community, communication, and positive health outcomes that transpire when black midwives are paired with black birthing mothers. Her argument is grounded in the theory that “permanent scarring and wounds, codified in memory and organized experience, [are] never healed, as blacks are continually degraded and marginalized.” According to Goode, the coding or messages women have received about their bodies deeply affects their perceptions of themselves. This, in turn, is mirrored back by society in the less-visible, less-valued, non-idealized, poor black mother.

The women in the “Breastfeeding Ambivalence” study also reported deep concerns about breastfeeding within view of others. Since many of their dwellings lacked private spaces, they worried about the effects on their babies’ older siblings. Casting breastfeeding as potentially “morally dubious behaviour,” women questioned revealing their “exposed nipples and lower parts of the breast.” Some even felt that it was morally reprehensible to make a display of nursing (Kaufman, Deenadaylan, and Karpati 701).

Finally, the breastfeeding study found that a combination of the familial, neighbourhood, and institutional involvement informs

these women’s decisions on whether to breastfeed or not. Women pointed to the paradox of being told “breast is best” and then being offered formula by hospitals or by Women, Infants, and Children (WIC), a government-supported program that offers supplemental food and nutritional education to lower-income, breastfeeding or non-breastfeeding, postpartum women. In the study, a twenty-one-year-old mother of two summarized the women’s perspectives: “I get WIC. You cannot tell me about WIC and then tell me to breastfeed because they give you babymilk [formula] and milk. I can always buy a gallon of milk. You can’t always get a case of babymilk” (qtd. in Kaufman, Deenadaylan, and Karpati 702). As the authors conclude, “Ambivalence is deeply interwoven into women’s social lives in ways that cannot be reduced to clear patterns” (702). From public health to media depictions and in artistic representations as well, race and class are factors in the way these messages are received. Many of these interpretations could be construed as countering hegemonic discourses of what is valuable, important, and acceptable. This includes mother’s milk.

The same year that the “Breastfeeding Ambivalence” study appeared in the *Maternal Child Health Journal*, The United States Department of Agriculture Food and Nutrition Service Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) launched a national campaign called “Loving Support Makes Breastfeeding Work.” The Loving Support campaign leads users to a website that acknowledges a mother’s busy place in the world. The website advocates for mothers to breastfeed, even if they have only a short time at home, and offers onsite encouragement. The pictorial on the website portrays a black mother seated at a laundromat with two young toddlers. The image is accompanied by the text, “Juggling work, school, family, friends, or other demands might make you nervous about breastfeeding or [make you] wonder if it’s worth it if you only have a short time at home.” The image does two things. First, it employs an image of a black woman, thus increasing black women’s visibility, but the textual message implies that there are choices with regard to opportunities, when, in fact, these choices may be limited by financial constraints and policy protocol.

According to the “Breastfeeding Ambivalence” study, doubt is fueled by both a black woman’s response to her own body and the response of her community to her choice to breastfeed in public. Nonetheless, this is not the end of the story. A steady rise in breastfeeding awareness and activity has occurred. In 2013, the CDC reported a narrowing gap between the percentages of black and white mothers breastfeeding:

By race/ethnicity, prevalence of breastfeeding initiation in 2000 was 47.4 percent among blacks and 71.8 percent among whites. By 2008, the percentage of infants who ever breastfed had increased among blacks to 58.9 percent and among whites to 75.2 percent, nationally. From 2000 to 2008, breastfeeding at 6 and 12 months increased significantly among racial/ethnic populations. (qtd. in Kaufman, Deenadaylan, and Karpati 699)

Yet despite this success, black mothers tended not to nurse for as long. An important finding from the study is that “fewer than half of the [black] infants were still breastfeeding at 6 months” (699). Given the fact that New York (and the United States) has no mandated paid maternity leave, this is not surprising.

Women facing economic hardship may not have the ability to take time off from work for slow recovery and nursing. Additionally, pump-friendly environments are rare in most workplaces. The advertisement by WIC aimed at economically disadvantaged black mothers normalizing breastfeeding presents a goal, but economic challenges are not addressed. Likewise, the woman pictured at the laundromat is not actually breastfeeding. Dalvery Blackwell, co-founder of the African American Breastfeeding Network, explains, “One of the major problems is that we don’t see [breastfeeding], so it’s not a normal behavior for women. In our community, when we walk outside, we don’t see women [doing it]” (qtd. in Alter). She goes on to elaborate on the multipronged problem that economically disadvantaged women of colour face: “The system has made it difficult in terms of maternity leave, family policy, and lactation spaces. How does it feel to say to your boss ‘I need to take a break so I can pump?’ How is that

going to work at McDonalds?” (qtd. in Alter). At this juncture, the question becomes whether these campaigns are effective. The answer is both yes and no.

Initiatives targeted towards economically defined groups and race can appear to take two steps forward and then one step back. Two years after the “Breastfeeding Ambivalence” article and the Loving Support campaign, one CDC report sparked the headline, “Hospitals [Are] Less Likely to Encourage Black Mothers to Breastfeed” (qtd. in Collins). This *Think Progress* story outlined a CDC study that identified hospitals as a major influencing factor affecting breastfeeding choice. The report noted that “manufacturers of baby formula also had more success in distributing their products in facilities that had a strong minority patient base” (qtd. in Collins). Other reasons listed included the assertion of the article’s author, Sam Collins, that breastfeeding requires work policies that support women’s choice to breastfeed (or not): “Many black mothers also have jobs that don’t allow the flexibility needed to nurse.”

In all the cases reviewed thus far, women’s black bodies, their economic status, and the messaging they receive from health agencies indicate that ongoing problems exist. Black women’s perceptions of breastfeeding are complex and mediated by factors both internal and external. According to Kaufman, Deenadaylan, and Karpati, infant feeding, generationally speaking, has culturally been associated with “milk.” The good mother gives her child milk. Milk represents “a signifier of formula imbued with the symbolic power of a life-giving substance” (699), whereas an association with the breastmilk created by their own bodies actually might transmit qualities that cultivate disease or other hazardous conditions to their infants.

I have brought forth examples of the ways in which public health policy espouses support for breastfeeding. However, messages are received in a raced and classed society that values certain ideological principles over others and values a white woman over a black woman for a multitude of complex reasons. In this way the dominant ideology of whiteness and economic privilege prevails.

Although policymakers and media-makers have recently focused on bringing breastfeeding to the fore, discrepancies remain. As noted above, baby formula companies have targeted hospitals in

zones with less economically empowered black women, making black mothers more receptive to formula-marketing tactics. These women may have also come from families that did not encourage breastfeeding. Additionally, government assistance programs and health policies encourage mothers to nurse, but they do not reconcile economic status with national policies that do not support paid maternity leave. Therefore, the struggles and challenges of economically disadvantaged lives may put women at odds with national health agendas. Paramount to this are the ways a child can jeopardize employment and if the facility where she works does or does not offer breastfeeding support. Additional challenges are posed when images of nursing black mothers are not widely disseminated. These discrepancies continue to disadvantage this segment of the population.

RACED AND CLASSED SOCIAL AND MAINSTREAM MEDIA DEPICTIONS OF BREASTFEEDING

This section explores the ways in which social media and mainstream media employ images that are interpreted differently along racial and class lines. Visuals of nursing mothers in social media forums are a relatively new phenomenon. Until 2014, Facebook banned photos of topless women, including women breastfeeding. Lina Esco's *Free The Nipple* campaign (and accompanying film) did much to shift the landscape. Since the film and other types of protests appeared, several new Facebook pages that make nursing visible in social media forums have emerged. Among these is the Beautiful Breastfeeding Facebook page, which, as of May 18, 2015, had 121,194 "likes." This represents a significant following. The page is resplendent with artfully photographed white women, bare breasted and nursing their children. The tagline on the photos states, "Nursing in front of children normalizes breastfeeding for future generations." Dalvery Blackwell of the African American Breastfeeding Network has noted, "Among Caucasian women, breastfeeding and lactation is [sic] part of a normal conversation." She elaborates, "We're not having those conversations in our homes, churches, schools, etc." (qtd. in Alter). Blackwell's point is evidenced in social media platforms, such as Facebook. There

appeared only one image of a black mother discreetly nursing her infant amid hundreds of bare-breasted shots of white women, (mostly) naked from the waist up, holding their babies on the Beautiful Breastfeeding page. In contrast, as of May 18, 2015, the Black Mother's Breastfeeding Association (BMBA) page on Facebook had 5,935 "likes." Not only is this significantly fewer "likes" than Beautiful Breastfeeding, but the images on this page are fundamentally different. Depictions of the black mothers on Facebook include toddlers playing, meet-up groups, and active fathers; photos portraying bare nursing breasts were absent. Therefore, although social media has brought black women's voices forward, their images are still hidden. Such campaigns represent important gains for many women; however, racial disparities remain even within what appears to be a pro-breastfeeding campaign.

Another recent development much championed by the press happened in New York City on April 16, 2015. Brooklyn Borough President Eric Adams announced his intention to open a lactation room in Brooklyn Borough hall. A photo of a white mother clutching her (white) baby's hand headlines the *AMNewYork* press article about the new lactation rooms (Ruggiero). Another white mother, nursing her baby (in a bathrobe, no less) appears on the cover of *The Daily News*, which features the same story (Marcius and Durkin). This is a pattern repeated across all messaging and campaigning identified in this research. Adams is quoted as saying, "Science shows the essential health value of breastfeeding, but society has not quite gotten past the stigma of nursing a child in public" (qtd. in Office of the Brooklyn Borough President). It is important to note that Adams is a black man advocating for nursing mothers in communal spaces. The advocacy of black men in support of black women nursing is a pattern that repeats itself as will be made clear.

The campaign that WIC released in tandem with the Loving Support campaign was called "Fathers Supporting Breastfeeding." The Food and Nutrition project sponsored by the Department of Agriculture targets "African American fathers so that they may positively impact a mother's decision to breastfeed." The website states that "The project is part of a continual effort to increase breastfeeding initiation and duration rates among African American

women by involving fathers in breastfeeding promotion efforts” (United States, U.S. Department of Agriculture, “Fathers Supporting Breastfeeding”). However, just as the media images promoting the lactation rooms at Borough Hall are not synchronous with making breastfeeding black women visible, roadblocks to the democratization of nursing remain. Patterns such as these are repeated in the mainstream media.

One example of this pattern can be seen from the different stories of Karlesha Thurman and Jamie Grumet. In 2014, a featured article in *Time* magazine asked the question, “Why All the Controversy About a Black Woman Breastfeeding?” A photo of Thurman (a young black mother), who was nursing her baby at her college graduation, went viral and ignited contention. According to the *Time* article, “The photo put a spotlight on the African American community’s complicated relationship with breastfeeding” (Alter). Responses on social media highlighted everything from religious objections to outright hate mail, as is evidenced in this comment on *People* magazine’s online page, “You’ve turned the point of posting the pic to FB [Facebook] into she’s a skank, trick, no Daddy at ceremony, pre marital sex, flashing her boobs to get next sucka!” (Dowd). As both Hall and Goode argue, the meanings associated with the black body are different from those of the white one. Thurman’s status as a single black mother highlights the contentious nature of breastfeeding in general (as a woman’s issue) and black women’s breastfeeding as potentially a racial and class issue.

The public reaction to Thurman’s picture was preceded by a *Time* magazine cover story that featured Jamie Grumet, a white woman. In the accompanying photo, her son, who was almost four, was provocatively posed standing on a stool, hanging on her breast, facing the camera, and nursing (Pickett). The photo was clearly intended to elicit controversy, and, like that of Thurman, it, too, received a great deal of negative attention. Grumet, who is attractive and blonde, appears posed confidently with her hand on her hip. Although her exposed breast and large son insinuate a sexually provocative perspective on breastfeeding, the article headline is not about breastfeeding at all, but rather about “attachment parenting.” This frames the feature in a new light. The story suddenly becomes a discourse about parenting that conflates

racial and class issues. Grumet emulates the mainstream Caucasian maternal ideology that is highlighted again and again. The title accompanying her photo asks, “Are You Mom Enough?,” essentially pitting woman against woman for superior status. It also could be inferred that black mothers, poor mothers, and poor black mothers especially are not “mom-enough” mothers. At least, if they are not that, they are *not visible* in their nursing and caregiving status in the same way. Thurman’s photograph was taken by a friend and went viral on the social media circuit. Grumet was one of four white women photographed for the cover of *Time*. The rise of social media has meant that images of breastfeeding women are more easily accessed, confronting mainstream media images. Nonetheless, ideologically speaking, the visibility resides in whiteness, eclipsing the experiences of black nursing women.

ART AND ACTIVISM AS MEDIATORS TO MAINSTREAM DEPICTIONS OF NURSING MOTHERS

Features of artists engaged in activism around breastfeeding drive the discourse forward in new and exciting ways, which is the subject of this next section. The momentum is not centered on race but on visibility. These women artists are concerned with highlighting a very conspicuous pro-breastfeeding agenda for a variety of reasons. As it has already been shown, white women are at the fore here as well; however, there are some positive enterprises promoted by black mothers who have been writing, speaking, and exhibiting their interpretations and portrayals of nursing. The Canadian and American artists and advocates highlighted here have alternatively served as activists and interpreters. This section examines the following projects and pieces: The “milk truck,” a transportation vehicle that supports nursing mothers wherever they are located within the Pittsburgh, PA area; *the Lactation Station*, a provocative Canadian piece that examines popular taste; *abNORMALLY NURSING*, an art installation pioneered by a public health advocate; and finally a book called *This Milk Tastes Good*, authored by the black couple Chenniah Patrick and V. Kuroji Patrick.

The milk truck is the brainchild of scholar and artist Jill Miller. It is a truck that is dispatched in the greater Pittsburgh area wherever

women are made to feel uncomfortable about nursing out in the open. The mission of the vehicle is to help “hungry babies eat.” Featuring a giant pink breast (read as “white”) facing up towards the sky on the roof of the truck and resplendent with an erect nipple, the colourful truck is dispatched whenever a woman texts, calls, or tweets that she is in need of support. Then, the “truck contacts its followers while en route to the woman’s location and once there, holds a nursing party in front of the offending establishment” (Miller). Miller, who built the truck in 2011 and toured it in 2012, says that the truck is “guerrilla theater, activism and a little slapstick humor.” Clearly, the intent of the project is to bring nursing awareness into the public sphere and to respond to the very real needs of nursing women. Miller is demanding rights for all nursing mothers and challenging the ways in which women (generally) are compromised by the lack of corporate policies that support breastfeeding mothers. Yet Miller is white; the breast is white, and most of the women featured in photographs on the website are white.

Despite this clever advocacy, it must be noted that this effort does not address the disparities between nursing black and white mothers. Be that as it may, a truck built with a focus on reaching black mothers might invoke an entirely different response. Because systemic racism permeates the American landscape, a black-breasted milk truck might invoke a problematic reaction. According to the *Think Progress* article by Sam Collins cited in the previous section, “History might also share some blame in [breastfeeding] disparities. Experts often point to the traumatic legacy of slavery in the United States as a key factor in many African American women’s reluctance to breastfeed. Throughout the duration of the American slave trade, black women often nursed their slave masters’ children” (Collins). Early photographic images of this phenomenon illustrate its disturbing characteristics (Anonymous). According to Collins, “The practice even continued in the decades after Reconstruction.” Therefore, a black milk truck is perhaps not yet a possibility in America.

Around the same period as the milk truck in 2012, the Canadian artist Jess Dobkin began to showcase performance piece *The Lactation Station*. Photos advertising the *Lactation Station* fea-

ture Dobkin cupping her breasts in her hands with milk spurting from her breast directly into a half filled wine glass on a bar top accompanied by other half-filled glasses. This “milk bar” has some surprising elements. In the exhibit, the artist invites six lactating mothers to donate milk, which is subsequently offered as samples to the attendees and participants. The exhibit aims to “invite a dialogue about this challenging and most intimate of motherhood rites” (Chan). According to Dobkin, what really interests her is cultural taste. “Taste is something that is negotiable; it’s subjective,” she says. “The performance talks about the sense of taste but I’m also playing on the other definition of taste: what someone finds tasteful or distasteful” (Chan). Once again, it is possible to speculate whether an exhibit such as this would be appreciated in the same way if a black woman pioneered it or how the “taste” of black mothers might challenge the discourse and move it in new directions. This is not to say that Dobkin’s work is not provocative and interesting. It is. But it does not attempt to further a discussion about racial disparities. Nevertheless, women artists using their bodies and minds to push breastfeeding boundaries beyond the status quo is some kind of progress.

The third artist (and public health care worker) presented here is Lauren Cockerham-Colas. Two years into her graduate studies, she created an exhibit titled *abNORMALLY NURSING*, an exhibition and exploration of breastfeeding. The exhibit was developed for healthcare professionals to educate them on the benefits of extended breastfeeding and consisted of twenty-two photographs of mother-child extended breastfeeding dyads along with facts about extended nursing. Over the course of approximately a year’s time, Cockerham-Colas photographed more than fifty extended nursing families across five different states. The exhibit was used as a research tool to evaluate and influence the knowledge and attitudes of healthcare professionals towards extended breastfeeding. In 2012, the results of the research were published within the peer reviewed scientific journal *Breastfeeding Medicine*, which found that with education, women’s acceptance of breastfeeding for children aged one to two years increased from 61 percent to 89 percent. Although Cockerham-Colas’ research focused on extended nursing, the photographs she took while conducting

her research were of black, brown, and white women nursing.

I argue once again that this work furthers a discourse. In fact, any initiatives that seek to highlight women, mothers, and women's issues within public health, the media, and the art world are important.

Finally, *This Milk Tastes Good* by artists and authors Chenniah Patrick and V. Kuroji Patrick is a book aimed at black couples nursing their young. This husband-and-wife team presents art and activism that bypasses mainstream media; they are self-published. As a black couple writing about breastfeeding, they are notable. According to the blog *Mocha Manual*, "This Milk Tastes Good is a family-friendly nursery rhyme that takes all of the nutritional goodness of breast milk, the power of the public feeding and the need for daddy to be involved and roll them into one" (Allers). As mentioned earlier in this article, a great deal of emphasis within the black community appears to be spearheaded by men advocating for women to breastfeed. In the case of V. Kuroji Patrick, the Black Mothers Breastfeeding Association in Detroit honoured him with its 2013 Medela Breastfeeding Hall of Excellence Award for his work to help normalize breastfeeding ("Breastfeeding Hall of Excellence").

Each of the art and activism projects mentioned in this section moves the conversation to a higher level of visibility and importance. Of the four projects introduced here, only the last directly addresses the issues faced by black women. In the case of the Patricks, they are black, they are visible, and they have made their art and activism tangible in literary form with the goal of putting it directly into the hands of black mothers. Culturally speaking, the connection between black women and the black men supporting them seems to be an important one. The inclusion of black men's voices in breastfeeding messaging is a significant marker, as evidenced in the WIC campaign, "Fathers Supporting Breastfeeding," the BMNA Facebook page, Brooklyn Borough President Eric Adams's lactation room, and V. Kuroji Patrick's illustrations that appear in his wife's children's book *This Milk Tastes Good*.

CONCLUSION: CONFRONTING RACISM, AND CLASSISM— BLACK MOTHERS CHALLENGE THE DOMINANT DISCOURSE IN LITERATURE AND ONLINE

As of this writing, there are several new and exciting developments around the issues raised in this chapter. Online groups created by black mothers *for* black mothers are encouraging black mothers to nurse. They make conversations about nursing within the community more visible. Among these communities are BlackMothers-Breastfeeding.org, which offers online tutorials and meet-up groups, and NormalizeBreastfeeding.org, a site devoted to photographs of black mothers nursing, which aims to diversify and normalize breastfeeding. There is also a new book *Free to Breastfeed: Voices of Black Mothers* (Logan and Sangodele-Ayoka), which also hopes to "[g]ive new or expectant mothers the experience of seeing [black women's] experience reflected in the stories and pictures of other women," according to the Amazon description online. The aim of this book according to the online promotion states, "While there is growing coverage regarding the disparities in breastfeeding rates, the actual thoughts and experiences of African American nursing mothers are overlooked. It is precisely these first-hand experiences that breastfeeding mothers seek from other women" ("Free to Breastfeed"). It is breakthrough literature such as this that will help sway future breastfeeding moms to take up the cause and encourage others to do the same. Coupled with this and ongoing support by black men, encouraging black women to nurse seems imperative.

In this chapter, I have explored a few of the ways in which public policy, media portrayals of breastfeeding, and artistic representations are disseminated and interpreted differently by two racial groups. Mainstream ideology continues to depict highly visible images of nursing white women. I have specifically examined the ways in which black mothers' voices and images are relatively inaudible and invisible. Although it is, indeed, a hopeful sign that black women are beginning to explore their personal power as well as their visibility and voice, much work still needs to be done. Texts such as *Free to Breastfeed: The Voices of Black Mothers* must multiply exponentially to reach the greatest number of individu-

als. The message must resonate loudly and clearly, unimpeded by ideological forces. The two-pronged issue of race and class also must be reconciled within the breastfeeding conversation, and discrepancies between public policy initiatives must be resolved.

The theoretical framework that Hall has provided via *Representations* assists in highlighting the ways in which “representation is a process by which members of a culture deploy signs to produce meaning” (45). In the case of black nursing mothers, the meanings attached to breastfeeding are different from those of their white counterparts. As Goode has explained, “permanent scarring and wounds [are] codified in memory and organized experience” (60). This can affect bodily perceptions, which in turn may affect breastfeeding outcomes. Public maternal healthcare policies have made inroads in high-need communities; however, breastfeeding outcomes continue to see black mothers lagging behind white mothers in terms of short- and long-term success. Both mainstream media and social media favour images of Caucasian women in the dominant discourse around breastfeeding. Some art and activism have emerged to challenge conventional policy and ideology, although issues of race and class have yet to be tackled. Finally, some recently emerging literary works written by black women and supported by black men appear to be directly challenging the ways in which race and breastfeeding in America are being navigated. The people leading these efforts are specifically taking charge of their own words, websites, and initiatives and using their voices to tell their stories, inviting others to join the cause. This is encouraging. Although social media and the arts are platforms that theoretically mitigate the hold that popular media has on the relevant messages, more confrontation on race should be forthcoming. New maternalisms espouse approaches that launch caregiving and art about motherhood into new spaces. These emerging spaces must focus on a diversity of voices and images, which must be audibly amplified, unmistakably visible, and offer corrective measures regarding their clarity of messaging.

NOTE

¹From 2000 to 2008, breastfeeding at six and twelve months

increased significantly among all three racialized-ethnic populations. (United States, U.S. Center for Disease Control, “Obesity Prevalence”).

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9.

“Baby-Friendly” or “Mother-Hostile”?

Deconstructing Gender in Breastfeeding Advocacy Campaigns

JENNIFER ROTHCHILD, HALEY VAN CLEVE, KAREN MUMFORD,
AND MATTHEW A. JOHNSON

WHOSE BREASTS ARE THEY?

ARE A WOMAN’S BREASTS her own? Or are they enlisted in the service of normative gender constructs by nurses, physicians, and public health officials? Women’s breasts and women’s sense of ownership are determined by both individual contexts and social structures at play. In this chapter, we examine the social constructions of gender in breastfeeding advocacy programs. Specifically, this project addresses the following research questions: in what ways do these campaigns reinforce gender constructs? How might these campaigns trouble gender? And in what ways might these campaigns empower women?

Some scholars, particularly Chicana and African American feminists, have been especially critical of constructing an all-encompassing view of women’s experiences that take white, middle-class women’s social lives as the framework for analysis (hooks, *Feminist Theory* and *Talking Back*; Hurtado; Naples). Women with less-privileged identities have been traditionally overlooked and lumped together with all women as a group. Because of this, we focus on the standpoints of individual rural women and give voice to these overlooked experiences.

Historically, rurality has not been conceived of as a marginalized identity, nor have rural women been studied in depth. Researchers have often discounted, ignored, essentialized, or under-theorized rural women. Furthermore, broader society has stereotypically misunderstood and mischaracterized rural women as “backward,” less

intelligent, and less educated. Infusing rurality into an intersectional approach, we conceptualize rurality as an expression of different rural identities and not homogeneously defined. Our particular analysis is based on—and places great value on—the “everyday knowledge” of the rural women participating in breastfeeding advocacy programs. As Hill Collins suggests, acknowledging the locatedness and partiality of this kind of analysis will lead toward a stronger and more credible kind of truth (236-237).

Although there has been ample research devoted to how breastfeeding intersects with work, morality, the environment, and the medicalization of childcare, our discussion is unique in that we examine the ways in which gender and breastfeeding intersect with individual women’s experiences and the expectations of her as a mother in broader society. As we will discuss in this chapter, each woman’s individual social identities played a role in her perceptions of breastfeeding and the decisions made in what and how to feed her baby. For this particular study, the social position of “rural” is only one aspect of women’s identities. Other aspects of social position—including gender, race, social class, and education—determined and shaped their experiences and perspectives as well. Thus, we argue that rather than essentializing all women, breastfeeding advocacy programs need to consider the women themselves and their lived individual contexts. We problematize the breast- and baby-centred approach of current breastfeeding advocacy programs and recognize it as a part of these initiatives’ failure to consider women’s individual lived experiences. In particular, the concept of “baby-friendliness” is harmful because it shifts the focus almost entirely away from the mother herself.

Our goal is to illuminate previously overlooked dynamics within the social constructions of gender, as they play out among the understudied population of rural women living in the Midwest of the United States. After conducting focus group interviews, we began to understand that these particular women experience gender differently and in more complex ways than perhaps originally thought in the conceptualization and carrying out of breastfeeding advocacy programs and initiatives. These women’s (re)negotiations of their own gender contribute to our understandings of how gender is constructed in broader society. The focus—on these understud-

ied women themselves and their individual experiences of infant feeding—is an important way of expanding our epistemology and consideration of so-called legitimate knowledge vis-à-vis Dorothy Smith’s “everyday world” and Patricia Hill Collins’ “everyday knowledge.”

THE “EVERYDAY WORLDS” OF INFANT FEEDING

Feminist standpoint epistemologists begin their analysis by questioning the claims of “truths” associated with positivist research methods and offer, instead, methodological strategies linked to feminist political practice (Harding; Hill Collins; Smith, *The Everyday World*; Naples). Smith offers feminist scholars a place to start their investigations by considering and valuing subjects’ “everyday worlds”—envisioning subjects’ lives as experiences outside of discourse. Smith’s methodological goal is to closely examine the social relations in which one’s experience is embedded, bringing to light how those relations are constructed and organized in and by a larger complex of relations, including those in power and the social institutions involved. We, therefore, ground our analysis in the everyday practices of “knowers” (Smith, *The Everyday World* 183-192).

Breastfeeding has undoubtedly always been seen as a “women’s issue,” yet feminists have only recently begun to engage with the politics of breastfeeding (Carter). In this chapter, we articulate breastfeeding advocacy reform from a feminist perspective, drawing on the idea that gender is a social construct. Rather than viewing gendered experiences as flowing inevitably from biology, we understand gender as an identity and a role that is reinforced by processes and institutions that maintain similar attitudes and distinctions about gender. Much effort, particularly in the context of the home or families, goes into marking gender differences (Connell) and dividing people into contrasting social categories: “girls” and “boys,” “women” and “men,” and “feminine” and “masculine.” This perspective will remain important as we illuminate the ways that breastfeeding is discussed as a “natural” experience for all women rather than an experience shaped largely by social influences.

Gender is constructed and reinforced by “doing gender” (West and Zimmerman). This approach assumes that gender is an identity achieved through daily interactions and practices, such as caring for children (DeVault, *Feeding the Family*; Thompson and Walker). As such, parenthood is a form of doing gender: women and men “reproducing themselves as socially defined mothers and fathers and as socially defined women and men” (Walzer 174-175). In other words, women and men take on and embody conventional gender roles with parenthood because doing so confirms their identities as women and men. As a result, “motherhood” and “womanhood” (particularly what it means to be “a good wife” and “a good mom”) are defined together. They are mutually constructed and reinforced.

Socialization, especially in regard to gender, informs women’s decisions about infant feeding. All the participants in our study talked about the influence of culture, background, and family—what others did before them, particularly their mothers and grandmothers. However, as Law argues, “what is missing from the infant-feeding debate is a sense of how the advantages and disadvantages of particular infant feeding methods stack up relative to a host of complexly intertwined risks, family and work practices, child-care decisions, and labour arrangements” (422). We argue that rather than challenging prescribed notions of “motherhood” (and thus “womanhood”), breastfeeding advocacy campaigns tend to reinforce traditional gender constructs.

Women who do choose to breastfeed are able to construct themselves as “good” mothers, whereas women who do not or cannot breastfeed are believed to be “bad” mothers (Wall). According to Elizabeth Murphy’s 1999 study, women who breastfed were able to confidently say that they felt they were doing all they could to protect and care for their infant, whereas women who did not or could not breastfeed felt they had to come up with an explanation: “They appeared to rebut the potential allegation that formula feeding is wrong, bad, selfish or irresponsible, and, by implication, that they are bad mothers” (Murphy 193). That being said, mothers generally did not justify the decision to formula feed in terms of what they themselves wanted or needed (Murphy). We drew similar conclusions from our research: women’s shared experiences

reflected a societal expectation that mothers must sacrifice their own well-being for that of their children. Social constructions implicated women who did not (or could not) breastfeed as bad mothers and bad women.

Furthermore, both historically and today, “motherhood ideals, like other cultural myths, [do] not mean the same thing to everyone and [do] not influence all people in the same way” (Coltrane and Adams 144). Gender intersects with other socially constructed identities, such as social class and race, and these intersecting identities shape individual lived experiences. Individual standpoints, therefore, must be at the forefront of any feminist analysis and, specifically, must be at the centre of advocacy work in order to foster women’s empowerment in making choices about infant feeding.

LISTENING TO THE VOICES OF RURAL WOMEN

Rural women often have limited health care options. They may also live in politically conservative communities that typically place less emphasis on women’s health and on health care subsidies for low-income peoples. Furthermore, little research has been done on the needs of rural women, particularly in regard to breastfeeding. For our research on rural women’s individual experiences of infant feeding, rather than calling on a particular identity or set of experiences, we started our inquiry from the women’s everyday worlds—where people actually live their lives, so that “anyone’s experience, however various, could become a beginning-place [for] inquiry” (Smith, *Everyday World* 90; DeVault, *Liberating Method*).

We began this study of rural women’s “everyday knowledge” after being asked to be part of an evaluation study. A county public health office in a Midwestern state initiated a quality improvement project that identified a need for a different approach in addressing the breastfeeding rates of low-income women enrolled in WIC (Women, Infants, and Children) and other public health programs. This project’s intended objectives included partnering with local hospitals to facilitate “breastfeeding interventions” with low-income women seen in both public health and hospital settings. The program was designed to ensure that all women—not

just those with low incomes—who give birth in a hospital would receive encouragement and enhanced support through community outreach, physician support, and “baby friendly policies and procedures” within the hospital setting as a part of the “Baby Friendly Hospital Initiative.” This initiative referenced research indicating that breastfed infants tend to have fewer weight problems and are at less risk for developing diabetes in later life. Public health staff identified the need for closer working relationships with hospitals and pediatricians. Our research team (including undergraduate students who co-authored this chapter) was brought in as evaluators of a breastfeeding advocacy program.

We drew data for analysis from three focus group discussions. Specifically, as part of our evaluation research, we facilitated focus group discussions with health care practitioners, breast-milk-feeding mothers, and formula-feeding mothers in order to reach a better understanding of breastfeeding behavioural trends and the intervention strategies necessary to promote and sustain breastfeeding. We scheduled the focus group interviews over the course of nine months, beginning in April 2010, and each focus group discussion lasted approximately three hours. We audio-recorded and, subsequently, transcribed the focus group interviews. Each member of the team analyzed the data, and the team collectively identified and discussed themes and patterns as they emerged in the data.

The practitioner sample consisted of registered nurses (RNs), licensed practical nurses (LPNs), lactation consultants, OB/GYN nursing supervisors, and public health nurses. These women identified as white, and were of all ages and had various levels of experience and seniority. The breast-milk-feeding sample identified as white, and most of the women were married, stay-at-home mothers from upper-income levels. These women tended to be older than those in the formula-feeding group. The formula-feeding group members were young, compared to the breast-milk-feeding group, predominately white but, unlike the other groups, included some women of colour. The members of this focus group were also mostly single or unmarried and participating in the government-sponsored Women, Infants, and Children (WIC) Program.

DECONSTRUCTING GENDER IN BREASTFEEDING ADVOCACY CAMPAIGNS

Prescribed Gender Roles Lead to Feeling RESPONSIBLE

The breast-milk-feeding focus group members felt it was their responsibility as mothers to give their babies breast milk. One breast-milk feeding mother noted that

Both my husband and I believed breast milk was best. But if the person they're [mothers are] with doesn't value breastfeeding, that's a huge barrier. Even if the mom wants to breastfeed, and she has a little bit of trouble or is feeling a little bit insecure without that support of the significant other, that's really hard to combat.

Another breast-milk-feeding mother explained that she felt responsible for ensuring that her body provided for her baby:

I know my husband, we've kind of learned that after we've had a baby, I take care of the baby, and it's his job to make sure that I'm getting all the food that I need, and I'm getting all the nutrients that I need, because otherwise I start getting problems. And so it's just nice to have someone there to make sure that you're getting all the nutrients too. It just makes everything easier.

These arrangements work for these particular women and their families; with their husbands' support, they are able to feed their babies on their own terms. Their status as upper-class, married women—grounded in a family dynamic with an abundance of support—fosters a sense of successful mothering. Their particular set of circumstances is notably privileged. These mothers' individually lived contexts allow them to define themselves and to be defined, as “good moms.” Despite historical inclinations to conceive rural peoples as largely homogenous, rural areas are varied and stratified by class, and these systems foster categorizations of “good moms” and “bad moms,” based on income and privilege.

Not only is mothering a gendered role, but the scope of the mothering role has also increased in our culture (Law). Mothers are expected to do what is best for their children in every circumstance; they are often expected to place the well-being of their children above their own and to manage all risks that their children could possibly encounter (Wolf). Mothers who are choosing whether or not to breastfeed encounter a vast amount of advice from the medical establishment that tells them breastfeeding—without a doubt—is the healthiest choice for children in all circumstances and that “good mothers reduce all risks to babies” (Wolf 105).

In contrast, many mothers are often quite limited in their ability to feed their infants because they lack access to resources and opportunities, which makes it impossible for them to attain society's ideal of mothering. When compared to their married and upper-class counterparts, single and low-income mothers face greater barriers to breastfeeding, such as increased stress, differing familial needs in terms of health and workplace rules and regulations, and a lack of privacy. A common assumption about this group is that it is ill-informed about breastfeeding, although this is not always the case (Blum and Esala). The formula-feeding mothers in our focus group spoke about the benefits of breast milk but also about the difficulties of breastfeeding.

Successful Motherhood—“The Good Mom”: Social Constructs of Gender Lead to Feeling GUILTY

A woman's particular set of circumstances often dictates infant-feeding choices, but as broader society constructs “ideal motherhood,” formula feeding “signals a failure to fulfill the responsibilities of maternal citizenship” (Wolf 106). In our research, we found that mothers who were unable to breastfeed successfully felt a great sense of guilt or failure. A public health nurse from the practitioner sample shared that mothers have “the belief or feeling that it has to be ‘all or nothing.’” Similarly, a breast-feeding mother said, “I know women who ... make the commitment, and then things don't go right, and they're so heartbroken, and they feel like failures.” All the women in the two-mother focus group samples mentioned feeling guilty, but the formula-feeding mothers particularly did:

They are all nursing, and then you are doing a bottle ... you know, you don't want to be, "Oh, she's a bad mom." I think you definitely feel guilty if you don't nurse, especially when you see those formula commercials, [they] even say [talk] about nursing, you know ... "Oh, now we ... now we have DHA [docosahexaenoic acid], just like breast milk." All of the moms would be like, "Oh, time for nursing!" And I'm sitting here ... making a bottle, you know ... all the other moms would stare at me when they would be like, "Oh, the circle of nursing," and I'm the only one making a bottle here and you know, shaking it up. You get those dirty eyes.

For some of the formula-feeding mothers, their bodies had betrayed them. A few mothers' babies had food allergies or negative reactions to their breast milk. Other mothers' bodies could not produce and/or sustain a supply of breast milk. Again, these women reported feeling helpless. Although some noted that their breasts becoming larger was a "bonus" or "perk," (with the pun duly noted in the focus group interview), those who could not breastfeed for physical reasons or economic reasons felt guilty. These women indicated that they felt stigmatized for not breastfeeding—they were considered "bad mothers" for not giving their baby breast milk.

Broader society's ideas about breastfeeding are shaped not only by actual women's bodies but also by the notion of a "cultural body" that reflects which bodies in society are "right" or "wrong." Linda Blum argues that certain women's bodies—such as women of colour, drug users, promiscuous women, and poor women—are believed to be the "wrong" bodies in our society. Breastfeeding works as one factor that reinforces the marginalization of different groups of women, with privileged women being the group who most closely meets the standards of ideal motherhood. With some members of society considering formula "a sin" (Wolf 99), one group of women is subsequently idealized and another blamed (Coltrane and Adams).

As the next section illustrates, "baby-friendly" breastfeeding programs are not necessarily friendly to mothers themselves, es-

pecially those who feed formula to their infants. Current advocacy programs that essentialize women fail to consider the existing social structures, cultural influences, and intersecting identities that shape women's daily lived realities and alienate many women. Breastfeeding advocacy programs must take the complexity of these factors into account in order to better support more women. Based on the guilt invoked—whether intentional or not—we argue that "baby-friendly" practices are harmful to *all* women, regardless of privilege. However, the effects are exacerbated for working-class women, women of colour, and women living in rural areas with limited health care options.

BREASTFEEDING ADVOCACY PROGRAMS: BABY-FRIENDLY OR MOTHER-HOSTILE?

Because of the ideal of compulsory motherhood or "total motherhood" (Wolf 17) and because women have traditionally been defined by their caretaking roles, mothers are expected to always put their children's needs ahead of their own. As Coltrane and Adams note,

Mothers are supposed to be constantly life-giving, self-sacrificing, and forgiving. Not only are they seen as pure and altruistic, but their goodness is so profound that they are often granted a kind of all-powerful mythical status. According to popular ideals ... mothers hold the fates of their children and the future of the entire society in their hands (Coltrane and Adams 151).

When this concept of total motherhood is applied to the difficulties of breastfeeding, expectations for mothers become impossible to fulfill and set women—especially low-income women, single women, and women of colour—up for failure.

Although they also expressed guilt and uncertainties, the breast-milk-feeding mothers were better equipped to live up to the total motherhood ideal than the formula-feeding mothers. The breast-milk-feeding mothers considered themselves "baby friendly." Specifically, the breast-milk-feeding mothers talked extensively

about the benefits of breast milk and about how healthy their babies appeared to them and to others. These women seemed to relish the positive reinforcement from others:

My babies are always so wonderfully fat. People say, "Oh, don't worry. They won't always be like that." I'm like, "I know, but it's so squishy. I love it." It's not a bad thing. It's a good thing; yep it's a good thing. Yeah, it's nice when you bring your baby in to see her doctor, or his doctor, and everyone tells you, "Way to go, mom! You're doing a great job; keep breastfeeding."

The women who fed their babies breast milk acknowledged that it was a great deal of work but explained that it needed to be a priority. They maintained that women would be most successful if they were confident, committed, and comfortable. A breastfeeding mother stated, "I think when you're comfortable with yourself and what you're doing, and you're confident with it, I think everyone just falls right in step, ya' know, falls right in place with you."

These women lack awareness that the ability to breastfeed successfully is closely tied to having a privileged social location or status. Breastfeeding advocacy programs often fail to account for the roles that social location and privilege play, which leads to shortsighted presumptions about breastfeeding in general. As Kimmel notes, "privilege is invisible to those who have it" (8). The breastfeeding mom, confident all women could breastfeed if they put their minds to it, takes for granted her own situation of privilege. As indicated by other women, women face innumerable obstacles when trying to breastfeed—concerning both their physical bodies and intersecting identities—that determine their infant feeding choices.

Many of the mothers who breastfed in our study had a sense of pride in their ability to breastfeed, but those women also came from privileged circumstances. And as advocates for breastfeeding, members of the practitioner focus group echoed these sentiments in their comments and reinforced this ideology—continually referencing "baby-friendly" initiatives. Significantly, they assumed

similar privileged circumstances to enact those initiatives. Although there is no doubt that the pride these women feel in being able to breastfeed is important for them individually, it is necessary to consider the ways in which "the celebration of breastfeeding can also reinforce essentialist tendencies within gender discourse" (Wall 593). The assumption that breastfeeding is the best way to feed your child because it is "natural" is supported by a history of gendered expectations that prescribe what mothers should and should not do. Furthermore, the intensity with which breastfeeding advocacy is focused on the child—and not the mother—reinforces the problematic notion of "total motherhood."

Bearing in mind the dichotomy of "good" breastfeeding mothers and "bad" formula-feeding mothers, if both practitioners and mothers regard the breast-milk-feeding moms to be "baby friendly," then are the women who use formula, thereby, "baby-hostile"? The formula-feeding group talked about the pressure to breastfeed and the guilt that came when they did not. They expressed frustration with both the media and medical practitioners. On top of feeling frustrated, guilty, and pressured, these women felt isolated, alone, dumb, awkward, uncertain, and unsure. Again, whose breasts are they? In the eyes of breastfeeding advocates and the mothers who breastfeed, those nursing breasts are "baby friendly." The breasts of the formula-feeding mothers are not. This dynamic reflects a sense not only of "baby hostility" but also of "mother hostility" towards these formula-feeding mothers.

Practitioners often displayed frustration with these mothers and their apparent lack of commitment:

The mother says, "I'll try (to breastfeed)." It's like they are setting themselves up to fail. It's a big thing, "I'll try." You know, we were talking about it prenatally, "what are your thoughts on breastfeeding?" "I'm going to try it." It's kind of like a halfway sort of commitment. They really need to understand that problems (with breastfeeding) are not reasons to quit or never start. Breastfeeding is like a bump or a hiccup—we'll get over this.

These comments illustrate the essentializing of all mothers and

the propensity to use white, married, and middle-class women's experiences as the measuring stick by which all mothers are judged. This became readily apparent when our evaluation study team sat down to plan for the focus group interview with formula-feeding mothers. We trained our co-researchers—public health nurses, who self-identified as staunch breastfeeding advocates—to facilitate the focus group interviews. Lynn,¹ who had served as the facilitator for both the practitioner and the breast-milk-feeding focus group interviews, confessed that she did not think she could lead the formula-feeding focus group without bias and judgment. We respected her candor, so one of the authors of this chapter facilitated the formula-feeding focus group interview. This inability to talk dispassionately with new mothers simply because of their choices concerning feeding their infants exemplifies our argument that the “baby-friendly” approach centres on the baby to such a severe degree that it becomes an adversarial environment for mothers: it becomes “mother hostile.”

Upon hearing what the formula-feeding mothers—who again were mostly young, unmarried, and working class—had to say, the public health nurses were taken by complete surprise as they sat in the back of the room taking notes. They were particularly struck when some women in the formula-feeding group spoke of the WIC nurses “pushing breastfeeding too much.” As a formula-feeding mother conveyed, “They come off as aggressive ... they make you feel guilty ... like, we're doing something wrong for choosing formula ... you go back and you just want to lie.”

The lack of consideration of individual women's standpoints left the formula-feeding mothers feeling compelled to lie to avoid feeling judged. It is comments such as these that shocked the public health nurses with whom we collaborated. They had absolutely no idea that formula-feeding mothers felt this way—they seemed completely unaware of the negative psychological effects of the discourse and “best-practices” they promoted.

Women are pressured to make decisions by a constellation of social factors, including gender, racialization, class, geographical location, education, and breastfeeding narratives. Yet none of these operates in isolation. We argue that not only do “baby-friendly” practices have a negative psychological effect on formula-feeding

women, but the “baby-friendly” narrative also reinforces a false good mother-bad mother dichotomy. Advocacy programs' routine use of language such as “every drop is gold for your baby” illustrates a primary focus on the baby and the breasts, from which the “gold” came. Furthermore, this focus carries forth the implication that one must breastfeed to be a good mother—and, thus, a good woman.

We once again turn to the question: whose breasts are they? With a breast-centred and baby-friendly approach, are we taking away mothers' autonomy and agency? Are we creating a climate that is “baby friendly” vs. “mother hostile”? When it comes to the medicalization of motherhood and the vast array of scientific advice mothers must sift through and digest, we argue that the benefits of breastfeeding cannot be separated from other social factors that are correlated with health, such as racialization and socio-economic status. Broader society socially constructs gender (and specifically, construct “motherhood” and “womanhood”) in such a way that medical professionals tend to consider an ideal family arrangement as an upper-to-middle-class family with two married (heterosexual) parents who feed their baby breastmilk. As Wolf and others have argued, in this ideal arrangement, the mother takes every precaution to protect her baby, most especially when it comes to infant feeding. Constructed as such, this gendered arrangement is presumed to be the healthier, better, and more “baby-friendly” environment than any other arrangement; in fact, this particular arrangement is used to measure and evaluate all other families. Subsequently, these presumptions for how best to achieve a constructed means of successful mothering leaves most, if not all, women in an impossible position. Many individual women, including the less privileged rural women in our study, find themselves facing a hostile culture rather than one of support.

TAKING OWNERSHIP: INDIVIDUALS EMPOWERED WITH A WOMEN-CENTRED APPROACH

Women need support for the choices that they make. As advocates, we need all people involved to support those choices and

encourage women to be proud of and empowered by the decisions that they make. This will not be possible if advocacy organizations fail to consider mothers' individual cultural, personal, and socio-economic contexts. Prioritizing women's lived experiences and their "everyday knowledge" must be a key component of advocacy campaigns.

It is critical that advocates and practitioners create spaces for infant-feeding practices to be a real choice for women. As one practitioner insisted:

I think that mothers have got to respect the person that has recommended breastfeeding to them, whether they feel that it's forced upon, depending on that person, sometimes people feel like that their husband wants them to (breastfeed), or other people, even we health care providers, we're talking to them and we're saying, we're talking about breastfeeding that this is something you should do but they haven't got ownership of it, then if they ... "well, I'll do it because I have to," "If I have to, I'll try," things like that, have that type of attitude, versus if they've taken ownership of it and they say yes, "yes, I'm going to do this."

That ownership will be possible only when practitioners consider women's individual lived realities. Instead of adding to mothers' guilt and reinforcing existing gender constructs, rather than focusing on the baby and the breast with use of language such as "liquid gold" and "baby friendly," medical and public health practitioners could provide comprehensive support with a "women-centred" approach that is flexible and grounded in women's everyday lives. As a formula-feeding mother conveyed, "Couldn't they discuss benefits of both breastfeeding and formula feeding so you wouldn't feel so bad to call and ask for help when you are struggling with the breastfeeding?"

Women in both feeding groups talked about a desire to make their own decisions, to have "control" of what their baby eats, but *with support*. Taking control and making decisions best for themselves leads to more women feeling empowered. Breastfeeding advocacy programs can be allies in making women feel in control

and having decision-making power. In order to be true advocates for women, breastfeeding advocacy campaigns need to 1) consider women's individual lived experiences; 2) reorient the focus so that it centres on the women rather than on the breast, breast milk, and the baby; and 3) create an environment of support rather than an atmosphere of blame for not breastfeeding. Breastfeeding should be not being equated with being "good mothers." As feminist scholars and as health care advocates, we need to problematize how we have traditionally constructed and continue to maintain identities of "motherhood" and "womanhood." Once we do so, both in theory and in practice, we will be best equipped to support women and their families. And by valuing and grounding their work in individual standpoints, advocacy groups can trouble gender through supporting women's own empowerment. Specifically, health care advocates must bear in mind the specific needs of both the individuals and the communities that they serve, whether urban or rural. And health care initiatives that promote a culture of support and structure their programs as women-centred will help women empower themselves and their families.

Women's experiences of motherhood are fluid and varied by their social and geographical locations. If advocates and health care providers alike were to actively listen to mothers and their individual lived experiences, especially the particular anxieties and internalized guilt expressed by formula-feeding mothers, new insights and innovative approaches for breastfeeding initiatives would be revealed. In the current climate, and within existing programs, mothers are unable to take ownership and make the best decisions for themselves and as a result, are heavily influenced by opinions imposed on them by others. Without means to empower themselves, women cannot control how their breasts are viewed or used.

Empowerment begins and is sustained through support and education. As one practitioner noted, "Everybody that touches families needs to have some education, and that is huge and hard to have the time and the money to do that. But that's our challenge." With this perspective in mind, health practitioners and advocacy programs can effectively support and empower women to take ownership of their bodies, especially their breasts.

NOTE

¹All names were changed to pseudonyms in this chapter.

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10.

Quiet as It's Kept

Black Infant Mortality, Tough Love, and
New Maternalisms in Ayana Mathis's
The Twelve Tribes of Hattie

CARLY CHASIN

“TIGHT-LIPPED SILENCE”:
A HISTORY OF BLACK CHILD LOSS

CHILD LOSS IS AN IMPORTANT trope in the African American literary canon. Whether through separation under slavery or through death, instances of child loss have punctuated the works of past and present African American authors. The way in which child loss has been represented in African American literature has changed over time. In early slave narratives, such as Harriet Jacobs's *Incidents in the Life of a Slave Girl*, mothers often wish for the death of their sick infants or children, as they insist that death was preferable to slavery. Echoes of these sentiments persist in neo-slave narratives, particularly in Toni Morrison's novel *Beloved*, in which a mother brutally murders her infant daughter to prevent her from being returned to slavery.¹ In narratives that represent infant loss outside of slavery, the depictions of infant loss are often more subtle, frequently serving as minor plot points rather than overarching narratives. For example, in Margaret Walker's 1966 novel *Jubilee*, the main character's baby is stillborn, and although the loss affects the mother—"When she got out of bed ten days later she dragged around in tight-lipped silence" (401)—very little attention is given to her experiences with infant loss (401). In many ways, the "tight-lipped silence" used to describe the main character's temperament after losing her baby characterizes the limited attention that the novel and others give to infant mortality. Ayana Mathis's *The Twelve Tribes of Hattie*,

however, breaks this silence, as the entirety of the novel responds to the infant loss that the protagonist, Hattie, experiences.

Set in the period from 1925 to 1980, *The Twelve Tribes of Hattie* tells the story of Hattie Shepherd, a woman who moves from Georgia to Philadelphia with her mother and sisters during the Great Migration, in hopes of making better lives for themselves up North. Instead, Hattie finds disappointment. Her mother dies shortly after the move north, and her sisters, missing the south, return to Georgia. As such, Hattie finds herself married at age of fifteen to a man that she initially loves, but who, after a time, only brings her frustration and regret. However, Hattie's biggest disappointment is losing her firstborn twins to pneumonia when they are seven months old. Their deaths shape Hattie's maternal identity more significantly than the births of her nine subsequent children do; and this disconnect between the way in which motherhood is traditionally theorized—through birth giving and childrearing—and Hattie's lived experiences expose a new maternalism: the close, sometimes overlooked, relationship between mothering and child loss.

The Twelve Tribes of Hattie gives voice to doubly silenced but interrelated issues—black infant loss and black mothers' experiences with infant loss. Although literature and studies on infant mortality are sparse, the majority—especially memoirs, self-help books, and more anecdotal web-based sources—are written by white women about their experiences with child loss. Historically and even today, discussions of black infant loss have been limited to medical and/or sociological journals and texts, and, therefore, are represented in a straightforward, matter-of-fact manner. The relative silence surrounding the ways in which infant loss after the antebellum era affects black mothers precludes a full understanding of the way in which motherhood is studied, practised, and experienced. By depicting infant loss from Hattie's vantage point, or from the perspective of the black mother, *The Twelve Tribes of Hattie* provides a necessary emotional and immediate representation of black infant mortality and the ways in which infant loss affects maternal identity and experiences. In this chapter, I offer a conceptualization of motherhood that understands maternity as extending beyond the relationship that

mothers have with their living children and that recognizes child loss as an experience that informs motherhood rather than negates it. This is particularly important to discussions of African American motherhood because infant loss and black mothers' experiences with infant loss remain under discussed and, often times, misrepresented.

**“THE PERSONAL IS POLITICAL”:
BLACK INFANT MORTALITY**

Mathis's first chapter, “Philadelphia and Jubilee,” opens on an upbeat, exclamatory note: “‘Philadelphia and Jubilee!’ August said when Hattie told him what she wanted to name their twins. ‘You cain’t give them babies no crazy names like that!’” (*The Twelve Tribes* 3). Hattie chooses the names, nevertheless, because she “wanted to give her babies names that weren’t already chiseled on a headstone in the family plots in Georgia, so she gave them names of promise and hope, reaching forward names, not looking back ones” (3). The twins’ names in many ways parallel the move that Hattie makes with her mother and sisters from Georgia to Philadelphia, as both reflect hope, optimism, and a yearning for a better life. This link between the twins and the Great Migration is evident when Philadelphia and Jubilee first get sick, and Hattie is convinced that her twins will survive: “Though they were small and struggling, Philadelphia and Jubilee were already among those luminous souls, already the beginning of a new nation” (11). Hattie’s conflation of the twins and the new nation illustrates a sense of hope, akin to the idealism espoused by the American Dream. However, when the babies become sicker and eventually die because Hattie is unable to afford life-saving antibiotics, it becomes clear that the hope and promise connoted by the twins’ names and the hope and promise of the new nation up North reflect racial and economic privilege, and, thus, were never achievable for Hattie or her children. In the end, both her twins and the North leave her with feelings of disappointment and despair. Hattie’s bleak realization and her loss of hope come through in the somber tone of the end of the first chapter. Similar to the opening lines, the closing lines are about Hattie’s twins; however, with a marked

difference from the novel’s introduction, the first chapter concludes: “Hattie’s children died in the order in which they were born: first Philadelphia, then Jubilee” (16).

Philadelphia’s and Jubilee’s deaths and Hattie’s experiences with infant loss give voice to a prevalent but underrepresented issue—black infant mortality. Black infant mortality is overwhelmingly silenced. There are a limited number of stories and studies about the loss of children under a year of age, and even fewer stories and studies about black infant mortality. The underrepresentation of black infant mortality is disproportionate with the statistical data. Infant mortality has historically been vastly more common, and is still vastly more common, among African Americans than it is among any other racial group. Margaret S. Boone’s study of infant mortality in the United States from 1915 to 1985 illustrates that the black infant mortality rate is nearly double the rate of white infant mortality, and according to Boone, “the gap shows no further signs of narrowing” (17). Boone is, indeed, correct in her extrapolation of her data. A study put out in January 2013 by T.J. Matthews and Marian F. MacDorman shows that from the years 2005 to 2009, the black infant mortality rate was more than twice the white infant mortality rate and nearly double the infant mortality rate of all ethnicities.²

Infant mortality, regardless of ethnicity, tends to be a deeply personal loss, while the relationship between ethnicity and infant mortality merges the personal and political. Boone emphasizes this link when she explains, “Infant mortality rate is one of the best indicators for the quality of life of American minorities because it changes in response to important social, economic, and medical care variables” (17). John W. Scanlon, M.D. enumerates the corollary relationships between infant mortality and social inequity more explicitly in his forward to Boone’s, *Capital Crime: Black Infant Mortality in America*, charging, “Infant mortality is a sociocultural problem, not a medical one. It cannot be solved through simplistic clinical approaches—better nutrition, teenage birth control, improvement of intensive care nurseries. These just won’t work over the long haul” (10).

Hattie’s story, and Philadelphia and Jubilee’s deaths, speak to Scanlon’s argument. Set in 1925, as infant mortality rates began to

decline with the advancement of science and medicine, the twins did not die because their pneumonia was untreatable; they died because Hattie could not afford lifesaving antibiotics. “Penicillin,” Hattie reflects. “That was all that was needed to save her children.”³ Hattie’s inability to afford antibiotics is just one example of the way in which socio-economic inequalities are reflected by disparate infant mortality rates. In addition to highlighting the correlation between social inequalities and medical complications, politicizing infant mortality also exposes overlooked, institutional racism that contributes to the vastly unequal infant mortality rates among different racialized communities. Boone clarifies the connection between infant mortality and social disparities, asserting: “Americans die the way they live. Black, White, male, and female causes of death all reveal social and cultural facts about a population: Who is under the most stress, who is best fed, who has the best medical care and who takes the most chances” (71). The loss of Hattie’s twins reflects these inequalities; in particular, the way in which Hattie’s move to the North leaves her economically and emotionally burdened. In her attempts to cure the twins’ pneumonia, Hattie “paid a woman fifteen cents for what she could have had for free in Georgia” (Mathis, *The Twelve Tribes* 6). Moreover, with her mother’s death and her sisters’ return to Georgia, Hattie has no family nearby and, consequently, has nobody to help her when the twins fall ill. Hattie, who was only seventeen at the time, laments that “she was only a child herself, utterly inadequate to the task she’d been given” (291). Hattie’s experiences reframe cultural narratives of black infant mortality, presenting it not as individual cases of negligence or bad luck but rather as a result of larger systemic inequalities. As such, black infant loss needs to be understood differently from white infant loss because, often times, the socio-economic circumstances surrounding these deaths are different.

MOTHERING AFTER INFANT LOSS

Losing her twins profoundly affects the way in which Hattie mothers her subsequent children. With Philadelphia and Jubilee, Hattie is shown cuddling them and talking to them sweetly: “She called

them precious, she called them light and promise and cloud.... She rocked them. She pressed her cheeks to the tops of their heads” (Mathis, *The Twelve Tribes* 16). However, with her other children, she expresses her love differently—less tenderly, and more pragmatically—rationalizing, “what good would it have done to spend the days hugging and kissing if there hadn’t been anything to put in their bellies?” (290). Mathis further explicates the life-altering effect that the twins’ deaths has on Hattie’s maternal identity in a PBS interview; Mathis states that the loss of the twins makes Hattie “a woman who is not unable to love, but a woman who has a great deal of difficulty with tenderness and with affection. So deeply capable of love; deeply compromised when it comes to affection” (Mathis, “Novelist Ayana Mathis”). This conflict between love and affection comes through in Hattie’s surviving children’s perception of their mother: “Hattie knew her children did not think her a kind woman—perhaps she wasn’t.” (Mathis, *The Twelve Tribes* 290). Her daughter, Cassie, for example, is critical of the lack of affection that her mother showed towards them as children. As an adult, Cassie reflects on how Hattie never laid out clothes for her when she was a child: “There was never enough time to set out clothes for nine children. I wonder if she would have if there hadn’t been so many of us. It requires a kind of tenderness, I think, laying out a little person’s clothes” (271). For Cassie, maternal love is synonymous with tenderness, a quality that she believes her mother lacks: “Mother was never tender. She still isn’t” (271).

Cassie’s conceptualization of motherhood and maternal love, however, is shaped by mainstream, patriarchal master narratives about how mothers ought to love and relate to their children. Adrienne Rich distinguishes between these dominant narratives of institutionalized maternity and a more empowered version of maternity in *Of Woman Born: Motherhood as Experience and Institution*, where she identifies two meanings of motherhood, “one superimposed on the other: the *potential* relationship of any woman to her powers of reproduction—and to children; and the *institution*—which aims at ensuring that the potential—and all women—shall remain under male control” (emphasis in original) (13). Prevailing maternal master narratives, such as the

idealization of all-consuming motherlove that Cassie subscribes to, are examples of motherhood as an institution rather than as an experience. Andrea O'Reilly argues that in addition to being highly offensive to women, the institution of motherhood also invokes racial and economic hierarchies. Tracing the evolution of maternal master narratives from the "full-time, stay-at-home mother" of the industrial period to the post-World War II "happy homemaker" and "apple-pie mode of mothering," O'Reilly explains that "only white, middle-class women could, in fact, experience what was discursively inscribed as natural and universal" (*From Motherhood* 5). In other words, patriarchal maternal master narratives do not reflect the lived experiences of black mothers and lower-class mothers, such as Hattie. Although Hattie's tough love serves as a counter-narrative to the "happy homemaker," "apple pie" master narratives that O'Reilly identifies, Hattie's children are only aware of mainstream maternal discourses and, therefore, do not recognize Hattie's mothering in response to child loss as a non-traditional expression of maternal love: "They didn't understand that all the love she had was taken up with feeding them and clothing them and preparing them to meet the world" (Mathis, *The Twelve Tribes* 290).

In addition to informing the way in which Hattie mothers her subsequent children, the loss of Philadelphia and Jubilee affects Hattie's self-identification and perceptions of her maternal identity. Therese A. Rando explains, "Parents who lose only children are faced with the confusing question: 'Are we still parents?' Those with other children have no difficulty in answering this question, although they may encounter some conflict in deciding how many children they should say they have" (31). These questions surrounding personal and familial identity frequently come across in the way in which parents who have lost children comprehend their own identities, their relationships to their deceased children, and their relationships with their surviving and/or subsequent children. Many parents who have lost children, Rando explains, feel as though they "lose not only the child but also part of their selves and an important part of their future" (69). Such emotions are evident in Hattie's experience with child loss; she feels her twins' suffering and deaths as if they were her own: "She felt their

deaths like a ripping in her body" (Mathis, *The Twelve Tribes* 16). Hattie's corporeal response to the twins' deaths illustrates her deep connection and bond with them—something that T.A. Helmrath and E.M. Steinitz assert is sometimes overlooked with the trivialization of infant and neonate deaths and stillborn babies (Rando 77). Considering the integral role the body plays in the mother-child relationship—and, perhaps, more so in mother-baby relationships—Hattie feeling Philadelphia's and Jubilee's deaths in her own body suggests that relationships between mothers and their babies are both emotional and physical. Moreover, the language used to describe the babies' deaths—"a ripping in [Hattie's] body"—is reminiscent of the language of childbirth. This similar language, or this link between birth and death, suggests that the loss of a child affects maternal identities just as heavily as the birth of a child does. Therefore, both child loss and childbirth ought to be recognized as maternal experiences. By invoking the language of childbirth to describe Hattie's experience with infant loss, the text suggests that the death of one's child, like the birth of one's child, often leads to a redefinition or a rearticulation of a woman's identity. This understanding of child loss, paired with the inclusion of the twins as part of the twelve tribes in the novel's title, implies that the loss of a child does not necessitate the end one's maternal identity.

Hattie reinforces her enduring maternal relationship with her twins through both real and imagined memories of them. As an older woman, who has raised nine children into adulthood, Hattie finds herself remembering her twins and thinking about the lives that they might have gone on to lead: "They fell ill on January 12 and were dead ten days later.... They would be fifty-six now, grayed or graying, thick at the waist and laugh lines around the mouth" (Mathis, *The Twelve Tribes* 292). The images that Hattie conjures up of her children, as graying fifty-six-year-olds speak to what Simon Rubin terms "phantom child phenomenon." Rubin explains, "The term captures something of the permanent presence of the child in the maternal experience" (351). Although Philadelphia and Jubilee remain permanent presences in Hattie's life, they are presences articulated through absence: "Not a day went by that Hattie did not feel their absence in the world, the empty

space where her children's lives should have been" (Mathis, *The Twelve Tribes* 292).

USING THE PAST BUT NOT DROWNING IN IT

Hattie's experiences with infant loss, and the way in which these experiences complicate many of the relationships that Hattie has with her subsequent children, establish a tension between remembering Philadelphia and Jubilee and being consumed by the twins' memory. Hattie illustrates her desire to commemorate Philadelphia and Jubilee through her special regard for their shoes:

Hattie reached up to the highest shelf and pulled down the box where she kept the tiny Mary Janes and the soft leather lace-ups that Philadelphia and Jubilee had worn a few times thirty-one years earlier. Theirs were the only shoes in the house that had never been handed down or reused. Hattie meant to have them bronzed. She cleaned them with saddle soap and a soft cloth that she kept in the box for that purpose. (Mathis, *The Twelve Tribes* 133)

Although Hattie and her husband are clearly struggling for money, the twins' pristine shoes remain a small luxury—or, perhaps more accurately, a necessary memory—that Hattie refuses to forfeit by handing the shoes down to her surviving children. Her intention to have the shoes bronzed suggests a desire for permanence or a need to preserve a small piece of who they were and what they wore.

While the twins are an important piece of Hattie's personal history, and significantly inform her maternal identity, Hattie struggles to remember the twins without letting their memory and their deaths consume her. These emotions are not uncommon among mothers who have lost children, as many mothers experience a tension between wanting to resume some semblance of normalcy and feeling guilty for doing so. Elizabeth Heinman captures this struggle, explaining:

It's supposed to be comforting to know that overwhelming grief will not last forever, that it will fade and you'll feel

normal again, that sadness will become something that remains within measure rather than covering the universe. But it's no comfort. Even when I was in my deepest despair ... I feared the day that despair would lessen because I knew it would feel like betrayal. (295-296)

Although Hattie never overtly links lessened grief to betrayal, as Heinman does, the way in which Hattie describes her living children shows her unwillingness to move past the twins' deaths. For instance, instead of viewing her children as individuals, she views them all as "sick children," which makes them extensions of Philadelphia and Jubilee. Hattie reflects, "Here I am, seventy-one years old, and still no end to sick children" (Mathis, *The Twelve Tribes* 289). She goes on to directly compare her surviving children to Philadelphia and Jubilee when she laments, "And there had been so many babies: crying babies and walking babies, babies to be fed and babies to be changed. Sick babies, burn with fever babies. Hattie's first babies" (299). In viewing her living children as "sick children," Hattie shows her inability to detach herself or her surviving children from what happened to the twins because although she mothers her nine children, Hattie's barometer for measuring her maternal worth and capacities stems from ensuring that her living children do not suffer the same fate as her twins.

This sense of remembering the past without being consumed by it is not only a struggle that mothers who have lost children face but also a prominent trope in African American literature. In *The Fire Next Time*, James Baldwin captures this tension, explaining, "To accept one's past—one's history—is not the same thing as drowning in it; it is learning how to use it" (37). For Hattie, race and motherhood converge when she learns to use her past without being paralyzed by it. After taking her mentally unstable daughter, Cassie, to an asylum, Cassie's daughter (Hattie's granddaughter), Sala, is left in Hattie's care. Sala, who has been sick all day, beckons her grandmother to come outside with her.

"Let's go outside to see the owls," said Sala, half in a dream. Her grandmother reached for the thermometer and shook

it with two swift snaps of the wrist.

"Open up," she said.

"There's owls in the woods, right Grandmom?" Sala asked.

Hattie sighed.

"All I know is you fainted at school and now you're up talking nonsense in the middle of the night. Open up."

"Don't you ever want to go outside at night?"

"I've been outside at night. It's just like the day, only darker."

"Did you see an owl?"

"Sure."

"When?"

"Goodness, Sala, I don't remember."

"Was it pretty?"

"I'm not playing with you, child. Open your mouth."

(Mathis, *The Twelve Tribes* 288-289)

Initially, Hattie's relationship with Sala resembles the pragmatic relationship that she has with her nine children. Hattie's primary concern is giving Sala medicine so that she feels better. Her harsh pragmatism in this scene directly contrasts with the tenderness that she showed the twins—kissing their foreheads, talking softly to them, singing to them—when they fell ill. However, Sala is able to chip away at Hattie's seemingly cold exterior by asking about her mother (Hattie's daughter).

"Where's my mother?" Sala said softly.

Hattie's hand dropped to her lap. She leaned back in her chair.

"She's alright. She's alright where she is."

"Are they nice to her there?"

Hattie didn't answer.

"Are they nice to her?" Sala repeated.

"I think they are. I called around for the best ... I hope so." (Mathis, *The Twelve Tribes* 289)

By the end of this exchange, it is evident that Hattie's concern for her children extends beyond ensuring their physical survival. However, Hattie struggles to express her emotions openly and

candidly. As such, Hattie offers Sala an alternate form of comfort and mothering:

The two of them sat in the dark and quiet together. When Sala began to cry, Hattie didn't hug her or take the girl's hand or rub her shoulder, but she didn't shush her either. After a while, Hattie said, "They're kind of silver with the moon shining down on them. There were a lot of owls in Georgia when I was a girl. One time I saw one with a little rabbit in its mouth." (Mathis, *The Twelve Tribes* 289)

Although Hattie is not affectionate with Sala in the conventional sense, refusing to physically comfort her granddaughter when she cries, the story she shares about the owls back in Georgia reflects a moment of tenderness and the beginning of a reconnection to a past that Hattie had abandoned—her ancestral past. In "Rootedness: The Ancestor as Foundation," Toni Morrison argues that remaining connected to an ancestral and cultural past is vital for African American literary characters, and Andrea O'Reilly echoes Morrison's assertion, maintaining, "If black children are going to survive, they must know the stories, legends, and myths of their ancestors" (*Toni Morrison* 37). Karla Holloway sees this ancestral storytelling as a function of the black mother, stating, "Black women carry the voice of the mother—they are the progenitors, they are the assurance of the line ... Women as carriers of the voice, carry wisdom—mother wit" (37). Reading Hattie's story about the owls in Georgia as a version of black mothering and as substitution for the physical comfort that she did not provide Sala suggests that a connection to one's ancestral history offers the type of reassurance typically associated with a hug, taking someone's hand, patting them on the shoulder, or some similar gesture of physical support.

As such, it is fitting that shortly after Hattie reconnects to her ancestral past, she is able to forge a more affectionate bond with Sala. The novel concludes with Hattie silently reassuring her granddaughter: "She put her arm around Sala and pulled her in close; she patted her back roughly, unaccustomed as she was to tenderness" (Mathis, *The Twelve Tribes* 299). Hattie's display

of affection in the closing scene of the novel illuminates Hattie's maternal development and presents maternity and mothers' relationships with their children as unfixed and changing. Hattie's mothering in this scene is largely responsive—responding, first, to Philadelphia and Jubilee's deaths and, later, to the cold, harsh relationships that she had with her subsequent children. Hattie's moment of rough tenderness with Sala, at the end of the novel, reflects a return to the affection that she had shown the twins but, at the same time, is devoid of the naiveté and blind idealism that characterized her mothering before the twins' deaths. Hattie's display of rough affection towards Sala also speaks to Adrienne Rich's conceptualization of motherhood as an experience and, in this case, reflects a culmination of Hattie's maternal experiences.

“TO SHAPE A SILENCE WHILE BREAKING IT”

Historically, black child loss—and black infant loss, in particular—has been treated as an empty space, and it remains a topic that is underrepresented and under-discussed both in American literature and within our social consciousness. Even among maternal scholars, stories and discussions of infant loss are sparse; prevailing conceptualizations of motherhood focus on a woman's relationship with her living child or children. Narratives about infant loss are rare, and narratives about black infant loss are rarer. *The Twelve Tribes of Hattie* occupies a unique space; it challenges dominant representations of motherhood by suggesting that the death of a child can inform a woman's maternal identity just as significantly as the birth of a child can. And although statistics regarding black infant mortality show that the stories exist, these stories largely go untold. In many ways, Mathis's novel achieves the aim that Toni Morrison set out to accomplish in her first novel, *The Bluest Eye*—“to shape a silence while breaking it” (216). *The Twelve Tribes of Hattie* gives voice to a black mother's experiences with infant loss. Its depiction accounts for the way in which race and class disparities contribute to black infant mortality, and, equally, it lays bare Hattie's emotions, telling a story of pain and anger, struggle and self-doubt, perceived inadequacy, and muted redemption. These emotions are vital to understanding the stories

of black mothers who have lost babies as well as to understanding motherhood, more generally. The nuance and complexity that stories, such as Mathis's novel, add to discussions of motherhood show that they are not stories to be kept quiet.

NOTES

¹Morrison's *Beloved* was informed by both Jacobs' *Incidents in the Life of a Slave Girl* (1861) and by the story of an actual slave mother, Margaret Garner, who, like Morrison's protagonist, murdered her infant daughter.

²Matthews and McDorman released a similar study in 2008, which examined infant mortality statistics from 2000 to 2005 and yielded similar findings.

³It seems worth mentioning that according to B. Lee Ligon's article, “Penicillin: Its Discovery and Early Development,” penicillin was not invented until 1928 and was not used medically in the United States in 1941. For this reading, I employ the distinction that Toni Morrison makes between fact and truth in her essay “The Site of Memory.” According to Morrison, facts reflect what actually happened (the data, statistics, etc.), whereas the truth requires results from human intelligence or stories that get told. Thus, although the mention of antibiotics in *The Twelve Tribes of Hattie* might not be historically factual, the truth of the story—via the social inequalities that it exposes—makes it worth studying.

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11.

Power(ing) Mothers

UMME AL-WAZEDI

*These momma faces, lemon-yellow, plum-purple,
honey-brown, have grimaced and twisted
down a pyramid of years.
She is Sheba and Sojourner,
Harriet and Zora,
Mary Bethune and Angela,
Annie to Zenobia.*

—Maya Angelou¹

THE COMPLEX SITE OF MOTHERHOOD

ADRIENNE RICH WRITES in her *Of Woman Born: Motherhood As Experience and Institution* that "We know more about the air we breathe, the seas we travel, than about the nature and meaning of motherhood" (qtd. in O'Reilly, "Introduction"1). Motherhood and mothering have indeed been homogenized, but recent studies within feminism show that motherhood and mothering may have two different meanings and that there are different kinds of mothering, such as the lone mother or the professional mother. Andrea O'Reilly, in the introduction to her edited book *From Motherhood to Mothering: The Legacy of Adrienne Rich's Of Woman Born*, differentiates between motherhood and mothering, "while motherhood, as an institution, is male-defined site of oppression, women's own experiences of mothering can nonetheless be a source of power" (2). This new "source of power" can establish mothering and caregiving as separate from the identity of

the mother and can rescue motherwork from its peripheral status. The discussion of maternal empowerment, or new maternalism, in feminist scholarship allows feminists to struggle against the most oppressive aspects of biological reductivism and reject essential aspects of maternal experience.

The meaning of motherhood or mothering has not been explored extensively, particularly in South Asian and diasporic literature, because it is considered a natural and normal thing.² Jasjit K. Sangha, through her study of renowned Indian feminists in her chapter “Contextualizing South Asian Motherhood,” discusses the cultural construct of motherhood and the resistance to such construction, and challenges faced by mothers and their empowerment. For most South Asian mothers, their identity is intertwined with the needs of the family, and, thus, they are motivated by a strong sense of duty and obligation to their family.³ As a result, mothering becomes a selfless service. Sangha notes, “This perception that they need to fulfill this culturally constructed role in order to be a ‘good mother’ is heightened further by gendered assumptions and expectations that are held by their immediate family, extended family and the wider South Asian community” (414-415). As a consequence, South Asian women often perform motherhood by neglecting their selfhood. In regards to the agency of South Asian mothers, Sraboni Maitra argues that “agency needs to be understood in its full complexities and ambiguities rather than blindly equating it with outright collective defiance or resistance” (415). Thus, for South Asian mothers, agency can take many forms, but, nonetheless, it has significant meaning for the mother involved.

Through my analysis of Mahasweta Devi’s short story “Breast-Giver”⁴ and Jhumpa Lahiri’s “The Treatment of Bibi Haldar,” I argue that motherhood is a complex site of oppression and liberation for women. In both stories, the reader sees the social construction of motherhood and how motherhood functions within patriarchy. Yet each story deals with motherhood by focusing on multiple issues and experiences related to class and sexuality, and each ends with the assertion that motherhood is at once oppressive and potentially liberating. Both Devi and Lahiri demonstrate, in the words of Andrea O’Reilly, “mothering could be experienced as a site of

empowerment and a location of social change” (“Outlaw(ing) Motherhood” 18).

PATRIARCHAL MOTHERHOOD

Mahasweta Devi’s “Breast-Giver” opens with Jashoda identifying herself in a subject position—“Kangalicharan’s wife from birth” (222)—but this identity lasts for only a moment. The narrator emphatically points out, “Jashoda was a mother by profession, *professional mother*” (222). How does Jashoda become a professional mother, and what happens after her profession ends? When Jashoda’s husband Kangalicharan is crippled after the youngest son of the Haldar house runs over Kangalicharan’s feet with a car, Kangalicharan becomes a lame Brahmin. The landlord Haldar Babu promises to build a shop for Kangali near the temple, and while he is recovering, Haldar Babu sends food to Kangali’s house.

The children and Kangali are spoiled until Haldar Babu dies, and the family is left without food. Jashoda does not blame her husband for the misfortune of the family; rather, with motherly affection she tries to console Kangali. Devi writes, “Jashoda is fully an Indian woman, whose unreasonable, unreasoning, and unintelligent devotion to her husband and love for her children, whose unnatural renunciation and forgiveness have been kept alive in popular consciousness by all Indian women from Sati-Savitri-Sita⁵ through Nirupa Roy and Chand Osmani” (225). Here, Devi criticizes the mythological ideas about mothers in India. The ideal-typical Indian woman is constructed through the popular cultural imagination informed by media and Bollywood films. In the above quote, Devi sarcastically recalls two famous 1950s actresses, Chand Osmani and Nirupa Roy, who portrayed ideal motherhood in Bollywood films. She points out not only the media’s frenzy in portraying idealized motherhood but also how woman such as Jashodha valorize motherhood. Hence, Devi here criticizes the need to uphold the classic Indian virtue of motherhood—selflessness.

Away from the unreal life of the film actresses, Jashoda has to find a job to feed her family after the death of Haldar Babu. Although she decides to get a job as a cook at the Haldar house, she

finds work breastfeeding one of the Haldar grandchildren. Seeing Jashoda with milk, the Mistress requests Jashoda to feed one of the Haldar children. Jashoda complies, and this incident gives the second son of the Haldar house an idea. The daughters-in-law of the Haldar house constantly remain pregnant, as the sons think it is the will of God. However, the second son would like his wife to give birth as well as keep herself beautiful: “He thinks a lot about how to combine multiple pregnancies and beauty” (Devi 227). Upon hearing about Jashoda’s surplus milk from his wife, the second son proposes to his mother that they hire Jashoda as a wet nurse. The Mistress listens to the proposal and then reflects:

Daughter-in-laws [sic] *will* be mothers. When they are mothers, they will suckle their children. Since they will be mothers as long as it’s possible—progressive suckling will ruin their shape. Then if the sons look outside, or harass the maidservants, she won’t have a voice to object. Going out because they can’t get it at home—this is just. (227-228)

She decides to hire Jashoda. In exchange for her milk, Jashoda will receive “daily meals, clothes on feast days, and some monthly pays” (228). Through this contract, Devi criticizes the internalization of patriarchal values perpetrated through the mother. The patriarchal voice is heard through the Mistress of the Haldar house who, instead of chastising her sons, looks for an answer somewhere else—by employing a non-kin relation for child care. Swapna M. Banerjee argues that the story “attests to the presence and importance of wet-nurses in the historical landscape of India” (777). The story shows that women’s labour, domesticity, and motherhood are still being neglected in postcolonial historiography. Banerjee concludes, “The story also brings home ... the underlying themes of cruelty, labour, gender, power, money and emotion that underscore the employer–domestic relationship” (778).

Devi presents the complex nature of internalized patriarchal values by stating that a mother who lactates is blessed by the goddess, and the same mother can also be part of the labour force without her knowing it. Jashoda was considered the chief fruitful woman, which is why she was invited to every wedding, shower, naming,

and sacred-threading ceremony. People praised her sons, and her daughters found good husbands. Jashoda’s position was elevated in the Haldar household both among the masters and mistresses as well as among the servants. The husbands are pleased because their wives’ knees do not knock against each other from the weakness of feeding the babies and from sleep deprivation; they no longer try to find an excuse to say “no” to their husbands’ bodily needs; and “The wives are happy. They can keep their figures. They can wear blouses and bras of ‘European cut’” (Devi 229). And Jashoda’s metamorphosed “Milk-Mother” position in the Haldar house gives her certain powers; she becomes quite vocal, which is something the reader does not see earlier in her story when she passively accepts the position of a subaltern woman. Jashoda constantly suckles the infants and criticizes the young wives, “A woman breeds, so here medicine, there bloodpeshur, here doctor’s visits. Showoffs! Look at me! I’ve become a year-breeder! So is my body failing, or is my milk drying? Makes your skin crawl? I hear they are drying their milk with injishuns [injections]. Never heard of such things!” (229). Her words show us a powerful mother, one who does not consider herself as part of the labour force. For Jashoda, mothering comes naturally. Although Jashoda’s sarcasm is appreciated with a nod by the Mistress of the Haldar house, after the death of the Mistress, the daughters-in-law pay little attention to Jashoda, and she loses her seat as a “Milk-Mother.” Her status is downgraded to a simple older maid in the household; she is now part of the labour force. Previously, other servants washed her plates; now, maids remind her that she is no longer a person who produces milk, and, thus, she needs to wash her own plates.

Jashoda’s status falls from goddess to plain maid, from a professional to a non-professional. Thus, the reader sees the “social devaluation of mother work” (O’Reilly, “Outlaw(ing) Motherhood 17). Through Jashoda’s predicament, Devi contests, challenges, and counters patriarchal motherhood, which is oppressive to women. As O’Reilly contends, “Patriarchal motherhood causes motherwork to be oppressive to women because it necessitates the repression or denial of the mother’s own selfhood.” (“Outlaw(ing) Motherhood” 17). Jashoda never thinks of anything other than rearing children through breastfeeding. And once she cannot

breastfeed anymore, she feels an empty space in herself. Although Devi contests the oppressive nature of patriarchal motherhood, she also stresses that mothering, to some, is natural and “essential to their being,” which O’Reilly calls “intensive mothering” (“Introduction” 5) Jashoda exemplifies the nature of those women who are, as Pamela Courtenay Hall notes, “*naturally* mothers, they are born with a built-in set of capacities, dispositions, and desires to nurture children” (59).

Not by hunger but rather by humiliation, Jashoda comes back to her husband Kangalicharan after she is no longer needed in the Halдар household; she realizes that she has no place there either. When Kangalicharan tells her that she should not worry about what to eat, Jashoda’s whole life flashes before her eyes and she retorts, “Why did I have to worry for so long? You’re bringing it in the temple, aren’t you? You’ve saved everything and eaten the food that sucked my body ... Then you ate my food, now you’ll give me food. Fair’s fair” (Devi 232). Here the reader sees the voice of the powerful mother once again. The reader is struck by the tragedy when Kangalicharan says she does not know her husband but only her master’s house, although both of them had once decided it would be better for Jashoda to work there as a “Milk-Mother.” However, more tragic for Jashoda is not the rejection of her children or her husband but the fact that she cannot suckle a baby anymore. She feels this to be the greatest injustice for her: “Her heart couldn’t abide by the empty room. Whether it suckled or not, it’s hard to sleep without a child at the breast. Motherhood is a great addiction. The addiction does not break even when the milk is dry” (233).

The reader discovers that Jashoda has breast cancer, which was unknown even to her. The elder son of the Halдар house neglects the medical diagnosis and simply buys some ointment for her. When Kangali hears about Jashoda, he comes to visit her, but he is too scared to see her the way that she is. Jashoda, delirious, goes back to her suckling days and wonders what reward she received:

In the night she sent Basini for *Lifebuoy* soap and at dawn
she went to take a bath with the soap. Stink, what a stink!
If the body of a dead cat or dog rots in the garbage can

you get a smell like this. Jashoda had forever scrubbed her breasts carefully with soap and oil, for the master’s sons had put the nipples in their mouth. Why did those breasts betray her at the end? Her skin burns with the sting of soap. Still Jashoda washed herself with soap. (Devi 236)

At some point, Jashoda is finally hospitalized and, ultimately, she dies; the narrator tells the reader that the ironic message in the morgue is “Jashoda Devi, Hindu female, lay in the hospital morgue in the usual way, went to the burning ghat in a van, and was burnt. She was cremated by an untouchable” (240). Thus, one sees the fall of the Brahmin “Milk-Mother.”

While translating the story, Gayatri Spivak discusses and analyzes it through several kinds of lenses, including Marxist feminism. The moment Jashoda decides to use her surplus milk to help the Halдар family, her action aligns with Marxist-feminist labour theory. The moment Jashoda sells her labour power, according to Spivak, can be called “the moment of the emergence of the value and its immediate extraction and appropriation” (248). Spivak describes the exchange value in the following way:

The milk that is produced in one’s own body for one’s own children is a use value. When there is a superfluity of use values, exchange values arise. That which cannot be used is exchanged. As soon as the exchange value of Jashoda’s milk emerges, it is appropriated. Good food and constant sexual servicing are provided so that she can be kept in prime condition for optimum lactation. The milk that she produces for her children is presumably through ‘necessary labour.’ The milk that she produces for the children of her master’s family is through ‘surplus labour.’ (248)

Thus, Jashoda’s domestic work (in her own family) as a mother turns into another type of domestic work (in her master’s family). She is not only a free-wage labourer at her own home but a paid worker in her master’s home; that’s her work. That is why once she is unable to produce any milk, she returns to being the unimportant domestic worker: “Basini’s crowd used to wash her feet

and drink the water. Now Basini said easily, ‘You’ll wash your own dishes. Are you my master that I will wash your dishes? You are the master’s servant as much as I am’” (qtd. in Spivak 234). Jashoda understands that no one will listen to her anymore. Even though Jashoda’s family was given food, she cannot reap the benefit of it. In this way, her labour is minimized. Now her dependency and isolation on and from the Halдар family separate her position from Kangalicharan, who benefited from the production (Miles 43); he received money and food from Jashodha’s labour. Jashoda’s fall from grace after everybody realizes that she has cancer brings me to a similar conclusion that Trinh T. Minh-ha arrived at in another context: “Mothering is exalted only so long as a women [either] conscientiously conform to their role as guardian of status quo and protectors of the established order” (Minh-ha 30).

OUTLAW MOTHERHOOD AND FEMINIST MOTHERING

The story “The Treatment of Bibi Halдар,” which is the final story in Jhumpa Lahiri’s short story collection *The Interpreter of Maladies*, moves the discussion from domestic mothering to lone mothering.. Lahiri presents this story as a site of empowerment for mothers and a location of social change about who should or can be a mother. Thus, through the experience of mothering that Lahiri offers, to use Adrienne Rich’s words, women become “outlaws from the institution of motherhood” (qtd. in O’Reilly, “Outlaw(ing) Motherhood” 18). Bibi Halдар gives birth to a child and chooses to parent in a way that challenges the status quo.

Bibi Halдар has a certain “ailment” that her relatives and neighbours are unable to fathom. The treatment for this woman is elaborate:

In effort to cure her, concerned members of our town brought her holy water from seven holy rivers. When we heard her screams and throes in the night, when her wrists were bound with ropes and stinging poultices pressed upon her, we named her in our prayers. Wise men had massaged eucalyptus balm into her temples, steamed her face with herbal infusions. At the suggestion of a blind Christian

she was once taken by train to kiss the tombs of saints and martyrs. Amulets warding against the evil eye girded her arms and neck. Auspicious stones adorned her fingers. (Lahiri 158)

The speaker here is not Bibi herself but a group of women, the storytellers. Their voices work as a chorus, and through them, the reader learns Bibi’s ailment has confined her in the house of a close relative. Bibi becomes unconscious at times and cannot be anywhere without supervision. Her activities consist of sitting in the storage room or on the roof of her cousin’s house. However, she is smart enough to record inventory for the cosmetics shop that her cousin Halдар owns. Bibi does not receive any pay for this work, but she is given meals and cloths every year during a holiday. How Bibi presents herself every morning in the storage room is noteworthy: “wearing cracked plastic slippers and a housecoat whose hem stopped some inches below the knee, a length we had not worn since we were fifteen” (160). However, Bibi also has a very loud voice in which she often asks about the meaning of her future. That she longs for things normal for a woman of her age is evident in her questions: “Is it wrong to envy you, all brides and mothers, busy with lives and cares? Wrong to want to shade my eyes, scent my hair? To raise a child and teach him sweet from sour, good from bad?” (161).

Bibi wants to get married and have a normal life; she wants to find a man. Her desire for a man is further encouraged by the physician who checks her: he comes to the conclusion that “a marriage would cure her” (161). The storytellers continue, “‘They say it’s the only hope. A case of overexcitement. They say’—and here we paused, blushing—‘relations will calm her blood’” (162). However, Bibi is very excited and begins preparing for the marriage. The cousin, on the other hand, does not pay attention to the news. However, when Bibi starts telling stories about the household, the cousin has to place an ad in the newspaper for a husband for Bibi. Nobody wants to marry Bibi because of her situation and because “The girl knows nothing about anything. Speaks backward, is practically thirty, can’t light a coal stove, can’t boil rice, can’t tell the difference between fennel and a cumin seed. Imagine her attempt to feed a

man” (163). The storytellers say Bibi has never been taught to be a woman, so they decide to her her become a woman:

We began to coach her in wifely ways. “Frowning like a rice pot will get you nowhere. Men require that you caress them with expression.” As practice for the event of encountering a possible suitor, we urged her to engage in small conversations with nearby men. When the water bearer arrived, at the end of his rounds, to fill Bibi’s urn in the storage room, we instructed her to say, “How do you do?” When the coal supplier unloaded his baskets on the roof, we advised her to smile and make a comment about the weather. (165)

This is how the women in Bibi’s community try to help her become a woman. While they prepare her for a possible interview, Bibi waits for a man to propose to her but all in vain. Meanwhile, Halдар’s wife becomes pregnant and feels Bibi’s ailment could be contagious. In the beginning, the Haldars isolated her—giving her separate soap and washing her plates separately. After the birth of Halдар’s daughter, Bibi is isolated even more and is not allowed to touch the child. And then one day, they abandon her and leave some money behind.

The community women help her set up the Halдар’s store. However, to their surprise, they realize Bibi is pregnant. They anticipate this could be a sexual assault, but Bibi reveals no names. The women of the community help her deliver a baby boy and teach her how to care for the baby. After giving birth, Bibi regains her health, and with the money, she cleans up the space that she lives in. She then sells Halдар’s leftover inventory at half price and goes back to the wholesale market to buy more things to sell. The women of the community explain, “In this manner she raised the boy and ran a business in the storage room” (Lahiri 172). However, what is most interesting is that “She was, to the best of our knowledge, cured” (172). Can the reader draw a conclusion here that although over-mothering caused the death of Jashoda, “first-time mothering” was the cure for Bibi Halдар? Critics take two stands on the ultimate condition of Bibi Halдар. Brewster E. Fitz

is critical of the resolution of the cure of epilepsy, which he thinks Bibi has prescribed in the story. He contends, “The cure appears to have been effected by copulation, pregnancy, childbirth and single motherhood, none of which is considered a viable treatment for epilepsy by neurologists” (119). He wonders, when Lahiri comments “‘to the best of our knowledge,’ whom she means by the ‘our’—the first person plural narrative voice or Lahiri’s western authorial point of view?” (119). Fitz finds this inability to locate a voice problematic and concludes that “The malady from which she was cured is the malady of interpreters” (127). In essence, then, Bibi overturns the collective women’s vision that a woman can be normal only when she is married and has a husband, which is why they attempt to teach her to be a woman. Bibi proves them wrong by having a child outside of wedlock.

Lahiri, on the other hand, wants to give us another version against the traditional collective women’s voice—an untraditional interpretation of Bibi Halдар’s sexuality. Alireza Farahbakhsh and Shabnan Bozorgi in their article “The Cixousian Woman in Jhumpa Lahiri’s ‘The Treatment of Bibi Halдар’” argue along this line. They contend that Bibi is not the “angel in the house” as the collective women try to make her to be; rather she is a Cixousian woman. According to Farahbakhsh and Bozorgi the central argument of Cixousian feminism, or feminism in general, is that “subjectivity, the conscious, willful construction of subjectivity, and deliberate identity-formation are prerequisites of ‘womanhood’” (119). Hélène Cixous argues that women should be involved in a new experience of womanhood (50). Farahbakhsh and Bozorgi point to Cixous’s particular argument: “And woman? Woman, for me, is she who kills no one on herself, she who gives (herself) her own lives; woman is always in a certain way ‘mother’ for herself and for the Other” (qtd. in Farahbakhsh and Bozorgi 121). Cixous thinks a woman should write herself out of conventional thinking, which is what Lahiri is doing here. Through her writing of the story of Bibi Halдар, she is helping Bibi “liberate the feminine in human selves” and to “battle against the thought which keeps” her in oppression (Farahbakhsh and Bozorgi 121). Through illegitimate pregnancy, Bibi resists patriarchy represented by Halдар as well as the women in her community that only a normal woman can be

married and that only a normal woman can give birth to a child. The attacks of her ailment disappear when she gives birth to a child. Farahbakhsh and Bozorgi conclude that through Bibi's willing pregnancy, she attains a new subjectivity. She experiences the role of a mother differently as "She gives herself up to the Cixousian vital feminine force and wins her idiosyncratic identity to face a new self with consciously constructed subjectivity" (Farahbakhsh and Bozorgi 130).

I add to the argument of Farahbakhsh and Bozorgi by illustrating that the collective voices of the women reassert private patriarchy and raise concerns about lone mothers that amount to a moral panic (Harding 140). The image of the lone mother is a dangerous one in South Asian countries, particularly those women who have children outside of wedlock. It cannot be ruled out that Bibi has been raped, but who would believe her since people identified her early in the story as a woman who is not "normal." However, Lahiri deconstructs the role of lone motherhood by letting the collective voices support Bibi. These women help her with the shop and teach her how to take care of her son. Yet these women are responsible for patrolling the boundaries of motherhood. Earlier in the story, Lahiri writes about Bibi's yearning for a married life with children, "To raise a child and teach him sweet from sour, good from bad?" (Lahiri 160) and later through the collective voice of the women, "as we walked our children to school, picked up our cleaning, stood in lines of the ration shop" (162). Through Bibi's words the reader sees the homogenizing of motherhood "made feasible by the institutionalization of certain standards as well as the introduction of more centralized strategies of imposition" (Smart 46). Lahiri, thus, contests the gender essentialism that persists in this particular community that she portrays. She presents a woman who is not a wife in a family in which the father is the provider.

RESISTANCE AND RESILIENCE

Despite being rooted in the patriarchal institution of motherhood that places excessive demands, expectations, and responsibility on mothers, Jashoda and Bibi are able to restore their sense of self. Although Jashoda presents the ideal oppressive mother be-

fore the reader, she continues to have agency. Through her, Devi reconstructs what natural motherhood looks like. Returning to the notion of intense mothering, Jashoda's love and instinct for mothering are beyond any material gain. In her last days, Jashoda does not focus on her decaying, pained breasts but rather on how empty the breasts feel. Bibi, equally, also retains her agency. She resists patriarchal motherhood by being pregnant out of wedlock. Bibi is a lone mother, and she is seen as the "Other" mother in the hegemonic idealization of the maternal subject created by the community women. Bibi's presence validates the fact that disabled mothers do exist, and they challenge the idea that they are not "good enough" mothers. Bibi's story can be read as a commentary on the constructedness of the Indian notion of femininity and motherhood and its possible burden on the life of the disabled woman. Thus, Lahiri uses Bibi's story as a location of social change and challenges the perception that disabled women cannot be productive mothers within a South Asian context. Therefore, the two stories represent themselves as feminist counter-narratives of motherhood that are "concerned with imagining and implementing a view of mothering that is *empowering* to women" (O'Reilly, "Introduction" 10). My research here emphasizes that we need to broaden our understanding of the diverse experience of motherhood and that motherhood is a potential site of power in which mothers have "agency, authority, authenticity and autonomy" (O'Reilly, "Outlaw(ing) Motherhood" 20). In ending, the perspective I put forward helps to emphasize maternal power and give agency to women and value to motherwork.

NOTES

¹Maya Angelou, "Our Grandmothers" in *Rise up Singing: Black Women Writers on Motherhood*, ed. Cecelie S. Berry (New York: Doubleday, 2004), 20.

²I would like to acknowledge here the work done by Jasjit K. Sangha and Tahira Gonsalves in their *South Asian Mothering: Negotiating Culture, Family and Selfhood*.

³I am using the term "South Asia" broadly here to refer to Bangladesh, India, Pakistan, Nepal, Sri Lanka, and Bhutan as a single

geographic area. My intent is not to collapse individual countries and communities into one false homogenized area. Rather, I find the term "South Asia" useful in an American context to begin to understand identity work.

⁴Translated by Gayatri Spivak in *In Other Worlds: Essays in Cultural Politics*.

⁵For a detailed discussion about the complex role of interrelatedness of the divine and human mothering in India, see Tamara Ditrich.

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12.

When Chickens Come Home to Signify in Our Mothers' Gardens

Alice Walker's *The Chicken Chronicles* and
Rebecca Walker's *Baby Love*

MARY THOMPSON

ONE CHILD OF ONE'S OWN

REBECCA WALKER'S *BABY LOVE: Choosing Motherhood after a Lifetime of Ambivalence*, an example of the "mommy memoir," encompasses reflections on mothers, motherhood, and mothering, and includes some searing remarks against her own mother. Not long after reading *Baby Love*, I encountered Alice Walker's *The Chicken Chronicles: Sitting with the Angels Who Have Returned with My Memories: Glorious, Rufus, Gertrude Stein, Splendor, Hortensia, Agnes of God, the Gladyses, & Babe*. Admittedly, I read Alice Walker's subsequent work with an eye to how she might respond to her daughter's comments. (The two are notoriously estranged). Although *The Chicken Chronicles* contains no direct reference to Rebecca, I could not help but notice that the form of the text adopts the generic structure of the mommy memoir. Furthermore, this adoption allows *The Chicken Chronicles* to comment on and satirize the genre's ideological conventions. In fact, I argue that *The Chicken Chronicles* is signifying on Rebecca Walker's chosen genre.

This essay explores the mommy memoir first by considering existing scholarship that critiques the genre's indebtedness to bio-essentialized ideas of mothering and mothers, using *Baby Love* as an example. I then turn to *The Chicken Chronicles* to consider how Alice Walker challenges and revises definitions of mothers and mothering. This essay argues that *The Chicken Chronicle's* appropriation of the mommy memoir form exposes the genre's

limitations from a feminist perspective that resists neoliberalism. My project adds to the ongoing feminist conversations gauging the merits of the mommy memoir genre as well as to conversations in the tradition of Adrienne Rich's critique of motherhood as a social institution.

CONVENTIONS AND CRITIQUES OF THE MOMMY MEMOIR

The mommy memoir is a relatively new genre of life writing that emerged in the 1990s. These autobiographies typically narrate aspects of motherhood, including conceiving, pregnancy, childbirth, parenting, and maternal ambivalence. Origins of the genre have been credited to Anne Lamott's *Operating Instructions: A Journal of My Son's First Year* and Anne Roiphe's *Fruitful: A Real Mother in a Modern World*. As the title of Lamott's text suggests, the characteristic form of the mommy memoir is the journal, diary, or chronicle, which is often addressed to the author's soon-to-be or newborn child narratee. Several mommy memoir authors began by writing "mommy blogs," an online form that lends itself to interrupted writing and reading and that has fostered a community of like-minded readers who resist mainstream media depictions of motherhood (Hammond). Many of these authors compiled and published their posts using the diary form, thereby creating the mommy memoir genre. The texts are popularly enjoyed by an audience of mostly women and mothers, and the genre now commands its own section in some bookstores and generates hundreds of hits on *Amazon.com*.

The genre arose during the decade that saw a redefinition of motherhood and an intensified surveillance of mothers. In *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined All Women*, media scholars Susan Douglas and Meredith Michaels explain that the 1990s saw a conservative backlash against feminist gains from the previous two decades and a redefinition of femininity and motherhood to re-contain women's social advancements. Their work exposes how media fascination with celebrity pregnancies, mothers who murder their children, child abductions, and the "mommy wars" allegedly waged between stay-at-home and working mothers,

focused cultural attention on definitions of “good” women and mothers. According to Douglas and Michaels, this fascination helped to disseminate “intensive mothering” ideology, a belief that normalizes women’s primacy in parenting (over fathers), defines the primacy of the child in their lives, and calls for their self-sacrifice to the needs of the child. Douglas and Michaels name this “new momism,” a new discursive deployment dedicated to re-containing women within patriarchal definitions of motherhood while celebrating the choices that women are seemingly “free” to make. From this cultural context, the mommy memoir emerged as a vehicle for deploying this new discourse of motherhood and identifying new “good” and “bad” maternal subjects. However, the genre also has created a space for subverting and resisting those cultural identities.

The popular success of this form has not gone unnoticed by feminist critics. In particular, the emerging academic-activist field of motherhood studies has turned a critical eye to the mommy memoir. As an interdisciplinary field, motherhood studies combines theories and methods of sociology, psychology, gender studies, legal studies, and literary studies. Its body of scholarship spans the past three decades, including the writings of such diverse theorists as Adrienne Rich, Sara Ruddick, Patricia Hill-Collins, and Nancy Chodorow. Motherhood studies seeks to understand (as Rich originally proposed) the constraints of *motherhood* as a patriarchal institution and *mothering* as a potentially empowering lived practice engaged in by women. This framework for inquiry is particularly well suited for parsing the potential and limitations of the mommy memoir.

Some feminist critics have celebrated how mommy memoir authors subvert normative motherhood and/or the “intensive mothering” ideology by telling stories of “bad” mothering, alternative family structures, or maternal ambivalence (Frye). Other critics favourably observe the genre’s power to connect women in their resistance to mothering norms, thus combating feelings of isolation and persecution (Dymond and Willey). However, other feminists see a disquieting conservative agenda informing the genre. In these texts, mothers surrender their careers to raise children—whereas fathers are not forced to make similar sacrifices—and women’s

embodiment and mothering are used to renaturalize socially constructed gender differences.

Ivana Brown analyzes the tendency in mommy memoir towards bio-essentialized ideas of gender and motherhood. Brown surveys several examples of the genre from 2000 to 2004 and contends that they reinscribe gender inequality through an unchallenged depiction of naturalized gender dualism (the belief that men and women are biologically more different than alike), an emphasis on the maternal body, and a celebration of the natural mother myth (the notion that women instinctually mother). Andrea O’Reilly has extended Brown’s observations to claim that the genre’s turn to bio-essentialized motherhood arises from its ideological reliance on intensive mothering. O’Reilly argues that “as this new ideology made possible a public voice on motherhood, it simultaneously limited what that voice could say about motherhood” (205). Despite the seeming freedom mommy memoir writers have to critique motherhood as an institution, the texts fail to challenge the gender assumptions that underpin it. As O’Reilly further argues, “this discourse [intensive mothering] ultimately re-inscribes, or more accurately naturalizes and normalizes, the very patriarchal conditions of motherhood that feminists, including the motherhood memoir writers themselves, seek to dismantle” (205). She concludes that the genre only succeeds in critiquing social norms rather than in advancing any meaningful change.

To these criticisms, I would add that mommy memoirs and new momism are wedded to the consumerism and racial politics of neoliberalism. In these texts, consumerism is presented as the welcome, natural consequence of childbearing; however, the rate and volume of this consumer activity merit scrutiny. As Douglas and Michaels observe,

A key tenet of the new momism—that it was crucial to invest in as many goods and services for your child as possible—was very, very profitable. The spread of cable TV, which brought distant UHF stations and kid-specific channels like Nickelodeon, Disney, The Cartoon Network, Fox Family, and MTV into the home, made targeting mothers and kids much easier, and more incessant. The ever-ballooning

standards of good motherhood were inflated even further by the simultaneous exhortations to buy more, buy better, buy sooner. (Douglas and Michaels 269)

Rebecca Walker's *Baby Love*, for example, provides a characteristic but truly tiresome account of her various prenatal consumer activities, including: contemplating fertility treatments; visits to manicurists, massage therapists, homeopaths, and osteopaths; shopping and dining; interviews with doulas and midwives between visits to her obstetrician; consultations with a home improvement contractor; organized spiritual retreats and meetings with spiritual teachers and a Tibetan doctor; anxiety over the cost of boarding schools; a baby shower; and the selection of the hospital. Similarly, the absence of mommy memoirs by women of colour—Walker's work is a rare exception—reflects how the genre serves to advance the neoliberal racial ideology informing new momism. As Philyaw and Willey both note in their works, there is a relative dearth of mommy memoirs by black women. By considering the racial make-up of the authors and audiences for these texts, these critics reveal that the mommy memoir genre recognizes some women (white, middle class) as legitimate mothers with experience and authority to write about motherhood, but the experiences and authority of women of colour remain muted. In the same way that mommy memoirs critique but ultimately fail to challenge gender inequality, the genre fails to challenge class politics as well as race-based and consumer-based definitions of “good mothers.”

BABY LOVE AS MOMMY MEMOIR

As I have mentioned, Rebecca Walker's 2007 mommy memoir, *Baby Love: Choosing Motherhood after a Lifetime of Ambivalence*, is representative of the genre. Walker, who gained critical recognition for her first memoir, *Black, White, and Jewish: Autobiography of a Shifting Self*, is the daughter of Pulitzer Prize winning feminist icon Alice Walker, author of *The Color Purple* and *In Search of Our Mothers' Gardens*. One of the founders of the Third Wave Foundation, an organization that encourages feminist projects and community development, Rebecca Walker has become a feminist

icon herself. Her edited collection *To Be Real: Telling the Truth and Changing the Face of Feminism* ushered in a new cohort of feminists who were critical of the movement. Walker's stance toward feminist movement (shared by other self-identified Third Wave feminists) has created controversy (Henry). The reliance on the generation-wave metaphor and construction of so-called second wave feminists as dogmatic and prescriptive appears to some critics to contain elements of anti-feminist backlash. In this essay, I add to this discussion by arguing that *Baby Love* is as indebted to neoliberalism as it is to feminism. The bio-essentialism of this text is hard to square with feminist theories of motherhood.

Baby Love includes excerpts from Rebecca's daily journal that describe receiving the news that she is pregnant, the months of gestation, giving birth, and, finally, the first few weeks of childrearing. The journal entries are grouped into chapters introduced by meditations on ambivalence, her mother's generation of feminism, abortion, old lovers, baby lust, meeting her partner, how having a baby changed her life, and feelings for adoptive versus biological children. *Baby Love*, like other forms of women's life-writing (Hopson; Malin; Yu), interweaves Rebecca's story with her mother's to understand the influence of gender and feminism on identity. *Baby Love* argues that women of Rebecca Walker's generation have been misled by their feminist mothers, who instructed them to de-prioritize children below education and careers, to distrust men and the patriarchal medical establishment, and to embrace social construction theory. Instead, it suggests, young women should re-prioritize childbearing, rethink their skepticism of men and medical providers, never stop shopping, and embrace bio-mythologized ideas of maternal desire and instinct.

These themes are advanced in *Baby Love* by a subtext of binary concepts that the text implicitly promises to deconstruct. For example, the text's subtitle, “ambivalence,” arises from the two maternal role models in Rebecca's life: her biological African American feminist mother, who did not allow motherhood to subsume her education, career, and art; and her educated, middle-class Jewish stepmother, who prioritized the task of mothering. By contrasting these maternal figures, *Baby Love* constructs too neat a binary (working, feminist mother versus stay-at-home mother), which

becomes the problem that the text proposes to resolve. It does this by presenting how Rebecca was initially loyal to her mother's "anti-child" ideology and how that ideology ultimately failed her:

I instinctively felt I must be loyal to my mother's version. This meant maintaining my autonomy at all costs. To stop working and raise children, to be weighed down with tots like so many anvils around my neck, none of these were acceptable. They smelled of betrayal and a lack of appreciation for the progress made on behalf of women's liberation. Worse, they suggested a kind of ignorance about the truth of the gendered world, which was that unless women refuse, their children would enslave them. Which was that the myth of blissful motherhood was just that, a myth, and the reality was much more banal. (*Baby Love* 45)

This passage is remarkable for how it constructs feminism as a dogmatic, programmatic ideology and for how children (rather than patriarchal norms) are cast as the threat to women. By contrast, her stepmother, not "especially well known or respected in her field ... brought maternal enthusiasm and predictability" (45) into Rebecca's life and "could be counted on to keep the refrigerator stocked with low-fat but tasty food, and to bring at least one camera to all events at which any of her children were to be featured" (46).

According to the text, danger arises from feminism's dogmatic adherence and enforced loyalty to social construction theory. This depiction sets up another binary that *Baby Love* promises to deconstruct for its readers. Feminists are loyal to this theory, *Baby Love* suggests, with the same kind of zeal and blindness attributed stereotypically to some religious practices. It requires women to suppress their biological desires and needs. This theory arose, the text contends, from the political need to refute beliefs that women were biologically unfit for work other than reproductive labour:

In response to this disempowering narrative [that women are biologically unsuited for positions of power] women said no, we aren't inherently anything at all. Shaped by

culture and not biology, we can be anything we want to be. Tactically, this was a smart move. By maintaining that women are inherently the same as men, and so deserving of equal treatment, we gained some access to what had been previously denied. The problem is that men don't get "special treatment" when they have babies, so why should women? Which leaves infants in the arms of hired caregivers instead of their mothers. This strategy has also left women somewhat ambivalent about maternal desire. Is it a biological yearning that should be denied in the name of sameness and women's empowerment? The whole polemic puts women in the ridiculous position of wondering whether wanting a baby is proof that women actually *are* the weaker sex. (64-65)

In this construction, feminism saves women from one myth only to create its own falsehood; rather than attributing women's inequality to their difference from men, women's equality is predicated on their similarity to men. Luckily, *Baby Love* once again proposes to deconstruct this binary for its readers. Walker proposes, "[b]ut what if we are fundamentally different? Before I got pregnant I would have vehemently rejected this idea. Now I'm not so sure. Now I might try a different tactical approach: Do men and women have to be the same to be treated equally?" (65).

Here *Baby Love* proposes a deconstructive alternative: women's difference from men *and* their equality. In a troubling turn, however, *Baby Love* reinforces women's differences from men not in the social significance attributed to biological difference but rather *in the biological differences themselves*. Like the mommy memoirs analyzed by Brown, Walker's text adopts the discourse of biological desires and urges that are mystified and reified through recourse to animal imagery. Maternal desire remains unquestioned in the memoir, which gives way to bio-mythologized behaviours: "maternal instinct" (2); "the urge to procreate" (38); "urge to nest" (22); "the animal aspect of it" (24); "animal qualities of the species" (135); "instinct" (136); and "fear of predators" (142). Walker's "discovery" of her biological urges leads her to pity other women who forego childbearing:

Am I turning into a baby supremacist? One of those people who thinks a woman without a baby is like a fish without an ocean? Who thinks a woman without a baby may be stuck developmentally just shy of true adulthood forever? As June talked about her new office and staff, I thought about how much she's missing and how appalling it is that I can't tell her because the whole thing is so unbelievably primal and indescribable. (68)

"Primal" and "fish in the ocean" reify motherhood, suggesting that feminism encourages women to be unnatural and resist biology.

Bio-essentialism is also seen in the text's celebration of "natural" maternal love, including Rebecca Walker's belief that mothers care more for their own biological offspring than for adopted children. In one of the text's most criticized moments, Walker reflects on how her feelings for the son she adopted (while in a relationship with Me'Shell Ndegeocello) pale in comparison to the feelings she has for her biological unborn child: "It's not the same. I don't care how close you are to your adopted son or beloved stepdaughter, the love you have for your nonbiological child isn't the same as the love you have for your own flesh and blood. It's different" (69). *Baby Love* contrasts these alleged "natural" feelings of love with Rebecca's feminist mother's seeming "unnatural" feelings: "When I was in my twenties, my mother told me that she had to decide to love me, that she could have gone either way and she *chose* to love me. At the time, her words seemed strange, but I had no reference point so I just nodded and felt grateful that she's made the choice that didn't leave me motherless" (187).

Rebecca's "discovery" of her biological urges leads her to pronatalist proselytizing: "I told [an audience member] what I now tell lots of young women who look at men with the huge question mark on their face that I used to have: Being pregnant is the best. I highly recommend it" (137). *Baby Love* argues not only that women are completed by children and that children have primacy in women's lives but also that, as the passage in the paragraph above suggests, in responding to this biological "urge," women learn how motherhood offers women an identity and status: Rebecca scornfully declares, "until you become a mother, you're a

daughter" (47). (Notably, Alice Walker's *In Search of Our Mothers' Gardens* referred to this belief as "woman's folly" [364].) Not only does *Baby Love* recommend childbearing for women, it also prescribes the primacy of this biological child in a woman's life: midway through the text, Walker concludes that "motherhood is apologizing" and goes on to repeat this sentiment numerous times (155, 156, 190, 204). The primacy of the first and foremost *biological* child in a mother's life is reinforced by Walker's shocked indignation when her own mother (Alice, who refuses to apologize for anything) essentially resigns in a letter: "[s]he writes that she has been my mother for thirty years and is no longer interested in the job. Instead of signing 'your mother' at the end of the letter, she signs her first name" (155). Without knowing the exact contents of this letter, the contrast in worldviews is striking: Rebecca embraces motherhood as a natural calling, whereas her mother recognizes the role as reproductive labour.

Ultimately, however, *Baby Love*'s promise to deconstruct binaries (childfree versus children; feminist social construction versus biology) fails because these binaries are false: feminism has never been anti-children. Feminist theory of motherhood has sought to reveal how the enforcement of a normative institution that serves patriarchal interests has been damaging to both women and children. More simply put, for feminists the "enemy" is not children (or men, for that matter). Rather, the problem is a socially constructed maternal norm and set of disciplinary practices engaged in by men and women that reinforce gender inequality. Additionally, the biology that Rebecca Walker endorses so heartily is ripe for interrogation. Social construction theory does not argue that women are the same as men. Instead, it reveals how relatively small biological differences are given social meaning and significance. Social construction theory illuminates the subtle, sometimes contradictory prohibitions and reinforcements that social actors encounter and respond to while fashioning social selves. Through a misrepresentation of this theory, bio-essentialism in *Baby Love* remains un-interrogated for its largely class-based and sexist definitions of mothering, mothers, and motherhood.

Walker's ability to resolve her "ambivalence" over childbearing reflects an unacknowledged enjoyment of her heteronormative,

middle-class privilege more than the irrepressibility of “biological urges.” The social approbation that fuels Rebecca Walker’s neo-liberal, middle-class embrace of pronatalism and attendant consumer activity is hardly surprising. She casts her financial situation negatively in comparison to her successful mother’s finances, but this comparison belies her own education, economic stability, and consumerism. Her complaint against her mother—“when she was pregnant with me, my father had already bought their house and was supporting her utterly and completely, an option never presented to me, as a baby feminist, as feasible” (39)—fails to reflect the condition of Rebecca’s current life. She is not only educated but employed, travelling across the United States for her work as a writer and speaker; she is supported by her partner, and (at that time) her father and mother, shuttling between her apartment in Berkeley and “this tiny place my mother lets me use” (10) in Mendocino. It seems inappropriate for Walker to urge women who, unlike herself, have not completed their educations, established their careers, and achieved stability to embrace their “biological urge” to procreate.

Examples of neoliberal class-privilege blindness, which are characteristic of many mommy memoirs, are visible throughout the text as Rebecca Walker continues her salon visits, travelling, home improvement, and shopping. At one point early in the text, Walker muses over the global footprint created by a “first-world” child, “I learned that an American baby can consume two hundred times more of the earth’s resources than a baby from Eritrea,” (14) before resuming her A&E meets HGTV prenatal consumer rampage. Later, however, after a visit to her obstetrician, where she is offered a complimentary diaper bag “full of formula samples and coupons for several other baby products” (62), she is outraged by the commercialization of childbearing. She observes, “I can’t believe doctors allow themselves to be the middlemen and women for these companies. In the intimacy of my doctor’s office, where I am, by design, vulnerable and open to her suggestion, seeking it even, I am being marketed to. Am I being too sensitive? It’s like commercials at the movies times a hundred” (62). Only when confronted with coupons for products (including formula) to which she is ideologically opposed does she profess political

indignation over the conflation of motherhood and consumerism. Walker’s outrage that women (presumably less savvy than she) are being marketed to while her own “alternative” consumerism (osteopaths and post-birth doulas) remains unexamined is ridiculous. This is not motherhood as biological urge, natural desire, or primal instinct. It is unexplored consumerism that ultimately offers a comfortable set of blinders against privilege.

Baby Love reflects many of the conventions of the mommy memoir in its embrace of neoliberal intensive mothering and maternal consumerism. As other critics (Brown; O’Reilly) have observed, despite the genre’s seeming intention to critique this ideology, it fails. Walker’s text is no exception. Furthermore, in its attacks on Alice Walker as a representative of feminism, *Baby Love* invites further critique.

CAN YO MAMA SPEAK?: *THE CHICKEN CHRONICLES* AS SIGNIFICATION ON THE MOMMY MEMOIR

It would seem that, following a confrontation between mother and daughter referred to in *Baby Love*, Alice Walker kicked her daughter out of the “nest,” so to speak, and embarked on the project of raising chickens in the backyard of her “tiny place” in Mendocino, California. Alice Walker published *The Chicken Chronicles: Sitting with the Angels Who Have Returned with My Memories: Glorious, Rufus, Gertrude Stein, Splendor, Hortensia, Agnes of God, the Gladyses, & Babe* in 2011 with The New Press. Originally a series of blog posts that her editor encouraged her to assemble, these journal entries record Walker’s observations of her flock of Ameraucanas, Barred Rocks, and Rhode Island Reds. *The Chronicles* adopts the generic form of the mommy memoir with a twist: the child is replaced with chickens. Walker’s text playfully revises the ideology of intensive mothering in the mommy memoir by exposing it and dismissing the primacy of biology. The extent to which this text responds directly, personally to Rebecca Walker is impossible to know and is, thus, beyond the scope of this chapter. Instead, my purpose is to explore how *The Chronicles* is signifying on the genre of the mommy memoir to discredit the ideology of intensive mothering.

The form of *The Chicken Chronicles* is not the only similarity it shares with mommy memoirs. Like mommy memoir narrators who brim with anticipation, Walker recounts the moment that she realized she wanted to adopt chickens. She then relates getting their home ready, their arrival, and the numerous ways that their presence has changed her life. Early in the text, Walker begins referring to herself as “mommy” (9), concluding entries with “love, Mommy” (57), and addressing her chickens (“dear girls” [59]) with the warm tone and familiar direct address used by the mommy memoir. The entries address the birds in second-person plural (“you”) and adopt a tone of instruction: “[w]hat is a ‘planes’ you may well ask. Well, a plane is something almost exactly like a very, very large chicken” (141). The text also uses third personal plural (“they”) to discuss the chickens and to address a sympathetic audience of fellow chicken enthusiasts. Walker wonders if the chickens remember what flight is (41); she justifies her *mostly* vegetarian diet (113); and she worries over their social practices and hierarchies (69). Thus, both the chronicle form and narrative address replicate the characteristic style of the mommy memoir.

Walker’s *Chronicles* may seem like only a whimsical exploration of human-animal interaction (in the spirit of Sy Montgomery’s *The Good Good Pig*), a fable for postmodern vegetarians or a more serious exploration of human-animal “knottings” theorized by practitioners of the emerging and growing field of animal studies (Haraway); and it is these things. But familiarity with Rebecca Walker’s *Baby Love* reveals that *The Chicken Chronicles* enacts a signification on the mommy memoir that is alternately amusing, ironic, and serious. In *The Signifying Monkey: A Theory of African American Literary Criticism*, Henry Louis Gates proposes signifying as “an indigenous black metaphor for intertextuality as configured in Afro-American formal literary discourse” (59). Anthropologists and linguists often point to “the dozens” (the genre of “yo mama” ritualized exchanges) as one of the best examples of signifying; however, Gates traces critical discussions of folktales and the African American vernacular tradition, in addition to his own investigation of the Signifying Monkey poems, to extend the understanding

of signification beyond the idea of trading insults to recognition of it as a language and rhetorical strategy. As a strategy, it relies on how “intertextuality represents a process of repetition and revision” and is figurative, using indirection and implication to make meaning (60). Walker’s signifying on her daughter’s text is, therefore, rhetorically interesting for two reasons: not only does *The Chicken Chronicles* comment on the mommy memoir genre, it also comments on the dozens, which positions “yo mama” as an unspeaking object in a rhetorical competition. Walker’s text raises the question (playing on Spivak’s famous query): can yo mama speak? Not only has “yo mama” been the silenced object of the dozens, but feminist literary critics have observed that, while the mother is spoken of, her voice is silenced or muted in Western culture, and a taboo certainly exists against mothers speaking out against their children (Hirsch). The intertextual repetition, revision, and indirection of signifying, therefore, is an apt tool for Alice Walker’s textual reply to her daughter’s accusations about her mothering, proving that, indeed, the mother can speak. Alice Walker’s rhetorical signifying enables a mother’s satirical and serious response to an aggrieved daughter.

The Chicken Chronicles revises the bio-essentialized understandings of mothers, mothering, and motherhood by insisting on the importance of biological mothers at the same time it diminishes that importance. For example, while the chickens remind Walker of how her own mother nurtured chickens and children, they remind her of how she felt abandoned by her mother. When a female neighbour offers helpful bits of chicken lore to Walker, she further recalls the feeling of being mothered (as an adult) by a group of women who were similarly “motherless”: “*However, what most women don’t know is this: that if you collect seven women and form a circle together, enough Mother will automatically be created. Ample Mother will appear*” (75). These memories reflect a motherhood that is characterized by the work of nurturing and being present but that is not necessarily biological. The act of mothering can involve the care of a flock of chickens or it can be reflected in how a group of women nurture one another. This depiction of motherhood also allows for daughters to have needs beyond what their biological parent might be able to meet.

The Chicken Chronicles also refutes the idea of maternal primacy by recounting Walker's realization that she is not god-like in her ability to mother her flock. When admitting her fallibility at the text's conclusion, Alice Walker assures her girls:

human Mommies, like all Mommies on the planet, whether of fish or fowl, insect or reptile, are only surrogates. In fact, all creatures on the planet have the same parent.... It is She that you truly depend on, She whom you innately trust. Your love for Her is so hardwired in you, you probably don't even notice Her. It is exactly the same with Mommy, who realizes that she is like you, only small.... For Mommy is not the same as Mother, and certainly not the same as The Mother. The one whose lap is too big to fall out of, whose head is too extraordinary to be fouled by chicken poop, whose mind is too flexible to worry about who gets eaten up and by what. This Mother, unlike Mommy, never worries; time is her toy. Being is her thought. (185-186)

One can see how Alice Walker conceptualizes motherhood variously as a relationship based in biology, ethical care, or spirituality. Unlike the bio-essentialism of the mommy memoir genre, *The Chicken Chronicles* redefines motherhood as non-biological—mothering as a feminist activity unrelated to biology—and grants neither mother nor child primacy in the other's life. Interestingly, in this passage, “hardwiring” is used to describe only the human need for spirituality—something bigger than oneself—but not to describe reproduction. Neither mother nor child can be the other's “god.”

Additionally, *The Chicken Chronicles* reinforces its critique of bio-essentialism through a persistent inquiry into Alice Walker's need to anthropomorphize the animal world and to draw on metaphors of the natural world to reify social practices. For example, Alice Walker frets over the way her chickens squabble, likening their conflicts to human-made oppressive systems of gender and race. Implicit in her anxiety is a feminist awareness of the pernicious reliance on biology to reveal innate difference and, thus, justify

“natural” inequalities. When she introduces new birds (the Red Gang of Six) into her existing flock, she mournfully observes:

You pecked and scratched them; you wouldn't let them near the food and water. You didn't want Mommy to be Mommy to anyone other than you. When I tried to share goodies with the Red Gang of Six you wouldn't allow it, unless I forced you out of the way. I was so embarrassed for you. Were these the “children” I thought I was raising? But guess what? From your point of view, as chickens, you were doing what comes naturally to chickens: you were creating the pecking order that chickens live by.

My impatience with your behaviour led to a withdrawal from you. I felt disappointed and deeply saddened. This made me stay away for days (at least two). When I went back to visit, you were still at it. Mean as could be. Abusive and ugly. Yes, ugly. Mommy found this brutalizing behaviour so hideous she could hardly look at you. (69)

This moment in the text introduces a theme to which it returns: how much of the disturbing behaviour of chicken “pecking orders” is natural and how much of the behaviour's significance is human made. As an African American woman interested in resisting global forms of domination, Walker objects to human hierarchies of oppression. She is challenged by apparent chicken behaviour that provides the metaphor to reify human “pecking orders.” Ultimately, Alice Walker realizes that many of the interpretations she has of her chickens' behaviours are mistaken, and she laughs at her own social-engineering efforts (removing a bully to teach her a lesson) as fruitless, misguided, and playing god: “mommy being wrong” (183). Such reflection prompts rethinking the all-too-human tendency to deploy animal metaphors as explanations for human social behaviour, such as mothering (“grizzly mommas” and “fish in water” for example).

The Chicken Chronicles Signifies on *Baby Love* specifically and the mommy memoir genre generally to critique intensive mothering and to offer in its place a model of mothering and motherhood for counter-hegemonic purposes. *The Chicken Chronicles*, perhaps due

to its cross-species exploration and meditation on the meanings of mothering and motherhood, presents a more generous and, I would argue, feminist approach to the idea of motherhood and motherwork.

MOTHERWORK: A WOMANIST PROJECT

Comparing these memoirs by two iconic feminists allows for an examination of the contested definitions of mothers, mothering, and motherhood in the twenty-first century. Reading Alice Walker's *The Chicken Chronicles* as signifying on her daughter's mommy memoir exposes how literary genres are informed by ideological contexts. As a result, *Baby Love*, as a mommy memoir, embraces the ideologies of intensive mothering, neoliberalism, and bio-essentialism for their unexamined class privilege—hardly a feminist strategy. Beyond its indirect critique of *Baby Love*, *The Chicken Chronicles* also offers to readers a direct, useful meditation on an alternative, counter-hegemonic understanding of motherhood. Radically, this understanding recognizes reproductive labour as exactly that—labour (or, as Rebecca Walker indignantly reported, “a job”). It also reflects mothering as disconnected from biology and gender. Finally, it disallows the primacy of the child or mother in the other's life. Mothering, thereby, becomes an activity characterized by nurturing, presence, and guidance and undertaken through relationships not defined by blood and social assignment. Thus, motherwork potentially becomes recognized and revalued as empowering for everyone.

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III.

FRAMING, NAMING AND STRUCTURES

13. Voices of “Obstetric Violence”

Violence and Victimhood Discourses in Childbirth in Brazil¹

MARIANA MARQUES PULHEZ

AN INTRODUCTION: CHILDBIRTH, HUMAN RIGHTS, AND “OBSTETRIC VIOLENCE”

IN THIS CHAPTER, I reflect on the construction of “victim” and “violence” mobilized by women who claim to have been victims of “obstetric violence” in Brazil. I provide an overview of the research that has been developed from two situations: the “March for Childbirth at Home,” which took place in Campinas-SP in June 2012, and the video “Obstetric Violence—the Voice of Brazil,” posted on the Internet in November of the same year. I discuss how the language of human rights is used to express demands that are put in conflict with an existing medical-scientific discourse within the context of these two events. The actors involved in these claims—health professionals and women who experienced childbirth, in general—appropriate specific discourses of medicine to reshape them according to their different conceptions of body and care. The intent of this chapter then is to reflect on what is produced and operated in “obstetric violence” as well as to raise discussions about the discourse used to legitimize the position of victims of such violence.

In order to develop this reflection, I, firstly, present a brief discussion of the current situation of childbirth in Brazil. Secondly, I present the vocabulary used by a group of women to claim the position of victims in cases of childbirth. Thirdly, I discuss the construction of the notion of trauma, according to the book “L’Empire du Traumatisme” by Didier Fassin and Richard Rechtman. Finally,

I reflect on the necessity of highlighting the violence inflicted on the subjects, according to the work of anthropologist Fiona Ross (“Speech and Silence”; “La Elaboración”). Hence, I try to understand the moral movement around the struggle for “humanized birth,” viewing it as an attempt to change the paradigm of what should be a birth. The tangible results of this movement can be seen in public policies for the “humanization” of maternal and child health. The overall objective of the article, therefore, is to clarify some of the issues around discursive practices enrolled in certain configurations of power and inequality.

CHILDBIRTH IN BRAZIL

The concept “obstetric violence” comes from the notion “active maternity,” conceived in motherhood blogs and social networks on the Internet. I have followed a multitude of Internet discussions on motherhood, including issues surrounding prolonged breastfeeding, balancing work and motherhood, appropriate food for children, first day of school expectations, consumerism-free childhood, and cloth diapers versus disposable ones. The most pressing topic, however, was the childbirth experiences of women. Mothers were writing about their experiences of childbirth, and they were collectively articulating a common narrative: childbirth is a watershed moment in motherhood, and this pivotal moment was taken away from them through “obstetric violence.”

The ways in which mother bloggers framed their childbirth experiences bleeds into the public health debates around maternal and women’s health. For these women, talking about childbirth is talking not only about the subjective and emotional dimensions that arise from this event, but also about sexual and reproductive rights and equality and freedom in the areas of sexual and reproductive life. Therefore, placing the discussion about childbirth front and centre is to denounce the violation of human rights that happens when certain procedures are adopted in the practice of maternal medicine. Examples of these procedures are medical malpractice cases, physical violence, and verbal violence and sexual violence that seem to occur in hospitals during childbirth; these procedures, however, are not part of the public policies already directed to

women’s sexual and reproductive health (policies regarding Caesarean sections, abortions, maternal morbidity, breast or cervix cancer, and the like) (D’Oliveira, Diniz and Schraiber).

According to data published by Instituto Brasileiro de Geografia e Estatística (IBGE – Brazilian Institute of Geography and Statistics), 98 percent of births in Brazil happen in hospitals. Regarding Caesarean sections, the Brazilian government has been campaigning for a decrease of these rates in recent years.² However, the country is the world leader in the number of Caesarean sections performed per year, according to UNICEF documents: around 50 percent of deliveries are made surgically. In public institutions, they total 37 percent and in private ones, they reach 82 percent of all deliveries performed. In 2014, these rates increased: that year, the Fundação Oswaldo Cruz published a nationwide research report showing that in Brazil 52 percent of childbirth are from Caesarean sections whereas in private institution the number rose to 88 percent. A rate of fifteen percent of births coming from Caesarean sections is regarded as an epidemic, according to World Health Organization (WHO) guidelines. In addition, Caesareans would only be required when there is risk to the mother and/or baby, according to UNICEF. Rates above the fifteen percent, as indicated by the WHO, could show an abusive use of this resource, which increases the risk of premature birth and, morbidity for mother and baby.

The Caesarean section, therefore, is seen as one of the possible delivery methods and should only be performed when it is recommended. Alternatively, there is a wide range of categories that are defended by those who fight for the expansion of “humanized birth,” in opposition to the epidemic scenario of Caesarean sections. There are several classifications for deliveries: “normal,” “natural” or “active,” “VBAC,”³ among others—classifications that appear and reappear, intersecting and sharing characteristics. The most important for those involved in the fight, however, is that delivery has to be *humanized*, an event in which women are the protagonists, since they are the ones who would hold control of their bodies and would know the best way to give birth. Women do not only want to have right to not have a Caesarean section. They also demand to be able to give birth where they want—whether it be at home, in the hospital, or in birth centres—and how they want—free of

unnecessary medical interventions and accompanied by those who make them feel safe. “Unnecessary medical interventions” means not only indicate an “unnecaesarean,”⁴ but also other routine procedures performed in public and private hospitals. In the list of the procedures mentioned by women involved on the struggle for humanized birth are episiotomy (incision in the perineum area), epilation (shaving of pubic hair), enema, use of oxytocin (hormone that stimulates contractions), use of anesthesia, use of forceps, food and water fasting, frequent vaginal examinations (used to check the dilatation and presenting of the baby), artificial rupture of amniotic sac, and the lying position of the woman.

According to activists for the humanization of birth and some scholars of the field (D’Oliveira, Diniz and Schraiber; Hotimsky et al.; Ávila; Hotimsky and Schraiber; Diniz; Aguiar, and D’Oliveira) the procedures listed above have become objects of dispute both among health professionals—namely obstetricians, pediatricians and nurses—and between health professionals and the population in general. Many women in childbirth condition have been questioning these approaches and procedures, as they believe that they are not conducted based on scientific evidence;⁵ moreover, medical and nursing personnel have also been arguing about such procedures, since many of them are presently rejected by the Ministry of Health and WHO. That is, not only do these organizations, responsible for the care of maternal and child health, believe that the Caesarean section is unnecessary 85 percent of cases, but they have also begun to question routine procedures in normal deliveries.

What makes the adoption of certain conduct to be seen as violent anyway? Some forms of violence seem to be obvious: a woman being tied to the stretcher, a woman being slapped in the face because she screamed in pain in childbirth (D’Oliveira, Diniz and Schraiber), or women being told to shut up by medical personnel because they are being loud. But these are acts whose violent essence is not usually questioned.⁶ Other routine procedures are not as easily recognized as violent acts, such as Caesarean sections and medical interventions; these acts are desired less and less by a group of women who are protesting their use through public events, rallies and social media networks on the Internet. And if they are not being regarded as violent acts, they are not even ac-

knowledgeed as traumatic events and hence subject to reparation.

I present two ethnographic scenes in which I have seen the debate on “obstetric violence” in a more incisive manner. I intend to present the discourses around births considered violent in order to later present a theoretical discussion in light of the debates about trauma and moralities proposed by Fassin and Rechtman and Fiona Ross (“Speech and Silence”). The aim of this text is to argue the morality shift on discourses about childbirth in Brazil.

TWO ETHNOGRAPHIC SCENES: THE MARCH FOR CHILDBIRTH AT HOME AND THE DOCUMENTARY “OBSTETRIC VIOLENCE—THE VOICE OF BRAZIL”

Scene 1: Words from a Demonstrator at the March for Childbirth at Home

Sunday, June 17, 2012: Women, doulas, childbirth assistants, midwives, health professionals, and curious observers, such as I, gathered in squares and avenues in cities across Brazil wearing T-shirts and holding placards, which read, “Home birth is safe,” “The body is mine, the choice is mine,” “My body, my childbirth, my choices,” “CREMERJ, who asked for your counsel?,” “My body, my rules,” “No episiotomy!,” and “stop obstetric violence,” to name just a few. It was the “March for Childbirth at Home.”

A week before that, on June 10, *Fantástico*, a television program on Globo Network, broadcast a story about the controversies surrounding the advantages and disadvantages of home birth. More debates around home birth were happening since the release of an Internet video earlier in 2012 showing a home childbirth (Parto Sabrina). The video was viewed more than three million times. And Jorge Kuhn, a doctor at the Federal University of São Paulo, declared on *Fantástico* that he supported home births for women with no history of serious health problems and access to quality prenatal care. On Monday, June 11, the *Conselho Regional de Medicina do Rio de Janeiro*—Regional Council of Medicine of Rio de Janeiro (CREMERJ)—filed a complaint against Dr. Kuhn to the *Conselho Regional de Medicina de São Paulo*—Regional Council of Medicine of São Paulo (CREMESP). Dr. Kuhn was charged with a violation of his ethical duty; the assumption being that all childbirth

is a high-risk medical event that should take place in a controlled environment with experienced staff (i.e. hospital and nurses and physicians). Dr. Kuhn was, therefore, not performing his duties.

The “March for Childbirth at Home” was a forum in which I could pay attention to the concept of “obstetric violence.” A particular demonstrator told me about her experience of violence, which helped me start to understand that some procedures considered healthy by some professionals are seen as violent acts by some women, especially when they see themselves as particularly informed about birth and when those procedures are performed against their will. I ask then the reader to pay attention to how the demonstrator built her speech showing the others how disrespectful was the treatment she received during her second delivery. I also call the reader’s attention to the fact that many of these procedures are routinely performed in Brazilian hospitals.

I had two children. The second was an elective Caesarean section at forty weeks.... I was thwarted, I had the C-section, I had postpartum depression. I suffered a great deal recovering from this surgery.... I sought information. I found out a lot. I had doula assistance. But in the hospital where I was to give birth to my son, you know, they performed all the procedures that I requested them not to: they performed shaving [of pubic hair], episiotomy, and ... IV [therapy] ... and they did not speak of any procedure that they were going to perform. They wouldn't inform anything. They kept doing things, pushing ... my husband kept fighting in the hospital, trying to talk to the board, making a fuss, he, the doula, and there was no way. He did not attend labour. He could not be with me, neither could my doula.... And so they called him. The baby was coming out, and they even used forceps without any need for it.... Why? Because they were making a fuss at the hospital door. I was the outrageous woman, right, who was fighting for her rights, so “let's hurt this slut”! That is what I had to go through! ... Where is the Council of Medicine to fight for it, for the violence that we suffer?! It is the Council of Medicine that is persecuting the man, the doctor who

is fighting for us, you know? For our rights, for us to be treated as women, as mothers, not as pieces of meat like these bastards have been acting towards us, because unfortunately obstetrics is like this, the whole system is like this ... and that is what we have to fight, you know? We have to unite against the system! (emphasis added)

Scene 2: The Documentary “Obstetric Violence—the Voice of Brazil”

Sunday, November 25, 2012: I opened Facebook early in the morning to read comments of the day. It was International Day for the Elimination of Violence against Women. I accessed a relevant blog—*Blog Mamíferas*—hoping to find a discussion about “obstetric violence.” Instead, I was met with a disturbing flash: “Today there is no post.” I found a video, a documentary entitled “*Violência Obstétrica—A voz das brasileiras*” (Obstetric Violence—the Voice of Brazil). I spent this Sunday morning listening to reports of violence against women during childbirth.

Produced by the author of a mother’s blog, the documentary brings together testimonies of several mothers who claim to have suffered “obstetric violence.” The purpose of the documentary is to “promote visibility and eliminate once and for all” recurring practices in hospitals that configure situations of violence, reflective in *Blog Mamíferas* message “Today there is no post.” The video was first shown in the X Congresso Brasileiro de Saúde Coletiva (Brazilian Congress of Public Health) held from November 14 to 18, 2012. On November 25, mother bloggers were called on by the producer of the documentary to post material to collectively support “humanized birth.” The posts would serve to publicize the video on the Internet in the hopes of generating an avalanche of electronic reactions to painful childbirth stories women shared on the video. Although the video publicly exhibits the violence inflicted on mothers during medical childbirth, the women share more than their experiences of physical violence. As with victims and survivors of different types of violence, these women also shed light on their experiences of emotional violence, the difficulties of dealing with the trauma caused during delivery, and the difficulties of forgiving those who abused them. The video frames the physicians and other

members of the hospital staff as perpetrators of aggression who willfully ignore the feelings of these soon-to-be mothers. I share with you some of the words from women who were part of the documentary, and I ask to the reader to pay attention to the words in bold that show how physical violence is put in connection with emotional violence, according to the women's view:

[The] episiotomy affected me a lot. I felt violated, harmed. I usually say that when I read some reports of sexual violence, how the victim feels after, I can draw a parallel. (emphasis added)

I felt I was treated as garbage....I felt a pain that seems it can tear you up inside, right?, because of oxytocin ... and yet being mutilated [by episiotomy]? Is it normal? (emphasis added)

He [the doctor] convinced me with the sentence: "Your baby does not want to die. If you want to go home, take responsibility, you can go, you may think, but I'm here telling you as your doctor, I need you to trust me" ... I accepted [the Caesarean section], right?" It took me years to digest this situation [having a Caesarean section]. Nowadays, I see these pictures, I think I have not accepted it yet. (emphasis added)

We have no right to be sad [for the Caesarean section]. We have to live with a silent frustration. (emphasis added)

I felt disrespected.... After a long time it hit me: how much I was violated. Let our voices be heard and may our stories be not ignored. (emphasis added)

The purpose of presenting the two ethnographic scenes is to call attention to what I understand as a moral movement around childbirth in Brazil, as the term "obstetric violence" has been gaining exposure in media and, especially, in movements of women who fight for their rights. Acts considered violent have been increasingly

spoken of by because of the need to vocalize certain experiences in order to support the trauma experienced. Hence, I present a theoretical discussion that is apparently distant from the field of sexual and reproductive rights but will help to understand to what extent the demands for recognition of the existence of "obstetric violence" are part of a morality movement around childbirth in Brazil.

HUMAN RIGHTS AND "OBSTETRIC VIOLENCE": SOME LEADING QUESTIONS

"Dignity," "respect," "freedom," "justice," "value of the human person," "equal rights"—these are some of the words used in the *Universal Declaration of Human Rights*, adopted in 1948 by the United Nations General Assembly a few years after the official end of World War II in 1945. The horrors of war, the countless deaths, the concentration camps, and the many marks left by the destruction brought numerous political forces together to concentrate on forging an agreement to fight human rights violations. From then on, crimes against humanity would have significant political and legal consequences. Furthermore, the notion of "rights" becomes a part of everyday life as did the notion that people have the right to live in dignity. The Holocaust is a watershed event in this context, as it fueled the notion that all violence inflicted on human beings is constitutive of trauma and, therefore, liable to reparation (Fassin and Rechtman). This would affect how identity movements that have arisen since the 1980s would later claim their rights (Sarti, "Corpo, Violência"). The meanings of "dignity," "respect," "freedom," "equality," "justice," and "value of the human person" would begin to transcend the very notion of "human," a universal identity category that encompasses the rights of those marginalized (e.g., women, children, black people, GLBTIQQ, the elderly, and the disabled). The notion of human as a universal identity category helped to establish a locus of civil and social rights, constituting decisive forces towards shaping how violence became visible in various fields of social life (Sarti, "Corpo, Violência").

The appropriation of the human rights discourse by social movements, and its capillarity in everyday life, is constitutive of

the formation of political subjects. The construction of subjectivities and production of discourses on violence deeply influence the ways in which the political subjects voice their experiences. It also influences the way in which the voicing of experiences are operated to give visibility to demands through the construction of subjectivities and production of discourses on violence.⁷ The idea of voicing trauma and bringing to light the violence inflicted on its victims have widespread connections with the defense of human rights. Here, voicing trauma means to engage with the public imagination towards re-establishing dignity, respect, freedom, equality, justice, and the value of *all* human life.

Intertwining experiences of "violence" and the construction of the concept of "victim," in this chapter, I ask and reflect on the following questions: first, what constitutes a "violent" act for women who self-identify as "victims" of "obstetric violence"? Second, what kinds of discourses and languages do they draw on to claim their status as "victim"? Here, what are the discursive productions at stake in the relationship between an act of violence that is both individually and collectively traumatic? (Fassin and Rechtman). I also ask, since a "victim" is produced, what are the perspectives of those involved in this production and what is the manner in which their agencies are operated? More specifically, I ask, to what extent are certain obstetric procedures classified as acts of violence against women? To what extent is the act of "voicing" the violence inflicted a means to create a political subject who has the right to reparation and/or recognition? And to what extent does the agency of these women who hold power over their own bodies result in this creation? Ultimately, I attempt to think through what is triggered in order to give intelligibility to the suffering of these women who, in doing so, seek to give moral legitimacy to their claims (Sarti, "Corpo, Violência e Saúde," "A Vítima"). This chapter aims to explore the meanings mobilized around "obstetric violence," a category actualized by women who have experienced maltreatment during childbirth.

"POLITICS OF TRAUMA" AND THE NEED FOR VOICE

According to Fassin and Rechtman, in *L'empire du traumatisme*,

the notion of trauma has been presented ever unquestionably as something that results from situations of violence or accidents. Unlike previous literature, the authors do not intend to delegate the responsibility of reframing trauma to medical professionals. Rather, they show that the entry of the notion of "trauma" into social life was made widely: people claim a victim status, placing themselves as traumatized by a certain situation and because of that, consider themselves deserving of some kind of compensation for damages. For the authors, the movement away from doubting the legitimacy of the claim of a victim position to the undoubted recognition of suffering is the result of a moral transformation of what constitutes humanity. This is what Fassin and Rechtman call "politics of trauma": a link between an event that is collective and that supports the trauma and the individual experience lived in this collective event, which serves as a witness to its traumatic aspect.

A concrete result of this moral movement, according to Fassin and Rechtman, was the publication of the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in 1980. The DSM-III catalogues post-traumatic stress disorder (PTSD) for the first time (though not without disputes over what would define this diagnosis in a patient). Professionals in the field agreed that the clinical identification should be based on the patient's alleged experiences of a stressful moment, the results of which would be symptoms listed in the DSM-III according to a number of criteria. Among such criteria, the most important might be the one that effectively states that any individual would be likely to experience stress if exposed to a traumatic event. If reactions to events of violence or accidents were once seen as weakness, now the stress would be the expected result of these events. The victims of trauma would no longer be questioned, and a PTSD diagnosis would bestow on the subjects the right to compensation.

According to the authors, the recognition and understanding of traumatic events were extended to social movements, and American feminists were one set of the protagonists of this moral turnaround, as they claimed their status as victims of child sexual abuse. These feminists accomplished this by using the past, valuing the preservation of memory as a way to disclose the trauma. Speaking about

trauma and exposing suffering represents the connection between the collective event and the individual experience, which sustains the legitimacy of the traumatic event. Likewise, so that society can recognize an event as violent, the idea that it is necessary to vocalize violations is created. But what are the violations that are expected to be exposed?

Fiona Ross provides elucidation to the question (“Speech and Silence”). While discussing the testimony of women in the South African Truth and Reconciliation Commission after the end of apartheid, the author draws attention to what they say; to what they are expected to say; and especially to what is not said (i.e., what is muted on testimonies they offer on the apartheid experience). According to Ross, the Commission’s role was to create a common memory based on the idea of making public certain knowledge of those years of political and racial segregation. In other words, it was believed that some experiences had been lived in that period and collecting them into testimony would be a way of bringing out the truth about apartheid. The intention would be to give voice to the victims of apartheid who, according the Promotion of National Unity and Reconciliation Act, are defined as “Persons who, individually or together with one or more persons, suffered harm in the form of physical or mental injury, emotional suffering, pecuniary loss or a substantial impairment of human rights.”⁸ The Commission’s role would have been, therefore, to investigate violations committed by the state under apartheid policies.

According to Ross, the Commission was seeking experiences that were registered in the body—it was expected that the testimonies would represent what was seen as experiences of violence against women. For instance, the Commission expected that women would bring reports of rape, but contrary to expectations, that is not what happened. The women talked about violations committed against the men in their lives: husbands, brothers, sons. They did not speak about themselves; they did not vocalize the violence that was considered to be actually registered in their bodies, as in a case of rape.

In this sense, the questions that Ross asked are about who speaks, whom they speak for, and whom they speak to. Her argument is

that the way the women told their stories, where small things of daily life appeared, tells much more about the profound changes in the society that experienced apartheid. But the fact they did not talk about themselves and about the experiences of violence over their own bodies was bothersome because that was what was expected to be heard. It was as if their reports were supposed to confirm what was already known about apartheid. It was as if the story had already been written, and the testimonials were only meant to ratify it. For Ross, however, the observer should know how to hear what is silenced—what people are not *voicing* but are certainly *talking about*.

What is interesting from Ross’s discussion is precisely the idea that there is an expectation of what can and should be voiced. This does not deviate from Fassin and Rechtman’s discussion addressed above, about the existence of a recognition of the victim’s legitimacy and of what they claim as worthy of reparation. As the authors show, there is a human rights discourse that seems shaped so that certain people can be classified as victims and certain acts can be seen as violent. This, according to literature handled in this article, is the result of specific historical constructions. If the Declaration of Human Rights is to be universal, the historical context in which it was written cannot be forgotten. In other words, the way in which in each context the categories of humanity that seek to be universal will be used—dignity, respect, freedom, justice, worth of the human person, equal rights—will be reflected in the very public policies towards women, children, black, elderly, GLBTIQ, and so forth.

Meaning, whenever the context in which the category “obstetric violence” is being mobilized, what is understood as violence and who is expected to be its victims and its perpetrators need to be considered. Just as in the 1980s when American feminists claimed their place as victims of sexual abuse in childhood, and therefore legitimized the trauma of their experiences, women who have been talking about “obstetric violence” are claiming, in an active way, their status as victims. What draws attention to their speech is not their saying that they were slapped in the face or that they were tied to a gurney—these are forms of violence recognized as such for a long time—but their saying that

certain procedures performed on their bodies are violent acts. After all, if these are routine procedures and proper of medical knowledge, why would they be seen as violent? What is there in the execution of these procedures that adds the violence ingredient to them?

In the testimonies of women both from the march and the documentary, they painfully report the adoption of routine behaviours in labour that they did not consent to. The fact that they have been subjected to such conduct against their will makes them feel violated, injured, abused (“I felt being treated like garbage.... I felt a pain that seems like it will tear you up inside, right? Because of oxytocin ... uh ... and yet being mutilated [by episiotomy]? Is it normal?”). It creates resentment and trauma and a *willingness to talk*. But the voicing of this pain shocks people because these acts are not seen as something violent that can traumatize, that can cause pain. The case of CREMERJ *versus* Doctor Jorge Kuhn is illustrative of how the understanding of what is “good” or “bad” for women in childbirth is a matter of understanding of human rights. That is, what would represent respect and dignity? After all, decisions about delivering the baby with an episiotomy or speeding up the process of labour with oxytocin as well as about performing a Caesarean section to avoid the pain of childbirth (in the case of an elective caesarean section) or avoiding baby and mother suffering due to adverse conditions (“your baby does not want to die. If you want to go home, take responsibility, you can go, you may think, but I’m here telling you as your doctor, I need you to trust me ‘...I accepted [the Caesarean section], right? “), it may not be just an economic issue, as humanized labour activists argue, but a moral issue, a matter of what you see as being in fact the best for mother and baby—a vision that is constructed historically and culturally.

In the sense that PTSD was in the past cataloged by DSM-III—and, I insist, not only by a medical movement but also by a general idea of acceptance that events can be traumatic—pain in labour and the idea of modernity and technology associated with obstetrics are culturally constructed notions in Brazil, taught in the country’s major medical schools (Hotimsky and Schraiber) and are widespread in everyday life.

“OBSTETRIC VIOLENCE”: A MORAL MOVEMENT AROUND CHILDBIRTH

What is at stake in the complaint of “obstetric violence” is part of a movement that seeks to change the world’s view of what is constitutive of a delivery. A birth should not be unpleasant or painful. It could be done at the choice of the woman, in the way she feels at ease, with whom she feels comfortable. And by saying that they could deliver the baby on their own, not only would they be questioning what is meant by this event, but they would also be claiming the right over their bodies. “My body, my birth, my choices” can be understood as a complaint, as having a voice, as the cry for help to legitimize the victim status of these women. They speak about a violence that they perceive as inflicted on themselves, and thus embrace the idea that they need to speak to heal. If they cannot be masters of their bodies at birth, if a series of procedures is adopted without their consent or without a clear explanation of why they are adopted, the act becomes violent for them. They no longer want to live with this “silent frustration” of being victims of “obstetric violence.” To paraphrase one of the mothers in the video mentioned earlier, they want their voice to be heard and their stories not to be ignored.

Activists for the humanized birth have been making attempts to draw attention to a necessary report of abuse suffered at the time of giving birth, and it is important to look at it as an expression of political struggles for sexual and reproductive rights. To that end, it is also important to pay attention to public policies being built in order to respond to these claims and, at the same time, support them. The World Health Organization (WHO) and the Ministry of Health recommend that more normal deliveries are performed rather than Caesarean deliveries (Gibbons et al.) The episiotomy is listed as a procedure in disuse by UNICF’s *Guide on the Rights of Pregnant Women and their Babies*. The Brazilian government enacted the *Lei do Acompanhante* (Companion Law),⁹ which entitles all pregnant women to have someone accompanying them during delivery. Therefore, these and other policies seem to be the result of an attempt to change the moral view of childbirth,¹⁰ and even the idea of what is human dignity.

If we look at this movement as an effort to change ideas taken as dominant on childbirth, it enables us to state that it is certainly under dispute the notion that giving birth can be "mitigated," so as not to cause suffering to women. For not being anesthetized or being lead to have a normal delivery when what you want is a Caesarean section could also be seen as a violent act. This is undoubtedly a discussion full of disputes. It is just as important to take into account the women who do not mind having their babies through a Caesarean section or going through routine medical procedures, as it is to pay attention to the political meaning of the ways some women react against hegemonic medical knowledge.

NOTES

¹A version of this text was published in Portuguese in *Revista Brasileira de Sociologia da Emoção* (RBSE) 12.35 (2013). Reprinted by permission of the publisher. Translation to English: Karina Hymnô de Souza.

²Some examples of campaigns and public policies focused on reinforcing vaginal birth are *Rede Cegonha*, *Prêmio Galba de Araújo*, and *Programa de Humanização do Parto e Nascimento*. For more information, refer to Brasil, Portal da Saúde.

³Vaginal Birth After Caesarean. One of the arguments made by some medical doctors is that a woman who has had a Caesarean section may never have a vaginal birth. However, a share of health professionals in favour of "humanized birth" state that it is perfectly possible, and VBAC appointment has become a banner against such "myths."

⁴"Unnecaesarean" is the emic category referred to Caesarean sections that are medically imposed with no scientific basis.

⁵Or "evidence-based medicine." For more information on that, see El Dib.

⁶The Brazilian newspaper *Folha de São Paulo* released a report denouncing abuse directed to inmates of the prisons of the state of São Paulo during delivery. According to the report, the women would be handcuffed to hospital beds after undergoing scheduled Caesarean. The character of the video complaint makes clear what an attack to human dignity this abuse is. See *Folha*, "Presas em

São Paulo dizem ter que dar à luz algemadas."

⁷According to Joan Scott in "A Invisibilidade da Experiência," it is through the construction process of subjectivity that one places oneself or is placed in social reality, and it is through contextualized and historicized understanding of such a process that one can reach the subjectivity constructed by the subject who produces a discourse about violence.

⁸Act, chapter I (I) (xix) quoted in Ross, "Speech and Silence" 252. ⁹Law 11.108 of April 7, 2005 changes Law 8.080 of September 19, 1990 in order to guarantee a woman's right to a companion before, during, and after childbirth when cared by *Sistema Único de Saúde—SUS* (Unified Health System). See, Brasil. Presidência da República. "Lei nº 11.108 - 7 de abril de 2005."

¹⁰In order to understand how laws were enacted and how recommendations were enforced by international organizations, a detailed study of each of the agencies and institutions focused on the implementation of these policies is needed. Only then would it be possible to make sense of power relations and the interests involved. Similarly, it is not possible to consider physicians as a homogeneous group, as the case of CREMERJ versus Jorge Kuhn exemplifies, nor can we consider women who experience childbirth as a group without diversity.

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14.

The Politics of Labour**Birth Narratives and the
Marginalization of Motherwork¹**

CECILIA COLLOSEUS

UNRAVELING MOTHERWORK

GIVING BIRTH, a critical part of motherwork, is rendered largely invisible by the biomedical birthing process of most Western societies. In this essay, I evoke the narratives of child birth as a defining part of motherwork by presenting Germany as a case study. In order to accomplish this, I will, first, develop a contextual background by presenting the German birth system, and, second, I will show how child birth is dealt with as a politically contested field. To illustrate the meaning of giving birth in terms of motherwork, I will analyze birth narratives by mothers from a major German Internet forum. In the course of this investigation, I ask the following two questions: how do women describe their experiences of giving birth as part of their motherwork? And how much emphasis do women put on giving birth as part of maternal ideology, the “good” mother versus the “bad” mother?

The discourse of motherwork is defined by the contradictory valuations of motherhood as an abstract ideal of “mother love,” and the rather concrete repetitive tasks of care and reproductive work that come with it. At first glance, giving birth does not seem to fit into this discourse. Of course, it is one of the most crucial parts of “reproduction” in the literal sense of the term. But as it is neither repetitive, in terms of maintaining a status quo, nor devalued as a “dirty job,” it cannot be compared to reproductive work in general. Giving birth belongs to the idealized part of motherhood. As many cultures have their mother goddesses or creation myths

involving birth, bringing forth new life has always had an air of divinity that must be worshiped. Mantzos argues that there is “womb envy” as a counterpart to the more widely known concept of “penis envy” (100). New materialist feminism is relevant here: every other part of motherwork—except for breastfeeding—can be done by practically everyone, but only women (and trans men) are able to give birth. It is an anatomical matter of the body that remains unalterable as long as pregnancy and birth happen the “natural” way.

Even though reproductive technology has been established for nearly forty years now, and practices such as social freezing are on the rise, there still is no practicable solution for pregnancy outside the womb. It is often neglected that birth is neither an abstract concept nor some part of an ideal nature that knows best. Rather birth is on the one hand a process of the body and on the other, to a large extent, a process about culture: it is inextricably linked to politics. The female body affected by child birth is in so many ways a “political body,” a “body that matters” (Butler). But as the act of giving birth is rendered invisible—by letting it take place in the hermetic sphere of the clinic or by striking it from public discourse—its bio-socio-political dimension is rather difficult to grasp. To illustrate this, I present the cultural and political surroundings of the German birth system.

THE TYPICAL GERMAN BIRTH SYSTEM

The “birth system”—the entirety of practices and regulations surrounding child birth—can provide us with most intriguing insights into a society’s organizational and structural principles as well as its values in general (Jordan). Hence, it is first important to understand the German birth system before drawing conclusions about the society’s view on child birth. The descriptions shared in the following section are taken—apart from statistical data—from my own participating observation in an average German maternity ward in 2010. The twelve-week observation took place in one of the two smaller hospitals—advertising a “family friendly birth environment”—in a medium-sized town. During my time at the hospital, I participated as an intern in midwifery, which allowed

me to gain a deep insight into the inner workings of a maternity ward, to attend births and Caesarean sections, and to provide staff support to the midwives.

As with many “developed” countries, Germany has a highly medicalized birth system; having a baby does not happen without medical surveillance. Ninety-eight percent of all children are born in a hospital, and thirty percent of those are C-sections (QUAG; Statista); screening in pregnancy is mandatory. Most German mothers-to-be are under a physician’s care for screenings and have a midwife who covers other aspects of birth preparation (e.g., antenatal classes). It is legally specified that a midwife needs to assist every delivery (§4 of the HebG). Physicians do not have to be involved unless a medical intervention is required. In contrast to other countries (e.g., the United States), midwives are an elementary part of medicalized birth in Germany. Nevertheless, it must be noted that there are freelancing midwives who oppose medicalization and offer out-of-hospital midwifery care.²

It is common practice to choose the birthplace and the birth mode close to the estimated due date. If screening indicates that vaginal delivery may not be possible, she will be advised to have a planned C-section. If a woman is suffering from tocophobia (fear of birth or birth pain) or does not want a vaginal delivery, then she can opt for a C-section. When birth starts, the majority of women (who did not choose a C-section) go to the hospital that they chose beforehand. (Only 1.5 percent opt for a homebirth or a freestanding birth centre.) Most mothers-to-be are accompanied by their partner (most often the baby’s father). After checking the woman’s “*Mutterpass*”—a special passport that every woman receives once her pregnancy has been confirmed and in which pertinent information regarding her pregnancy as well as screening results are noted—a midwife supervises the birth process. This includes a CTG (cardiotocography, a measurement of the fetal heart rate during labour) screening, and in most cases, a manual check of the cervix dilation.

The delivery rooms are designed to look more like a living room than a hospital ward, intending to create a calming atmosphere. A bed is positioned in the centre of the room; other devices designed to support an upright position during birth are positioned in the

background (Schäfers 302). Medical tools and apparatuses are set up in a manner that will not disturb the “living room atmosphere,” which is meant to foster a feeling of safety instead of fear.

If a delivery does not start spontaneously, seven to ten days after the estimated due date, an induction is performed. If the induction is successful, a vaginal delivery can be performed without further intervention. If not, additional labour-inducing drugs, forceps, or vacuum extraction are all considered, and with obstructed labour, a secondary C-section becomes necessary. The tolerance of labour pain is not seen as an essential part of birth. If a woman wishes pain relief, she may obtain a PDA (peridural anesthesia, an analgetic administered via a cannula in the peridural space). Given a birth without any complications, only a midwife supervises the woman’s labour. She provides instructions as to what position to take, when to push, and when and how to breathe to ease contractions. Finally, it is common that throughout labour, a CTG-device is applied to the mother’s abdomen in order to observe how the fetus’s heart rate responds to the contractions of the uterus. The device can restrict the mother’s mobility, and she may not be able to take the position that she wants, but a continuous CTG screening is regarded to be necessary.

When the baby is born, it is considered important that bonding between mother and child start as early as possible by putting the newborn on the mother’s chest immediately. The umbilical cord gets clamped by the midwife, by a physician, or by the mother’s accompanying person. Screening, measuring, and clothing are not performed before the baby has actively made an attempt to suckle the mother’s breast. The birth of the placenta is surveyed by the midwife, and in the case of not being complete, a curettage is performed. If the mother has any injuries, she is sewn by a doctor or a midwife. After birth, mother and child are discharged, spending an average of three days in the maternity unit, before prolonging the puerperium at home for another eight weeks. According to the German *Maternity Protection Act Mutterschutzgesetz*, every mother receives a paid leave from work: six weeks before the estimated due date and eight weeks after birth.

Without a doubt, the state ensures that birth is supported medically, financially, and legally, whereas other aspects of social

support—emotional, psychological, or ritual—must be organized individually (Albrecht-Engel 32-33). Abiding by the rules of the birth system automatically means being a “good mother.” Even though deviations are accepted to some extent, there is a rather strict understanding of responsibility and “mother love.”

THE POLITICALLY CONTESTED TERRAIN OF CHILD BIRTH

I have outlined the ways in which the expectations and processes around giving birth are managed by the state. Clearly, the national discourse shows that birth means much more than a baby coming out of a woman’s birth canal. The German birth system is an example of the trust in biomedicine (read as “evidence based”) and support security and control of women’s bodies. The series of events that takes place in the delivery room does not present the birthing mother as an actor with her own subjectivity during birth. Rather, her subjectivity ceases to exist once she chooses the hospital at which she wishes to deliver. I argue here that although the typical birthing process meets the expectations of every expecting mother, the state influences mothers-to-be to such an extent that pregnant women are often not aware of the ways in which they are relinquishing their subjectivities and autonomy. This betrayal of pregnant women is masked as medical experts are viewed as the authorities of birth culture.

Historicity of Mother Cultures

However, historically, before physicians began to replace (lay) midwives and pave the way for modern obstetrics in the eighteenth century, child birth was an all-female affair (Labouvie 103). Knowledge about pregnancy and birth was part of everyday life, and midwives—read as “experienced” women versus trained midwives—assisted women in their “birthwork” at home. And the English word “labour” portrays the birth process as an actual act of physical work (Labouvie 9). However, when the first physician-led delivery rooms opened—the first *Accouchierhaus* was founded in 1751 in Göttingen (Von Bueltzingsloewen 15)—women giving birth were transitioned from self-determined subjects engaged in “birthwork” to “live phantoms” (Schlumbohm). Meaning, as

medical doctors practised their newly founded obstetrics skill set, forcing women to lie flat on their backs or even sedating them, they rendered birthing women passive. Birth also no longer took place in the intimate communities of traditional villages or families. Hence, today, knowledge about pregnancy and child birth is no longer a “natural” part of everyday life. Instead, pregnant women must acquire information proactively. Even though women have access to rehashed oral knowledge passed down from mother cultures, a majority of German women depend on the technological knowledge set of obstetrics as consumers and/or receivers of care in the delivery room. That is, I argue that the birthing woman is analogous to a sick person in need of medical treatment.

Capitalizing on Women’s Bodies

In this analysis the predatory capitalist framework cannot be dismissed. The treatments mentioned above not only are necessary in biomedical terms but also bring money into the hospital coffers. Delivery rooms get advertised with promises of “living room atmosphere” or special offers, and birth, thus, becomes a commodity, fitting perfectly the neoliberal logics of late capitalism. Even though the German health system fully covers the costs of a delivery, it is still a service that has to be paid. Instead of getting paid, birthing women have to pay for their labour. As with every other aspect of motherwork, giving birth is seen as a labour of love that is its own reward; no monetary payment is given for the effort or the time spent on it. Closely linked to this, the perception of time and temporality is not adjusted to the event of giving birth. The cyclical time of reproduction runs contrary to the linear time of capitalistic production (Kristeva 139). With reference to child birth, it is not cyclical time but rather time that cannot be planned precisely. There is no ideal or average birth as every birth is temporally unique. Although throughout the centuries midwives used to learn to “sit on their hands” and wait, the common clinical delivery rooms have time schedules that must be managed and maintained. In other words, if a birth takes more time than estimated, medical interventions are required. The argument for this practice is again safety—and, of course, financial interests—but this need for control is a violation of women’s bodies and their needs and desires. (In

most cases, women's opinions and wishes are silenced.) The public discourse on child birth oscillates between fear—complications that may occur during pregnancy and delivery that can only be managed by high-tech obstetrics—and unrealistic expectations imagining a delivery like spending a day at a spa. Though oppositional, both narratives have the medical staff—the birthing authorities—in common. The medical staff is depicted as experienced personnel who hold the monopoly on expert knowledge.

Activism around Child Birth

Due to the erasure of women's subjectivities, self-determined birth has been on the feminist activism agenda for decades. Frédéric Leboyer, Michel Odent, and Sheila Kitzinger have promoted the ideal of “natural birth” since the 1970s, when the development of high-tech obstetrics had reached a peak. Throughout the 1980s and 1990s, “natural birth” was established as the preferable standard in both expert and public discourse, and numerous hospitals addressed the growing demand for “natural” deliveries with fewer technological interventions. Even within the context of “remedicalization,” vaginal delivery is still perceived as the best case scenario by both medical experts and laypeople. In 2013, German gynecologist Michael Abou-Dakn and midwife Bettina Kraus submitted an application to UNESCO in order to have “normal birth” recognized as an indelible part of world heritage. They argued that knowledge about “natural birth” would be lost if medical technology was solely relied on and that women need to regain trust in themselves for birth in general (Rüssau). On the other hand, there are also advocates for the C-section. The volume *Königsweg Kaiserschnitt* (“Royal Road Cesarean Section”), for example, promotes the idea that a planned surgical delivery is the best solution for every woman, giving them the chance to control the birthing event (Lenzen-Schulte).

Both perspectives understand self-determination as the major goal of feminism. Feminist blogs—such as *Kleinerdrei, aufzehenspitzen*, and *alsmenschverkleidet*—discuss the negotiations between motherhood and feminism without adopting a one-size-fits-all approach. The bloggers argue that although political activism on child birth usually sees women as victims of a system that does not allow

an active and self-determined way of giving birth, activists often fail to offer solutions and, instead, foster feelings of insecurity. In order to mediate these gaps, I discuss the use of birth narratives for political activism around child birth in the following section.

BIRTH NARRATIVES

Motherwork and Narratives of Motherhood as Competitive Practice

Birth narratives are often used by political activists as a tool to promote a typical way of giving birth. Women either articulate empowering stories about their birthing experiences or focus on traumatic birth experiences. American midwife Ina-May Gaskin writes,

The influence that birth has on a society is powerful, but it's also subtle, because most of its initial effects are laid down in the private spheres of human activity in technological societies—in hospital maternity units, birth centres, and more rarely, homes—out of the sight of most people. Because of its private nature, birth is much more mysterious to civilized people than it is to people who live in cultures in which birth occurs in homes and villages where encouraging stories are still shared about pregnancy and birth, and members of the village not only witness labour and birth but celebrate it collectively. (10)

Gaskin argues that “encouraging stories” should be shared in our medicalized birth systems in order to help women imagine the many ways in which giving birth can be possible. Many birth activists opt for the telling of birth stories as a means of empowerment. Here, I draw from a 2014 Twitter campaign—hashtag #selbstgeboren (“I gave birth myself”, my translation)—which caused an emotionally charged discussion in German web-feminism.

When midwife and blogger Anna Virnich put a call out for birth narratives for an edited volume, it caused an uproar in the blog-sphere. Virnich searched for contributions that described “natural” birth experiences, ones without any medical interventions (e.g.,

induction, PDA, vacuum extraction, C-section, etc.). The editor's agenda was to inform readers of the paternalism present in obstetrics and to show the possibilities of giving birth in a completely self-determined way. Women who had not experienced a "natural" delivery in these terms felt excluded from the call and, above all, devalued as second-class mothers. Clearly, Virnich's intention to empower women backfired. Instead of creating solidarity among those who felt victimized by the medicalized birth system, Virnich's call drove a wedge between mothers who were "strong enough" to have a natural birth versus those who were not "strong."

Virnich's natural birth narrative campaign failed to tackle the important experiences of women who give birth within the medical context. As I will show in the next section, women often imagine birth as a task they manage themselves, but they often end up experiencing it as something that is performed on them through the medical industry complex. This can be read as an act of violence known as "birth rape" ("Birth/Rape"). Birth rape narratives reveal not only that women feel physically violated (by secondary C-sections they did not give consent to, by episiotomies performed between contractions, or by being separated from their newborns after birth), but also that they feel deprived of a defining task of birthing as their motherwork. Campaigns such as Virnich's, however, do a disservice to those affected, as they suggest that an externally driven birth—and as seen in the German birth system, most births are externally driven to some extent—is not a "real" birth and, hence, the mother not a real mother.

In this context, motherhood can be seen as a competitive practice (Heimerdinger). Women who opt for a planned C-section might be labeled as "too posh to push," whereas those who promote a "natural" birth tend to be called "old fashioned" or "irresponsible"—but all of the mothers in this competitive setting claim to live up to an ideal of the "right way" of mothering. Stories that were written without any (obvious) political agenda (there is always an "agenda" when it comes to women's bodies and our relationship to men and the state) will be examined in the next section.

Internet Forum Narrative

The Internet forum *Mama Community*, run by the German ad-

vertising agency Common Media as a platform for target-oriented advertising, is one of many forums for maternal interests and receives more than 600,000 unique users per year. In the section "*Geburtsberichte*" (birth reports), users can share stories of their individual birth experiences. Here, every user tells her story. In contrast to Virnich, the story of every birth—the "good" and the "bad"—is worth sharing. In fact, the majority of the more than one thousand birth reports at *Mama Community* describe a series of interventions and violations that from Virnich's point of view would not be seen as self-determined births. Consider the following extract from the forum as an illustration:

When the baby's head started crowning, I heard the doctor and the midwife whisper: "An episiotomy has to be performed, but she won't notice anything. We'll do that during a contraction." This sentence was certainly not meant for me to hear. But I DID notice the cut! It felt like I had been passed over! I also got forced into positions without them asking me if it is OK. ³ (Birth report, "Noah das WM-Baby")

This mother writes that she felt "passed over" and that the medical staff talked about her as though she had not been there. Her narrative conveys anger and disappointment when she complains about the doctor and the midwife performing interventions on her without her consent. Nevertheless, even though many women like her describe how they were forcefully put into a passive position by the medicalized birth system, the women also convey that giving birth was an active practice for them. For example, the following woman transforms her negative experience of being "in anguish" into a positive narrative, providing empowering advice for other women: "And to all women who have not given birth yet: You have to be in anguish, but you will be proud of yourselves. Soon you will hold your little darling in your arms and then you won't regret a second."⁴ (Birth report, "Wunderschöne Geburt") This narrative points to a cliché: mothers who claim that the labour pain was forgotten when they received their "bundle of joy."

The narratives in the forum offer detailed histories of how women coped with their experience of child birth and how they value it as an achievement of their own. Every aspect of the medical birth system outlined above becomes secondary. The crucial part of every narration is that of “I made it, and I am proud of myself,” regardless of whether the delivery was with or without medical interventions. The heroine of the story in any case is the mother. The heroes are never the doctor or the midwife, even if the narrative suggests that mother and child would have died without any medical intervention. The following extract is taken from a report that describes how the Kristeller maneuver was performed—application of pressure on the mother’s abdomen—in order to save the baby: “She [the doctor] is pushing so hard that I think she’s taking out my complete innards. One more contraction and I’m feeling a strong pressure that won’t go away, and another contraction and the pressure subsides. Still totally dazed, I’m realizing how my little darling is being put on my belly. I made it.”⁵ (Birth report, “Unser schwerer Start ins neue Jahr”). The mother describes how painful practices were performed on her. Her words indicate that she did not have an active part in the delivery of her baby. Even the contractions—associated with becoming active and pushing—are described as something that she merely feels. Yet in the end, the mother is the one who “made it.”

A guideline to every birth story is the master narrative of being a “good mother.” In contrast to reports with a political agenda, the main motive is not the birth system rendering oneself passive, but how one is making the best of a given situation in order to do the best for one’s child. To illustrate this, three recurring topoi that can be found in nearly all of the reports will be examined: 1) the topos of making one’s own decisions, 2) the topos of wanting to accomplish something, and, 3) the topos of sacrificing oneself for the sake of the baby.

Decision-making processes are a major part of many reports. The authors describe how they are in control of what happens to them and how they regard it as their duty to be in control. The descriptions of the intervals of labour and of paying attention to the signals of the body, for example, are common among the narratives shared. This might represent an ideal of having control over the

unusual situation of labour and of making decisions based on both rational facts and intuition. The authors turn the pregnant woman they used to be into the mother who instinctively knows what to do. This ideal of “mother knows best” seems to be deeply rooted, and the reports suggest that interfering with a mother’s intuition is the worst thing to do. The medical staff itself does not necessarily interfere; inanimate objects are also described as disturbing the birthing woman’s decision-making processes. One woman states, in a quite Latourian manner, that she felt “bullied” by the CTG device: “I felt quite bullied by the CTG. This ol’ device just showed nothing. Absolutely NOTHING! Later it turned out that it was because of my abdominal wall. Even during bearing down pains, the device only showed minimal swings” (Birth report, “Finja”).⁶

However, even if the birth process is described as (partly) externally driven, many women do not adapt their story to this fact. The same amount of intervention can be perceived as a violation of her body and self by one woman and as desirable assistance by another, given that she does not regard her right to decide as being violated.

The topos of wanting to accomplish a challenging task is the most prominent one, and it is very closely linked to the C-section. The surgical termination of pregnancy is regarded as the “greatest failure possible” and seems to be the Sword of Damocles hanging over every pregnancy. Those who write about their planned but medically indicated C-sections also note that it was hard for them to give up their “biggest wish” of a vaginal birth, in order not to harm (or even kill) themselves and/or the baby. One woman writes: “A little world fell apart for me, because I really counted on having a vaginal birth. A planned C-section was not a part of this world. At least not for me.”⁷ (Birth report, “Motte. Mein geplanter Kaiserschnitt”). Reports of planned C-sections without indication are rarely found, but when they are, they are often described as the product of a long process of conscious decision making. It is important to note that planned C-sections are not a part of the mother’s “little world,” nor are they part of the master narrative.

Both topoi just described culminate into the last one, which recurs in many reports. When the ideals of making one’s own birthing decisions are obstructed by the rules of the birth system,

the topos of sacrificing oneself comes into play. Often, the mothers describe that they had certain expectations about giving birth, which were disappointed when they could not fulfill them. However, this disappointment seemed petty in comparison to delivering a healthy baby. Another woman writes: “Of course, I imagined birth differently, yes maybe even easier. But I’m jolly glad that it didn’t turn out to be a vacuum extraction delivery. He [the baby] is here, he’s healthy, safe and sound, that’s what’s most important” (Birth report, “Geburtsberichte Seite 84”).⁸

Note here that the “it could have been worse” scenario has been set up in order to underline how “jolly glad” one can be with a healthy baby.

The comments underneath each post in the forum follow the same ideal of highlighting the positive. The other users’ words convey empowerment and admiration for the mothers’ accomplishments. The members of the forum do not view motherhood as a competitive practice; they support and accept a wide variety of birthing modes, as long as the author of the report expresses her will to be a “good” mother in one way or another. Such is the case with following user who supports the author of a birth narrative in which she describes that she was not given time for bonding: “Sweetie, you wrote that so wonderfully. I’m sitting here crying!!! You know, I totally feel with you, and no matter how crappy the birth might have been, the worst is that our little ones were not with us! I’m so proud of you.”⁹ (Birth report, “Wie aus Ich und Du innerhalb von 34 Stunden ein Wir wurde”). Or this user who empowers another mother’s decision of not giving birth vaginally: “Don’t let anybody badmouth your CS [C-section]” (Birth report, “Motte. Mein geplanter Kaiserschnitt”).¹⁰

BIRTHING OF NEW MATERNALISMS

How can this analysis of birth and birth narratives contribute to the field of “new maternalism”? In a birth system as ambivalent and contested as Germany’s, giving birth can be seen as a political act in itself, but since it is rendered invisible, the voices of mothers are not part of the popular cultural imagination. The consequences can be fatal. A cause for the high and rising number of women suffering

from tocophobia, or from a birth trauma, for example, may be found in the contradictory expectations that they are exposed to. On the one hand, pregnant women are told to proactively prepare for birth. On the other hand, women are not given the opportunity to be self-determined during birth. Empowerment as practised by midwives or alternative medical practitioners can backfire when a birth requires medical intervention, thereby turning the mother herself into a failure. As the ideal of the “self-determined” mother is held up, it establishes ways of thinking that stand diametrically opposed to the scientific mindset dominating society in every other context. Whereas every scientifically proven cause for a disease is gladly accepted, in the context of birth, scientific reasons are neglected and discarded in favour of self-reproaches and feelings of personal failure. Moreover, the biomedical concepts of “safety” and “risk minimization” seem to be neglected when it comes to “natural” birth.

The analysis of birth narratives has shown how mothers try to make sense of their own experience inside the contested system. What we need is a new approach—a “new maternalist” view—to understand birthing experiences, including the decisions that are made by the woman and those supporting her. The new maternalist approach could challenge the false divide between biomedical obstetrics and “natural” approaches to birth, a divide that pathologizes mothers as “good” mothers or “bad” ones. Paying attention to women’s birthing narratives and how they try to integrate their own stories into the master narratives presents a first step towards helping mothers to rise from their invisibility and to dislodge them from maternal ideology.¹¹

Without any intention to blame biomedical obstetrics or “natural” approaches to birth, a “new maternalist” view of the topic could reveal how the birth system fosters well-known ideologies of the “good mother” and how women try to integrate their own story into this master narrative.

NOTES

¹This publication was funded by the DFG-graduate program 2015.

²In Germany, the profession of the midwife differs from other

countries. In a nationwide standardized, three-year training, women (and rarely men) with at least a high school degree can learn to attend physiological births, C-sections, stillbirths, and abortions. Additionally, they are trained to take care of pregnant women and of the puerperium. Midwives can work as hospital employees (exclusively, or in addition to freelance pre- and after-treatment), or as freelancers, in pre- and after-treatment, and/or as homebirth midwives. Despite the fact that midwives are regarded as a crucial part of the birth system, their position is about to be fundamentally changed. Professional liability insurance companies announced that they would no longer pay for midwives' malpractice, and this means that freelance midwives will not be able to practise anymore (presumably from July 2015 on). The consequences would be that pre- and after-treatment, in their present form, can no longer be provided, and the right to choose the birthplace will no longer be an option. Although the issue is too extensive to be included in this chapter, I underscore that I support freelance midwives and mothers (-to-be) be allowed to voice their concerns and defend their own right of care (see <http://www.mamaprotest.de/>, <http://www.hebammenunterstuetzung.de/>).

³My translation "Als das Köpfchen fast draußen war hörte ich Ärztin und Hebamme tuscheln. Es muss ein Dammschnitt gemacht werden, aber sie bekommt nix mit, das machen wir während einer Wehe!" Dieser Satz war sicher nicht für meine Ohren bestimmt. Und ich merkte den Schnitt DOCH! Es fühlte sich so an als hätte man mich übergangen! Ich wurde auch in Positionen gedrängt ohne, dass man mich fragte, ob es okay ist." See Birth report, "Noah das WM-Baby"

⁴My translation "Und an alle Frauen die die Geburt vor sich haben. Es sind zwar Qualen die man erleiden muss aber ihr werdet alle stolz auf euch sein. Bald haltet ihr euren Schatz im Arm und dann berreut ihr keine Sekunde." See Birth report, "Wunderschöne Geburt."

⁵My translation "Sie drückt so fest das ich denke das sie meine kompletten Innereien mit rausholt. Noch eine Wehe und ich merke einen starken Druck der nicht weggeht und noch eine Wehe und der Druck lässt nach. Noch total benommen kriege ich mit wie mir mein kleiner Schatz auf den Bauch gelegt wird. Ich habe es

geschafft." See Birth report, "Unser schwerer Start ins neue Jahr."

⁶My translation "Ich fühlte mich vom CTG sehr gemobbt. Dieses olle Gerät zeigte nämlich nichts an. Absolut NICHTS! Später stellte sich heraus, dass es wegen meiner Bauchdecke war. Sogar in den Presswehen zeigte das Gerät nur minimale Ausschläge an." See Birth report, "Finja."

⁷My translation "Für mich brach eine kleine Welt zusammen, da ich ganz fest mit einer Spontangeburt gerechnet hatte. Ein geplanter Kaiserschnitt kam in dieser Welt nicht vor. Zumindest nicht für mich." See Birth report, "Motte. Mein geplanter Kaiserschnitt."

⁸My translation "Und natürlich habe ich mir die Geburt anders, ja vlt. auch einfacher vorgestellt. Aber ich bin heilfroh, dass es keine Saugglockengeburt wurde. Er ist da, gesund und munter, das ist das Wichtigste." See Birth report, "Geburtsberichte Seite 84."

⁹My translation "Süße, du hast das so toll geschrieben. Ich sitz hier und heule!!! Du weißt, ich fühle total mit dir und so beschissen die Geburt auch war, das schlimmste, was wir erlebt haben, ist, dass die Zwerge nicht bei uns waren! ich bin stolz auf dich." See Birth report, "Wie aus Ich und Du innerhalb von 34 Stunden ein Wir wurde."

¹⁰My translation "Lass dir den KS nicht schlecht reden." See Birth report, "Motte. Mein geplanter Kaiserschnitt."

¹¹Initial approaches to this new maternalist perspective can be seen in Irene Luszti's film "The Motherhood Archives": "The film works as a feminist recuperation of obsolete maternal histories, as a visual analysis of the persistent disciplining of the pregnant / labouring body, and as a new, contemporary counter-archive of women's experiential narratives." (Motherhood Archives)

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15.

Maternal Art Practices**In Support of New Maternalist Aesthetic Forms**

ETI WADE

ART AND MOTHERHOOD

THE MATERNAL IDEAL has its roots in the figure of the Virgin Mary—a saintly, all-giving, all-sacrificing mother, who negates herself in deference to her child’s every need. The Madonna’s maternal perfection is disseminated extensively through works of art, which are mostly created by male artists. The vast collection of historical works of art depicting the Madonna has, in effect, aligned particular representational forms inherent to mothering to a powerful ideological mechanism, one that prioritizes patriarchal requirements. The expression of maternal subjectivity in works of art, considered in relation to this powerful and historically established aesthetic form, presents many challenges for mother-artists. In *Gender and Genius*, Christine Battersby argues that the creativity of male artists has been equated metaphorically to “giving birth,” suggesting that art making has equivalence to material motherhood. Along with a discussion of Donald Winnicott’s idealized “ordinarily devoted mother” (7), it is possible to perceive that material motherhood is incompatible with the metaphorical giving birth to art. In other words, one can be a mother to a child or create works of art, but doing both is perceived to be incompatible; motherhood and art practice are not easily reconciled. My discussion originates from the conviction that art is a significant social tool, which forms a springboard for many important conversations. Artists express ideas and offer new ways of thinking about our world, ideas that can play a vital part in political discussion. In this chapter, I show

how artists who create works of art from a maternal perspective not only struggle to get their work seen, recognized and taken seriously, but also navigate a slippery terrain where many representational forms are potentially associated with powerful idealizing connotations. I am concerned with exploring the visibility and acceptance of maternal art in contemporary art spheres.

In this chapter, I analyze artworks by mother-artists in order to identify the ideological and material conditions from which they emerge and with which they engage. Recognizing the complex and problematic spaces that mother-artists negotiate, I argue for the importance of their work within contemporary debates about motherhood and society. I do this through a proposed system of classification for types of creative practice, which mother-artists employ and which reflect those conditions. These practices provide an opportunity for generating alternative visual languages that represent maternal subjectivity and potentially resist or subvert traditional idealized forms. The categories are the following: “maternalist materiality” relates to works employing maternal bodily excrecia; “maternal refraction” draws on the maternal gaze; the “intersubjective maternalist trace” identifies the intersections between the child’s creative expression and the mother’s art; “politicized maternalist multiplicity” recognizes the groupings and coming together of mother artists; and “performance and the raw everyday” argues for the necessity for intuitive unprocessed modes of creative production in the hectic, everyday maternal world. They are collectively titled “new maternalist aesthetic forms.” My focus for this discussion lies in the earlier years of mothering, the years when motherhood forms the most demands on mothers’ time, and mental and emotional resources. The reason for concentrating on maternal experience in early the years of motherhood is that this time forms the most acute and intense maternal experience. The transition from childlessness to being a mother and the experience of early mothering introduce extreme and significant changes to the mother’s life. It is when the most intense physical and emotional demands are made on a mother and is most impactful when considering women’s social position and status, especially when considering the workplace (Burgess).

THE PROBLEMATICS OF BEING A MOTHER AND AN ARTIST

Being a mother and an artist means occupying a position fraught with tension. Like entering the priesthood, art making is culturally understood as a higher calling. Artists are expected to devote their time to their practice; art making, thus, must take precedence over the mundane, such as bringing up children. The quality and availability of mothering as well as the value and seriousness of art production are brought into question when the position of artist and mother are occupied simultaneously. An artist who is a mother and makes artwork to articulate and express the subjective experience of motherhood occupies a particular cultural position, one I name “mother-artist.” The work of mother-artists foregrounds maternal experience within art practice and product and constitutes a “coming out” as a mother within the art world. As I will explain below, this is potentially a detrimental career move.

In *Gender and Genius*, Battersby reminds us of that the creation of works of art by men is understood as being on par with giving birth: “The artist conceived, was pregnant, laboured (in sweat and pain), was delivered, and (in an uncontrolled ecstasy of agonized—male—control) brought forth” (73). Battersby analyzes the concept of the male artistic genius and claims that “the rhetoric of genius works to exclude women on so many different and contradictory levels.” She goes on to show how “our modern notions of creativity are modelled on notions of a male God creating the universe ... to represent all creative and procreative power as attributes of males” (7-8). This analysis locates the great male artist in a diametrically oppositional place to mothers. It offers a sublimated (masculine) alternative to women’s reproductive capabilities. Therefore, the mother, having biologically reproduced, is excluded from the realms of art. In terms of cultural perceptions, then, there is little acceptance of a woman who practises as an artist while also having and bringing up her children, seemingly setting up an either/or situation. Artist Maggie Hambling brings to life this binary. She writes, “if ever a painting was crying out in one room and a baby was crying out in another, I’m animal enough to go to the baby.” Tracey Emin speaks about the choice between being an artist and

a mother and argues that her art making would have suffered if she had become a mother (qtd. in Alexander).

Mother-artists, then, often discover quickly it is not in their professional interest to have their status as a mother known within art world circles. In 2009, artist Martina Mullaney, following the birth of her daughter, set up a collective ironically titled “Enemies of Good Art,” which drew on Cyril Connolly’s statement from *Enemies of Promise* that “there is no more sombre enemy of good art than the pram in the hall” (qtd. in Mullaney). The collective formed a political feminist movement of parent artists that sought “to investigate the possibilities of combining art practice and family commitments” (Mullaney). In the meetings, mostly attended by mother artists who were often accompanied by their small children, many expressed the difficulties experienced by mothers who were also artists, namely the continued undermining and jeopardizing of their creative practices. The problems raised were associated with practical barriers to creative practice, such as being able to find time and childcare support in order to engage in studio work. Established artists also felt that having a child affected the seriousness in which they were perceived. Hannah Starkey, who attended the meeting held at the Royal College in London on October 1, 2010, discussed the ways in which female artists’ investment value may come under scrutiny after becoming a mother, which from an art world perspective would be perceived as being less productive (*Enemies of Good Art*). Susan Hiller’s account of a “warning” that she received regarding an exhibiting of her body of work *10 Months* is relevant here. In *10 Months*, which incorporates text and images, Hiller documents her growing abdomen over ten lunar months. The imagery separates out “the pregnant part,” which Hiller describes as “the section of the body you couldn’t talk about” (qtd. in Liss 12). In an interview with Andrea Liss, Hiller recalls, “I was told by someone important in the art world that with this work I separated myself by joining the feminists and that I ruined my career” (qtd. in Liss 13).

During the 1990s and early 2000s, photographic bodies of work by mothers who used their own children as their subject often drew criticism over the right of the photographer mothers to photograph their children, criticism that cast questionable light

over their mothering. Sally Mann's photographs of her children appeared in the *Immediate Family* 1992 exhibition at the Houk Friedman Gallery in New York; Tierney Gearon's photographs of her children were exhibited at the *I am a Camera* exhibition at the Saatchi gallery in London in 2001; and Annalise Strba's and Betsy Schneider's images of their children were exhibited in London in 2002 and 2004 respectively. All of these artists experienced public condemnation, had their mothering called into question, and had their images threatened with removal from the exhibition. In the case of Schneider's work, her images were, indeed, removed from the exhibition. Condemnation for these artistic works stemmed from the ideologically based expectation that the mothers must undertake a position that is subservient to their children's needs, forgoing their subjectivity (Wade). This ideology is powerfully advocated in the theories of Donald Winnicott, whose construct of the "good-enough mother" is of a mother who acts as a selfless mirror. Asking and answering his own question in this regard, Winnicott says, "What does the baby see when he or she looks at the mother's face? I am suggesting that ordinarily, what a baby sees is himself or herself" (112). The mothers in this group undermine this social expectation, identifying themselves as mother-artists who articulate their maternal subjectivity.

Thus far, I have considered the material and cultural prohibitions that affect the production and reception of maternally derived works of art. However, as I intend to demonstrate using the work of Käthe Kollwitz and Mary Kelley, despite the restrictions and prejudice that mother-artists encounter, motherhood does, indeed, act as a creative force and an enabler for many mother artists.

THE VALUE AND SIGNIFICANCE OF MATERNAL ART

Sturges in her book *Towards a Language of Interruption* has explored the ways in which motherhood enhances and contributes to the mother's creative practice. Sturges draws on Kollwitz's experience and on Nicholas Bourriard's notion of "relational aesthetics," which foregrounds an intersubjective turn in contemporary art theory, to suggest that mothers are perfectly placed to practise from—as it were—the "coal face" of intersubjective

relationality (33). Myrel Chernick and Jennie Klein relate to Mary Kelly's experience of making *The Postpartum Documents*, as she states, "motherhood, far from shutting down the creative process, could be a catalyst for art making" (5). Sculptor Käthe Kollwitz recalls her passionate and productive creative flow experienced as a young mother caring for her young children: "Formerly in my so wretchedly limited working time, I was more productive because I was more sensual: I lived as a human being must live, passionately interested in everything" (qtd. in Betterton 45). Betterton identifies in this statement that for Kollwitz, maternal subjectivity is the condition of artistic production rather than its antithesis. In my personal maternal art practice, I have found that the close and intense interaction with a young child, experienced especially in the early years of mothering, often generates a feeling of invisibility and isolation. Coupled with the constantly changing demands that are made on the mother and resulting from the fast-paced changes in the growing child, this infused in me the need to record and document my experience so that I could hold on to it and keep an account of its rapidly shifting stages.

The necessity of maternal creative production as a way of coping with the struggles and hardships of maternal experience can be analyzed in relation to the writings of Lisa Baraitser and Daniel Stern. In her book *Maternal Encounters*, Baraitser understands motherhood and maternal experience as a state of being constantly interrupted. The mother, caring for her young child, is constantly interrupted from thinking, acting, talking, eating, and, generally, being. This experience demands that the mother must find strategies for surviving this constant onslaught on her flow, which, according to Baraitser, could potentially lead to a breakdown. Being interrupted repeatedly, the mother is unable to finish the things that replenish her; she may struggle with feelings of shame, confusion, self-reproach, and anger as a result (Baraitser 67). Stern accounts for the elusive nature of maternal experience and, hence, the difficulty in accounting for maternal subjectivity and says that motherhood is a state in which a woman temporarily becomes something other than herself. He insists that it is "not merely a reorganization of a woman's mental life, but an entirely new organization," which replaces the previous mental organization (Stern 6). The condition

of finding oneself in the new and unfamiliar state of mothering—being constantly interrupted and at the same time coming to terms with a different manifestation of the self—is likely to challenge a mother’s capacity to make clear sense of the experience as a whole and to be able to account for it. As a result, I argue that processing maternal experience through creative practice is an important and effective way of making sense of early mothering, which allows the mother a way to investigate and assess her relationship with her child and her own changing subjectivity. It is also beneficial to study the unique insights, energies, and forms of knowledge produced by the (art) work of mothers.

The value and opportunities that motherhood bring to the creative journey of an artist are not widely acknowledged and only a handful of established artists have openly incorporated this part of their life into their art. In the following section, I will continue to develop the constellation of restrictions, limitations, and threats for maternal art. I will consider the lack of internal representation of the maternal by drawing on the theories of feminist psychoanalyst Luce Irigaray. Arguing for creative practice as a means for overcoming the limitations of dominant language, I will also draw the readers’ attention to the threat for creative practitioners posed by inadvertently echoing patriarchal discourse in representations of mother and child.

LIMITATIONS AND OMISSIONS OF MAINSTREAM REPRESENTATIONS OF MOTHERHOOD

The work of French psychoanalyst Luce Irigaray, whose thinking is firmly grounded in “feminism of difference,” helps to demonstrate the importance of maternal art making processes and products. Irigaray is a controversial feminist thinker who insists on women’s pure difference and resists the patriarchal binary and oppositional notion of difference. Her ideas are sometimes considered threatening for the equality agenda within feminism, but they are very well suited to the discourse of motherhood. Irigaray argues that “the sexes are now defined only as they are determined in and through language, whose laws, it must not be forgotten, have been prescribed by male subjects for centuries” (87). Based on this asser-

tion, I argue that motherhood, being for the most part a uniquely female experience, is failed by dominant language. The difficulty of accounting for the full and complex experience of motherhood within the confines of patriarchal systems of signification can be demonstrated in turning attention to the way that young women, experiencing motherhood for the first time, often feel unprepared. In her book *Mother Shock*, Andrea Buchanan ponders why no one wishes to talk about the realities and hardship experienced in early motherhood. She asks questions about her personal experience of early motherhood and her sense that what she experienced, she had no preparation for. Buchanan equates her experience of early motherhood to being “transported to a foreign country with a whole new language, a different culture, a striking political landscape, and a punishing time zone to adjust to” (xi). She describes finding her experience of early motherhood as being unexpected, feeling as if the reality of the experience had been kept a secret. Her book is not unique, and several other writers share similar experiences of feeling unprepared for motherhood because of the reality of motherhood being kept secret (Maushart; Wolf; Cusk).

Drawing on Irigaray’s theories regarding the patriarchal prescription at the core of language, I propose that the lack of preparedness for the realities of motherhood is not an outcome of the absence of information but the result of an inability to meaningfully communicate within the limitations of language. My argument is that early motherhood, being for the most part a uniquely female experience, is not adequately served by language. A young woman on the threshold of motherhood may seek information before giving birth, but she often ends up feeling disoriented and unprepared after the birth. She may feel surprised and shocked by motherhood, despite reading books and studying online resources. To overcome the problem of the limits of language, I propose that artworks stemming from maternal subjective experience and expressing maternity may offer an effective alternative for articulating the realities of early motherhood.

Advocating for creative works of art as an alternative mode of communicating the experience of motherhood requires that I interject and discuss the implications of a particular form of maternal representation. The wider art historical frame of reference

for representations of motherhood consists of countless historical paintings and other artworks. Their main subject is the religious figure of the Virgin Mary, who is most often depicted holding in her arms the baby Jesus. The function of these paintings is to consecrate the Madonna. The paintings mostly follow a standard and familiar pose of a mother cradling her baby, and as Simon Watney demonstrates, this religious form has been applied to many other representations of mother and child throughout art history. Andrea Liss considers the representation of the Madonna in Western art as “images that have silenced and deformed the maternal” (xix). This suggests that motherhood, represented in this idealized form, conflates real-life motherhood with an impossible ideal, an ideal that silences and prohibits the articulation of the complexity of real-life mothering. Maternal ambivalence, postnatal depression, loss of status, and financial independence along with other aspects of maternal experience, which might be thought of as negative or undesired—are all aspects of maternal experience effectively repressed and silenced by the pervasive Madonna and Child idealized form.

This idealized female representation carries into the contemporary medium of photography. Early pictorialist photographers chose to imitate such established artistic styles and conventions because they felt doing so would endow their efforts with respectability and help in securing reputation and sales (Watney). Therefore, the classic image of a mother holding her baby, endlessly echoing the iconographic form, is continuously reproduced throughout the contemporary world, as evidenced in celebrity mother and child images in newspapers and popular magazines. This pervasive and recurring Madonna and Child aesthetic form operates as a mechanism for perpetuating the representation of idealized motherhood. Susan Bright illustrates this clearly in the foreword of the book accompanying the exhibition that she curated, *Home Truths: Photography and Motherhood*. In the foreword, she identifies the form as “replaying a primal motif of maternal tenderness, holiness and mythic feminine qualities” (11). Bright demonstrates how contemporary print and digital media are awash with Madonna and Child-derived iconographic clichés of celebrity mothers and their babies. These representations then attract the attention of

millions. Bright also identifies the Madonna and Child aesthetic form as more pervasive in the 1990s than it was in the 1980s, which coincided with the Reagan’s administrative push on family values. This pervasive image projects an impossible and repressive ideal onto real mothers.

Julia Kristeva proposes that another mechanism is at play in audience encounters with the classical Madonna and Child form. In *Stabat Mater*, she asserts:

We live in a civilization where the consecrated (religious or secular) representation of femininity is absorbed by motherhood. If, however, one looks at it more closely, this motherhood is the fantasy that is nurtured by the adult, man or woman, of a lost territory: what is more, it involves less an idealized archaic mother than the idealization of the relationship that bounds us to her, one that cannot be localized—an idealization of primary narcissism. (Kristeva and Moi 161)

This passage suggests that classical representations of a mother and child are always already in danger of being overshadowed for the audience by the audience’s personal loss formed at the inception of their infantile subjectivity. Hence, instead of such imagery offering the audience an insight into the maternal position, audiences would normally experience emotions stemming from the loss of their own infantile, blissful, dyadic state. The mechanism of “primary narcissism” means, therefore, that an audience looking at traditional representations of a mother and child would not normally see the mother. Kristeva, thus, reminds us that the traditional representation of a mother and child relates to the subconscious desire to return to the infantile state of non-differentiation from the mother, the condition of an infantile pre-linguistic, pre-mirror phase state. In considering this slippage of meaning, which results from the multilayering of discourse surrounding the image of the mother and child, it is clear that the mother and child form, which is bolstered by centuries of religious iconography, is a problematic form for mothers’ interests. As such, it threatens to obscure and repress maternal subjectivity, at the same time as inscribing it with

passive and self-negatory qualities that counteract a complex subjectivising picture of and for contemporary mothers.

The pervasive Madonna and Child form, which has been reiterated endlessly in popular media, forms a problematic representational context for real-life maternal experience and needs to be diluted and resisted to enable subjective maternal experience to be culturally and socially recognized. In order to counteract this powerful and dominant representational form, which is internalized as representative of the experience of motherhood in its prescribing of repressive and objectifying maternal qualities, I propose that alternative aesthetic forms must be identified and promoted. These aesthetic forms emerge from the creative practice of mother-artists. They sometimes serve a personal function for the creators as part of a drive to make sense of maternal experience, although mostly they stem from a desire to communicate and articulate motherhood in creative practice, to counteract repressive forms, and to express and to account for the silenced aspects of maternal experience. I wish to advocate for works of art that emerge from subjective maternal positions and represent and articulate aspects of maternal subjectivity. These forms are already in existence, and I believe they offer new visual paradigms for motherhood and should, therefore, be recognized as “New Maternalist Aesthetic Forms.”

POSSIBILITIES OF MATERNAL SUBJECTIVITY (THE CONDITIONS OF PRODUCTION FOR MATERNAL ART)

The question of maternal subjectivity must be considered before looking further into my proposal for recognizing these maternalist aesthetic forms. Alison Stone underscores this in the introduction to her book *Feminism, Psychoanalysis and Maternal Subjectivity*. She introduces the psychoanalytic assertion that maternal subjectivity cannot exist—especially considering Irigaray’s insistence that “the subject has commonly been viewed as emerging in a break with the maternal body as a female body” (qtd. in Stone 5)—leading Irigaray to identify subjectivity and female subjectivity as a whole, as being premised on the masculine. The position of a subject and the place from which the subject might speak or articulate

through creative process and product require contextualization to be recognized as such.

This position takes into account the Western understanding of subjectivity, within which the subject is an autonomous agent, authoring the meanings of their experiences. Conversely, to become a subject one must separate from the mother. Maternal subjectivity is further compromised by the loss of agency experienced by women when they become “subservient to the child(ren) for whom they care” (Stone 1-2). Stone identifies the locus of maternal subjectivity in the space of maternal body relations, which draws on an embodied position and subscribes to the significance of embodiment for a comprehensive understanding of subjectivity. The mother is a subject because significance, within maternal body relations, emerges from self-organizing and self-forming intelligence, intrinsic to matter itself, that prefigures the more conscious, fully developed forms of human intelligence (Stone). The centrality of the body in maternal subjectivity and the positioning of the study of maternal subjectivity in relation to the drive to reject the Cartesian body and mind split allow us to link again to the limitations and inadequacies of language. This further underscores the opportunities for the articulation of maternal experience through creative practice, thus creating a space for maternalist discourse to emerge.

Finally, while anticipating the trivialization and ghettoization of maternal artworks as women’s work, artwork about women and artwork for women, it is imperative to insist that mothering is part of the human experience and that gaining insight in maternal narratives is bound to connect us to gain insight into our primitive emerging selves. As Grizelda Pollock states in her introduction to Bracha Ettinger’s *The Matrixial Borderspace* in discussing Ettinger’s theory, “This theory is not just about women or for women, but for all of us, for we are all born of woman” (qtd. in Ettinger 28).

CONTEMPORARY MATERNAL ART PRACTICES AND PRODUCTS: ASPECTS OF MATERNAL SUBJECTIVITIES EXPRESSED THROUGH MATERNALIST AESTHETIC FORMS

Studying works of art created by mothers that articulate aspects

of the experience of motherhood may often cause a few distinct aesthetic strategies, modes of practice, materials and processes to recur. I have identified five such forms and titled them “maternalist aesthetic forms.” I see all five forms as emerging from the particular experience of motherhood and all five offer something in the way of an insight into maternal subjectivity. It is also my understanding that they are significantly different from classic representations of motherhood, which derive from the Madonna and Child aesthetic form, and offer insight into maternal subjectivity rather than creating a framework for mothers to fit or aspire to fit within. The forms also generate alternative channels of critical engagement with maternal subjectivity at the same time as overstepping the Kristevan narcissistic trap.

The first category includes works that insist on the materiality of the maternal body; they foreground the specificity of maternity and the embodied dimension of maternal subjectivity by making use of bodily fluids that exclusively derive from the maternal body. The use of bodily materials that derive from the maternal body seem necessary so that aspects of personal maternal experience can be made real, thus materializing profound personal experiences that are often fleeting and in-articulable. I title this form “maternalist materiality” and apply it to works of art made using materials exclusively derived from the maternal body. This category would include works of art that make use of breast milk. For example, consider *Breastcups*, a series performance works using breast milk created by artists Eve Dent and Zoë Gingell who formed the Mothersuckers Project. Works of art created using the blood of a miscarriage can be seen in the work titled *Islands of Blood and Longing* by Tabitha Moses and in *My Son, 22nd October* by Rebecca Baillie. In Moses’s work, the diminishing daily trace of miscarriage blood forms a map of remote islands at sea, representing the artists struggle to find a foothold at such a turbulent time. Baillie’s work is a child-like painting of a baby boy, made by using blood and fetal tissue to create a material presence for the child that is not to be.

I identify my next category in photography-based bodies of work, in which the mother photographs her children. The mother either incorporates herself into the work or is absent from the

images. Either way, the photographs articulate maternal subjectivity through the process of reverse-mirroring. This approach can be clearly identified in Sally Mann’s body of work *Immediate Family*, where “the children reflect a maternal subjectivity, one she projects onto them” (Hirsch). I call maternal photographic bodies of work that exemplify this approach “maternal refraction.” This approach, I would argue, applies to maternal photographers who use the camera to articulate their subjective maternal position, capturing a maternal gaze. The children are seen through the mother’s eyes, which makes this particular and privileged point of view into powerful and beautiful photographic works of art. This category can be seen in the works of Tierney Gearon, Anna Casas-Broda, Katharina Bosse, Monika Drzewicz, and Elinor Carucchi.

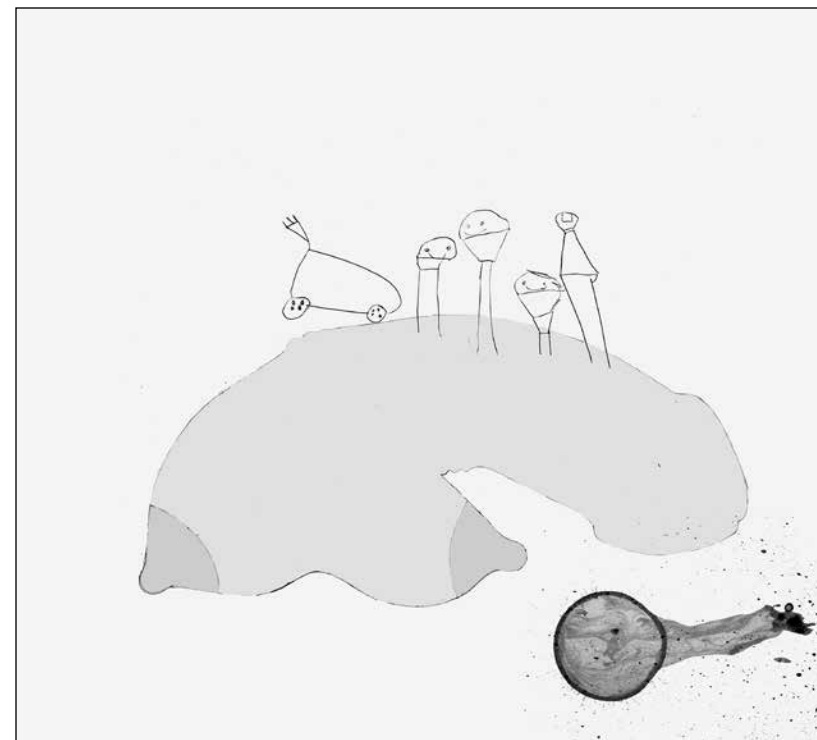
Works of art that combine mother and children mark making are categorized under the name “intersubjective maternalist trace.” This approach makes manifest the intense intersubjective nature of early motherhood and opens up new ways of considering the authority of the artist’s unique mark-making within a maternal creative process. Intersubjective maternalist trace works can be thought of as creative dialogue where both parts of the process relate. Effectively, the mother invites the child to relate to and make its own impact within the work. This can also be achieved through a process of appropriation and recontextualization, wherein the mother, within her artwork, reworks the child’s own creative work. Intersubjective maternalist traces can be found in the work of Lucy Soni, who has reproduced her daughter’s drawings on large canvasses, or in Helen Sargeant’s re-appropriation of her son’s drawings into collage pieces, which allude to the sensuality of procreative male and female bodies as an extension of the resulting child. The child’s innocent drawings at first seem uncomfortably out of place, but with more careful attention they can be considered as offering a child’s take on human reproduction, as experienced in early childhood.

The next category is titled “politicized maternal multiplicity” and refers to the collectivization of maternal artists through physical or virtual gatherings. This activity, which is initiated by a mother-artist, is processed and presented within formal art establishment



Drzewicz, Monika. 2012. "Play Nice" (part of the series, *Precious*).

contexts as an outcome or extension of the activity. The events and outcomes express shared experience and solidarity in counteracting maternal and mother-artist isolation. In the meetings, issues such as sustainability of creative practice for mother-artists are discussed. This category draws on political motives with originators and participants hoping to effect change within the art world by



Sargeant, Helen. 2014. "Man-Sized," digital collage (Part of the series, *Her Family*).

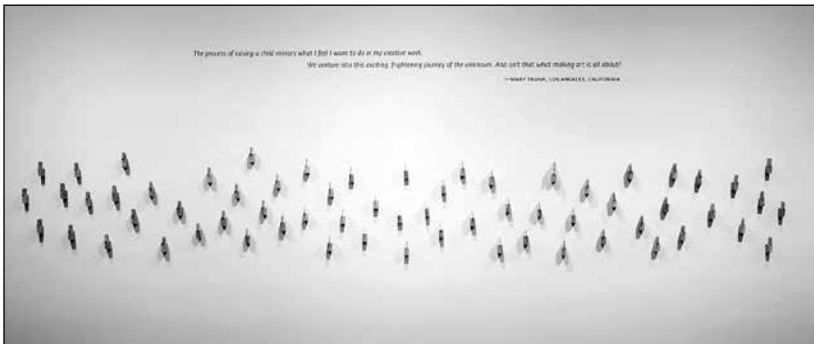


Soni, Lucy. 2014. "Wool" (acrylic paint on canvas, 50cm x 100cm).

highlighting commonalities of experience. Examples of politicized maternal multiplicity are illustrated in Martina Mullaney's *Enemies of Good Art* series of events and meetings and in the recent *The*



Image documenting the Enemies of Good Art meeting, 2012. The Tranzit Gallery, Prague



The Mother Load (installation shot of brass plaques with fingerprints of mother-artists and their children's collected internationally), 2015.
The Dallas Museum of Art, Centre for Creative Connections.

Mother Load exhibition at the Dallas Museum of Art, curated by Lesli Robertson and Natalie Macellaio.

My last category is “performance and the raw every day.” This refers to the use of everyday maternal experiences, childcare and domestic actions, and objects and events as materials for performance-based processes and works. Several such practices have been presented at the *New Maternalisms* event at the FADO Performance Arts Centre in Toronto. The significance and importance of performance-based approaches for maternal practice is that it enables a direct and authentic presentation of maternal

subjectivity, an approach that underscores the development and substantiation of a maternally derived aesthetic vocabulary. It also enables the creation of artworks that emerge from the intense everyday experience of caring for a young child—a condition that not only challenges artist-mothers but that can often be thought of as counterproductive for art making.

MATERNALIST ART FORMS AND MATERNAL SUBJECTIVITY

Maternal art practice is created and received in unsympathetic cultural and material contexts. The challenges for the production and exhibition of maternal art practice draw our attention to the need to acknowledge the work that is produced, and for creating and celebrating opportunities for this work to be made public. The significance of maternal art is that it offers insight into maternal subjectivity, which takes on a number of forms that may or may not map onto other forms of human subjectivity. Insights into maternal subjectivity can be derived through a study of maternal art. Proposing a classification system such as the maternalist aesthetic forms allows us to consider in detail the particularities of maternal subjectivity.

My proposal for this categorization goes some way towards identifying the relationships between forms of creative practice and how those emerge from and reflect the concerns, material conditions, and agendas that are part of the experience of mother-artists. Through creative practice and creative strategies, there is scope for bypassing the limitations of patriarchal language through artistic forms that not only express the experience of mother-artists but also go some way towards suggesting how aspects of maternal subjectivity may become acknowledged within culture.

As this chapter offers an initial outline of the categories proposed, there is more work to be done in researching maternal art and further exploring the way that maternalist aesthetic forms draw on and express maternal subjectivity. There are also many more works of art created by mothers to represent aspects of maternal subjectivity that need further analysis. The continuing study will further our insight into the links between maternal subjectivity and creative practice.

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16.

Caregiving, Human Capital, and Genetically Engineered Children in the 21st Century

HEATHER E. DUNN

MICHEL FOUCAULT'S THEORIES about biopolitics have attracted considerable attention in recent years, particularly his argument that biopolitics increases the investment in human capital of the next generation (Foucault, *The Birth* 215-237). Likewise, Ann Crittenden argues that the investment in human capital of the next generation is performed by primary caregivers who are not recognized within capitalism, mainly because they are not monetarily compensated (Crittenden). What their arguments reveal is a society that is increasingly monitored, analyzed and systematized, and one that devalues primary caregivers. This chapter builds on Foucault and Crittenden, among others, and extends their work to encompass children who are genetically engineered with assisted reproductive technology (ART), including the gestational mothers and primary caregivers who care for them. I argue that biopolitics, global capitalism, and technological agency have led to a heightened state of consternation and desire for the "perfect" child, which in turn has led to the investment in human capital of children while also devaluing gestational mothers and primary caregivers. I argue that the desire for the "perfect" child has complicated caregiving, compounded the misuse of surrogates in developing nations, and led to primary caregivers being viewed as simply facilitators of productive citizens within global capitalism.

In this chapter, I first introduce how biopolitics and the subsequent investment in human capital have led to the growing use of genetic engineering. Second, I demonstrate how the investment in human capital has been accomplished by the use of the female body,

particularly in developing nations, and how the developed nation's use of the developing nation has reinscribed imperialism. I then explain how genetic technology has redefined family structures, gender roles, and caregiving. Finally, I show that through genetic engineering, kinship and blood ties are being rewritten. Today, caregiving can be viewed through a multitude of lenses, from gestational mothers to primary caregivers to even the technological advancements of genetic engineering.

BIOPOLITICS, THE STATE-OF-THE-ART BABY, AND THE INVISIBLE CAREGIVER

The German philosopher Hans Jonas argues that technological advancements call for a re-evaluation of ethics between humans. This should lead to a more inclusive practice that not only encompasses the earth and all living things on it, but also the understanding and ownership that ethical choices made today will dictate ethical outcomes in the future (Jonas). Although he is not writing about caregiving, human capital, or designer babies, his argument is relevant to current ethical debates surrounding these topics. For example, the need for re-evaluating ethics is seen in the developed nation's use of surrogates from developing nations, with the end goal being designer babies or to use Barbara Katz Rothman's term, "state-of-the-art" babies (19). I contend that what precipitated state-of-the-art babies, leading to some of the current ethical misuse of women's bodies and the devaluing of primary caregivers, was the regulation of society and individuals through biopolitics. In relation to biopolitics, Foucault argues, if a society wants to improve the human capital of individuals, it will call for reproduction to be controlled and screened (*The Birth* 228). Today, his argument is reflected in the desire for the "perfect" baby, which has led to a new compulsion to conform to what biopolitics dictates is the ideal individual. This desire for the perfect individual is seen in the growing use of reproductive technology—such as sonograms, amniocenteses, and genetic tests on parents—sperm, eggs, and embryos, and is also seen in the primary caregiver's investment in his or her child, such as Indian women who become surrogates to pay for their own children's

education (Rudrappa). Correspondingly, primary caregivers who provide meals and read to children at bedtime are often invisible, becoming visible only in their absence. Thus, the investment in human capital is apparent in the developed nation's use of surrogates, gestational mothers who become surrogates to invest in their own biological children, primary caregivers who devote themselves to their children's education and well-being, and technology that creates the-state-of-the-art baby.

Ideally, the state-of-the-art baby is a child in whom one invests indispensable human capital; the return is an adult who takes his or her rightful place in global capitalism. Biopolitics, Foucault argues, is the surveillance or monitoring of statistical analysis and administering of life along the average of a bell curve. The supervision of the body then becomes "effected through an entire series of interventions and *regulatory controls: a biopolitics of the population*" that tries to optimize a population (*The History* 139). Today, for example, infants are measured against height and weight charts. If the infant is below or above the national average, adjustments in the infant's diet might be made. This type of caregiving has altered the language of caring, and, as Rothman argues, has guided humans to a very different social reality. She states, "on one hand we are trying to think of children as people, deserving respect and needing care, on the other hand our society is also coming to think of children as products" (19).

The problem with viewing children as products is a multisided die that is increasingly not left to genetic chance. Rather, through genetic manipulation, children are produced to become optimal citizens. Biopolitics, which has been facilitated by the marriage of genetics advancements and computer technology, enables the construction of the ideal-typical citizen along race, class, and gender lines. For example, the growing use of preimplantation genetic diagnosis (PGD) performed by embryo 23-chromosome microarray scans the genome of the embryo for abnormalities. Thus, PGD enables the selection of embryos with a desired genome to be implanted in the gestational mother, whereas less desirable embryos are discarded. The discarded embryos are the children pulled from the assembly line for their "defects." The embryo that is manipulated, scanned, and implanted in a womb, theoretically, alleviates the

intended parental state of consternation and demonstrates his or her investment in the human capital of the child.

This genetic technology has formed a new biological system that has not only helped alleviate the parent's state of consternation but has also initiated a powerful technological revolution. The ascribed belief that science is the acquisition of knowledge for its own sake merges with the usefulness and practicality of technology, leading to an unquestioning view of technological advancements. Rothman, however, argues that these advancements have led to a technological society where both people and machines are made "to be more efficient, productive, rational, and controlled" resources (53). She further argues that technological control of humans has divided "motherhood into parts, organizing and systematizing intimate relations, separating out menial physical labour from higher, rational, contractual intent—all of this becomes the very embodiment of reason for the benefit of all" (64). Moreover, as technology has become more readily available, it has advanced a system of technological agency, which has precipitated forms of cultural change within the institutional structures of family, gender, and caregiving. Family structures, gender roles, and caregiving have gone from multiple, regional views to a collective global or hegemonic worldview. This hegemonic view has increasingly placed responsibility of choice in the hands of the individual but has by no means assured personal freedom from institutional structure. Instead, the individual comes to rely on new institutional structures, such as health care, that are formed by new genetic technology. The advancements in genetics are what increasingly configure and form the individual's experiences within the hegemonic view of the *Lebenswelt* (life-world), and those that do not prescribe to this view become disposable or to use Zygmunt Bauman's term "wasted humans." He writes, "When it comes to designing the forms of human togetherness, the waste is human beings" (30). These "wasted humans" are cast aside, only becoming visible when they threaten to disrupt the global *Lebenswelt*. "We, carefully avoid them ... we make them invisible by not looking and unthinkable by not thinking. They worry us only when the routine elementary defenses are broken and the precautions fail—when the comfortable, soporific insularity of our *Lebenswelt* which they

were supposed to protect is in danger” (27). It is only then that the wasted humans become visible.

Crittenden adds another layer to Foucault’s and Bauman’s arguments. For her, capitalism has led to the devaluing and invisibility of primary caregivers because they are not monetarily compensated for their work and, therefore, not considered as part of the labour force or as adding to the gross domestic product (GDP). The devaluing of primary caregivers places them in the category of expenditure, which has been compounded by technological agency. *Günther* Anders, who, like Bauman, writes about World War II, argues that humans could not adequately predict the consequences of the atomic bomb, and, therefore, technology, at that time, took on its own autonomous agency. Today, the same argument could be made in relation to genetic engineering, particularly that of humans. One of Anders’s points is that technological agency has eclipsed human agency: “Through the triumph of technology, ‘our’ world has become so impenetrable that, even though we ourselves have conceived and created it, it has ceased to be ‘our’ world in a psychologically verifiable sense” (qtd. in van Dijk 33). Technological agency has happened not only because humans lack foresight, but because as machines have become more precise than humans, humans have made themselves “superfluous, by which we eliminate and ‘liquidate’ ourselves” (34). Coupled with Anders’s argument, Rothman’s claim that the ideology of technology is shaping motherhood takes on an ominous presence that does not resist but rather is enveloped by technological agency. She argues that “having a baby has become part of the high-tech medical world, [which] encourages us to see ourselves as objects, to see people as made up of machines and part of larger machines. It is this mechanization that connects the ideology of patriarchy with capitalism, to create the hegemony, the world view” (Rothman 28).

The hegemonic worldview has devalued primary caregivers and made them superfluous entities within technological agency. As Crittenden argues, “Women have always had a hard time being ‘counted.’ The verb ‘to count’ has several meanings: ‘to matter,’ ‘to make a difference,’ ‘to enumerate.’ Women have long been regarded as deficient in all of these ways” (66-67). Since primary

caregivers receive no monetary compensation, they are simply not counted in capitalism, and “the more skillful the caregiver, the more invisible her efforts become” (72). Ironically, capitalism has created child-friendly coffee shops, stroller-jogging machines, and parenting magazines. This marketing campaign strives to have every primary caregiver assimilate to the biopolitical system of capitalism, to optimize his or her investment in the human capital of the new generation. The idealized image of the child and an individual’s ability to invest in the human capital of his or her child are perhaps the most compelling forces behind the state-of-the-art baby.

Further complicating the creation of the state-of-the-art baby is the use of surrogates from developing nations who engage in the practice of “renting wombs.” This practice falsely implies that an organ of the body can be separated for its utilitarian purpose and that the uterus can or should be viewed as a baby-making machine, one that can be controlled by technology to produce “perfect” children. The gestational mother becomes, as Gayatri Chakravorty Spivak coined, the “subaltern wom[a]n” who traditionally has not been allowed to speak for herself. She has, as Spivak argues, been doubly colonized, both by the male patriarchal control of the private domestic sphere and the patriarchally colonial control within the public sphere. Thus, today, the by-product of genetic engineering that has taken on its own agency has become not only the consumption of humans but also their disposability. In a world where technology shapes humans, there is a need to question the previously held belief that “the ethical universe is composed [only] of contemporaries, and its horizon to the future is confined by the foreseeable span of their lives” (Jonas 5). Instead, as Jonas argues, the concept of horizon needs to traverse this narrow concept of time and expand to encompass an ethics that will be beholden to the unborn.

CAREGIVING AND DESIRE

Today, the re-evaluation of caregiving must extend to reproductive tourism, a form of outsourced industrial labour that is used when people from developed nations travel to countries, such as India,

to find surrogates at discounted rates (Twine 1). Today, Anand, India, houses a successful childbirth business in part due to Oprah Winfrey, who featured Dr. Nayna Patel and the Akanksha Infertility Clinic on her talk show in 2007. On that show, Winfrey documented how Patel was able to help a white, American woman become a mother, and how the Indian surrogate was subsequently lifted out of poverty (Carney 70). What Winfrey failed to address is the few options Indian women—the surrogates—have or the consequences of being a surrogate, including the long-term health effects from the hormonal drugs required to becoming a surrogate. Instead, she showed the creation of the “perfect” white baby idealized by popular culture, the *Oprah* show. The show has also demonstrated how reproductive tourism, and any other practice that uses bodies from developing nations, only compounds the dichotomy between the idealized wealthy, white, and unattainable body and the poor and/or non-white body that symbolizes irreducible difference. The example of the body—the baby, the womb, surrogate, parent(s), and even the sperm, egg, and embryo—crosses between the developed and developing nations, forming a body controlled through biopolitics and enforced through capitalism and technological agency. The body is no longer viewed from an individual socio-cultural perspective. Instead, the body becomes a conceptual body representing all bodies in the hegemonic worldview, in which biopolitics seeks both to optimize and suppress diversity, which, in turn, can be viewed as both caring and indifferent. It is within a fissure such as this that Gilles Deleuze and Félix Guattari construct a social theory of desire.

Instead of using the physical cartography of the body to understand the self, Deleuze and Guattari compose a “body without organs,” a conceptual hegemonic body affixed with desire but free from an individual’s weighty flesh. This body spreads out, engulfing the world along lines of longitude and latitude in continuous movement compounded by money and desire, to create individuals or groups that “are traversed by lines, meridians, geodesics, tropics, and zones” (Deleuze and Guattari, *A Thousand* 202). The body without organs produces a spatiotemporal moment that erodes differences between “the social production of reality ... and a desiring-production that is mere fantasy”

(*Anti-Oedipus* 28). Here, in this space, the state-of-the-art baby is produced. The baby becomes a fantasy of the “perfect” child and a desire for the “perfect” self. This fantasy is played out on a global sphere through wombs in developing nations where the body of the surrogate is not a factor. She is merely a “rented” womb, a mere organ swaddled by a capitalist yearning for the “perfect” baby. As Deleuze and Guattari claim, “the social field is immediately invested by desire” (*Anti-Oedipus* 29). Through capitalism, the social field institutes artificial coding of the social structure of the family and state to become what Deleuze and Guattari call “nomadism” or a point of “nonculture” within the developed nation’s epistemology. Hence, the state-of-the-art baby, embedded with technological agency, de-territorializes family structure, gender roles, and caregiving by transgressing contemporary social codes. This transgression is accomplished by the suspension of both culture and territorial boundaries, ironically becoming a counter-strategy for capitalism. The desire for the “perfect” child has then led developed nations to misuse bodies from developing nations but in doing, so has eroded family structure, gender roles, and caregiving; this desire embedded with technology has taken on its own agency.

EUGENICS, DISEMBODIMENT, AND THE STATE-OF-THE-ART BABY

This desire for the perfect human is not new. Joan Rothschild argues that positivists, evolutionists, and social Darwinists “biologized science and increasingly explained human progress in terms of biological categories” (29), leading to “advancements” in the technology of reproduction to control the population. The justification was that society could eliminate undesirable genes and allow desirable genetics to flourish. One of the ways this was enacted was through involuntary sterilization of prisoners and those in mental institutions. The rationalization for the sterilization rested on the argument that if prisoners, the mentally ill, and individuals with birth defects were sterilized, they would not pass on defective genes; hence, societies, such as the United States, could better control its population. By the 1950s, involuntary sterilization began to wane,

but the eugenicist movement in the United States and elsewhere had, by then, converted genetics into a disciplinary science used to define the inferior “Other” (Rothschild 29-48). This practice profoundly affected the discourse of the perfect human and less-than-human, initiating the self-made human on the genetic level that was created according to biopolitics. Rothschild states that in the post-Holocaust world, eugenic discourse shed its racist rhetoric but retained a form of eugenics in reproductive practices based on the desire to eliminate certain diseases (52). Today, the attempt to remove genetic diseases can be seen in the use of *PGD* that allows genetic abnormalities to be detected, causing certain embryos to be discarded. Other genetic tools, such as gene and germ-line therapy, allow other possibilities for the perfect child and control of the body through biopolitics. Feminist Jyotsna Agnihotri Gupta counters this line of thought and asks if “the ‘right’ to choose is not gradually turning into a ‘duty’ to choose and that there is a foreclosure of certain choices, for instance, to choose to continue a pregnancy even if the foetus is affected” (28).

Perhaps the most profound example of scientific intervention and lack of choice is the scientist’s attempt to grow a fetus in an artificial womb from conception to birth. Theoretically, this would make it easier to make genetic corrections, but it also amplifies the disembodied experience of ART and further erodes the male-female binary. Presently, ART contextualizes apparent gender confusion with issues of coding or name, as the concept of creation and parenting are rerouted in a network structure of caregiving, inclusive from before to after birth. This maps new paths of the self/other with endless possibilities of identities that morph and transcend gender. Currently, however, genetic testing only reveals the absences of certain conditions, not the guarantee of a perfect baby. Jeffrey Steinberg, director of The Fertility Institutes, however, predicts that by 2019, eye colour selection will be a reality and hair colour will soon follow (Moyer 85). The selection and manipulation of certain genes are alarming. What would these genetically engineered people look like? What, if any, new genetic modification would they harbour? The inability to answer these questions brings to life Anders’s technological agency argument.

DEVELOPING NATIONS, SURROGACY, AND CAREGIVING

Today, human genetic future is unknown, but a family created through ART, such as with a donor egg and/or sperm and gestated in a womb in a developing nation, clearly demonstrates the control of genetic engineering over family structures, gender roles, and caregiving. Likewise, the state-of-the-art baby parallels the concern that Daphna Birenbaum-Carmeli and Marcia Inhorn highlight: “ARTs may accelerate the erosion of traditional nature/culture dichotomies in the realm of reproduction, effecting far reaching consequences, such as the blurring of boundaries between nuclear and extended families or the breaching of couples’ intimacy” (11). Additional ethical questions arise when desired embryos are implanted and less desirable embryos are destroyed or used for medical research. These practices, therefore, “challenge local notions of personhood, including when human life begins, the status of the embryo as a human being, which lives are valued, and whether the disabled have a right to life” (Birenbaum-Carmeli and Inhorn 20). Furthermore, the practice of using developing nations to gestate children for families in developed nations reinscribes imperialism.

The documentary *Made in India* is pertinent in its examination of a poor, illiterate Mumbai woman named Aasia Khan, who becomes a surrogate for a white couple from Texas. Aasia enters into a contract with the promise of USD 7,000 but only receives USD 1,100 because she delivered premature babies, a common outcome of implanting embryos, whether in biological parents or surrogates. This documentary depicts a myriad of ethical situations surrounding surrogacy, including the dispensability of women. According to Amrita Pande, the disposability of the developing nation “is an integral part of the working of global capitalism” (“Not an Angel” 162) and reiterates both Bauman’s argument of the wasted human and Anders’s argument of technological agency. As Gupta argues, “within this ‘supermarket of reproductive alternatives,’ a whole person is reduced to saleable and disposable parts. In the ensuing market relationships, women are objects of use and children are created as products. The right to choose is reduced to a right to consume” (Gupta 28).

Sharmila Rudrappa's study of garment workers in Bangalore, India, contextualizes the surrogates' lack of options. She argues that it is often not the destitute, but the garment worker that joins "the reproduction assembly line, as women move from garment factories, to selling their eggs, to surrogacy" (Rudrappa 23). These workers and mothers are underpaid and overworked; further, they demonstrate a type of pragmatism in a situation with few options. Rudrappa explains, though, that instead of finding the surrogacy debasing work, women find it economically empowering. Indirani, one woman in her study, claimed that she "earned more money as a reproduction worker than she did as a garment worker, and found the process much more enjoyable" (24). Rather than being physically and emotionally exhausted from working in the factory and then cleaning, cooking, and taking care of her family, she lived in a dormitory for surrogates. She "had no household obligations.... She did not remember a time in her life when she felt so liberated from all responsibilities" (24).

Rudrappa points out, though, that the surrogates are monitored on closed circuit cameras, have scheduled Caesarean surgery to accommodate the intended parent's schedules, and sometimes have a difficult time relinquishing the baby. Similarly, Gupta argues that many women who "are brought up to be subservient to others, have come to see themselves as having the right to do as they wish with their bodies [as liberating]. To them the possibility of selling their eggs or renting their wombs seems like an act of empowerment" (33).

Therefore, although the surrogates might find their situation to be empowering, their treatment demonstrates how they have become a cog in a baby-making machine, and how the well-being of the state-of-the-art baby is placed above their health. Moreover, it demonstrates the paradoxical position of motherhood that is occupied by the surrogate: through engaging in imperialism and allowing others to monitor and control her body, she can earn money to invest in the human capital of her own children. One of the respondents, for example, asks Rudrappa if she knows anyone who requires a surrogate because she needs money for her children's private schooling (27).

SURROGACY

Surrogacy, despite recent controversy, has a long history. Twine argues that it has existed through the practices of second wives and concubines; examples are also found in *Genesis* when Rachel gives her servant to Jacob to serve as a surrogate (Twine 13). Similarly, Pande observes the role of surrogacy in the Hindu mythological stories of Lord Krishna, who was raised by Yashoda. Many stories depict a loving bond between Lord Krishna and Yashoda, which is "a popular theme in media representations of Indian mythology as well as Hindu devotional songs and prayers" (Pande, "Commercial Surrogacy" 987). Pande argues that these stories have helped some Indian women justify becoming surrogates ("Commercial Surrogacy" 987). The differences between these stories and current practices are that surrogacy is performed within a capitalist market, it is controlled by technological agency, and it crosses national boundaries.

Today, surrogacy, which was legalized in 2002 in India, is estimated to be a USD 445 million business in India. (Twine 17). The women who become surrogates are often from a low caste; they often live below the poverty line, are frequently illiterate, and are made to sign contracts most often written in English, a language usually foreign to them. Additionally, Dr. Khanderia, who ran the clinic where Pande did her casework, admitted to recruiting the surrogates, checking their medical history, handling the paperwork (including signing the consent forms and the contract regarding payment), monitoring the surrogates during pregnancy, delivering the babies, and even setting up their bank accounts (Pande, "Not an Angel" 147-149). Due to the stigma "of getting pregnant for money, which is associated with the 'immoral' commercialization of motherhood" ("Not an Angel" 154), surrogates usually keep the pregnancy a secret. The social stigma is exacerbated if an egg is also required, and the preference is often to purchase eggs from a poor, white woman from one of the post-Soviet countries (Birenbaum-Carmeli and Inhorn 7). The egg can then be fertilized and implanted in a surrogate in India, making the bodies of both women the raw material for the sustenance of the white, privileged, and developed nation. In the case of post-Soviets societies, Michal

Nahman found poor Romanian women selling their eggs to raise money for the investment in human capital for their own children, as is the case in India. For example, Nadia, a twenty-seven-year-old mother, explained that she was selling her eggs to “renovate her house, lay the foundation for a floor, because her floor was made of earth” (Nahman 68). The selling of her eggs would provide comfortable living conditions for her son.

In Nahman’s study, the women formed a type of sisterhood and were housed together for various procedures (69-70). Likewise, the surrogates in India are often housed together, evoking images of Margaret Atwood’s *The Handmaid’s Tale*. Yet like Rudrappa’s garment workers, Pande discovered some women found a sense of empowerment in the process because of the money earned and the rewriting of kinship relations. While they were pregnant, they lived together and had little contact with their family. The surrogacy clinic “cared for” them. In this living arrangement, a kinship formed between the surrogates that was not only a gendered space occupied by the pregnant women, but a kinship that often crosses borders of religion and caste (Pande, “Commercial Surrogacy” 989). They were also trained to be skilled surrogates by taking computer and English classes so they could converse with international clients. These classes, along with their newly found kinship, allowed the surrogates to share information and “sometimes come up with strategies for future employment and even acts of collective resistance” (“Commercial Surrogacy” 971). In addition, the sum of money offered to them was usually equivalent to nearly ten years of a family’s income (Pande, “It May Be” 382-383). Although as the documentary *Made in India* demonstrates, these surrogates did not always receive the money. Nonetheless, the process of surrogacy, then, becomes a form of caregiving for both the unborn child that is not genetically hers and her genetic child(ren) she must leave for almost a year. Pande also argues that surrogacy challenges the “hegemonic notion of kinship [by] (1) Redefinition of the blood tie; (2) Reinterpretation of patrilineal ties and (3) Laboured ties across borders” (Pande, “It May Be” 380). This is true in India and other areas of the world where surrogacy takes place. In both the developed and developing nations there are numerous reasons to use a surrogate, such as a

biological desire to have offspring, or simply to perpetuate the patrilineal structure. With the use of ART, however, the patrilineal structure is challenged with the rewriting of kinship ties.

REWRITING KINSHIP TIES THROUGH ASSISTED REPRODUCTIVE TECHNOLOGY

Although the impetus for using a surrogate varies, the majority of ART procedures focus on the female body, marginalizing the male partner and further redefining families through the reinterpretation of the role of patrilineal ties in the production of children. For example, in Ecuador, it is common for a woman to use eggs from female relatives (Roberts 115). This alters what Claude Lévi-Strauss claims is the “elementary structure of kinship,” an exchange of women between men (65-66). As Roberts argues, “Instead, the movement of eggs between female relatives ... promotes continued relationships between them” (115), which demonstrates a shift to matrilineal ties. Although this provides an alternative, the sharing of eggs is still contested. There seems to be no regulation on what otherwise would be viewed as inbreeding, producing an onslaught of moral, ethical, and possible health issues. Although too large of an issue to address here, the problems should be mentioned briefly, nevertheless.

Whether in Ecuador, India, or elsewhere, the various practices of ARTs affect many elements of the family, including how kinship bonds are defined. This is particularly true when considering the symbolic role blood plays in the structure of bloodlines in India. It is believed that semen “is derived from blood, being the product of the father’s seed, a child inherits the *father’s* blood” (Pande, “It May Be” 383) and becomes part of his family. The mother’s blood only nourishes the child and does not contribute to his or her identity. (Contrarily, in Israel, genetics are placed over gestation and there is a clear distinction between the surrogate’s and the fetus’ blood.) The surrogates Pande interviewed had a different interpretation: “They not only claimed that the fetus is nourished by its (surrogate) mother’s blood but also emphasized that this blood/substance tie imparted *identity* to the child” (Pande, “It May Be” 383). Thus, the women are taking the male position of power associated with

kinship. What is more, Pande found that the women sometimes felt the blood tie was even stronger than genetics, and the blood tie continued through the lives of the surrogate and child.

Recent studies on in vitro fertilization have, in fact, demonstrated blood ties can continue after birth. Through micorchimerism, some cells travel between mother and baby during pregnancy; a fraction of these cells may indefinitely persist in their new host (Nelson). This blood tie then crosses all cultural and racial borders, classes, and religions, producing a system of artificial coding for the social structure of the family and state. Thus, surrogates from developing nations produce an ironic twist on kinship. Pande rightfully points out that “the surrogates form kinship ties that disrupt the sanctity of biology and genes within a system that might well be the pinnacle of the commodification of the genetic tie” (“It May Be” 393). The surrogate—who is situated between an altruistic, loving mother who cares for the child and a disposable contractual mother who, once paid, disappears—trumps her disposability by claiming her blood imparts the child’s identity and forms a human bond that cannot be broken by time or space. Consequently, countries such as Japan and Greece are relevant as well since “local beliefs hold that ‘blood’ conferred through gestation and childbirth establishes maternity” (Teman 58). This maps a new understanding of caregiving and the female body, and creates an interpretation of blood ties that privileges gestation over genetics.

In Elly Teman’s study of Jewish surrogates in Israel, the bodily split that divides the self/other forms yet another interpretation of altruistic caregiving. Even when money is exchanged, surrogates often claim to have entered into the arrangement to help intended parent(s) (Teman). For the surrogate, caregiving takes place daily in various exchanges between her and the intended parent(s) and the relationship with the child. These forms of caregiving, partially while the surrogate is pregnant, lead to a remapping of the body. Through remapping, the surrogates form a type of ontological choreography that enables them to “distinguish between parts of their body they wish to personalize and parts they wish to distance, both cognitively and emotionally” (Teman 25), and to feel a sense of control. This helps surrogates to conceptualize the relinquishment of the baby and connect their body with the intended mother’s

body, forming a bond that replaces the one that is usually established between child and mother. This bond often lasts after birth, forming extended kinship ties that Teman sometimes described as “blood connections” (225). Although the gift of the child and the money they receive usually do not alter the surrogate’s social standing, Teman repeatedly found surrogates were empowered by the process, and it helped them to see themselves as caring and selfless individuals (293).

A NEW TECHNOLOGICAL SYSTEM OF CARE

With the use of ART, families have begun to form in ways that diverge from the traditional hetero-nuclear family. Today, same sex couples or single parents might use ART, and, sometimes, families are extended to include surrogates, as Teman found. What remain troublesome are the implications of how technological agency will continue to redefine family structures, gender roles, caregiving, and even the genetic makeup of humans. The inherent use of women’s bodies as the raw material for the creation of the state-of-the-art baby continues to disproportionately affect women from developing nations. Genetic engineering of humans clearly entails ethical dilemmas; the perfect child is engineered through technology—the production of the optimal individual within biopolitics—to alleviate any consternation a parent might have.

The desire for the perfect child has led to embryos and children being viewed as manufactured products. The transactions of buying, selling, and caring for sperm, eggs, and embryos have also increasingly become the site of social colonization, in which it is not the relationship between the self and consumable object that is paramount. Instead, a single world market of commodities has been established producing a hegemonic economy that oversees and self-regulates every phase of life. As it becomes an autonomous economy, those that do not prescribe to it become wasted humans or, like the primary caregivers who do not produce monetary means, are simply not counted by the world market. As Crittenden argues, “The idea that time spent with one’s child is time wasted is embedded in traditional economic thinking. People who are not formally employed may create human capital, but they themselves

are said to suffer a deterioration of the stuff" (4). She counters this line of thinking by arguing that primary caregivers are the ones who invest in children's health and education. "Apparently, nothing improves human capital so much as capital in the hands of [primary caregivers]" (119). Therefore, primary caregivers are a vital component of capitalism and should be compensated for the time they spend raising the next generation. However, technological agency remains a pervasive problem, and it is likely that technology will continue to orient and define both the developed and developing nation's understanding of the self by not only dictating a system of care at every level of human interaction but also shaping how the global socio-cultural system views caregivers.

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IV. A POLITICS OF POSSIBILITY: NOW AND BEYOND

The Fantasy of Normative Motherhood

An Autoethnographic Account of
Contesting Maternal Ideology¹

ROKSANA BADRUDDOJA

MY NAME IS Roksana Badruddoja. I am a queer Bangladeshi-American woman, a mother to a precocious twelve-year-old girl, who is negotiating her “brownness” at school, and a professor of sociology and women’s and gender studies. And I write today because I am worn out! I write with great pain and urgency fueled by restricting definitions of motherhood (and womanhood) that I did not create. More than twelve years ago, I made a decision to become pregnant; I made a choice. And I did so without quite understanding the unschooling that is deeply needed around our cultural imaginations of motherhood (and womanhood). However, the onset of a high-risk pregnancy seven weeks into the first trimester changed my notions of what it means to be a mother. My unschooling from the fantasy of normative motherhood as a shared middle-class experience began at a potentially life-threatening risk to the fetus that resided within me! This is a story about my pregnancy and about what it means to be a mother.

In this chapter, I share an autoethnographic account about motherhood (and womanhood), a socially constructed discourse that excises the messiness of motherwork and one that falsely essentializes and conflates the relationship between the categories “mother” and “woman” (O’Reilly). I do so from two perspectives: one from my body—raced, classed, sexed, gendered, and cultured—and one from the body of the American nation state—also raced, classed, sexed, gendered, and cultured. Indeed, both perspectives are intertwined through intersectionality (Crenshaw). What I hope to demonstrate in this essay is that dominant maternal ideology has

forced mothers to become a marginalized and invisible category and to engage in motherwork at high physical and psychological (and economic) costs. My self-narrative is intensely embedded in doing motherwork worn out.

I begin my story by arriving to my late twenties, when I found myself at the doorstep of the fantasy of normative motherhood. I inhabited an ideal-typical life as part of the South Asian-American landscape (Prashad). I was married—to a man, and he was employed, a Bangladeshi and a Muslim. We purchased a home in an affluent Jersey suburb. We were healthy, we made our monthly mortgage payments and paid our annual taxes on time, we were over-educated with multiple graduate degrees, and we did not extend our “Othered” religious and cultural practices outside of our private spaces. For a moment, I believed that I had completed my mission as the ideal Bangladeshi-Muslim daughter and as an American offspring of the small pre-1965 immigration wave of “professionals” from South Asia. *What else was there left to do?* But, in fact, not only was I explicitly demanded to maintain patriarchy from within a heterosexual matrix, I was also implicitly required to conform to male privilege, white privilege, and capitalism (what I call the “holy trinity”). That is, I was expected not only to have a baby but also to *want* to have a baby.

Here, as I draw on my memories of how I arrived at my decision to become pregnant, I have become astutely cognizant that perhaps my participation in the process of procreating had little to do with *my* biology but more to do with the biology of a social system informed by patriarchy, paternalism, and misogyny; white privilege and racism; and predatory corporate capitalism and class. I was expected to become pregnant, carry my pregnancy to term, give birth, and raise the child from the birth because my body is sexed, gendered, raced, and classed in particular ways that fulfill the “myth of the model minority.” (I am a young, healthy, educated, and upper-middle-class South Asian American woman.) I learned that my body was required to pass down traditions to subsequent generations in order to shape ideas and feelings about race, ethnicity, and the nation (Nagel); my body represented an essentialized definition of what it means to be an ideal-typical woman in America, whose ultimate role is to be a vehicle for

cultural (re)production (Yegenoglu). Race, ethnicity, class, gender, culture, citizenship, and nationalism collide in one instantaneous moment—the point of conception.

As I was approaching my early thirties, I found myself “left behind.” I witnessed many of my girlfriends experience multiple successful pregnancies, purchase minivans with their partners, and fill their weekends with *Sesame Street Live!* I, too, soon began to imagine adding a child to our lives, and, hence, I set out to search for my “biological clock.” Although I was unable to uncover any “ticking,” I, nevertheless, announced to my then partner that I was ready to become pregnant. (Even though, I was fully aware that one of the implications of a pregnancy is giving birth to a human being whom I would be fully responsible for in a multitude of ways.) My partner was ecstatic; he wanted children. Although I was pleased with his excitement and support, I also felt emotional discomfort. His response was simply, “I knew you would come around. *All* women, at some point in their lives, want to have children. *It’s natural.*” The conflation between womanhood and motherhood coated with the stickiness of morality is clear here.

More than a decade later, these words haunt me still. I am bitterly reminded of voices from the past—popular educational resources for expectant mothers that imagined for me what I should want and feel as I become a mother. Motherhood seemed to be a glamorous and flattering addition to a woman’s notion of self, à la Reese Witherspoon and Angelina Jolie. I imagined purchasing *Juicy Couture* diaper bags and *Burberry* onesies. The fantasy of normative motherhood, which is informed by structures of race and class, taught me a language system for evaluating both my successes and failures as a mother (and also as a woman). I used Hollywood to glamorize the experiences of pregnancy (through predatory corporate capitalism). Laura Tropp provides us with insight as she describes in *A Womb With A View* the branding and marketing of pregnant women, e.g. gender-revealing parties where the bakers are informed first! The point here is that I received the party line story of pregnancy, birthing, and motherhood. But, my experiences were far less than this imagined “truth.”

My pregnancy was accompanied by physical and psychological debilitations that affected my work, my relationship with

my partner and immediate family, and my psychological and physical selves. By the end of my first trimester, I was ninety pounds; I had lost twenty pounds. The beginning of the second trimester revealed that the fetus was failing to thrive. I was in and out of hospitals for eight months (my daughter was born premature) with multiple intravenous lines protruding from and Reglan patches attached to my body. During my pregnancy, my body was unable to process any solids or liquids both for myself and for the life that I was hosting within me. I became physically weak and dependent on others. I was unable to garner energy to lift my head. Walking a few steps to the bathroom became an immense task. It was as if my body was rejecting the pregnancy. For eight months, my daughter was nourished through hyperalimentation, an artificial supply of nutrients administered intravenously, while I was on bed rest. My partner left his job to stay at home with me, and my sister flew in frequently from the Midwest to hold my hand while I slept; my father flew in from England every other weekend, and my mother-in-law left her partner behind until the birth of my child. Our worlds were paused so that I could deliver this baby safely.

Plainly then, I was receiving conflicting messages, one from my body and mind and the other from popular cultural imaginations. My lived experiences were uncomfortable and simply scary. A question that begs to be asked then is, what was I feeling during my pregnancy? *I wanted out!* I wanted to rip my belly apart and take her out. At times, I envisioned various methods of how to end the pregnancy, including throwing myself down the stairs. My heart, body, and mind (and even my soul) were fragmented beyond reconciliation. That is, I felt that I—Roksana—no longer existed in time and space. It seemed to me that she was directly looking at me with big hollow eyes through the imaging screen, calling out at me, “Mama, it’s me. Don’t you recognize me?” I looked away every single time. She continued to persist, “MOMMY! It’s me, it’s me.” I did not want her to look at me. I did not want her to call out to me. I felt no positive emotions when I saw her legs trying to push through the taut skin on my oval-shaped, scarred belly, trying to kick. Rather, it scared me à la Sigourney Weaver’s *Alien*. In opposition to how pregnancy was imagined for me by the

numerous editions of *What to Expect When You Are Expecting*, I felt empty and alone. I requested an intervention: a termination of my pregnancy.

Medical personnel at various hospitals I visited had little to no understanding of how a woman—a mother-to-be—could feel what I was feeling. My psychiatric evaluation report from one hospital with a nationally leading obstetrics department read “narcissistic and immature.” Furthermore, the American medical establishment is less than holistic. My psychiatrist felt urgently that it was in my best interest to take antidepressants (Class C drugs that permeate the placenta); she was fearful that I might not be able to carry out the remainder of the pregnancy without it. My OB/GYN, however, urged me to garner my inner strength and courage rather than to consume medications that could potentially harm my baby. Barbara Katz Rothman is apt here as she points out in *Recreating Motherhood* that the complex process of human reproduction has been reduced to a controlled clinical-medical event. And Irene Lusztyg in *The Motherhood Archives* points out that we live in unresolved historical and contemporary moments suspended between two ideas—birth is both natural and pathological. Indeed, I became a reproductive threat and then an object of reform, a common cross-cultural imagination of women (of colour). (Consider Purvi Patel here; in our racist national narrative, colour equals culture equals oppression.²)

Eight months later, it came time to deliver a premature but healthy baby girl. It was not until I touched my four-and-a-half-pound daughter—the warmth of her extraordinarily flushed petite face against my sweaty cheeks and her tiny salty and slimy fingers in my feverishly hot mouth—that I felt tender emotions for her; it was *love*.

What happened? How could my feelings toward this child be manically bi-polar? I do not know what happened or whether I can ever reconcile my feelings. But my coming experiences were far less than sweet, a narrative vastly different from the sanitized imaginations of motherhood.

Hours after giving birth, I was unsure whether I wanted to nurse my daughter. I was uncomfortable with the idea. (Perhaps I wanted to protect my own selfish desires and insecurities around my

body.) I posed yet another obstacle towards helping her towards subsistence. What was wrong with *me*? What kind of *human being* was I? What kind of *mother* was I? What kind of *woman* was I? I *chose* not to nurse my child. For forty-eight hours, I “nursed” my daughter with a bottle. After I brought my four-and-a-half-pound baby home, I attempted to give her my breasts. I did so because I felt guilty for not even attempting to breastfeed her upon entering this world, and I felt that my then partner judged me for making the decision to not breastfeed our daughter. I was unsuccessful at nursing my daughter. My guilt did not subside, and I turned to pumping. With a hospital-grade pump in hand, I produced less than two ounces of milk from each breast. I pumped for months, and I simply was not producing enough colostrum to nourish my daughter. I felt defeated, and that I was being punished for initially refusing to nurse my daughter. I questioned my self-worth as a mother.

Clearly, my experiences with my pregnancy have had a profound impact on me, forcing me to rethink what it means to be a mother. What I am left with is an unanswered question: what does it mean to be a “good” mother (a construct horribly conflated with ideal typical womanhood)? I have come to realize that I have been asking the wrong question.

Karen Zivi points out that according to maternal ideology, “good” mothers engage in acts of self-sacrifice and self-abnegation, always putting the interests of their children before their own.³ Moreover, this behaviour of self-sacrifice and self-abnegation is presumed to emanate from natural instinct that at least all mothers should have, if not all women—an innate maternal instinct that should be guiding women to recognize their infant’s well-being first. By implication, “bad” mothers are women who put their children in harm’s way, either through a willful disregard for their maternal instinct or because they lack such instinct. I have serious trepidations with the good-bad mother continuum because it does not reflect the realities of most women’s lives. and it fails to recognize the vastness of mothering practices in the United States.⁴ Unmistakably, the assumption here is that mothers alone are responsible for their children, and it is through the portal of mothering that the regulation of women’s bodies is justified.

I have not slept soundly since I became pregnant over a decade ago; I continue to wake up sweating in the middle of numerous nights because I feel ridiculously inadequate as a mother. I still rush into my almost teenage daughter’s bedroom apologizing to her silently as she sleeps, whispering, “I will never let anyone harm you, including myself.” As I look at her amid the darkness, I feel shame. (I am unable to look at myself lucidly in a mirror at times.) I contemplate whether I should share with her the story about how our relationship began, how it might have almost ended. Will she hate me? Will she understand? Will she forgive me? Will *I* forgive my “narcissistic and immature” self? The questions I pose imply that there remains an absence of productive language that can be mapped onto motherwork, one that does not excise the messiness. I am hopelessly in love with my daughter, and I would not choose a life where she is not present. I aspire to protect my daughter from harm and to provide her with a loving upbringing, and the life choices I make are often about what will benefit her. Yet the notion that the category “mother” is natural to the category of “woman” is haunting to me. I cannot shake my nervousness when motherhood (and nursing) is represented as a universal and natural phenomenon for women. I find this language unproductive and simply unacceptable; maternal ideology is untenable!

Although I am deeply indebted to those who have helped me to allow my daughter to live, what my story suggests is the very elasticity and compelling nature of motherwork. The assumption of the naturalness of mothering behaviour and the mother-child bond is enormously faulty. My reactions to motherhood and the ambivalence that I feel about mothering reflect motherhood’s contradictory nature (Collins). And I constantly shifted between the right-to-life and the right-to-choose; eventually, the choices were no longer mutually exclusive for me. (Although I have allowed my daughter to live, I underscore a woman’s right-to-choose)⁵ Here, I think about “the personal meaning of mothering” (Collins): motherhood can be rewarding, but it can also extract high personal, psychological and physical costs (including economic ones).

Sharing my herstory is deeply painful for me. Writing about my experiences is part of my motherwork as a “feminist mama” (O’Reilly), and it allows me to begin to process my fears of being

judged. It is vital that we explore the lived, everyday experiences of motherwork—from maternal well-being and mental health to parenting strategies to family relationships—and the ways in which it is perceived by women as they labour. My narrative of good, bad, and redemptive motherhood highlights the maternal ideology—the narrative of the traditionally selfless mother—invoked and deployed to regulate and constrain women’s bodies, and my oppositional narrative of motherhood requires contesting dominant ways of thinking about motherhood and dislodging the unthinkable. My story, indeed, is about being defeated, lost, and struggling while, simultaneously, celebrating, triumphing, and transforming.

NOTES

¹Revised from “Contesting Maternal Ideology & the Yonic Myths of Motherhood: An Autoethnography,” *Journal of the Association for Research on Mothering* (JARM) 10.1, Caregiving and Carework (Association for Research on Mothering 2008). Copyright © 2008 by Roxana Badruddoja. Reprinted by permission of the publisher.

²Purvi Patel is an Indian American woman who was sentenced to twenty years in prison in Indiana in April 2015 for feticide and child neglect after miscarrying a fetus (Bazelon).

³Maternal ideology (good mother versus bad mother) invokes the following discourse: to ignore or not have maternal instincts undermines the bond between mothers and infants, which in turn threatens the very fabric of community. Clearly, the assumption here is that motherhood and womanhood are tightly linked, even when, in fact, many American women cannot and do not give birth.

⁴Zivi argues that maternal ideology falsely naturalizes and de-contextualizes the practice of mothering. To presume that good childcare is the natural outcome of an innate instinct, first, renders women as wholly responsible for the care and well-being of their children, and, second, it erases the practice of mothering from social and historical obstacles that constrain it, such as poverty, racism, and affordable healthcare.

⁵The hard and fast line drawn between right-to-life and the right-to-choose is, indeed, false. I continue to be dumbfounded as each new administration publicly debates along binary terms over a woman’s body, the potential ability to reproduce, and the legal

status of a fetus. The dichotomous options—life versus choice—do not suffice, and they certainly do not reflect the realities of women’s lives.

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18.

Production and Reproduction

Negotiating Narratives of Labour as an Academic Mother

LENORE D. MAYBAUM

BOOKS AND BABIES: AN INTRODUCTION

THE BODY HAS BEEN CONSTRUCTED as a problem for women, something to shed and leave behind in pursuit of a higher or purer plane of existence. Culturally, a history of male envy, mystification, awe, and contempt for the female body, and its capacity to reproduce, has resulted in disdain for every other manifestation of female creativity and intellect. In “Anger in Tenderness,” Adrienne Rich writes, “Not only have women been told to stick to motherhood, but we have been told that our intellectual or aesthetic creations were inappropriate, inconsequential, or scandalous, an attempt to become ‘like men,’ or to escape from the ‘real’ tasks of adult womanhood: marriage and childrearing” (97). Yet through her experience of motherhood, Rich comes to understand this particular paradox, determined “to heal ... the separation between mind and body; never again to lose myself both psychically and physically” (97).

This perceived dichotomy between the work of women (body) and the work of men (mind) unfolds in Virginia Woolf’s “A Society,” in which life’s objective, according to the women of her story, is to produce good people and good books. Yet Woolf’s short story bears out how a gendered division of labour separates these products according to their producer’s sex. In her own life, despite being well versed in English and American classics and history, Woolf’s female status excluded her from systemized public school education as well as from the Oxbridge intellectual training granted to

the male members of her family. Although her brothers would be sent to Cambridge, Woolf and her sister were primarily educated in their parents’ drawing room, through their biographer-father’s literary social network and extensive home library. Later, acutely conscious of her status as an informally trained academic amateur, Woolf came to resent this rigid dichotomy between men’s and women’s work (books-babies). And although Woolf would eventually come to produce good books rather than good people, her lack of formal education would create debilitating insecurities within her for the duration of her life (Clarke).

Since Woolf’s life and time, however, it is much more common for women to produce both good books and good people. Yet the metaphorical division between the physical birth giving associated with women and the creative-intellectual birth giving associated with men continues to structure “Western” cultural discourse. This is particularly present in the academy, where institutional lack of support for academic mothers—including an inflexible lockstep career track and discriminatory hiring and promotion policies—manifests in literal barriers between the labour of the mind and the labour of the body.

In this sphere, female graduate students, postdoctoral fellows, and faculty who become mothers commonly pay a “baby penalty” (Mason). Women who have children while graduate students or postdoctoral fellows, for instance, are more than twice as likely as new fathers or single women to drop out of an academic career. These early-career mothers get little to no childbirth support from the university, often times receiving discouragement from their academic mentors. It is, therefore, unsurprising, given this lack of support, that even prior to completing their degrees and applying for tenure-track positions, 70 percent of women consider faculty careers at research universities incompatible with family life (Mason, Wolfinger, and Goulden). Of those academic women who do advance through faculty ranks, only 44 percent are married with children, compared to 70 percent of academic men (Mason and Goulden). This “baby penalty” that academic women face is the consequence of structural issues in academe, including lack of paid leave for both mothers and fathers, inflexible tenure timelines and re-entry policies, and a culture in which

the labour of motherhood is devalued, if not entirely invisible.

Both personally and professionally, I am perhaps more aware than most of the “baby penalty” facing academic mothers, including the implications of Woolf’s books-babies division, in both its symbolic and literal presentations in my academic and mothering lives. In December 2013, the day I defended my doctoral dissertation, I also crossed into the third trimester of my fourth pregnancy. This means that in the six years between writing and defending my dissertation, I gave birth to three children, the fourth arriving a few weeks before my diploma came in the mail. Along the way, and despite a relative amount of success, I experienced what Amy Kittelstrom describes as the “academic-motherhood handicap,” instances in which motherhood and academe feel utterly incompatible.

In this chapter, I draw on these painful experiences of disconnect, products of institutional failures and gaps in a system that does not account for the whole person, the brain with a body. But rather than lingering in the ways academe continues to create both symbolic and literal divisions between the physical birth giving associated with women and the creative-intellectual birth giving associated with men, I take up and explore the profound *connections* that I experienced those early weeks and months post-partum, when physical birth giving was always and at once also creative and intellectual birth-giving. Ultimately, I share Woolf’s premise that production and reproduction are the two essential tasks of civilization. Rather than accepting their relationship as a disconnected, dichotomous one, I suggest that to further the success of any society, the interaction of these spheres must support and enhance each other. In academe in particular, family policies must change to recognize, make visible, and protect the intersection between books and babies, our work as mothers, teachers, researchers, and writers.

RUNNING UP AGAINST THE “MATERNAL WALL” IN ACADEME: A LIFE DIVIDED

It began fall 2007, midway through my PhD program, when I gave birth to my first child, a transformative, consciousness-opening experience, which introduced me to the “maternal wall,” those

patterns of bias and stereotyping that specifically affect mothers (Swiss and Walker). Although the “maternal wall” is typically used to discuss the problem of pay disparity between women and men, it also refers to the stereotyped assumptions about what it means to be a “good” worker and a “good” mother. In academe in particular, academic mothers are caught between two problematic ideals, both stereotypes that reanimate the books-babies division: the “good” academic who devotes her life to scholarship, working sixty hours a week and foregoing the distraction of family; and the “good” sacrificial mother who devotes her life to her children, foregoing the life of the mind to meet the needs of her family.

To illustrate how the “maternal wall” is connected to these stereotypes, Sara Corse, a researcher at the University of Pennsylvania, found that pregnant women were expected to conform to the mandates of stereotypical femininity, to be, in Corse’s words, “nonauthoritarian, easy to negotiate with, gentle, and neither intimidating nor aggressive, and nice” (49). Those who demonstrated such stereotypical feminine characteristics were liked more than those who did not. Yet at the same time, once women became mothers, they faced negative competence assumptions, resulting in equally demeaning, sexist stereotypes (think “placenta brain” or “maternal amnesia”). In a 2007 study conducted by Shelley Correll, Stephen Bernard, and In Paik, participants were given the resumes of a childless person and a parent, each with equivalent qualifications, and asked to evaluate the two employees. The results showed that mothers, in particular, were viewed as significantly less competent and committed than non-mothers. In the academy specifically, stereotypical masculine qualities—such as seriousness, rigour, objectivity, and rationality—create a culture in which stereotypical feminine qualities are devalued. In *Presumed Incompetent*, editors Angela P. Harris and Carmen G. González write, “Methods of knowledge production that do not fit the model of the brilliant genius who works alone and possesses learning inaccessible to the masses ... are marginalized or actively denigrated” (Gutierrez y Muhs, et al. 5). Those historically excluded from academia, such as women and people of colour, face presumptions of incompetence in the “rationalist and masculine-dominated culture” of academia, where “connections among body, mind, culture, and spirit ...

are denied” (7). This is the bind in which academic mothers find themselves: they are exacerbated by the invisibility of motherwork in academic culture.

Beginning in my pregnancy with my first son, I found myself facing the maternal wall. In September 2007, the Sunday evening before Labor Day, I walked through a deserted campus, considering the contractions now radiating through my lower back, feeling grateful that the students were away as I teetered down the desolate walkways, stopping every few steps to breathe through the rhythmic white heat pulsing through my abdomen. It occurred to me that if the baby were to come soon, at least I would not have to teach the next day. Several hours later, my first son was born at sunrise Labor Day morning, and fewer than forty-eight hours later, I taught a class. The irony was not lost on me: labouring on Labor Day, then promptly returning, no union to protect my right to be at home with my hours-old Labor Day baby. As an adjunct, there was neither union representation nor job security for me. My situation was a common one in today’s academic workforce, in which only 13.8 percent of non-unionized contingent faculty has access to health benefits through an academic employer, and 96 percent reports lack of job security (Coalition on the Academic Workforce). Furthermore, the revolving door policy toward adjuncts discouraged community and conversation among contingent faculty, conversations that might have meant at least the feeling of continuity, perhaps even a culture of care, if not contracted paid leave. But I did not know any other adjuncts, let alone another adjunct who had successfully navigated teaching, childbirth, and those crucial early weeks of bonding with a newborn, all without paid time leave or the promise of another semester of work.

Adding to the isolation of being an adjunct was the isolation of being a new mother in academe, where the invisibility of mothers and the labour of caregiving meant that even if there were resources, they were not made known to me, nor did I seek them out. This is the catch-22 of the maternal wall: desperate to maintain my professional identity (and job) in academe and knowing that mothers face negative competence assumptions, I made sure to not skip a beat after giving birth,. Yet at the same time, having internalized the unspoken but familiar expectation that pregnant women and

mothers are more likeable if passive and non-threatening, I avoided pursuing what limited rights I may have had in fear of being perceived as aggressive, particularly as contingent faculty whose tentative position could be easily filled at a moment’s notice.

That first class after giving birth, I remember the look of shock on my students’ faces as I passed through the doorway, my newly deflated belly a source of awe and pity. When I began handing back papers, a front row student stood and insisted, “Maybaum, let me do that.” The class hesitated, then laughed, clearing the air. A nursing student added, “I’ve seen women give birth. I know what that looks like. You should *not* be here.” Through the hormonal haze and exhaustion of being two days postpartum, I knew she was right. But without paid leave and job security, and desperate to prove that motherhood would not affect my commitment to academe, I felt stuck. I wanted to keep my foot in the door in hopes of landing a tenure-track, full-time position in this department once I finished my degree. Two years later, I would. Yet I am still haunted by that painful experience of disconnect, a life divided not by choice but by a culture in which my identity and labour as a mother were neither valued nor recognized.

By the time of the final interview for a tenure-track position, my Labor Day baby was two years old. and he now had a six-month old baby brother. With an exclusively breastfed infant, I had reservations about the all-day campus interview, but I had a hospital-quality breast pump, which I took with me in hopes of using during the allotted hour-long lunch. I can do this, I remember thinking. A few years before Sheryl Sandberg published *Lean In*, I was attempting to do just that. However, it would turn out that the eight-hour day, in its entirety, was part of the interview. At lunch, colleagues were invited to come and ask questions of me, feel out the rapport, and report back to the committee with comments regarding my “fit” in the department. There was no time to use a breast pump. And there was no lactation room or place to use a breast pump on campus anyway. Meaning, I would have had to go out to my car, for which there was absolutely no time allotted.

In my attempt to be perceived as a “good” academic, I did not identify myself as a breastfeeding mother; my body could be read as an impediment to the isolated labour of the mind, particularly

on a campus with no breastfeeding or pumping spaces. Lack of resources and support required me to choose between the work of my body—of keeping up the milk supply for my baby, whose life depended on it—and the perceived work of my mind, which in this case meant keeping up the social performance deemed worthy of a tenure-track academic position. Ultimately, both were compromised. At the end of an eight-hour day, throughout the grueling hour-and-a-half long interview, I crossed my arms over my leaky, aching breasts while trying to look and sound composed, an impossible task. The social prescriptions of academe required me to perform a masculine version of the disembodied mind at work, all the while negotiating my very real body and its concrete connections to how I was experiencing each stage of the interview process. When it was all over, I collapsed into my car and relieved the heaviness at last. Going seventy-five miles an hour down the interstate, a scarf atop my breasts to spare both myself and any passing semi-truck drivers certain embarrassment, I turned on my battery-operated pump and sped the two hours back home to my baby. This was my initiation into motherhood on the tenure track.

EARLY LABOUR: BIRTHING A DISSERTATION AND A BABY

By the time I defended my dissertation in 2013, I had three children and tenure, the latter a privilege of working for one of the few community colleges that still has a tenure process that does not require the completion of a PhD. I had a defense date set, and I had job security, just in time for the birth of my fourth child. Yet I was still ill at ease as a mother in academe. To get me through the dissonance, I went walking. Through the late summer cicada songs and the heavy ka-thunk of falling black walnuts, I walked. I walked to clear my mind, to breath in the lightness and sadness of the season, and to call forth the words I would need when I returned to my desk to write.

That fall would be my last semester as a graduate student, my dissertation defense date set for December. I walked every evening to prepare myself for the late-night revisions that would have to take place once my three young sons were asleep for the night, if they slept through the night. Before putting them to bed and

then writing, I would head out alone, my limbs cutting through the cool autumn air, my mind drawing words from the darkness. Ideas grew sharper around the edges as though written in the sky, thrown into vivid relief against the smoky September dusk. In those moments, I no longer felt divided. To walk was to write, to stimulate my whole self, body and mind, breath and perception. I would return home once I had worked up the physical and mental momentum I needed to make it through another long, frustrating night of tending to small children and a dissertation.

Many writers before me understood this strong intuitive connection between walking and writing. Woolf, for instance, drew on the creative bustle of London's streets, describing the activity as "being on the highest crest of the biggest wave, right in the centre & swim of things." She also walked through England's South Downs to "have space to spread [her] mind out in." Like Woolf, I walked to draw on the sights and sounds around me and to allow my mind to expand before sitting back down at my desk to write. Ferris Jabr describes the relationship between walking and writing as follows:

When we choose a path through a city or forest, our brain must survey the surrounding environment, construct a mental map of the world, settle on a way forward, and translate that plan into a series of footsteps. Likewise, writing forces the brain to review its own landscape, plot a course through that mental terrain, and transcribe the resulting trail of thoughts by guiding the hands. Walking organizes the world around us; writing organizes our thoughts.

In this way, walking and writing can be understood as equally physical and mental tasks that mutually support each other, rejecting the mind-body dualism: mental processes cannot, in this case, be separated from physical processes.

The same is true of labour. In the classic *Ina May's Guide to Childbirth*, Gaskin includes an entire chapter on the powerful mind-body connection that happens during labour, citing instances when women's cervixes relax and open once a labouring woman feels safe and supported. In other instances, labour stalls when

a birthing woman is faced with fear. During one such case, the midwife found the labouring woman stalled at seven centimeters of dilation for several hours, despite how deeply and calmly she was breathing through contractions. At some point, a friend of the woman's asks, "Has Sheila [the labouring woman] told you about her mother yet?" The midwife discovers that the labouring woman's mother had died in childbirth and that she feared the same for herself. Gaskin narrates, "Once this profound fear was mentioned aloud, her cervix relaxed and displayed abilities it didn't seem to possess earlier" (134).

My own labours began with walks, just as my dissertation did, and, in the case of labour, too, the walking was a means of preparing me both physically and mentally for the task ahead. Although I walked at least an hour every day throughout each third trimester, with my third child I made a conscious decision to stop walking the week of his due date. Because my last labour had moved so quickly, causing me to dilate from three to ten centimeters in less than half an hour, I was nearly paralyzed with fear that this baby's labour would be as excruciating and fast as my last. Tired of being pregnant at forty weeks and one day, however, I made up my mind to walk again, knowing that this would prompt contractions, dilation, and the beginning of active labour. I would walk to build the courage to face my fear. I would walk to bring this baby down.

I took the same path that I had been taking for months, the same path I took before writing and during previous labours. As my feet hit the pavement, I breathed through contractions and meditated on a vision of my child's face. Fifteen minutes into it, I turned a familiar corner in the neighbourhood and stopped to look at the late summer light refracted through the leaves of a stunning Japanese Maple. All at once, the evening sun transformed the leaves into brilliant technicolour, an otherworldly vision that told me labour had started. I turned back, eager to get home in the safe space of my bedroom to birth my baby.

When I entered, I immediately asked my husband to take the children out and to leave me alone in the house. I knew that my two sons, then ages four and two, would preoccupy me, the psychological interruption would likely cause labour to stall. Minutes later, after hearing the front door close behind them, I sat on my

bed, closed my eyes, and *heard* my water pop, before feeling the warm trickle of it on my legs. A quick call and my family returned with the midwives, watching as I worked through each powerful contraction. With each one, I envisioned waves washing to the shore, then receding as the pain relented. An hour and a half later, my third son was born.

The mind-body synthesis I experienced during my labours carried over to the postpartum phase. For me, childbirth gave me the belief that I am physically and psychologically powerful. Perhaps due to a mixture of adrenaline and oxytocin coursing through me, both labour and the first weeks postpartum were for me part of a larger transformational process, one that profoundly linked my mind with my body, beginning in the physical and psychic work of labour and the contractions and the meditation accompanying them. Transformed by what felt like an increased capacity for empathy, I read and wrote with a deeper connection to language. In essence, motherhood became the embodiment of my creative self.

Although the culture and institutional structure of academe often times forecloses these connections, motherhood has been the impetus behind much of my creative and academic lives these past several years; it has grounded both my teaching practices and scholarship in an ethics of care. Striving to cultivate my professional voice and research agenda in ways that are responsive, embodied, and relational, I not only include but often times foreground my labour as a mother in both conversation and scholarship, working against the books-baby dichotomy and illuminating the reality of the labour of mothers, particularly as it intersects with my labour as an academic. In many ways, this approach goes against the traditional Western way of thinking about how art is produced, separating the duties of raising children from those of creative and intellectual work. My hope is that by doing so, I am contributing to a culture of care in academe, what Mari Castañeda and Kirsten Isgro define as centred around family. Notably, this "does not minimize excellence; on the contrary, such a culture understands that folks work better when care responsibilities are acknowledged and policies are developed that align family and personal life and work" (4). Such an approach also falls in line with feminist pedagogical principles: "One of the central tenets of feminist critical pedagogy

has been the insistence on not engaging in the mind/body split.... To subvert [it] ... allows us to be whole in the classroom, and as a consequence wholehearted" (hooks 193).

THE PERSONAL IS POLITICAL: THE POLICY IMPLICATIONS OF MY EXPERIENCES

My narrative represents but one voice, one experience, in the larger conversation regarding the always uneasy, often times unsustainable relationship between motherhood and academe; it reflects the kinds of disconnections, walls, and isolation that many academic mothers face. But alongside these narratives of disconnect, the ways academe continues to create both symbolic and literal divisions between the physical birth giving associated with women and the creative-intellectual birth giving associated with men, there is another narrative, that of embodied practice, in which the physical self is in constant relationship with the mind, spirit, and culture within which it exists.

To minimize the ways that reproduction can slow academic production, colleges and universities must put into place policies that promote a culture of care by acknowledging motherwork, particularly the radically embodied practices in which mother and baby share a physiological relationship, such as breastfeeding. In the United States, there is a lot of discussion of "family values," yet little action is taken to facilitate the well-being of families. For example, although breastfeeding has been acknowledged as a crucial issue in children's health, public policy has not established uniform regulations allowing women time and space to use a breast pump. Few women have the luxury of having access to nursing or breast pumping rooms at work, and doing so in bathroom stalls or cars does not square with the simultaneous public health recommendations focused on encouraging breastfeeding.

Yet there has been recent progress to support breastfeeding in the workplace in academe and beyond. The Affordable Care Act (ACA), signed in March 2010 by President Obama, introduced federal health reform for breastfeeding and working mothers. By implementing Section 4207, an amendment to the Fair Labor Standards Act (FLSA), employers must provide a space to express

milk, other than a bathroom, and a "reasonable" break time for an employee to express breast milk for one year after the child's birth (National Conference of State Legislatures). Although this movement signifies progress, it is far from sufficient, as the World Health Organization recommends non-exclusive breastfeeding for up to and beyond two years (WHO). Furthermore, the employer is not required to compensate an employee receiving "reasonable" break time for any work time spent pumping milk. Because each woman's let-down reflex varies—as well as her access to a breast pump, from manual hand pumps to pricey hospital grade electric pumps—what is considered a "reasonable" amount of time to express milk is difficult to define.

My first two sons were born in 2007 and 2009, when there were not any lactation suites on my campus. My third son came in 2011. Yet despite the 2010 legislation that mandates a place other than a bathroom to express milk, a designated lactation room was not open on our campus until November 2013, and it continues to be the only available space on a 675-acre campus. It lacks an actual breast pump and a sink in which to wash and sterilize parts, and it continues to be unmarked and unadvertised. Its invisibility is especially problematic on a community college campus where many students are juggling the responsibilities of being full-time students and parents to young children.

Lactation policy experts argue colleges should provide more resources. According to "Lactation Accommodations in Higher Education" by the Breastfeeding Task Force of Greater Los Angeles, the University of California at Davis practices model breastfeeding support by providing thirty-five rooms on its main campus (a room in every or every other building), breast pumps, a lactation consultant, support groups for mothers, and by following design standards for such facilities. The sheer visibility of motherwork on this campus lends itself to a culture in which the work of motherhood and academe are seen as compatible, even integrated.

In her book *Care and Equality*, Mona Harrington advocates a similarly care-focused culture in the workplace, including new policy conversations that prioritize caregiving responsibilities to a prominent place in the assessment of the general welfare of our nation. She argues that pregnancy and childrearing are essential

to the welfare of a society, including the creation of an educated workforce. To enhance workers' experience of both parenting and work, policies need to be put into place to guarantee more flexible hours, better childcare options, and job sharing.

In academe, these policies should extend to non-penalty, tenure-clock extensions. Such policies appear to be gaining ground at American universities. Tenure clock stopping allows women to step off the tenure track for an extended time, theoretically without penalty. My alma mater, University of Iowa, for instance, has a history of working toward family-friendly policies. In the 1990s, Associate Provost Elizabeth M. Altmaier served on an ad hoc committee that studied policies related to parenting in a number of other institutions. In 1993, a new policy "to reduce conflict with parental obligations" was adopted, including clock stopping for tenure-track male or female faculty who are primary or co-equal caregivers ("Policies to Stop Tenure Clock Support Family Life").

Again, in theory, this kind of policy allows new parents to devote more time to their children without fear that it will hurt tenure reviews. In practice, however, many academics are afraid to stop the clock and feel that taking advantage of these family-friendly policies will stigmatize them, compromising their chances at success in academe. Some, for instance, may fear that their reputations will be diminished in their departments, particularly at research universities where there is a high demand for faculty publications and grants. Recent research suggests these fears are warranted: in a large-scale study of multiple cohorts of tenure-track faculty, researchers found that although stopping the tenure clock helps junior professors earn tenure, it results in a salary penalty. Those who have stopped the clock earn less than those who did not (Work and Family Researchers Network). This legitimate concern that clock stopping will lead to a salary penalty can discourage faculty from taking the leave that they need to support themselves and their families during the transition time of bonding with a new child, or it can discourage them from starting families altogether.

Despite the discouraging results that demonstrate how all too often the labour of caregiving and the labour of academe are pitted against each other in competition, increasingly postgraduate education and motherhood are going hand-in-hand. Recent research by

the Pew Center demonstrates that the number of highly educated women who are remaining childless into their mid-forties has fallen significantly over the past two decades. This decline is particularly dramatic among women with MD or PhD degrees: 35 percent of women were childless in 1994, while today 20 percent are childless. Furthermore, not only are highly educated women more likely to have children these days, but they are also having bigger families than in the past. Among women with at least a master's degree, six in ten have had two or more children, up from 51 percent in 1994. The number of highly educated women with two children has risen four percentage points, whereas the share with three or more has risen six percentage points (Pew Research Center).

Some of the increase can be attributed to the growing visibility of motherwork, as more women pursue higher education and leadership positions. In "Childlessness Falls, Family Size Grows Among Highly Educated Women," Senior Researcher Gretchen M. Livingston at the Pew Research Center writes:

This trend has likely been driven by demographic and societal changes. It coincides with women's growing presence in managerial and leadership positions and suggests that an increasing share of professional women are confronting the inevitable push and pull of work-family balance.

As this passage suggests, as the ranks of female professionals have grown so, too, has the sense that career and motherhood need not be mutually exclusive, despite inadequate and outdated policies. For academic mothers, it is essential to make visible the labour of mothering to continue to reshape academic culture and to eliminate the maternal wall, which makes active caregiving and working mutually exclusive propositions.

There are active ways of doing this. In *Professor Mommy*, Rachel Connelly and Kristen Ghodsee advise academic mothers who have stopped the tenure clock for birthing and caring for children to

explicitly state in your [tenure self-evaluation] letter that a one- or two-year extension on your tenure clock should not be included as time when you should have been pro-

ducing scholarship. While it should be the university's job to inform the reviewers about how tenure-clock-stopping leaves are handled ... research shows that this is not always the case.... Thus, you need to make it crystal clear to the external reviewers that the clock has stopped because of parental leave. (144)

They spell out specific recommendations, including that academic mothers reiterate, several times over, that the tenure process has been six years, even though it might be eight years since the completion of the PhD. Meaning, those two years taken for the work of motherhood are not counted in the reviewers' minds.

Similarly, Amy Kittelstrom argues that academic mothers should make the work of motherhood visible in women's academic records by accounting for those months and years of caregiving on their vitas. She writes,

Academic mothers should unblushingly total up the time spent on reproduction and credit it on their vitas. Give it its own category; call it "reproductive allowance." For my own two "easy" pregnancies conceived exactly when I planned them with complication-free deliveries, quick recoveries, and no lactation problems, my conservative estimate is 1,810 hours spent. Each. That's a book, right there, and then some.

In doing so, academic mothers illuminate and value the work of their labour as mothers, which encourages hiring committees to see the professional potential of academic mothers whose sex may have limited them from yet realizing that potential.

Other practices that can help support academic mothers, particularly in that first year of bonding with a new child, include job-share appointments or part-time accommodations. Too often, however, institutions do not allow for these options. For instance, job-sharing was not permitted at my college, and with part-time work comes part-time wages, a significant loss of income with which my family could not survive. However, the year I became pregnant with my fourth child, I also earned tenure at my institution

and, therefore, felt more stable in my career and stronger in my self-advocacy as a mother. I was able to approach the dean of my department to arrange my paid leave under the Family Medical Leave Act and to cobble together online versions of my classes so that upon my return from leave, I was able to teach from home. This enabled me to keep my full salary and financially support my family, while I spent the rest of the semester bonding with my baby and creating a strong breastfeeding relationship.

Though not perfect, the situation allowed me to maintain my identities as mother and professor by engaging in the work of each in what felt to me an integrated, fluid process (e.g., reading students' work while nursing on the bed and submitting online votes as part of my Curriculum and Instruction Committee work between diaper changes). For my family and me, this arrangement worked, which is why it is important that policies and practices are both formal and flexible. In *Mothers in Academia*, Castañeda and Isgro write,

Unless policies are clearly specified and consistently applied, inequities will persist within academic institutions, affecting morale and turnover, especially of faculty who are mothers. At the same time, it is important for institutions to provide some flexibility—in an overt, formalized way—to help individual faculty members achieve balance and optimize their potential as people and academics. (211)

This kind of flexibility is essential because women's experiences in pregnancy, childbirth, and postpartum widely vary, requiring transparency in leave policies and options that allow for specific accommodations depending on a woman's unique mothering context.

Having children as an academic woman should not be a career killer, nor should academic mothers have to navigate a culture in which their labour is treated with indifference, with dismissiveness, or as an impediment to the life of the mind. I narrowly finished my PhD and received tenure as I was beginning my own family. But for every successful academic mother, there are dozens of others who had to sacrifice their plans for a family for their

careers in academe or vice versa. Often times these sacrifices were not choices but rather the consequence of a culture in which the labour of mothering is devalued, if not entirely invisible. In order to support academic mothers in a way that works against their experience of a life divided, we must make the personal political and professional.

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19. Toward a Theory and Praxis of Sustainable Feminism

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sust•ain•a•ble

adjective

1. able to be used without being completely used up or destroyed
2. involving methods that do not completely use up or destroy natural resources
3. able to last or continue for a long time
4. capable of being sustained
5. enjoyable, doable

MOTHERING

I AM A WORKING MOM. I need only utter these two words in certain circles to get heads bobbing in enthusiastic agreement. Other working moms know exactly what I mean when I mention, even offhandedly, lack of sleep, inability to concentrate, missed deadlines, disappointed children, infrequent sex, chronic fatigue, recurrent colds, body aches, irritability, acute financial worries, and the persistent sensation of being pulled like taffy in multiple, often competing directions.

To be a working mom is to be perpetually overextended, with never enough “self” to go around.

I do not believe mothering is “the hardest job in the world,” as some contend. (I admit to sometimes claiming it is the hardest job, especially when I am wiped out; but then it is more of a desperate plea.) If “hard” is defined as physically taxing and dangerous, then

the risk of mothering is lower than, say, crabbing in Alaska or coal mining in rural Illinois. The risk of injury is probably lower than that of a professional football player or steelworker. Of course, I am referring here to mothering praxis and not to morbidity and mortality during pregnancy and childbirth, which are tragically high in many parts of the world. Reproduction, including lack of access to abortion, kills women.

Yet I do believe that mothering is one of the most challenging jobs in the world, especially emotionally, in part because it is the most judged. Even the term “working mom”—which I use quite deliberately here to foreground labour—is laden with meanings. To mother is to open yourself up to others’ ideas (largely uninvited) of what is right and good and proper in the world. And mothers—especially poor women, women of colour, single women, young women, disabled women, queer women, and immigrant women—are especially heavily scrutinized (and increasingly criminalized).²

Mothering—like other reproductive experiences, as I have researched for more than two decades—is a fiercely moral and deeply political terrain. Working moms, especially, often find themselves uncomfortably wedged between the Scylla of traditional—some might say archaic—ideas about gender and the Charybdis of twenty-first century life, in which over 70 percent of U.S. mothers with children under eighteen years of age are in the workforce (for less pay than men). For many of us, work is not a luxury but a necessity; we work because we have to, even if we also want to. Working moms, like me, thus find ourselves negotiating hazardous landscapes in which we strive to nurture, support, and manage everybody in our lives while simultaneously satisfying nobody, including ourselves.

To open this chapter on “sustainable feminism” with a discussion of motherhood as labour is not coincidental. I am a feminist and a writer, in my bones. Yet I am also a mother, a scholar, a teacher, a department head, an editor, an activist, a daughter, a sister, a partner, and a friend. These identities intersect, each shaping the others, and they also battle. They are situational, emerging in context but always present in me. Without straying into the unconstructive “motherlympics” of “who is the busiest of them all,” let me just say that my life is hectic and my varied identities

are constantly in motion. My life, though rich and full, does not feel sustainable, even on the slow days.

As Adrienne Rich and others so beautifully theorized, mothering is both institution and embodied experience. And yet in both senses of the term, mothering is structurally underresourced. Whether feminists mother or not, motherhood is a women's issue and a feminist issue. What makes motherhood sustainable—if, indeed, it is or can ever be—are the all-too-invisible labours of women who mother, connecting mothering as praxis and labour to other arenas in which women's work is invisible, unrecognized, and uncompensated. No wonder women are so tired.

SURVIVING

I grew up in Chicago and in a small town in Wisconsin, the daughter of working-class parents. In the Midwest, you do not complain about hardship, whether it is eight feet of snow in the driveway, or orthodontia bills, or an illness in the family. In the face of adversity, you just keep on doing (and maybe write about it later). Even when terrible, awful things happen, you pick yourself up, take one step forward and then another (if you can still walk), and move on. In my family, we are proudly resilient. We laugh—ha ha!—at tragedy. We are like those 1970s smiling Weebles toys: we wobble when punched or shoved by life, but we do not fall down.

This is a valuable survival skill, but it is not sustainable. I learned this the hard way two summers ago when my father died.

When my father died ... (oh my, it hurts to type these words). When my father died on August 18, 2012, everything—including my carefully crafted house of survival cards, my *modus operandi*, my life's toolkit—crashed down around me. (Everything crashed down around all of us: my mom, my sister, my brothers, my children, my nephews and niece, and my dad's sister and her family. But I cannot, nor do I want to, speak for them here. They have their own stories of suffering and loss and theirs are not mine to share. This is my sorrow, my story.)

Earlier that summer, I had signed a contract to join the faculty of the University of Arizona (UA) to head the Gender and Women's Studies Department. For the first time in more than twenty years, I

would be living in the same city as my parents, who had relocated from Chicago to Tucson in 2007. I was thrilled. UA also hired my partner, William Paul Simmons, and we were eager to leave an institution that had become the shiny happy coin of neoliberalism in academe. We arrived in Tucson in early August in good spirits and ready to settle in. But the very day the movers were arriving from Phoenix to deliver our household goods, my healthy, active sixty-seven-year old father was admitted to the ER.

He was recovering from a routine knee replacement surgery and had developed symptoms resembling a heart attack. In the ER, it became clear that he was not suffering from cardiac trouble but something possibly worse: a life-threatening infection. Those hours in the emergency room were surreal and fear soaked. I do not remember all the details, but I will forever be grateful that my father was coherent then. My mom, sister, and I were with him; we talked, we laughed, and we cried. He spoke to my brothers, one in California and one in Wisconsin, by phone. My sister and I told him he was the best dad ever. He instructed me, "Answer your phone," and he told both of us, "Take care of your mom." When I asked if he was scared, he said, "Yes."

He underwent surgery that night. The surgeon removed most of his colon (he had developed "megacolon") and a confirmed diagnosis of *C. diff* (*clostridium difficile*). He spent the next two weeks in the ICU, in protective isolation. He was never fully lucid again, although I believe he knew we were with him. Specialists came and went, and once they understood we were a family who did not appreciate bullshit, they told us the truth. My father was very sick. He would likely die. And so my first two weeks in Tucson were spent in a hospital ICU, saying goodbye to my dad.

Some small part of me hoped he might make it, and indeed—surprisingly, given that I study health and medicine—I may have been the last person in my family to understand and accept that he was leaving us. On the last night, I snapped and fled the hospital. I was not with him when he finally left his body. Other family members were there, but I simply could not be.

I regret that now. ("Are you scared?" "Yes.")

After his death, there were services, ceremonies, and remembrances. A trip back to Chicago and a trip to California to scatter

his ashes on a bluff overlooking the San Clemente pier—a place he had loved to visit. And there were visits with my devastated mom at my parents' house (where I sobbed like an infant in the garage that had been my father's and still smelled of him) and at our rented house in Tucson that my father had visited only once. During and immediately after that time, I also began a new job. Edited a book. Enrolled my children in their new school. Cried. Published an issue of *TRIVIA*. Edited and published essays at *The Feminist Wire* (TFW). Hired a new assistant at work. Cried some more. Started a new book. Completed a co-authored book chapter. Got married. Cried. Mourned my father. Cried. Wrote and published a creative essay. Attended conferences. Did not attend conferences. Started projects, stopped them. Traveled to Europe. Came home. Cried.

And started another year of much the same.

For months, I put one foot in front of the other, and I moved on. Because this is what I had been taught to do. What I was good at. What I took pride in. We survive, even—perhaps especially—when others do not. We weeble and wobble, but we do not fall down.

EMBODYING

My body spoke to me then. It knew. It told me to slow down.

First, a bout of shingles; painful and unsightly and somewhat shocking. Like many in the Global North, I thought shingles only struck the elderly. Turns out, it can also strike the exhausted and immune suppressed and grief stricken. I sought treatment and continued my breakneck pace. I needed to work, to focus on the kids and my writing and my many obligations so that I would not puddle to the floor in a slick of grief. Then my jaw began to ache, deep inside my cheeks, behind my teeth. A Temporomandibular Disorder (TMD) had set in, requiring visits to the dentist and an expensive mouth guard and painkillers. My new physician and her staff kindly instructed me about stress reduction techniques, and I cried in her office and went home and took an anti-anxiety pill.

I kept moving. Work, work, mother, mother, work, work, mother, mother. I did not engage in stress reduction techniques, like yoga

or meditation. Who has the time? I preferred wine at night to blur the edges and coax me into a too-restless slumber.

Then my body spoke up again. Loudly.

I experienced heart palpitations. I could feel intense thrumps through my chest wall. And not just one or two, but hundreds. Every 15 seconds or so for a full day. Then again, for another full day. By the third day, Bill insisted that I visit a doctor. My physician sent me to the ER. A heart attack was quickly ruled out. From there, I posed a mystery to the attending physician: an otherwise healthy forty-seven-year old woman with no history of smoking or drug use (I did cop to the wine), of average weight, and with no family history of heart disease. A corporeal conundrum, I was sent home with a referral to a heart specialist.

The expensive young cardiologist examined me and outfitted me with a Holter monitor, which measured my cardiac rhythms over a forty-eight-hour period. There were some pulses and throbs and blips but not enough to concern the specialist; the palpitations had reduced in frequency. His diagnosis? Stress. His recommendation? Stress reduction and less caffeine. I tried. I really did. I set aside ten minutes each day to close my eyes and breathe. I said “no” to requests for reviews, references, and other academic service. I used the balance ball in my office to stretch and release. I replaced my black tea with herbal varieties. I closed my laptop more frequently and took time to gaze at the mountains. I took my children to Starbucks and the public library, and we watched the first season of *Miss Fisher's Murder Mysteries* on Netflix.

But I also continued my professional work. I finished another book. I gave several talks. I steered my department through three promotion and tenure cases, a transgender studies search, an academic program review, and various politicized squabbles. My oldest daughter started middle school, which brought a new set of challenges. My neck and shoulders were perpetually sore from being bunched up around my ears. My anxiety spiraled. On a flight home from New York, I could not breathe.

My body was yelling at me to do something I was wholly unequipped to do: “Slow the fuck down!”

One night, I wept from sheer frustration that I simply did not know how to move at a slower pace. I did not have the skills. In

learning to survive, I forgot to learn how to sustain. “I just can’t do it,” I cried, also knowing in my gut that there were some duties—my paid day job and mothering my daughters—that would be nigh impossible to let wither. Bill encouraged me. “You can do it,” he urged. My mother blurted, “I don’t want you to die, too!” (Now I could add a layer of guilt to my terrine of emotions.) And my friend and *TRIVIA* partner Linda Van Leuven advised, “You don’t have to know how to do it. Your body is doing it for you. This isn’t about you making a choice.”

I took a deep breath. And I tried again.

PRODUCING

While I was relearning to breathe and to listen to my body like a good feminist, I noticed something interesting. Nobody was particularly good at slowing the fuck down. Not me, not my colleagues, not my husband, and certainly not feminism.

Although part of the problem in my own life was (and is) a life-long and ultimately useful habit of surviving, part of the problem is also that I work in spaces that rely on accelerated production schedules. In academe, it is *writewritewrite*, *publishpublishpublish*, and *meetmeetmeet* all the damn time. And not only *writewritewrite*, but *teachteachteach*—more butts in seats because that translates into more dollars. Neoliberalism is alive and well in the nation’s universities. Even in my feminist political work, production is the thing; get the story out, respond to the other side’s advances, make the change, and do it *now*. *Nownownow*! If we slow down, they will win. So do not slow down!

Slow the fuck down!

Do not slow down!

Stop! Go!

Stop! Go!

It is enough to make a woman’s head spin.

Significantly, both a *TRIVIA*A and *The Feminist Wire*, it is invisible feminist labour that keeps these engines running. Both publications are labours of love—like much feminist work. Not only are my colleagues and I unpaid for our work with these journals, but some of us (those with resources) actually pay for them. This is in part

because we are committed to free and open access; we do not charge people to submit their work or to read the publications, nor do we pay our authors. As a managing editor of *The Feminist Wire*, I have used my university professional development funds to pay for the Bluehost subscription (\$1500/year) and Submittable (\$360/year). I have paid out of pocket and through university funds for *TRIVIA*’s webhost (\$45/year) and Submittable (\$300/year). And I happily contribute \$50 per month to *The Feminist Wire* in order to help ensure some sustainability, as do many of my co-editors and a number of our readers. (I share these specific figures at the urging of a *TFW* colleague to make visible some of the actual costs of doing this work.)

While I was breathing and trying to recover my body in the wake of my father’s death, I became attuned to the many ways the worlds in which I operate—feminism, academe, publishing, and mothering—are not sustainable. Or, rather, they are only made sustainable through the “can’t say no” efforts of those of us who labour on their behalf. In the name of social change, we chew each other up and spit out the bloody parts. We become depleted. And while some of us are labouring to raise our young in ways consistent with our feminist principles, it seems that feminism often eats its young. Some nostalgic “second-wave” feminists mourn the loss of something that was never whole in the first place, whereas some “third-wave” activists eschew the label “feminism” as out of touch.

We are told we can have it all, to just say no, to lean in, while also being asked time and again to do the work—both inside and outside the home—without compensation or recognition. (I recently agreed to serve as a mentor to emerging sociologists; the “thank you” email asked if I could take on an additional student. *No*.) A movement, like a family or an industry or a university, that relies on invisible unpaid labour is surely not sustainable—unless one begins to think of workers as replaceable widgets—and it also reproduces systems of contingent labour. Have feminists and scholars and mothers become replaceable widgets under neoliberalism? Valued more for what we produce (i.e., fetuses, babies, articles, books, movements, consumers) than for who we are?

At *The Feminist Wire*, where we are deeply committed to

community and love-in-praxis, we have taken some concrete steps to address the perils of production. We launched a moderately successful campaign to provide funds for *TFW* to take over payment for Submittable, and we paid our editors a tiny bit of money for their labour. We reorganized our editorial structure, creating teams that would be “on” for a certain amount of time and then “off.” Some folks who were not able to commit to doing the work cycled off the Collective. We tried to reward folks who were and are doing the work through small payments for their time and labour. We took a collective breath, breaking for the entire months of December and June—a practice we will continue this year. We wanted to model sustainable feminism—a kind of feminist praxis that is sustainable not only for the journal but for our own lives. One reader commented, “Now this is work life balance. It is empowering to see women taking care of themselves. Thumbs up!”

And yet, despite the kudos for our efforts, implementing actual systemic change at *TFW* has been challenging, to say the least. We are not sustainable in even the most rudimentary sense of the term. We do not make money from our publication, which means that as of yet, we do not pay our writers and artists—or ourselves. Being rewarded for “doing the work” often means being tasked with more work. As associate editor Heather Laine Talley reminded me in response to an earlier version of this essay,

Work is disproportionately accomplished by a small group (rather than unfolding in a truly collective process). And with core members of the collective in financial need, the longterm viability of our current working dynamic is uncertain. Additionally, *TFW* is another task that folks who “do” take on ... The declaration to do sustainability is, in itself, hard. And figuring out how to do it in an era of economic decline and productivism is really fucking hard.

SUSTAINING

Audre Lorde famously wrote, “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare” (131). So what would it look and feel like to practice sustainable feminism? Or sustainable feminist mothering and publishing? What

would it look like to engage in the work of care, nurture, *and* radical progressive change in all its permutations without being “completely used up or destroyed”? And, more importantly, what would it look like to do so while also living to see—and to challenge misogyny, white supremacy, and imperialism—another day, another week, another year, a lifetime?

My ideas about sustainable feminism, spurred by my own multiple embodied entanglements and challenges, are evolving in conversation with friends and colleagues at *The Feminist Wire* and *TRIVIA*, and they also build on decades of feminist scholarship, especially by women of colour for whom issues of survival and sustainability have been fundamental. Although still in formation, I want to share here preliminary thoughts about what might be included in a definition of sustainable feminism. To me, these are some of the most basic requirements for making our work sustainable, whether feminism is expressed through publishing, mothering, teaching, writing, activism, or another form of labour.

Pay Women for Their Work

The world runs on invisible women’s labour, as feminist economist Marilyn Waring demonstrated many years ago. Mothering, domestic chores, partnering, writing, and activism—these are all typically unpaid labours, especially when women engage in them. When women are paid for their work, they are paid less than men for the same work. What would the world look like if we compensated women for their visible and invisible work? How can we put this into practice in our daily lives as mothers, department heads, editors, publishers, and activists? What would it mean for the future of *The Feminist Wire* and *TRIVIA* if we could pay our authors and artists? Who supports the work of feminism and how?

Prastice Radical Self-Care

This means saying “no,” finding time to breathe and walk and sleep and eat, and honouring your body’s needs and desires. It means moving beyond the survival skills so many of us have mastered to sustaining ourselves and even thriving for the long haul. Fundamentally, it means letting go of the guilt and sense of obligation that surrounds our participation in communities—guilt

that others may all too easily manipulate to secure our unpaid (or paid) labour. It is one thing to say no and not do the work, and it is another step beyond to not feel shitty about it. Radical self-care means saying no and releasing the guilt—while not completely disconnecting from our communities, which for many of us are vital to our work. But sustainable feminism also means attending to larger structural issues—racism, class, sexuality, citizenship status, motherhood—that prevent many women from being able to say no or to step away and that also contribute negatively to our health status, including racialized disparities and chronic stress.

Encourage and Support Radical Self-Care in Others

When others say “no,” honour this. Do not ask again and again hoping to secure a “yes.” Give other women the time and space they ask for to do what they need to do. Recognize that exhausted colleagues who burn out do not make for a sustainable movement or a healthy community of allies. Badgering other women to participate on your terms and according to your schedule is not feminist, nor is it sustainable. Operate from an ethic rather than an obligation of care. My former *TFW* colleague Stephanie Gilmore advocates a practice of “cultivating relationships based on mutual care.” This means caring for others but also allowing yourself to be cared for. As my friend Zillah Eisenstein told me, perhaps we need reparations for women, “a break and a hand,” so that we do not always have to do it ourselves. Because let us be honest here, the horrifying neoliberal version of “self-care” is that we are all in this alone, accountable only to our self and no others—unless we are mothers, in which case other-care is an obligation. A sustainable version of care is that we are all in this together, and we should act accordingly (with acute awareness that the “we” here is neither guaranteed nor obvious).

Evolve, Change, Learn, and Grow

A sustainable movement (like an organism) is adaptable, not rigid. It is open to new ideas, new directions, new influences, new participants, new language, new relations, new structures. Nostalgic feminism mired in “what used to be” is not sustainable. The past

is called “the past” for a reason. This is not to say there is nothing to be learned from history; there is, a great deal, and sometimes astonishingly so. The history of feminism is both necessary and instructive, and it is also deeply inspiring. Attempting to squeeze contemporary feminisms into a unitary feminism enacts violence against difference (especially racialized, sexual, embodied, and generational differences) and ultimately fails to attract potential advocates to the urgent cause of women’s freedom. Instead of shaking our heads in frustration that many young women (and others) claim no allegiance to feminism, let us ask instead how we can make feminism relevant to their lives, which may not look like our own.

Make Love, Not War

Social movements often emerge from justifiable frustration and outrage, and anger fuels many of us who do progressive work. I have spent an entire lifetime operating from a place of anger and resentment. Yet living and acting from the vantage of rage is not healthy. Indeed, it can be destructive to those who rage and hate, whether we work for good or for the Right. Anger makes us reactive and also prevents us from listening, thinking, and planning. We react instead of strategize, strike out instead of look within, fracture instead of connect. What if we acted from a place of love—love for each other, for a better future, and for ourselves? As Darnell Moore and I have written, “Lovelessness is the epicenter of oppression ... love in the time of racism is a radical act that can lead to broader political/social formations and solidarities.”

Build, Join, and Support Coalitions

Consider this: In Texas, you can now be gay and married (yay!)—but you cannot secure an abortion; more inmates have been put to death in Texas since 1976 than any other state; it is one of the most polluted states in the nation; and like my own state, it is a hotbed of anti-immigration sentiment and activity. Texas is an excellent example of why we need to form progressive coalitions. Feminism must join side-by-side with other movements seeking social, cultural, environmental, and economic justice. My *TFW* col-

league Stephanie Troutman notes, “Sustainable feminism ... must be connected to self-care and coalition building across difference (race, class, sexuality) ... how else can we share resources—both material and intellectual?” Social media makes coalition building easier than ever, as Elisa Kawam-Martinez and others have pointed out.³

It Is Okay To Be Wrong

This is a hard one for me. I have built a persona and a career on always being right, which is frankly exhausting (simple definition of academe: winning arguments). It is also not conducive to healthy partnerships or to being in community with folks. I am proud and a bit astonished that in my late forties, I have finally learned that I would rather be in community than be right all the time. To be right is a kind of perfectionism, and it disables love and connection. Unfortunately, our politics are built on right and wrong. Although I absolutely believe there are right and wrong actions and paths, I have become more comfortable in the gray zones, the spaces of nuance and contention and difference. For example, I will continue to fight for women’s access to abortion on demand, even though I understand that others may not share my view. At this stage in my life, I would rather simply do the work than spend time delineating all the ways the other side is wrong—though sometimes, the work is about exposing the lies and violence of the other side(s).

Cultivate a Sense of Fun

I study trauma, illness, and death, and in my research, the laughs are few and far between. But I enjoy what I do; my work brings me pleasure and satisfaction. And when fun finds me, I make room for it in my life. My partner, Bill, is writing a book on joyful human rights, an unstudied topic. It is unstudied because we typically associate human rights with pain and abuse. Yet without joy—of survivors, of activists, of scholars—there would be no human rights. At *The Feminist Wire*, we have fun; being in community means that we support each other, and we try to make each other laugh. We play on Facebook, and we send each other funny videos and songs because we know the work is hard and we

need a release. The stereotype that feminists do not have a sense of humor carries a sharp little sliver of truth; often, feminism is deadly serious, officious, and moralistic. (I know, because this is often how I have wielded it.) But feminism can also be fun, and feminist work can be enjoyable. At *TRIVIA*, we also know this because when Linda, Julie, and I are camped out at my house in Tucson pulling together a new issue, we have a blast. In fact, it is one of our favourite parts of publishing the journal. A movement without laughter is not a movement I particularly want to be part of, nor is it sustainable. In the wake of tragedy, laughter has saved my bacon more than once.

CONCLUSION

Are these the only elements of what I am calling sustainable feminism? No, of course not. But they feel essential and lifesaving and can serve as a working foundation, a blueprint if you will, for shaping feminist labours going forward. Just as I will always be a mother, I will always be a feminist. Since I was eleven years old and declared my faith in “women’s lib” to the local newspaper after I won the school spelling bee, I have fought, written, and acted for the betterment of girls and women’s lives. As I move into the second half of my life, I intend to be a sustainable feminist—for my daughters, for myself, for my communities, and for a more just world.

NOTES

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²See National Advocates for Pregnant Women in the United States.

³Personal communication.

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