Journal of the Association for Research on Mothering

Carework and Caregiving

Spring/Summer 2008
Volume 10, Number 1

Association for Research on Mothering
726 Atkinson, York University
4700 Keele Street, Toronto, ON M3J 1P3
Tel: (416) 736-2100 ext. 60366 Fax: (416) 736-5766
Email: arm@yorku.ca Website: www.yorku.ca/arm

The Journal of the Association for Research on Mothering
(ISSN 1488-0989) is published by
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The *Journal of the Association for Research on Mothering* gratefully acknowledges the support of the Social Sciences and Humanities Research Council of Canada.

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Book Reviews

Margrit Eichler

Integrating Carework and Housework into Household Work

A Conceptual Clarification

Housework tends not to be defined in the literature. Instead, it is usually operationalized through a list of pre-selected activities, such as cooking, doing dishes, childcare, etc. There are two problems with this approach. First, the list of activities is too restrictive. Drawing on an empirical Canadian study on unpaid housework, we found that it involves a physical, mental, emotional and spiritual dimension. Second, carework is partially integrated through childcare, but care of adults—adult children or siblings, parents, friends and neighbours—is omitted. Carework and housework are substantially the same, but are defined as housework when the focus is on the activity and as carework when the focus is on the relational aspect. Together the two tendencies make a lot of the work that is actually performed within the home invisible. A new definition of household work is proposed that integrates all four dimensions and housework as well as carework.

This paper has a very specific focus: to achieve a conceptual clarification of what is meant with the terms housework and carework, and to clarify their relationship to each other. This is important, because the terms are used loosely and in such a manner that many aspects of motherwork, of general household work and carework remain hidden, since they are out of the purview of the literatures that concern themselves with either housework or carework.

Within sociology, motherwork is dealt with primarily under two different headings: carework and housework. Housework is usually understood as consisting of routine, relatively low skilled work, and a large part of it is dedicated to understanding the division of labour among couples (Eichler and Albanese, 2007). This is important, but limited in its focus. The literature on carework tends to look at the interface of unpaid and paid carework, which is very helpful, but it pays relatively little attention to the continuity of care provision throughout the life cycle of a person. Both perspectives are important in understanding motherwork, both perspectives are partial, and, most important in this context, there is relatively little cross-over between the two literatures, meaning that our understanding of motherwork continues to be quite restricted.

In this paper I am going to explore how the housework literature deals with motherwork and other types of carework, what problems this generates, and how the problems can be addressed. The terms housework, domestic labour, and household work are rarely defined. Instead, they are operationalized into lists of specific task. There is nothing intrinsically wrong with using such lists—the problem comes up not in terms of what is included, but what is excluded. The tasks mostly included are preparing meals, doing laundry, cleaning house, shopping for groceries, doing dishes, and quite often childcare.

In order to explore whether this is truly all there is to it, we conducted a study on unpaid household work and lifelong learning.

The study

The study[1] consisted of four phases of data collection, in which each phase built on the preceding one. Phase 1 consisted of a questionnaire sent to various women's groups, in which we asked people, among other things, to list the household work and carework they did. Phase 2 involved eleven focus groups with a very diverse set of people in which we discussed the more hidden aspects of housework and carework. Phase 3 consisted of individual interviews with 70 women and men who had previously participated in a national survey on lifelong learning and who had undergone a major life change within the past five years. Phase 4 consisted of interviews with ten female house cleaners and ten nannies who did similar work for pay and without pay. In this paper, I will draw only on Phases 1-3, and I am only looking at the relationship between housework and carework, rather than at learning aspects (which is dealt with elsewhere).[2]

The meaning of "carework" and "housework"

The impetus behind Phase 1—a questionnaire to members of women's groups, and in one case also to their partners (all of them were male)—was dissatisfaction with the way housework is usually conceptualized within the unpaid housework literature. A typical approach would be to ask couples who did what with respect to a predetermined list of activities, e.g.: preparing meals, doing laundry, cleaning house, shopping for groceries, and doing dishes.[3] About half of the over 60 studies we surveyed to examine how they operationalize housework also include childcare as one of the activities. A typical example would be a question such as: "Of all the things that have to be done for your household, like cooking, cleaning, shopping, laundry, paying bills, doing repairs, caring for children, and so on, what percentage do you do?" (Van Willigen and Drentea, 2001: 579)

This set of questions obscures a lot of the work that is actually going within households by omitting very important parts such as dealing with crises, managing time tables, budgets, social events, school/family relations, doing emotion work, maintaining relations with kin and friends. Caring for children is usually restricted to caring for young children. We wanted to find out in our first phase of our study how women (and some men) spontaneously define housework when they are *not* provided with a list of activities. Appendix 1 shows the range of activities women listed as part of their household and carework.

Our community partner Mothers Are Women (MAW) convinced us that we needed to talk about household work rather than housework. They argued that the term "housework" was too closely associated with repetitive physical tasks such as cleaning, cooking, etc. They also requested that we add a separate question on carework, to allow for the full display of unpaid work that is performed within households. Eventually, we agreed to ask the following questions on the questionnaire:

"What unpaid household work have you done during the last seven days?" with a follow-up question on what they did during the last year. People could list their activities as they saw fit. With respect to carework, we asked "What unpaid carework have you done during the last seven days?" as well as the follow-up question what they did during the year, but we provided space for both the activity and for whom they did the work. There was thus a difference in the way the household and carework questions were asked: the household work questions only asked for the activity, the carework questions asked both for the activity and for whom the work was performed.

Our theoretical question behind these empirical questions was whether or not the respondents would restrict themselves to the usual list of largely physical activities, or whether they would include some of the functions that are often invisible: the planning and organizational work that lies behind the performance of physical tasks, and the emotion work. Given that most of the women among our respondents defined themselves as sympathizing with feminism (61 percent identified themselves as feminist, 33.6 percent said that they did not define themselves as feminist but sympathized, and the rest did not sympathize), and that housework has been a prominent theme within feminist scholarship (e.g. Coverman, 1989; Cowan, et al., 1985; Cunningham, 2001; des Rivières-Pigeon, Saurel-Cubizolles and Romito, 2002; DeVault, 1987, 1991; Doucet, 2000; Ferber and Green, 1985; Gerzer-Sass, 2004; Ironmonger, 1996; Kamo, 2000; Lopata, 1971; Luxton, 1980, 1997, 2001; Noonan, 2001; Oakley, 1974; Sullivan, 1997; Waring, 1988), we thought that at least some of the respondents might include some of the more managerial and emotional aspects of work. MAW is a feminist organization that is oriented around housework issues, so we expected that at least some of our respondents would be more fully aware of the range of activities they engage in than most people are.[4]

As we expected, the majority of respondents stuck with the usual narrow way in which housework is depicted, but some did go far beyond this and provided detailed information on the less visible aspects of the work.

When we looked at the data collected through the questionnaires, we encountered four levels of difficulty: first, the meaning of the term carework is ambiguous for people. Second, we needed to find an unambiguous way to deal with the ambiguity. Third, the relevant scholarly literature on the topic is also ambiguous. Fourth, there was no clear distinction between the way respondents saw housework and carework.

Looking at the first level of difficulty, a number of the respondents had trouble understanding the meaning of the term "carework." This was true both in Phase 1 (in filling out a questionnaire) and Phase 3 (in answering questions in a interview). In Phase 1, some went as far as calling me to inquire what we meant with the term. My answer was invariably that it meant whatever they considered carework. Others expressed their confusion right on the questionnaire. One wrote, for instance, "I have trouble distinguishing betw. household work + carework." A number of other people commented that they identified "carework" with care for the sick. Here are two comments to this effect:

> *Fortunately we are all healthy—see carework as defined for someone who is not well.*
>
> *We are both healthy—so zero time is spent on caregiving. Daughters live in their cities. Husband's & my parents have passed on. 10-15 years ago many hours were spent on caregiving.*

In phase 3 we asked people about specific tasks they performed, as well as a broad question on how people's housework and carework had changed over the past five years, and what they had learned through this. We used a semi-structured approach, in which the questions were set, but they were asked in a conversational context. Here again a number of people requested clarification of what was meant with carework. Nevertheless, the majority of respondents in both Phase 1 and 3 were able to answer both questions.

What we can conclude from this experience is that the meaning of the term "carework" is ambiguous. Some people restrict it to apply only to care for people who are sick or disabled; some have difficulty assigning any clear meaning to the term, while many do feel able to answer questions as to what carework they do.

Their answers led to the second level of difficulty: disentangling the meaning of housework and carework. This came to the fore when devising a coding system for the open-ended data from Phase 1.

Besides asking about their household and carework, we had also asked people about their community work (no one had any difficulty in assigning a meaning to this term!). When it came to coding the activities, we started out with trying to devise separate codes for all three types of work.

It soon became clear that this was not only impossible, but also theoretically problematic. The activities listed under household work and carework overlapped greatly. In spite of the fact that only the carework questions asked "who you did the work for," some of the respondents also identified who they did the work for under the household work question.

Most revealingly, one respondent put a star on a number of responses in the household work question, including "cooking, laundry, phoning (trades people, dentist, computer repair etc.), shopping (groceries, gifts, clothing), teaching, driving (children on activities), tidying up, supervising" and commented "I guess these could just as easily be defined as carework." There was thus clearly an overlap between the activities listed under household work and carework.

We eventually resolved our dilemma by coding activities that were simply listed as activities, without an indication for whom the work was performed, as part of household work, no matter where the answer was given. If, on the other hand, the respondent had indicated that the work was done <u>for</u> someone, we coded it as carework, even if it was in answer to the household work questions. If it was indicated that the work was for oneself, for instance "took care of myself," it was coded as carework. We ended up with one list of 40 activities (plus a category of "other")[5] and a total of 187 sub-categories that derive from the answers to a series of questions on household work, carework and community work.

This method of proceeding rests on the theoretical insight—based on our data—that the activities performed under the heading of carework and household work are the same. The difference is simply whether the stress is on the activity (in which case it counts as housework[6]) or on the beneficiary of the work (in which case it counts as carework).

We can thus think of housework and carework as two sides of the same coin, which form both a unity (one coin) as well as showing us different faces. If I want to buy something, a Canadian quarter is a quarter is a quarter. However, if I collect coins, I may wish to see whether there is the head of a moose, the heads of two veterans, a maple leaf, or a British Columbia landscape on the tail side.[7]

I am therefore not suggesting that we eliminate the terms carework and housework, but simply recognize their nature as two sides of the same coin.

Why the one-coin approach matters

So far, I have looked at the issue of the relationship between housework and carework simply in terms of what emerged from our project data and experiences. If we turn to the housework literature and ask how it deals with carework, we find a very different approach.

First, housework is restricted to a set of very limited activities. Second, carework is only partially integrated: childcare is seen as an important aspect of housework, although not always included, while care of adults, including adult children and care of self, are excluded.

Including all carework into household work

Here we come to the third level of difficulty: there is no theoretical reason for the partial inclusion and partial exclusion of carework within housework that I have been able to find. Childcare is generally accepted as part of housework, care for adults is generally excluded. It seems to be simply a practice that has evolved. The consequence of this practice, however, is to make a large amount of work that happens within the home, including motherwork, invisible. In addition, there are other aspects that are largely invisible, such as most of the emotional, mental and spiritual tasks.

Expanding the range of activities included in household work

As noted above, one impetus behind the project was dissatisfaction with how the housework literature implicitly defines housework. Phase 1 established for us how a particular group of mostly feminist women (and some of their partners) define housework. We found some awareness of the cognitive and organizational work involved as well as a majority of respondents who restrict themselves to listing only the more mundane and physical tasks. The intent in Phase 1 was not to find out what housework people *do*, but what they *think* they do.

In Phase 2, in the focus groups, we therefore explored the wider range of housework activities people engage in. We asked participants:

> Did you do any of the following tasks?
> - provide emotional support to someone (comfort, console, counsel, give advice, listen to)
> - organize, plan, manage or arrange matters (e.g. family events or schedules, arrange repair people, tutors, play dates for children)
> - deal with crises
> - maintain contact with family members or friends through telephoning, writing letters or visiting
> - take care of yourself
> - resolve conflicts

Invariably, participants described in great detail their work in all of these areas. We concluded, with their help, that physical, mental and emotional work is integral to housework (Eichler and Matthews, 2005). Unexpectedly, a fourth dimension of work emerged, about which we had asked no question and which nonetheless was very evident in the various focus groups: a spiritual dimension. We define as spiritual whatever gives meaning to life (Eichler and Albanese, 2007). Given this unexpected finding, we included some specific questions about learning concerning the meaning of life through housework in Phase 3. Consistently, spirituality emerged as one important dimension of housework.

We therefore ended up with four dimensions of household work: physical, mental, emotional and spiritual.

Conclusion: Household work consists of housework and carework

If we accept the notion that housework and carework are two sides of the same coin, it makes no theoretical sense to include only one segment of carework. Our interviews provide many graphic illustrations of the importance of caring for adults—adult children, spouses, disabled adult family members, siblings, parents, also neighbours and friends. Motherwork does not cease because the children grow up.

We therefore devised the following definition of household work:

> *Household work consists of the sum of all physical, mental, emotional and spiritual tasks that are performed for one's own or someone else's household and that maintain the daily life of those for whom one has responsibility.*[8]

This suggests that the term "household work" can be used as an overriding term that includes both housework and carework, including all of motherwork. It recognizes the one-coin nature of housework and carework, maintains housework as that part of the work where the emphasis is on the activity and carework as the concept that expresses the relational aspect of the work—both useful for different purposes. It provides a comprehensive view of the work performed that includes those aspects of household work that are often ignored: the mental, emotional and spiritual work, the care for adults, and work performed in other people's households. If this more comprehensive definition of household work were used in empirical studies, it would help to make more of the invisible aspects of this work visible. If we understood motherwork as care of children throughout the entire life—from the time the children are born to the time the parents die—we would gain a more comprehensive picture of the actual work involved in being a mother.

Appendix 1
Summary of Activities

1 administrative work
2 car
3 childcare
4 cleaning
5 computer (assistance/fix)
6 communication/information
7 cottage

8 cultural activity (hang art show, historian, illustrations for publication, jury shows, choir, fashion show, holiday home tour)
9 decorate
10 dishes
11 educational work
12 emotional support (comfort/console, counsel/advise/listen to/converse with/discuss problems/ telephone advice/advocate for, make time for, bereavement support, love)
13 entertain
14 environmental work
15 fundraising activities
16 garbage/recycling
17 gardening/weeding/watering/yard work
18 general (help, look after someone's affairs, volunteer, support, be responsible adult at home, usher/greeter, spouse care, care for elderly, pastoral care, personal care, act as power of attorney, friend did hard work)
19 gifts (make/give/buy/exchange gifts, send flowers, make baby blanket, knit gift, exchange cookies, money for grandchildren, make donations)
20 handicrafts
21 health maintenance
22 housekeeping
23 laundry
24 library work
25 maintenance, repairs, and building projects
26 managerial/leadership/organizational work
27 meal preparation/cook/feed (breakfast/lunch/dinner/snacks)
28 money management
29 occasional work
30 personal grooming/hygiene (help with)
31 pet care
32 physical comfort (rock, snuggle, sleep with, give back massages, foot-rub)
33 plant care (water plants/re-pot)
34 political work
35 sew
36 shopping
37 social work/relations
38 sports/physical recreation activities
39 social activities
40 transportation (other than for medical reasons)
41 other

This is a revised version of a paper presented at the Mother's Day Conference of the Association for Research on Mothering on Carework and Caregiving, 2006.

[1] The data reported on here were gathered as part of the research network on The Changing Nature of Work and Lifelong Learning (WALL) funded by the Social Sciences and Humanities Research Council (SSHRC) from 2002 through 2006 as a Collaborative Research Initiative on the New Economy (Project No. 512-2002-1011). This network is composed of a large national survey and 12 case study projects. For further information, see the network website: www.walllnetwork.ca. A large number of students were involved in our project at various points of time as coders, interviewers, transcribers, data analysts and collaborators in a broader sense. I want to thank them cordially for the contributions they made. They are: Robyn Bourgeois, Alexia Dyer, Lingqin Feng, Susan Ferguson, Young-Hwa Hong, Willa Lichun Liu, Gada Mahrouse, Carly Manion, Ann Matthews, Tracey Matthews, Gayle McIntyre, Thara Mohanathas, Sam Rahimi, Susan Stowe, Carole Trainor, and Natalie ZurNedden. Willa Lichun Liu and Ann Matthews are both writing their Ph.D. theses on this project, and their contribution is consequently considerably more substantial than that of other students who were involved for shorter periods of time. Susan Ferguson coded 40 of the interviews of Phase 3 into N6 and thus contributed substantially to the analysis. Patrizia Albanese is a co-investigator of this project.

[2] For more information on the study, see Eichler (2005, and forthcoming); Eichler and Matthews (2007); Liu (forthcoming).

[3] These are the tasks identified by Twiggs, McQuillan, and Ferree (1999).

[4] Eight-hundred and fifteen questionnaires were mailed to Mothers Are Women (MAW and their partners): National Council of Women of Canada (NCWC); Older Women's Network (OWN); Eta Zeta Sorority (EZ); and the National Farmers' Union (NFU). Two-hundred and fifty-four questionnaires were completed and returned—a 31percent response rate. In addition, the focus group participants also filled out the questionnaire.

[5] See Appendix 1 for the list of activities (minus the subcategories).

[6] I am aware that I am using the terms household work and housework in a manner that may seem inconsistent and confusing. This is due to the fact that our understanding of the difference between household work and housework evolved during the process of data interpretation. I use household work when referring to the questions we asked, since that is the term we used on the questionnaire, but most of the literature would refer to it as housework. I use housework when discussing the results in a more general manner, since we have now established a difference between housework and household work, see below.

[7] These are the different quarters in my wallet as I am writing this.

[8] In the fall of 2005, we held a "Report Back" conference to which we invited all those had participated in any phase of the research project. We asked par-

ticipants for their own definition of household work, which, to our surprise, turned out to be very close to the one we had come up with. We modified our definition somewhat in light of the discussion that ensued.

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Sarah Allen, Shirley R. Klein, and E. Jeffrey Hill

Framing Carework

Context, Processes, and Outcomes

Everyday, prosaic processes of work in the home have remained unexplored in the research and theory about family life because of their taken-for-granted, mundane, and pervasive nature. Likewise, major gaps about mothering exist in terms of experiences and activities, social locations, and structural contexts. These contexts, processes, and outcomes of carework in the home warrant a more central position in our research and theorizing. This paper situates a process-oriented model of care within existing research and theory related to invisible family work and caregiving. The model identifies a number of contexts and processes that influence individual, familial, and societal outcomes as a theoretical basis for expanding our research and theorizing on invisible family carework. Perhaps most importantly, however, this model draws our attention to a variety of processes embedded in everyday home life that require significant amounts of time, energy, and emotional investment that have previously been overlooked as components of family carework.

Family scholars Sarah Allen (2005) and Kerry Daly (2003) assert that many of the everyday, prosaic processes of work in the home have remained unexplored in the research and theory about family life because of their taken-for-granted, mundane, and pervasive nature. Likewise, Terry Arendell (2000) identified major gaps about mothering that exist in terms of experiences and activities, social locations, and structural contexts. These contexts, processes, and outcomes of carework in the home warrant a more central position in our research and theorizing. This will help us understand care as a process that is created, negotiated, and sustained over the life course. A process orientation may help scholars see carework as a pragmatic practice rooted in and focused on what individuals do, the unique ways they fail and succeed, and the tensions and paradoxes they experience. This creates a theory more congruent with everyday experience and challenges abstract ideological viewpoints as well as nostalgic musings about carework in the home.

The objectives of this paper are: (a) to situate a process oriented model of care within existing research and theory developments relating to invisible family work and carework and (b) to embed the every-day processes of carework within their logical contexts and outcomes. It is important to note that it is beyond the scope of this paper to address all the contexts, processes, and outcomes related to carework. Clearly, less optimal processes occur. As Juhani Pallasma (1995) and John Rennie Short (1999) note, home can also be a place of abuse, exploitation, and violence as well as a place of love, protection, and order. The processes we are suggesting in our model can be negatively or positively enacted in numerous contexts.

Theoretical perspectives

Symbolic interaction and gender theory provide useful framing concepts for our model. Symbolic interaction is useful because it emphasizes experience, agency, action, and the intersubjective process of creating meaning. This makes the fluid and dynamic nature of how roles, self-identity, and family identity are negotiated within the processes of carework more evident. Margie Edwards (2004) suggested that symbolic interaction is a useful framework for exploring carework because of its emphasis on personal definitions of the situation, social structural conditions, socio-historical and geographical contexts, cultural identity, individual interpretations and interactions, social position, and ongoing inter-subjective negotiation processes.

The theory of gender utilized in this paper is rooted within a social constructionist paradigm and is situated within three specific domains: gender roles, “doing gender,” and the social reproduction and production of labor. Family studies scholars Greer Fox and Velma Murry (2000) position gender roles within a larger framework of socially prescribed expectations and ideological assumptions about who does what in regards to household and community responsibilities. Like Scott Coltrane (1989) and Candace West and Don H. Zimmerman (1987), Fox and Murry explain that “doing gender” suggests that men and women overtly and covertly evoke, create, sustain, and differentiate gendered identities as men and women by doing and not doing certain aspects of family work. Further, Fox and Murry clarify the daily social interactions involved in “doing gender” that operate on a micro level within the family that also inform, create, and sustain much larger structures of power and privilege, maintain a variety of community and social institutions, and reflect many of the daily constraints within which men and women “do gender.”

The theory of gender is a useful framing concept in that it allows one to be attentive to the ways in which men and women “do family” and “do gender” through the daily processes of carework.

Literature review: Invisible work

Margie Edwards (2004) argues that historically, domestic life was considered irrelevant to academic inquiry because it was associated with the private sphere of women. Feminist scholarship called attention to the types of activities, processes, and work done in the home where women predominated and made that work more visible. The earlier work of Arlene Kaplan Daniels (1987) and Susan Leigh Star and Anselm Strauss (1999) noted that processes of family carework are devalued because it is unpaid, unprotected, unsupervised, and unregulated.

Arlie Hochschild (1983) called invisible work "emotion work," and Rebecca Erickson (1993) identified other labels such as "emotional sustenance," "social emotional role," "expressive role," "mental hygiene function," "therapeutic role," and the "stroking function." Brenda Seery and M. Sue Crowley (2000) identified additional terms such as "carework," "interaction work," "sociability work," "kin work," and "household management work." Regardless of the term utilized, invisible work is most often conceptualized as the less tangible work that women do in addition to the tangible and measurable child care and housework tasks. These activities are difficult, if not impossible to quantify or measure precisely because, as Jacquie Swift (1997) noted, they often do "not result in a durable, tangible, or measurable product" (352) although they take considerable time and energy. Examples of invisible work abound in the literature, and scholars Andrea Doucet (2000, 2001), Edwards (2004) and Seery and Crowley (2000) included processes such as remembering, worrying, planning, juggling, strategizing, making practical decisions, arranging and scheduling tasks necessary for household maintenance, regulating time, funds, and attention, and organizing and integrating family schedules. Earlier work by Daniels (1987) explained that this work is difficult to see because it is private, personalized, customized, and involves processes of continual monitoring, specialized catering, restocking, improvising, adapting, tailoring, and persistent effort and skill. Doucet (2000) explained that although men have increased the amount of time they spend doing household chores, women still tend to do the bulk of household work and continue to be primarily responsible for the management, planning, organization, and supervision of housework and child care related activities.

In addition to the invisible work required for the family's physical maintenance, effort is also expended in constructing and maintaining family relationships and optimizing the family's emotional and psychological well-being. Doucet (2000) and Edwards (2004) explained that this type of invisible work involves the often spontaneous, informal, and unregulated emotional work invested in the ability to see or hear the needs of others, to take responsibility for them, and negotiate if and how they should be met, and by whom. According to Daniels (1987) it is the less visible components of family work that are deeply embedded not only in the social construction of daily life, but also in the maintenance and development of institutions. The goal of this paper is to disembed what has previously been deeply embedded within the daily processes of family life in order to make it more visible and to expand the traditional conceptions of this type of work.

The need to reconceptualize and broaden how we think about and study family work to include the less visible spatial, temporal, relational, and emotional carework men and women do within and without of their homes is an assertion that is congruent with other research by Allen (2005), Daly (2002), Hochschild (1983), and Helen Mederer (1993). Doucet's (2000) work on gender, domestic responsibility, and community argues that family life is social, and is, therefore, located in the broader social world of relationships extending beyond the private realm of home. Thus, processes of home need to focus on the permeability of household boundaries and explore the linkages between the family and the wider institutional arena of the community. As Doucet (2001) and Myra Marx Ferree (1990) noted, family work connects economic and kinship structures within and between households and institutions. Unfortunately, family work is usually operationalized as labor that occurs within, rather and between or among homes. Doucet's assertions are congruent with Helena Znaniecka Lopata's (1993) and Anita Garey, Karen Hansen, Rosanna Hertz, and Cameron Macdonald's (2002) argument that a false dichotomy of the public and private realms not only artificially confines care within the boundaries of the private realm, but also ignores the continuum of social relations found within the intersections of family, community, and institution that are embedded in daily life. The traditional public/private dichotomy, therefore, prevents scholars from seeing many of the acts men and women do in the public world as family carework that is important to the whole society. Lopata (1993) coined the term "sphere binding" as a way to conceptualize family carework and allow for a continuum of involvement for both men and women at many levels ranging from private to public.

Doucet's research (2000, 2001) found that women assume all, or almost all, of the inter-household, inter-familial, and inter-institutional responsibility for carework. They initiated, planned, organized, and managed most of the short, medium, and long range planning of interactions between households as well as between households and other social institutions such as schools, work places, hospitals, child care centers, and grocery stores. Robert Putnam (2000) noted that the benefits that come from the trust, reciprocity, information, and cooperation associated with social networks illustrate the value of the role women play in building these networks in their community. Reconceptualizing carework to include these invisible dimensions of managing time and space both within and without the physical residence would broaden the ways we think about carework. It would recognize the time, energy, imagination, money, resources, skills, emotions, and work mothers invest that have remained unexplored in the literature.

Caregiving

In some respects carework and invisible work are overlapping concepts. Like invisible work, carework has an emotional aspect, is hard to see and measure, is most often linked to female roles, is dichotomized in ways that are usually not helpful, and suggests linkages beyond the household. Though sometimes used interchangeably, the terms carework and invisible work are distinct. Carework implies a specific type of invisible work, one that is most often tied to reciprocal interaction between maternal home roles and similar roles in the workplace.

Although the issue of care is complex in nature and difficult to conceptualize in a bounded way, Paula Dressel and Ann Clark (1990) identified several distinguishable features of carework that are relevant to the discussion of a model of contexts, processes, and outcomes. Francesca Cancian and Stacey Oliker (2000) suggest that caring is a focus on both the physical and emotional work of caregiving—both *caring about* and *caring for*. A working definition for carework, therefore, is "feelings of affection and responsibility combined with actions that provide responsively for an individual's personal needs or well-being, in a face-to-face relationship" (2). Paula England, Michelle Budig, and Nancy Folbre (2002) and England's later work (2005) showed that carework also extends from private to public spheres and includes work done in the market for pay as well as in the home. Mary Zimmerman, Jacquelyn Litt, and Christine Bose (2006) noted that carework has global implications. According to Cancian and Oliker (2000), in these private, public, and global spheres, family members construct meanings about *good* care that fit their cultural backgrounds and social positions. Michael Bittman and Nancy Folbre (2004) and Folbre (2005) also noted that another feature of carework is that it is considered a "public good," that is, goods that have diffuse benefits that cannot be restricted to those who pay their price. When parents care for children they create public goods because this socially productive work yields benefits to others. Folbre (2005) explained, "Some of these benefits are intangible, such as our collective sense of pride in a new generation of citizens. Other benefits are quite tangible, such as the taxes that today's children will pay" (355). A model of care needs to account for feelings, actions, and conceptions of "good" care, both in and outside the home.

Sociologists Paula Dressel and counsellor Ann Clark (1990) pointed out that a variety of motives underlie acts of care and over time shifting cognitions influence behaviours. It is helpful to think of these motives in terms of who benefits and what purposes are served. Dressel and Clark report finding that acts of care are often motivated by needs of the caregiver rather than the care receiver. Acts of care that appear to be expressive (phoning or playing) instead may be instrumental to meet one's own needs. Dressel and Clark refer to C. Wright Mills's (1940) seminal delineation of motives: integration (reflected in statements about maintaining the family unit or marital dyad), control (influencing a family member to behave in a certain manner), and specification (reflective of family relationships such as “mothers are supposed to do things like that with children”). The goal of this paper is to understand care and the reasons for caring behavior over time and at discrete points. Reasons may be influenced by different contexts, the interaction among contexts, and between processes.

Dressel and Clark (1990) and Viviana Zelizer (2002) warned that conceptions of caregiving may be misunderstood or prematurely reified because of persistent dichotomizing. Assumptions about family care seem to proceed from assumptions of dichotomy: women are expressive, emotional, sentimental, and home-oriented, while men are instrumental, rational, and work- and goal-oriented. Care is routinized in terms of household work or tasks, child care and kinkeeping or care is stressful in terms of caregiving, social support, or assistance. There are costs and burdens associated with carework versus attitudes and feelings of caring. According to England, Budig, and Folbre (2002), these persistent dichotomies are rooted in schemas about gender and motherhood that come from culture. Dichotomized thinking is not helpful as we explore new ways to provide adequate care in a changing environment. Contexts such as higher rates of women’s employment have resulted in less carework in the home and more in the marketplace. Recognizing these changing contexts would extend conceptualizations of caregiving.

Carework in the home needs to acknowledge the shifting fulcrum of care from home to market. This shift highlights the tensions that affect caregiving in our social and economic environment. Suzanne Gordon, Patricia Benner, and Nel Noddings (1996) commented on the desire to be freed from caregiving burdens and how this flight makes the provision of caregiving all the more burdensome. They believed that this makes is almost impossible to engage in meaningful dialogue about how to pool resources to fund systems of care delivery in the home, community, or public sector. Public policies surrounding carework have evolved with little consideration of the impact for family life and thus impose significant constraints on individual choices. As we dichotomize care and the market economy it is tempting to think of caregiving as a non-economic commitment, but the public good created by raising children and caring for others is crucial to economic growth. The organization of carework and its relation to the market economy is crucial for all of society but an in-depth discussion is beyond the scope of this paper. Our concern is that conceptions of care recognize the economic context.

England (2005) suggested five theoretical frameworks that have been developed to conceptualize carework. The “devaluation perspective” argues that carework is badly rewarded because care is associated with women and often women of color. Cultural biases limit both wages and state support for carework because cultural ideas deprecate women and by cognitive association devalue the work typically done by women. The “public good” framework points out that carework provides benefits far beyond those to the direct recipient and suggests that the low pay of carework is a special case of the failure of markets to reward public goods. While there is only indirect evidence and no direct evidence of the central claim of this framework (i.e., fertility, education), the framework is still used to interpret policy implications of wage penalty for motherhood. The "prisoner of love" framework argues that the intrinsic caring motives of careworkers allow employers to more easily get away with paying careworkers less. Instead of seeing the emotional satisfactions of giving care as its own reward, the theory of compensating differentials offers a more correct explanation—employers will have to pay more to compensate for non-pecuniary amenities, all else equal. If marginal workers see intrinsic properties of work as an amenity, this permits a lower wage. The "commodification of emotion" framework focuses on emotional harm to workers when they have to sell services that use an intimate part of themselves and/or when they are required to alienate services from personal true feelings, display feelings they do not actually feel (i.e., flight attendant being cheerful), or feign love for someone else's children (nanny). The "love and money" framework argues against dichotomous views in which markets are seen as antithetical to true care. This framework makes the assumption that profit and self-interest rule in the market while caring values rule in families. Some argue that extrinsic rewards crowd out intrinsic motivation; psychologists argue that individuals find autonomy and self-esteem inherently rewarding. Would real care be drained out of the workers by high pay? These five theoretical frameworks for carework suggest the need for a broader social, economic, legislative, community, political, and familial context within which to situate the everyday processes of carework.

The social constructionist approach to family carework offers several more insights for consideration. Family members hold to idealized notions of family care, even as they report situations fraught with ambiguity, negative thought or affect and unshared or dishonored definitions of care. Some demonstrations of self-defined care appear to be linked to issues of women's family status and power, thus calling into question essentialist view of women's caring nature. Dressel and Clark (1990) suggested that multidimensional conceptualization of family care can lead us beyond gender reification and overly rigid family boundaries to richer understanding of internal family dynamics and family's connections to the broader society.

These theoretical approaches help summarize, compare, and contrast ideas about carework. Some offer conflicting answers to the same questions while others speak to dissimilar questions. Zimmerman, Litt, and Bose (2006) believe they illuminate more fully the crisis of care with its deficits, commodification issues, and global implications, and Dressel and Clark (1990), Folbre (2005) and Zelizer (2002) point to the need to link families more systematically to other social institutions. The purpose of our model is to more fully explore components of family carework and its linkages, both inside the family and out.

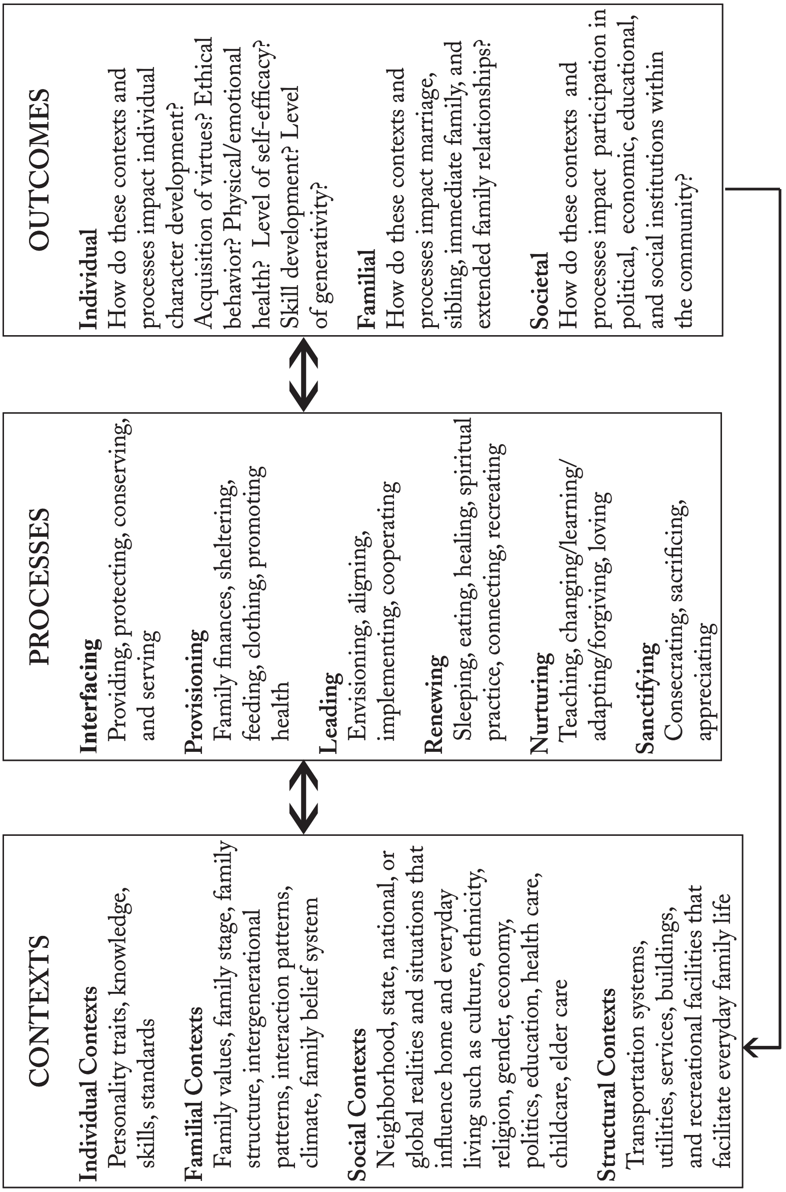
Framing contexts, processes and outcomes of carework

Our proposed model attempts to account for the invisible family carework that is done on an everyday basis (see Figure 1). In this model we propose that carework influences, and is influenced by, contexts in which it is situated, and that processes facilitate a variety of family outcomes. There is both horizontal and vertical interaction among the parts of the model and circular interaction between outcomes and contexts. The event of family mealtime is one way to illustrate the model and show how mealtime is shaped by interactions with individual, familial, social, and structural contexts, and how it influences individual familial and societal outcomes. A growing body of literature documents the positive effects of shared meals on individual and family development (Fulkerson, Neumark-Sztainer, and Story, 2006; Larson, Wiley, and Branscomb, 2006; Weinstein, 2005). These studies, and numerous others, document that families who regularly eat meals together enjoy the outcome of healthier individuals and more positive family relationships.

We propose that family mealtime is better understood when we think about how it is shaped by its contexts. The influence of *individual contexts* is readily seen. For example, the individual personality of the primary food preparer and other members of the family may influence who is involved in the preparation. The culinary knowledge, skills, and standards of individual family members may influence what food is prepared and how it is presented. *Family contexts* are also influential. For example, if interaction between parents and children during meal preparation is unhurried, generative, and positive then it will be likely that family members will want to be involved and learn more than if this time is impatient, demanding, and full of criticism. If the family is cohesive and values togetherness it is likely that more family members will be present for family mealtime than if the family system is chaotic or disengaged. If the family belief system is egalitarian it will be more likely that everyone will help with the cleanup than if doing dishes is seen as women's work. The family stage in the life course makes a difference in who is available to participate. *Societal contexts* are less overt in their influence, but important nonetheless. For example, school activities for a family with teenagers may dictate if, when, where, and for how long family mealtime may occur. Religion may prescribe and proscribe certain foods and rituals for family mealtime. The economy determines which foods are available in the marketplace and their affordability. Finally, *structural contexts* also exert an influence. The access of the home to utilities, marketplace availability, transportation services, appliances and other household equipment all influence mealtime. By being thoughtful in examining the influence of all of these contexts we can better understand why family mealtime is the way it is.

Our model also highlights home processes less well identified in the family studies literature. Family mealtime is clearly identified as a *provisioning* process as families shop and meet needs for nourishment, but mealtime is also *nurturing* as the setting provides opportunities for interaction and caring. The family *interfaces* with workplace, neighborhood, and other community entities to accomplish mealtime. *Leadership* is required as someone envisions the event,

Figure 1



CONTEXTS

Individual Contexts
Personality traits, knowledge, skills, standards

Familial Contexts
Family values, family stage, family structure, intergenerational patterns, interaction patterns, climate, family belief system

Social Contexts
Neighborhood, state, national, or global realities and situations that influence home and everyday living such as culture, ethnicity, religion, gender, economy, politics, education, health care, childcare, elder care

Structural Contexts
Transportation systems, utilities, services, buildings, and recreational facilities that facilitate everyday family life

PROCESSES

Interfacing
Providing, protecting, conserving, and serving

Provisioning
Family finances, sheltering, feeding, clothing, promoting health

Leading
Envisioning, aligning, implementing, cooperating

Renewing
Sleeping, eating, healing, spiritual practice, connecting, recreating

Nurturing
Teaching, changing/learning/adapting/forgiving, loving

Sanctifying
Consecrating, sacrificing, appreciating

OUTCOMES

Individual
How do these contexts and processes impact individual character development?
Acquisition of virtues? Ethical behavior? Physical/emotional health? Level of self-efficacy? Skill development? Level of generativity?

Familial
How do these contexts and processes impact marriage, sibling, immediate family, and extended family relationships?

Societal
How do these contexts and processes impact participation in political, economic, educational, and social institutions within the community?

aligns family schedules and make plans, then implements the plan and tries to win the cooperation of other family members. *Renewing* takes place and family members can be *sanctified* as they appreciate, sacrifice, and otherwise give of themselves in the process.

Family mealtime is linked to valued *individual, family, and social outcomes.* By involving family members in meal preparation in a patient, supportive way, parents can contribute to skill development and self-efficacy for the children. The process of doing so may contribute to developing generativity in those same parents. A relaxed, unhurried family mealtime provides a context for conversations that can promote character development and the acquisition of virtues. Of course, the actual food consumed at the dinner table can contribute to physical health of family members. During family cleanup, children can enact ethical behavior by choosing to contribute fully to the process. Likewise, positive *family outcomes* are fostered by family mealtime. As parents work with children in meal preparation, healthy parent-child relationships are fostered. When grandparents and uncles and aunts are invited to special meals, extended family relationships are fostered. As parents work together on mealtime cleanup, healthy marriage relationships are engendered. Finally, *societal outcomes* are influenced by these same processes. The lessons taught around the family dinner table may help family members become law-abiding, educated citizens. Work habits involved in family mealtime may help family members become economically productive workers. This will help family members be self-sufficient and less dependent on government services.

Stable family relationships, in turn, tend to create the family context and environment within which effective routines of carework can be maintained over time. Family scholar Kathleen Bahr (2000) said that carework is an opportunity to foster the outcomes of individual educational development, enhance communication among family members, and strengthen family relationships. Clearly these outcomes could potentially have reciprocal influence on future contexts and processes. Thus, as Enola Aird (2001) explained, carework is so pervasive that it has ramifications not only for outcomes for the individual, family, and society, but it can also impact future contexts, processes, and outcomes of carework.

Although carework involves many possible processes, we focus specifically on carework as embedded within the six processes of interfacing, provisioning, leading, renewing, nurturing, and sanctifying. These processes explore a number of specific ways in which carework is negotiated within a variety of contexts on a daily basis. It must be noted, however, that what is considered a nurturing carework process to some family members is not considered nurturing to others. For example, what is seen as necessary for renewing or nurturing a child to one parent may not be seen as necessary or even desirable for another. It is important, therefore, to problematize each of these six carework processes in order to better understand them. The intent of this model is not to determine positive or negative potentialities, but rather to simply identify a variety of contexts, processes, and outcomes associated with carework as informed by the theoretical literature. Further theoretical and empirical work will be necessary in order to document the theorized linkages. It is also important to note that there are individual, dyadic, and family units which sometimes act in conflict when doing carework. Thus, it is important to explore how different members in the family perceive, define, and go about engaging in the processes of carework. The contribution of this model is that it illuminates and gives names and categories to carework contexts, processes, and outcomes. By giving names and proposing relationships from known contexts to valued outcomes, family members may gain greater power and discretion over these outcomes.

Conclusion

In our model we have identified a number of contexts and processes that influence individual, familial, and societal outcomes. These contexts, processes, and outcomes are in continual and reciprocal interaction with each and serve as a theoretical basis for expanding our research and theorizing on invisible family carework in a number of ways. What is most important, however, is that this model draws our attention to a variety of processes embedded in everyday home life that require significant amounts of time, energy, and emotional investment that have previously been overlooked as components of family carework. Future research could explore this contextualized attentiveness to process and outcomes in order to broaden our understanding of family carework beyond the private realm and begin to explore new ways of thinking about the daily processes of home.

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Robin G. Isserles

Re-Imagining "Progress"

Motherwork, Human Flourishing, and the Political Culture of Care

This article attempts to do two things. First, to suggest that the way in which we define progress is severely lacking as it is associated primarily with material accumulation, self-interest and the freedom to compete with others. Such a limited notion of progress is reliant upon an equally narrow understanding of the individual. Thus, it is important to both recognize and to challenge the ideological foundations of these connections which limit the very way a developed society is defined. The second task is to put forth an alternative meaning of progress, drawing on feminist theories of Care as well as practices of motherwork, which capture important aspects of the human experience that go beyond narrow economic concerns. In this way it is possible to re-imagine what the individual is and what a truly developed society could look like. An alternative expression of the individual and progress is thus necessary to create and sustain a different kind of world.

What often goes unquestioned in the analyses of the political and economic systems of industrialized countries is the way in which progress is defined. That is, the "good life" is defined primarily by the accumulation of material goods with the accompanying over-inflation of the importance of self-interest. This, I would argue, is an impoverished understanding of what it means to be a "developed" society and what constitutes "progress." In this paper, I present an alternative view that identifies and incorporates aspects of human experience that go beyond narrow economic concerns. To do so, I draw on feminist theories of care which question the gender-neutral notion of the rational actor (Ferber and Nelson, 1993) and challenge the idea that a "developed" society is one in which economic growth, accumulation, efficiency and profit maximization are all that matter. A feminist interpretation based on theories of care and practices of motherwork, provide a way to re-imagine what a society could look like, transforming the very way in which we define what a developed society should be. In particular, we need to move beyond the limited and unchallenged notion—which dictates social life as well as policy formation in both the First and Third Worlds—that development is strictly an economic concept. In my view, such a critical challenge will be useful for scholars, practitioners and activists alike—who are striving to create and sustain a caring global society.

Feminist theories on care: Care as ethic, virtue, value, experience, and practice

Joan Tronto's *Moral Boundaries: A Political Argument for an Ethic of Care* (1993), offers a very useful elaboration of care. She and Berenice Fisher define caring as

> a species activity that includes everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves and our environment, all of which we seek to interweave in a complex, life-sustaining web. (103)

Included in this concept of care are four elements. First, care and care activities are not restricted to interpersonal connections since a person could care for herself, her work, hobbies, pets, or the environment. Second, caring is not necessarily dyadic or individualistic, but social. Third, although care is a universal need, specific needs vary across cultures and throughout history. Finally, care is both a single activity (an outcome or a product) and an ongoing process.

Care is both rational and emotional, uniting feeling, thought and action. Sara Ruddick (1989) argues that maternal care is "an ongoing, organized set of activities that require discipline and active attention" (50). Barbara Katz Rothman (1989) and Adrienne Rich (1986) urge us to think of motherhood and caring as experiences, existing within particular ideological and institutional constructions. Virginia Held (2006) writes that care is not simply the work involved, but it is indeed a practice. The example she gives is chopping down a tree to fell it. In whatever way one does this, it is work. But doing so *effectively* becomes a practice. Thus, care is more than the labour itself, it is a practice (37). In different ways these theorists view care as both labour and experience, demanding self-reflection, rational thought as well as emotional attention, characteristics that are not merely "productive."

In sum, I identify care as a feminist ethic, virtue, value, experience, and practice. Care demands a revaluing of what has been marginalized and devalued by patriarchal capitalism—not because women are assumed to be naturally better at caring practices, or even because care has evolved in the private sphere of women. Care challenges what has come to be considered virtuous: individuality, efficiency, rationality, and autonomy, reminding us that such socially identified virtues are only possible through good, supported care practices. Care insists on interdependency and affective and emotive responses. And it does so by placing societal expectations equally on men and women, rich and poor to engage, initiate, and incorporate care and care activities as central principles and practices of social life.

Human flourishing and the Political Culture of Care

A pretext for a caring society begins with the notion of "human flourishing." Human flourishing, a term borrowed from Aristotle (1980), comes from the concept of *eudaimonia*, literally meaning "having a good guardian spirit," which is central to living a good, virtuous life. In classic terms, a flourishing life consisted of pleasure, honour, and virtue, all of which come out of habit—of doing and of action. To enhance Aristotle's notion of flourishing, I incorporate Karl Marx's (1978) concept of species-being, which is related to the notion of individual potential, whereby individuals are capable of conscious, imaginative thought and action. Human flourishing requires that the individual has the access to and helps create and sustain the institutional structures embedded in a culture which supports one to advance in ways that are healthy for the self, family, community and society at large. Human flourishing embraces the full range of individual and collective values that are part of living a good and healthy life. Of the many maternal practices that Sara Ruddick discusses in her work, is "fostering growth," which is "nurturing a child's developing spirit" (Ruddick 1989: 82), an essential aspect of motherwork that allows for human flourishing.

I argue that human flourishing requires a "Political Culture of Care." The Political Culture of Care is a political, economic, social and moral "way of life." It is a set of values and norms operating ideologically and institutionally, which express a version of "development" of the individual predicated on the development of all individuals. It counters the prevailing development ethic, based on a zero-sum calculation, that fosters hyper-individuality and competition, and is supported by masculine-derived notions of the autonomous individual. In this way, care is more than labour, more than practice, more than an ethic or moral standpoint—it is a way of life, a way of thinking about what individuals do and what individuals need and how these needs are met, day to day.

The Political Culture of Care challenges us to see caring labour in practical, non-idealistic terms allowing us to examine and appreciate the everyday reproductive labour and practices associated with caregiving. Although many purport to value care, there is a tendency to do so merely in idealistic and sentimental terms—e.g., the care of a mother for a child, the care of the family, the caring for others during holidays or disasters. This process of idealization actually devalues care and care-giving, and mystifies our understanding of how each operate at the everyday level. Tronto (1993) suggests that we can overcome this problem by paying more attention to the power dimensions underlying how care labour operates. By not noticing the importance and significance of care and care labour, people of privilege—those usually cared for—are able to devalue activities of care and those who give care, thereby maintaining their privilege. For Tronto, where care is devalued and contained, it poses no threat to how we construct the social order. Thus, in a Political Culture of Care, the power dimensions that undergird our care practices are recognized and social policy is created based upon attempts to dismantle the persistent inequalities of these care relations.

Thus, a fundamental aspect of a Political Culture of Care is the promotion of equality and interdependency. That is, care as a dominant ethic, value, and valued set of practices would enable social beings to make choices and increase the options from which to choose. In a Political Culture of Care, where caring practices are expected from men and women, male privilege in the public and private spheres would erode. If men and women alike were expected and encouraged to carry out the necessary reproductive labour—activities as diverse as child-care and gathering fuel—the oppressive sexual division of labour found throughout many societies would be dramatically transformed, enabling true human flourishing to emerge. As Mona Harrington (1999) has stated, "to assure good care to all members of the society should become a primary principle of our common life, along with the assurance of liberty, equality, and justice" (48)

In a society dominated by a Political Culture of Care, social beings would meet one another not as isolated competitive entities, but as interdependent and relational beings, each of whom understands that everyone at some points in life inevitably need the care of others. There is a consciousness and recognition that some in society will require more care than others, more of the time. Martha Fineman (2004) unpacks the myths surrounding "autonomy," "independence" and "self-sufficiency" which mask the fact that individuals have progressed and societies have developed only through their relations with others—whether the family, community, the state, or the market. Despite the rhetoric of "self-sufficiency," much of the economic success that exists in the marketplace requires the unpaid, invisible care labour that is carried out in the family, as well as the resources and benefits provided by the state.

Fineman calls for instead, a "collective responsibility for dependency," which recognizes the inevitability of everyone's need to be cared for or to care for someone else, both roles necessitating a dependent relationship. For those who are "cared for," one is dependent upon the care labour of those giving care, and those who are caring for others are dependent upon societal institutions and resources that make quality care possible. Thus, for Fineman (2004), a necessary precondition for the realization of substantive equality is through ensuring that the care labour and practices that currently exist in the unpaid private family or the low-paid privatized market be adequately supported by the state. She writes,

> Some robust version of substantive equality is essential in a society that imposes on its individuals an expectation that they can attain a degree of self-sufficiency as adults. In order to eventually develop competency to the fullest extent possible, an individual during her or his formative stages of life must have access to basic material and social resources. The assurance of some fundamental level of economic security guaranteed to all caretaking units in which such individuals are nurtured would be foundational in this regard. The state must subsidize caretaking just as it does other socially productive labour: It is the articulation of this aspiration for substantive equality that is the first step in building a politics to demand it. (275)

As Fineman (2004) and others have argued, it is only the state that can distribute these needs justly and equitably. It is the state, and not the market, that must define the rights and responsibilities of its members, carry out the conditions of equality, and can mediate the inequalities produced by the free market system (Fineman 2004: 264). The market cannot do this alone, as its principles of profit maximization and cost reduction often are used to supplant all other concerns.

The state's role in securing these basic needs is vital for a Political Culture of Care to emerge because true autonomy—a pre-condition for human flourishing—cannot exist without them. As Fineman writes,

> Autonomy is only possible when one is in a position to be able to share in society's benefits and burdens. And sharing in benefits and burdens can only occur when individuals have the basic resources that enable them to act in ways that are consistent with the tasks and expectations imposed upon them by the society in which they live. (29)

She continues that "[t]he expectations that one should achieve this form of autonomy—autonomy supported by a societal commitment for the provision of basic social needs—should be every person's birthright. Autonomy in this sense concedes that there is an inherent dependence on society on the part of all individuals" (Fineman 2004: 29-30). Fineman affirms that it is the state's role to respond to dependency and that this is justified because it is "fundamentally society preserving" (48).

> Without aggregate caretaking there could be no society, so we might say that it is caretaking labour that produces and reproduces society. Caretaking labour provides the citizens, the workers, the voters, the consumers, the students and others who populate society and its institutions.... The fact that biological dependency is inherent in the human condition means that it is of collective or societal concern. (Fineman 2004: 48)

Furthermore, care becomes one of the primary ways in which we meet one another as moral beings. Such an ethic relies on particular virtues of care, in particular, attentiveness, responsiveness, and respect. (Tronto 1993; Ruddick 1989; Held 2006; Engster 2005). A Political Culture of Care includes redefining the individual as a social being, interdependent with others and connected to those of future generations. In doing so, it transgresses the sanctity of the individual as embodied in mainstream economic and political theory underlying much of the social policy of the United States as well as in the development policy in the Third World. Yet, it is actually more consistent with the experiences that all human beings have in the course of their lives. Care is a universal need, and so is necessary for human flourishing. A tempered individuality where care predominates could help to bring about a more humane, caring world.

Thus, a carefully and fully constructed theory and practice of care provides a critical reconstitution of how we define what is a developed society. As a counter to the hegemony of the rational actor market-driven model, a Political Culture of Care would operate at the level of ideology, framing our thoughts and ideas, and translating them into certain political, economic, moral, and cultural practices. This would occur at the macro level of major societal institutions as well as the micro level of the every day life of social beings. Thus, it is not only necessary to reconsider the fundamental ideas, but to alter the ideological and structural premises upon which policy is generated, which would reflect new and more humane visions of progress.

Care practices can have important consequences for social life. Speaking particularly of a redefined motherhood, Barbara Katz Rothman (1989) suggests:

> We can focus on nurturance, caring, human relations. We can come to accept and to respect a wider variety of family relationships and arrangements. Those qualities we have come to think of as maternal could become more widely shared, by both men and women. We could direct this nurturance, this maternal caring, not just to children, but to each other. That is, I suppose, the fantasy, the truly revolutionary potential of a recreated motherhood. (23)

As this passage highlights, the practice of caring may affect the way we organize social life, and help us cease glorifying rigid independence, efficiency, bottom line costs and benefits. Throughout society, we would rebuild institutions and workplace practices to reflect a Political Culture of Care, a culture that would in turn sustain these institutions. Ultimately, such a culture would affect and reflect our very notions and make possible a truly caring society

The Political Culture of Care and motherwork

We are perhaps most able to see the symbolic and real manifestations of a Political Culture of Care through the every day practices of mothering. I use the term "Motherwork" to recognize the multitude of mothering practices, experiences, and self-definitions that are indeed historically and culturally bound (Collins 2000; Hart 2002). Mechthild Hart (2002) uses the term motherwork because it makes central the labour of mothering—it is life affirming work, that is unrecognized, unpaid, but life sustaining, what Hart refers to as "subsistence work." Whether it is breast or bottle-feeding a newborn, holding and soothing a crying toddler, or organizing and mobilizing around environmental justice issues, these are just some examples of the physical, emotional, and mental work of mothering. While my point here is not to idealize mothering or the work that mothers do, I focus on these renderings of motherwork in order to capture some of the values, virtues, experiences and practices embodied in a Political Culture of Care. For example, when one is engaged in motherwork, one is recognizing and being attentive to the needs of another. Motherwork entails supporting, nurturing, and helping others to grow and flourish. Moreover, motherwork requires interdependency, as well as it fosters the importance of interdependent relations, as the community othermothers discussed in Patricia Hill Collins (2000). Certainly, caring practices go beyond motherwork and include a variety of social relationships—nursing, teaching, friendship, to name a few. I think a careful consideration of motherwork helps to highlight the everyday practices as well as the societal institutions of a Political Culture of Care.

Many recent books have been written on the complexities and contradictions of mothering, especially for working, middle and upper middle class women in the United States (Thurer, 1994; Hays, 1998; Crittenden, 2001; Douglas and Michaels, 2004; Warner, 2005; Blades and Rowe-Finkbeiner, 2006). These are just a few important political, economic, and cultural critiques of the contradictions between the idealization of mothers and mothering and the realities of mothering in a political culture where there is so little real respect and support given to the difficult, rewarding, pleasurable and frustrating work of mothering. As Hart (2002) reminds us too, such an understanding must also take into account those at the other end of the socio-economic class structure. For Hart, motherwork is "sustaining and affirming life in a social context that directly disaffirms life, both psychologically and physically/materially" (Hart, 2002: 2)

The Political Culture of Care derives its meanings from the practices and values of motherwork. But at the same time, it could potentially transform the practices, experiences, and values of motherwork. So, then, what could motherwork look like in a Political Culture of Care? What would it mean for those who carry out motherwork and the society in which it is practiced to elevate the value of mothering without idealizing it? Where practices so central and essential to the human experience could be supported institutionally, politically, economically, and culturally, and be in the forefront of what is considered virtuous? What would it do to our collective spirit to see mothers nurse their children in public spaces without fear of reprobation or legal action? What would it do for those engaged in motherwork if there were institutional support and cultural approval to make better, more informed decisions on how best to feed a newborn child in one's circumstances? And how might we change the circumstances so that mothers have more freedom to choose how to best engage in motherwork? How would our moral obligations to each other be altered, in fact, improved, if all parents were extended the financial and institutional support to care for their newborns or newly adopted children for the first year of their lives? Or if all parents were able to nurture their children in healthy and safe environments?

The Political Culture of Care rejects the notion that profit maximization alone represents progress. Accordingly, it demands that development and progress embrace fundamental aspects of life that are often overlooked, or disavowed, in societies focused on economic development—such as environmental justice, preventative health care, life-long access to quality education, worker-safety and flexibility, the promotion of the public good and active participation in community life. Such societal institutions would profoundly alter the experiences and practices of motherwork as well as other activities and experiences relating to care.

The Political Culture of Care insists upon vigilance in fulfilling the substantive ideals of democracy, freedom and equality, ever-challenging current social inequalities, and working to eradicate "privilege" based on culturally constructed categories, whether class, race, gender, nationality, citizenship, physical ability, education level, or occupation. In a Political Culture of Care, there would be a willingness to embrace difference, and a commitment to a prevailing Care ethic that considers individual interests and desires in relation to the interests and desires of the broader community. Again, the possibilities this creates for improving the conditions under which motherwork occurs are important—as examples, the active participation of men in motherwork, and those who are paid to do motherwork be compensated justly, treated with respect, thus enabling them to care for their own children in the ways they would like.

An important component of a Political Culture of Care is the recognition of the indispensable role of the State in providing basic material needs, such as clean water and air, safe shelter, nutritional food, access to land, basic education and literacy, health care, and freedom from violence. These needs are often presumed to be lacking only in the developing world, though they are not just Third World problems. To the extent any society is failing to meet these basic needs, human flourishing cannot emerge, and most certainly motherwork is constrained by these deficiencies.

It does seem as if that these "caring" policies and the ideas they uphold have all been lost in the current American political culture as well as other places where such policies have been stronger. The market has triumphed as the widely accepted arbiter of fairness. It is the State that is seen as "inefficient" or discriminatory, rather than the market. In fact, the market, released from the regulatory chains of government, is viewed as the only societal institution that can distribute the goods, services and resources that are produced by society equally and fairly. And this idea is predicated on the autonomous individual, which despite Fineman's illumination of its mythological construct, is overwhelming in much of neo-liberal political and economic thinking.

However, there have been some recent empirical studies that undermine the widespread ideological commitment to the rational actor model, and its opposition to active State involvement in the provision of basic human needs. For example, Janet Gornick and Marcia Meyers (2003) undertake a cross-country comparative analysis of family policies among 12 countries. In doing so, they show very clearly how the *lack* of state involvement in universalizing workplace policies such as child care and pre-school, parental leave, paid vacation time, and proportionate part-time pay have negatively affected the overall well-being of children, families and adult individuals. They find that when compared to Canada and several European countries, the United States has higher rates of family and child poverty, higher rates of families without any or inadequate health care, and higher rates of teen pregnancy. Furthermore, many Americans experience other failures such as a parental time squeeze, wage losses for part time work, gender inequality in the labour market and the home, and non-standard working time. All of these experiences are interrelated and very much an outgrowth of the historical and exclusive privatization of care labour in the United States.

To address these concerns, Gornick and Meyers (2003) call for the creation of a "Dual Earner/Dual Carer" society. In such a society, both men and women would be equally and actively engaged in paid workforce labour as well as the necessary unpaid home labour, which includes family care. In addition, there would be societal and institutional support for substantial parental time to care for the very young. What this would entail, certainly for the United States, is an expansion of the State to provide for the institutional framework in the marketplace and the family. It would be the State that would provide a subsidized, universal pre-school for children between three to five years old, as is practiced in other industrialized countries. Major transformations in the workplace would be instituted whereby women and men would be expected to reduce work hours during years when care-giving demands are high, such as the early years of childhood (0-3 years) or the need to give care to elderly parents.

To be sure, incorporation of these ideas into the current political culture in the United States—with its strong ideological commitment to the free market—will not be easy. But there are reasons to be hopeful. First, there is the possibility that real policy change can transform practices and behaviors, which can then alter the culture that embodies these practices. As Gornick and Meyers (2003) write,

> Policies that support parents' choice to reduce working hours when their children are very young, for example, signal the value of care-

> giving work; policies that support this choice by fathers and mothers signal the equal rights and responsibilities for men and women; policies that socialize the cost of substitute child care signal a shared commitment to the well-being of children. (100)

Moreover, even in the existing political culture of the United States, a collective caring of others has occurred historically. As Hart (2002) writes, "Norms and values grounded in a belief in collective responsibilities and an established web of reciprocal obligations all carry the work of social motherhood or community caretaking" (175). There are many examples of this type of motherwork, especially among economically and socially disadvantaged women. The ideological foundations of Care as a central component of a just and developed society is already found in many places, as the motherwork experiences of poor women have demonstrated.

Perhaps the popularity of the slogan "It takes a village to raise a child" (though often attributed to United States Senator and 2008 Democratic Presidential candidate Hilary Rodham Clinton, this slogan comes from an African proverb) suggests an underlying preference for such notions of collective responsibility to care. It is possible that this desire is created by the hyper-individualist capitalist culture and practice that supports the current political economic system.

A Political Culture of Care would encourage such impulses to thrive rather than be relegated to merely rhetorical claims that perpetuate the status quo. The institutional arrangements of a dual earner/dual carer society, for example, would allow individuals the opportunities to pursue their interests and talents and flourish, and be supported ideologically by a valuation of care—as a work activity, as an experience and practice central to our lives. Such examples by no means encompass all that could be changed in order to create a Political Culture of Care, and to promote human flourishing.

There are many more avenues for policy formation that require attention. The main point is that, in order to create the pre-conditions for a truly caring society, the whole gamut of global social, economic and political policies, as well as the ideological assumptions that sustain them must be challenged. The Political Culture of Care, which demands that re-thinking, and the implementation of policies to foster human flourishing, is thus an indispensable part of promoting democracy and social justice.

Concluding thoughts

The basic tenet of a Political Culture of Care is that care matters as much as, if not more than efficiency and economic growth. A truly caring society aims at qualitative human flourishing—a concept that embraces the totality of policies and practices that define the "good life." That does not mean that economic considerations are irrelevant— it is true that humans have basic material needs that require a stable level of economic productivity. What is not necessary, however, is this "peculiar attachment" to economic growth that excludes other elements that connote a "developed society" and "progress." Economic growth is a necessary but not sufficient component of "the good life."

A focus on motherwork, I argue, is a helpful lens through which to re-examine the notions of progress that are upheld. For one, we can look at how our current political culture subverts motherwork. Likewise, a focus on motherwork helps us to see what other human experiences could and should be paramount in our definitions of what society should be like. In doing so, we can construct a different set of expectations that take us beyond economic growth and accumulation, challenging the orthodox paradigm of the rational actor and its related free market ideologies. At the same time we could rethink the assumptions about the individual, of what individuals need, and what makes life meaningful for individuals. Thus, making motherwork a central focus of analysis, would alter our way of thinking, our consciousness, our ethics, and our ideologies thereby, transforming our very notions of what a developed society is and what progress should be. That is what the Political Culture of Care aims to do. It is only with the aid of such a theory that a liberated motherwork, which makes possible human flourishing, that a truly caring society becomes an attainable and sustainable reality.

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Lyn Craig

Valuing by Doing

Policy Options to Promote Sharing the Care

Under the "adult worker" family model in which social policies assume both men and women take part in the labour force, there are significant financial penalties for those who provide unpaid care. This is unfair, because social functioning depends not only on the market economy but also on an adequate supply of unpaid and family care. The raising of children, particularly, can be viewed as public-goods provision which, if not compensated, allows citizens who do not provide it to free-ride on the efforts of those who do. When social policies assume all adults will engage in market work, both the supply of unpaid care and the wellbeing and financial security of those who still provide it are in jeopardy. To rectify this, care needs to be more realistically valued, and not only in monetary terms. This paper reviews a range of innovative policies and assesses whether they could meet the twin goals of maintaining adequate social care and achieving gender equity. To both facilitate social reproduction and be fair to women, care may have to be something that everyone does. Some policies recognize care as a social contribution (a universal basic income, participation income, and transitional labour markets). However, this would not obviate gender inequity. This paper concludes that policies that see time spent in either family or voluntary care as a social obligation should be contemplated. It discusses "carefair" (compulsory paternal leave), and the idea that a minimum lifetime care requirement could be a pre-requisite to accessing full retirement benefits.

In most western countries social policy priorities have moved from supporting a "male breadwinner" model of family life to encouraging an "adult worker" model where both men and women take part in the labour force (Lewis and Giullari, 2005). This means there is greater gender equity, but at a cost, because successful social functioning depends not only on the market economy but also on an adequate supply of unpaid and family care (England, 2005). Care is not simply a family or a personal matter. Both governments and employers are profoundly dependent on unpaid care work. It is essential if children are to be born and reared into independent adults. Governments depend on family carers to look after disabled and infirm relatives. The market is dependent on the care and human capital inputs parents and families provide. The raising of children, particularly, can be viewed as public-goods provision which, if not compensated, allows citizens who do not provide it to free-ride on the efforts of those who do (Folbre, 1994a). However, growing rewards in the labour market means that the opportunity cost of withdrawing from the workforce to care for family members are increasingly high (Waldfogel, 1998). Fewer people are able to do it, and as a result, both the supply of unpaid care and the wellbeing and financial security of those who still provide it are in jeopardy.

To remedy this situation, care needs to be more realistically valued. Though overlooked in conventional economic accounting, the unpaid economy is very large (Ironmonger, 1996). Recent estimates of what it would cost to pay replacement wages for unpaid work put its value at about 50 per cent of GDP in Australia, and cross-national estimates range between 40 and 70 percent of GDP (ABS 2006). Studies of the economic value of care (Arno, 2006) the economic value of caring for children (Folbre, 2004) and the economic value of breastfeeding (Smith and Ingram 2005) quantify the enormous monetary worth of care-giving. The numbers are huge. Depending on the wage attributed, the replacement value of family care in the US can be estimated at $140 billion, $257 billion, or $389 billion a year (Arno, 2006). The UK estimates are £87 billion a year (Buckner and Yeandle, 2007). Specifically with regard to childcare in the US, the average value of a mother's time has been estimated to be about $33,026 per year; and the average value of a father's time to be about $17,126 per year (Folbre and Yoon, 2005).

Currently these economic costs fall disproportionately upon the individuals (still overwhelmingly likely to be women) who perform the care (Craig 2007). The value represents a cost to those who undertake unpaid care work. Impacts include mothers' lower lifetime earnings than either childless women or men. An Australian study estimates the effect of a first child to be a cumulative loss over a working lifetime of approximately $A435,000 (Breusch and Gray, 2003). The care penalty is further reinforced in Australia and other countries by a shift to retirement income policies based on earnings-related private superannuation or pensions. Gender-neutral provisions assume women participate in the labour market on the same terms as men, whereas the truth is that those with responsibilities for care spend less time than others in paid work over the life course, and are therefore unable to build up adequate retirement savings (Jefferson, 2007) . This means that the costs of motherhood include being at risk of poverty in old age (Olsberg, 2004).

So care is very expensive, and the costs are borne inequitably. Therefore costing unpaid work and care in monetary terms is very important. However, this approach does not go far enough, because care is also valuable in and of itself

(Daly and Lewis, 2000). Many who promote female rights to independence are simultaneously concerned that if women substantially withdraw from care the welfare of children will suffer (Gornick and Meyers, 2004). The practical issue for many with care responsibilities is not necessarily what it is worth financially, but how to find time to do it. Under the adult worker model, not only the economic value but also the social importance of care is downplayed. Paid work is seen as the primary obligation of citizenship (Liebermann, 2007; White, 2003). But any system of social organization that leaves no room for the vital and economically productive activity of raising children and caring for elderly or infirm relatives is inadequate (Nelson, 2006). The male breadwinner model was not fair to women, but it did at least underwrite social reproduction (Folbre, 1994b).

To both facilitate social reproduction and be fair to women, new social policies are needed. Care needs to be more genuinely valued, and the unpaid and caring work that used to be done by women at home has to be shared around. To be truly valued, care may have to be something that everyone does. How could this be achieved? What policies could both value care as a social good in itself and promote a fair gender distribution of work, paid and unpaid? This paper discusses a range of innovative policy ideas and assesses whether they could meet the twin goals of maintaining adequate social care and achieving gender equity.

Care as a social contribution: A basic income

An approach that radically challenges the dominant moral view that paid work is the primary duty of all citizens is advocacy of a universal basic income (UBI), available to all as a right of citizenship. What is suggested is a regular government payment, made to all citizens with no conditions attached. The idea of the UBI is over 150 years old. Proponents of it take issue with the idea that the right to participate in the nation's economic wealth should be tied to an obligation to market work and argue that a basic income sufficient for a modest but decent standard of living should be available to all. Given a UBI, each citizen could afford to contribute to the public welfare according to his or her own priorities and interests (for example, family, occupation, voluntary activity), and activities outside the labour market would lose the stigma of being "second choices" because there would no longer be an obligation to work for money. Arguments for a UBI are based in ideas of social justice, poverty relief, equal opportunity and democracy (Barry, 1997; Liebermann, 2007; McKay, 2007; Pateman, 2004; Van Parijs, 2004; White, 2003). Though gender is not a central concern in all the UBI literature, some proponents see particular benefits for women. They note that the gender division of labour in the household and the special caring functions that women disproportionately bear limits their market opportunities compared with men, and suggest that an independent individual income would compensate for this (McKay, 2007; Pateman, 2004).

A UBI is a bold idea in a time when paid work is seen as the paramount social obligation and most social programs lean towards workfare. Objections are many. Apart from arguments about cost and practicability, many think a UBI would encourage idleness and free-riding, and represent a moral hazard. While some proponents consider this risk outweighed by the potential gains in inclusion and social cohesion, others deal with it by modifying the proposal to a *conditional* basic income. Sir Tony Atkinson suggests that claims to a basic income should rest on participation, very widely defined (Atkinson, 2007). A participation income (PI), it is suggested, would be a workable compromise between the aspirations of unconditional basic income proposals and the political acceptability of the workfare model (De Wispelaere and Stirton, 2007). Care provision would be included in a range of activities that constitute a sufficient contribution to the common welfare to justify support. It would be seen as a legitimate form of civic labour upon which claims to a share of the social product could be based. So this approach would acknowledge care to be a valuable contribution to society, and therefore a viable civic responsibility.

However, a participation income or a UBI is not a sufficient answer to female disadvantage. They could reduce poverty among caregivers, and perhaps enhance the supply of social care, but would not lead to equity in gender outcomes. The risk is that allowing women the opportunity to care through acknowledging it as a legitimate social contribution would entrench the division of labour. Proponents of a basic income do not advocate specific provisions to make *outcomes* equal by sex. A guaranteed income would give people the freedom not to work, but it would not necessarily give women the freedom not to provide care. Men would be more likely to build on the basic income through additional paid work, and inequity would still result. As many feminist writers pointed out in response to Gosta Esping-Andersen's 1996 categorization of welfare states on the criterion of (de)commodifcation, a fundamental dimension of social risk for women is whether they have the freedom to provide or to not provide caring services (see for example (Sainsbury, 1996). Under a basic income scheme, care could be a basis on which to claim citizenship and gender difference could be valued. However, as has long been acknowledged, valuing difference risks entrenching women's detachment from the paid labour force, deepening the gender division of labour and causing long-term financial disadvantage (Fraser, 1994; Wollstonecraft, 1792).

Transitional labour markets

An alternative approach is to make it easier to move in and out of the labour market over the life course. Transitional Labour Markets (TLMs) could help people more successfully manage life course transitions and yield more individual freedom and more ability to combine work and family. Policy initiatives such as wage insurance, time banking, lifelong training and learning accounts, benefits vouchers, entitlements to training leave, and sabbaticals, would assist people to vary their work commitments in the light of caring responsibilities, their need for further education and training or because at certain times they may be more involved in community activity (Bovenberg, 2005; Howe, 2007; Schmidt, 1998).

Proponents of TLMs point out that increasingly, modern lives do not fit the "traditional biographies" of 50 years ago, when people moved steadily through successive phases of education, marriage, work and retirement. Life courses are now more heterogeneous in terms of working, resting, learning and caring. They argue that it is when people move between activities—unemployment to employment, education to work, work to caring, caring to work, work to retirement—that they are most at risk. To best manage the risks requires taking the whole of the life course into account.

This would involve giving individuals "time sovereignty." The view that time sovereignty is a fundamental aspect of welfare is relatively new, as social welfare has traditionally been measured in financial terms, but the idea that time scarcity is as important an indicator of welfare as money scarcity is gaining currency (Craig, 2007). Because of their disproportionate responsibility for unpaid work and care, time welfare is a particular issue for women.

A life course approach and working time policies are being tried in the Netherlands, where workers can trade time for money by "building up a time and income bank, resourced from part of their normal wages and salary and unused leave time, which can later be used for goals such as more income, day care for children, reduced hours of work" (Howe, 2007: 119). However, even with innovative policy support and rhetorical encouragement for sharing both work and care, family care in the Netherlands is still much more likely to be done by women than men, and men tend to work more hours while women use the time-banking scheme to buy "free" time. So this policy suggestion also fails the test of gender equity.

In this, it is consistent with most "family-friendly" policies. While encouraging men to share the care is the most obvious solution to achieving both gender equity and high levels of family care, policies that are theoretically gender-neutral (that is, they can be accessed by men *or* women) have been singularly unsuccessful worldwide. Men do not take up the provisions to which they have as much right as women do. Even in countries with highly developed and gender-neutral policy measures such as Finland, Sweden or Denmark, it is overwhelmingly women who access extended leave, interrupt their careers, and absent themselves from the workforce for family reasons (Leira, 2002). The impact of children and care on men's workforce participation and employment opportunities is comparatively insignificant. That Dutch women access the innovative TLM policies much more than Dutch men shows that easing transitions would not in itself be enough to achieve a fair gender distribution of paid and unpaid work. Women would still make more transitions for family reasons than men, and because periods out of the workforce would still need to be subsidized by time or money accumulated within it, they would continue to be more economically vulnerable over the life course, and at greater risk of poverty in old age. TLMs could potentially benefit individual carers, by making life and work more flexible, but such measures would reduce rather than eradicate the lifetime care penalty, and would not address gender disparities in care (Fagan and Walthery, 2007).

This suggests that to achieve equality of outcomes, not just of opportunity, requires policies directly targeted at men. Some countries are testing the effect of father-specific rights. In Sweden, a month's paternity leave that cannot be transferred to the mother has much higher take-up by fathers than gender-neutral measures. But while the "daddy month" is regarded as an important innovation, it is far from creating an equal distribution of care (Leira, 2002).

Care as a social obligation

To achieve an equal distribution of care, further steps would need to be taken. Some argue that for care to be truly valued, it needs to be more than a recognized basis upon which to claim citizenship, but it needs to be an actual and explicit social duty (Baier, 1987; Kershaw, 2006). "A democratic conception of citizenship would value and provide the resources for women's economic and political participation, as well as women's contributions to caring and welfare. But it would also be based unequivocally on the understanding that men cannot be accorded full citizenship if they do not fulfill their responsibilities for care-giving work" (Cass, 1994: 106).

The implication is that care must be made compulsory. However, while the logic is compelling, the political and practical difficulties are formidable. Most countries are reluctant to intervene explicitly in the private nuclear family and its division of labour. (An exception is Spain, which has introduced a clause into the civil marriage contract, obliging men to share domestic responsibilities and the care and attention of children and elderly family members. Failure to meet the obligations will be taken into consideration by judges when determining the terms of divorces. Because it has only very recently been introduced, it is not yet known what effect this will have on men's behaviour.)

"Care*fair*"

Most authors who argue that care should be grounds for claiming citizenship focus on the desirable results of such a change, rather than on measures that could compel citizens to participate in care. Few advocate sanctions. A notable exception is Paul Kershaw, who argues that policy should require men to provide care through prescriptive paternal leave provisions (Kershaw, 2005, 2006). In making the case for compulsion, Kershaw points out that liberal welfare states rely partly on the moral hazard argument to justify coercive workfare policies, and that there is an analogous moral hazard for men of being dependent on care. To allow men not to contribute to primary care work is to allow them to free-ride upon the care of others (Fraser, 1994). The mutual reinforcement of marriage and employment means that husbands can avoid doing their share of the caring work and free ride upon the unpaid work of wives (Pateman, 2004).

Kershaw explicitly frames his argument in terms of the moral hazard of free riding at an individual level, essentially basing his argument in a neo-liberalism qualified by feminism. He points out that policy makers are not squeamish about making work compulsory, and argues that since informal care work is just as essential to social (re)production as is market participation, both social obligations should be enforced to the same extent. "Care*fair* is intended to serve as an analogue to workfare and other active labor market measures. Through workfare, governments employ the power of public policy to compel citizens to fulfill their employment duties as a condition of receipt of social assistance. The care*fair* idea implores governments to demonstrate a comparable concern to use policy to address the gender division of care" (Kershaw, 2006: 12).

I agree with Kershaw that making care itself the currency is the only approach that would lead to it being truly valued, and that there should be sanctions for non-contribution. However, I do not think requiring childcare from fathers is broad enough. It would mitigate intra-household inequity, but would not address the inequities between households and would create perverse incentives and social disparity on the basis of whether or not people have dependants. Intra-household inequality might be lessened by Kerhaw's approach, but the more fundamental challenge of social free riding would not. Care is not only a good within families, but a social good (White, 2003). While individual men do benefit from the unpaid labour and care-giving work their wives perform, the benefits of care go well beyond the household. To focus only on reciprocity between husbands and wives is too narrow. People without care responsibilities (such as the childless), governments, and to an even greater extent employers, also benefit from care, and should contribute (Folbre, 1994a).

In a society that assumes all adults will be workers, having care responsibilities is in and of itself a serious social risk. This is unfair, and to treat the issue as a failure of character by individual men (as care*fair* essentially does), is to overlook the extent to which options about work and care are shaped by policy, which can limit men's choices as well as women's. For example, the move towards an adult worker model of family life is driven not only by the desire of women to work, but the need of the market for more workers, and the need of the government for more tax payers (Lewis and Giullari, 2005). If policies increasingly promote a gender neutral citizen-worker model where everyone takes part in the labour force, for governments to ignore the ramifications for care is short-sighted. For employers to avoid sharing the cost of care is exploitative.

A care contribution as a pre-requisite for full retirement income

Therefore, I argue that a broad social response to redistributing care is necessary. I suggest a policy that mandates time spent in care as a prerequisite to accessing full tax benefits on retirement income. Only a few countries supply superannuation as a right of citizenship, though there are strong arguments that an old age pension should be a universal benefit (Ackerman and Alstott, 1999). Currently Australia has a retirement income scheme that relies on contribution from employers and employees over the working lifetime. The government contributes through tax concessions. I suggest that the government should give the tax concessions only on the condition that a minimum lifetime requirement of care (say the equivalent of five years over the life course) has been contributed. That is, a certain minimum amount of voluntary or family care should be a pre-requisite to accessing the full government contribution towards retirement income.

As discussed above, those with responsibilities for care spend less time in paid work, and are therefore (among other consequences) unable to build up adequate retirements savings. On average, Australian women accumulate less than half the retirement savings of men. This significantly contributes to the feminization of poverty in old age (Olsberg, 2004). Requiring an in-kind care contribution from all would significantly increase the social supply of care, which would lessen the financial burden on women, because they would not be alone in making transitions in and out of paid work. It would lead to significant changes in the distribution of care. Many more men (and not just fathers) would participate than do currently. It would reduce inequities between groups of women, also, in that the current disincentives to childbearing and child rearing would be lowered.

Though the failure of gender-neutral workplace measures suggests that strong incentives are necessary, there is evidence that redistributing care would have benefits for those who currently do little. For example, parents themselves place a very high value on the care they provide their children. This is true of men as well as women. Both men and women now spend more time caring for children than in the past, even as paid working hours increase (Bianchi, Robinson and Milkie, 2006). More equitably sharing the care will benefit both men and women.

The suggested policy would leave the timing of their care contribution to the individual, allowing them to plan their lives according to their own priorities. Individual choice would be possible, within the statutory parameter of a minimum contribution. In this respect, the idea is similar to the transitional labour market (TLM) approach, in that it would allow people to take a life course perspective and to adjust their own work and care contribution through time banking. This suggestion would extend the idea from banking time in paid work only to allow people to bank time spent in care. I put it forward as a policy approach which could promote the twin goals of promoting gender equity and maintaining an adequate supply of social care.

Clearly, like the TLM approach, the practical challenges of instituting such a policy would be considerable, and issues of definition, measurement and compliance would need to be addressed. As a starting point, it could be established that care for one's own children or infirm or elderly relatives would count; domestic labor for the benefit of able-bodied adults would not. For those who have no family members needing care, time devoted to voluntary care for non-relatives could be substituted. The point would be to replace time in paid work with time spent caring, so the basic unit of measurement would be accumulated hours. However, some flexibility would be possible. For example, those who are employed and also care part-time could have their care contributions counted on a pro-rata basis, and in recognition of the low pay that it currently attracts, paid care work could be counted towards the five year minimum lifetime care total at a ratio of 4:1. Identifying those who are supposed to be providing care but are not could necessitate compliance checks similar to those currently applied to benefit recipients who must seek employment to qualify for income support. These and other issues would require detailed attention should the suggestion pass the formidable initial barrier: challenging the mindset whereby time spent in care is seen as socially expendable, and of negligible importance compared to time spent in paid work.

Conclusion

Unpaid caregiving and carework are essential to the welfare of households, require considerable time and effort, and constitute a substantial subsidy of the market economy. However, western countries are instituting social policies that assume all adults will engage in market work. Little social provision is made for care, which means that those who provide it suffer personal financial loss, despite the importance of the social contribution they are making. To rectify this, care needs to be more realistically valued, and not only in monetary terms. To be truly valued, care may have to be something that everyone does. This paper concludes that policies that see time spent in care as a social obligation should be contemplated. As an example, it proposes that a minimum lifetime requirement—say the equivalent of five years voluntary or family care contribution over the life-course—should be a pre-requisite to accessing full retirement benefits.

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Roksana Badruddoja

Contesting Maternal Ideology and the Yonic Myths of Motherhood

An Autoethnography

This is a story about my pregnancy and what it means to be a pregnant woman. Five and a half years ago, I made an active decision to become pregnant; at least at the time I thought I was making a conscious and independent decision. But, the on-set of a high-risk pregnancy seven weeks into the first trimester and the life-threatening risk to the fetus soon changed my notions of what it means to be a woman, a pregnant woman, and a mother. Throughout my pregnancy, I constantly shifted between the right-to-life and the right-to-choose, and eventually the choices were no longer mutually-exclusive. While at the end I have allowed my daughter to live, I also underscore a woman's right-to-choose. 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. I now urge you to begin to contemplate why the notion of motherhood is consequential, and how are women's bodies used to strengthen our nation? This narrative is about being defeated, lost, and struggling while simultaneously celebrating, triumphing, and transforming.

This is a story about my pregnancy and what it means to be a pregnant woman. I write with great pain and urgency fueled by restricting definitions that I and my *yoni* (a Sanskrit word meaning womb, vagina, and other physical and spiritual concepts to indicate woman-ness) did not create. Five and a half years ago, I made an active decision to become pregnant; at least at the time I thought I was making a conscious and independent decision. But, the on-set of a high-risk pregnancy seven weeks into the first trimester and the life-threatening risk to the fetus soon changed my notions of what it means to be a woman, a pregnant woman, and a mother, including the functions of my *yoni*.

As I now look back, thinking about my *yoni's* insatiable desire to participate in the process of procreating—becoming pregnant, having a baby, and being a mother—I am astutely cognizant that perhaps my uncontrollable urge had little to do with biology, an innate, natural need to procreate for purposes of symbolic immortality á la Roussèau (1755). Rather, it had much more to do with fulfilling essentialized definitions of what it means to be a woman in America (and perhaps in most other societies embedded in a hetero-patriarchal and paternalistic matrix)— a real woman whose ultimate role is to be a vehicle for cultural production and reproduction (see Collins, 2000). Joane Nagel (2003) reminds us that sexual images, fears, and desires indeed help form racial, ethnic, and national stereotypes, differences, and conflicts; and, race, ethnicity, color, and gender are surely intrinsically bound to ideas of nationality and citizenship. A woman's body is required to pass down traditions to subsequent generations in order to shape ideas and feelings about race, ethnicity, and the nation.

By the time I was 25, I was living the ideal life not only by American standards, but also according to the myth of the model-minority that plagues most South Asian-Americans (I trace my ancestral heritage mainly to Bangladesh and then to India, Pakistan, and Iran) (see Prashad, 2000; Maira, 2002). I married a Bangladeshi immigrant man soon after completing my first graduate degree, and three years into our marriage, we went on to buy our own white picket fence in an affluent New Jersey suburb, made upwardly-mobile friends, and I began my Ph.D., a third graduate degree. What else was there left to do? Was there anything missing in my life? I had, after all, completed my mission as the ideal Bangladeshi-American daughter, an American offspring of the small pre-1965 migration wave of professionals from South Asia. But, in fact, there was something missing. I was still (implicitly) required to maintain and extend patriarchy within a heterosexual matrix. And I would be required to do so not only because my body is gendered or marked as a woman, but also because I hold a particular class and racial status; I am a healthy over-educated upper-middle class South Asian-American woman, a status much different than the pregnant women who were used as a platform during the 1980s and 1990s to have politicized debates about national health crisis and how we, as a nation, should respond (see Zivi, 2005).

During the mid-1980s, the first HIV antibody test was licensed, and simultaneously, it became clear the one out of every four HIV-positive pregnant women—a majority of whom were poor and of color—would transmit the virus to their newborns perinatally (in utero, during labor, or through breast milk) (Zivi, 2005). The number of HIV-infected women in the U.S. rapidly rose as we entered the 1990s and so did the fear of an impending deadly crisis: the very real possibility of more that 3,000 newborns being infected with HIV every year (Zivi, 2005).

The potential national health crisis required the state to think about how to respond to the problem of mother-to-child HIV transmission (see Zivi, 2005). The source of contention is not about response. Rather, it is about how the State should respond: the debates were about mandatory HIV-testing for pregnant women, particularly poor and of color women. Unfortunately, and more specifically, the debates were not simply about public health or even women's rights and autonomy of their bodies, but rather, they were about the very meaning of motherhood (Zivi, 2005). Clearly then, my gendered, sexed, classed, and racialized body is controlled to extend Bourdieuian (1984) cultural capital, one that maintains the boundaries of the nation-state (see Collins, 2000). The reproduction of "welfare moms" and mothers who are HIV-positive or infected with AIDS are often (state-)controlled in opposing ways for the very same purpose of upholding nationalism. In other words, race, ethnicity, class, gender, and culture collide in one instantaneous moment—the point of conception.

As I witnessed one of my closest friend at the time, among others, go through multiple pregnancies, my partner and I found ourselves to be quickly left behind. We were still a part of the sophisticated and swanky New York City night scene, attending Broadway shows, eating at the *Le Cirque,* and heading off to cigar lounges for night-caps afterwards. Our friends, on the other hand, had traded in their past lives for maroon mini-vans, filling their weekends with *Sesame Street Live!* I too soon began to imagine adding a child to our fabulous life. Motherhood seemed flattering to me: I was young, highly-educated, and upwardly-mobile. I imagined purchasing *juicy couture* diaper bags and *Burberry* onesies. I used Reese Witherspoon and others in Hollywood to glamorize pregnancy. My pregnancy was far less from this imagined truth.

My friend's daughter turned two, and I announced to my partner that I wanted to have a baby. He was ecstatic because he always wanted children (his "biological clock" was perhaps stronger than mine, but I am not so sure I had one to begin with). Although I was pleased with his support, I was irritated that he was not shocked with my announcement, especially since he knew that I never wanted to have children (yes, you read correctly, I never wanted children). His response was, "I knew you would come around. All women at some point in their lives want to have children. It's natural." Four years later, his words haunt me still. The paragraphs to come suggest that perhaps maternal instinct is a socially-constructed concept, reified over time in order to sustain compulsive heterosexual patriarchy. Having children is even a stronger Durkheimian (1915) social fact than marriage; my queer girlfriends in their 30s often envision complicated ways in which they can conceive, like marrying queer biological men who are in similar positions (see also Badruddoja, 2008).

With young blood, passionate love, and a more-than receiving *yoni*, I conceived within a month. Joy overcame us until I began my seventh week. I was diagnosed with a severe and strange form of hyperemesis, which plagued me and the fetus until the moment I pushed the baby out. Hyperemesis is an extended form of morning sickness. Since it is generally not considered a serious condition for pregnant women to be in and only one out of a thousand women in America suffers from it, there is no cure. A majority of hyperemetic women visit the ER a couple of times throughout the pregnancy for intravenous solutions and the nausea usually subsides by mid-second trimester. However, my partner and doctor soon realized that my condition was much more serious and complicated.

As my pregnancy continued, I began losing weight drastically. I was unable to keep any solids or liquids down and I was throwing up every twenty minutes around the clock. I eventually began excreting yellow-green bile and crimson blood for months to come. By the end of the first trimester, I was down to an unhealthy 90 pounds and the fetus was not growing as it should be. Through my partner's various contacts, we were able to access the top most high-risk doctor in New Jersey and I was switched to his care. I was immediately administered nutrition through an intravenous line that went through my right arm to one of the valves in my heart so that the baby and I could subsist until delivery. I was additionally given oral and intravenous drugs usually prescribed to chemotherapy patients to help control the nausea. Unfortunately, the anti-emetic medications did not minimize the attacks of nausea. Needless to say, I was in and out of hospitals for an entire eight months (my daughter was born a month premature) with multiple intravenous lines protruding from my body and a home-care nurse by my side.

I was weak: I was unable to lift my head, I could not walk because my muscles were slowly deteriorating, and relieving bodily functions by myself was an immense task. My sister flew in frequently from the Midwest to hold my hand in the ER; my father flew in from England every other weekend; my partner left his job to stay at home with me; and my mother-in-law left her partner behind an entire continent, pulled her teenage daughter out of school, and lived with me until I delivered. Our entire world, literally, was turned upside down so that I could deliver this baby safely without costing my own life.

What was I feeling throughout this excruciating and debilitating pregnancy? I wanted out! I wanted it out at any cost. Inside of me, this life was eating me alive, spiritually, emotionally, and physically. The pain of carrying a living being—a gift from god so everyone told me—felt like a bull-dozer driving over my body back and forth repeatedly for eight months. I began to develop a hatred for the life inside of me. I wanted to rip my belly apart and take her out (the sonogram indicated that I was having a girl). All I could think about was how she had taken my life away. She not only forced my to forgo a prestigious teaching appointment as part of my funding for graduate school along with multiple conference invitations for a paper that was gaining much momentum, she also took away my ability to engage in daily rituals like wash my hair or use the toilet by myself. My mother-in-law bathed me carefully everyday and my partner helped me to relieve bodily functions, even cleaning me afterwards. The baby had stolen my dignity, and, hence, I could not bear to look at the weekly sonograms, a standard procedure for high-risk patients, for months to come. Even as she directly looked at me with big eyes through the imaging screen, almost as if she was calling out at me, "Mama,

Mama, it's me. Don't you recognize me?" I looked away. I did not want her to look at me. I did not want her to call out to me. I felt nothing when I saw her legs trying to push through the taut skin on my round, scarred belly, trying to kick.

I secretly wished for a miscarriage so that I would no longer have to carry this burden inside me. Soon, my feelings towards the baby inside of me became more violent. I became suicidal, not only wanting to kill myself and destroy my *yoni*, but I also wanted to deliberately harm her. I envisioned various methods of how to end the pregnancy, including throwing myself down the stairs. I was immediately prescribed various C-Class anti-depressants, drugs that seep through the placenta and affect the fetus in similar ways that it would affect the mother, by a psychiatrist. Unfortunately, the medical establishment in the U.S. is less than holistic. My psychiatrist felt that it was crucial for me to take C-Class medications in order to carry out the remainder of the pregnancy. How could I deliver if I was not in a sane state-of-mind? My OB/GYN, however, strongly urged me to gain inner strength and courage rather then popping pills. He was worried about the baby, especially her serotonin levels at birth. In addition, medical personnel in general had little understanding of how a mother could hate her child, purposely wanting to harm her baby. My psychiatric report read "narcissistic and immature." Why didn't I ask to terminate the pregnancy?

I did. Throughout the pregnancy, I requested an abortion every day. Up until eight weeks before my daughter was born, I was still asking for an abortion—a partial-birth abortion. I could not tolerate the physical pain and emotional anguish of the pregnancy. While my husband, mother-in-law, and my family were supportive of me, they, along with my doctor, persuaded me every week to try to continue the pregnancy—to hold on a little bit longer. Delivering this baby was almost mandatory due to the various ways in which the intersections of race, class, and gender work in the U.S. Had I been a black, single, and poor woman, I, first, would not have access to the type of medical care that I had, and, second, I would not have been continually encouraged to continue with the pregnancy. Slowly, week after week went by, and it came time to deliver a small but healthy baby girl.

Soon after pushing her out of my burning, aching, clipped, and sewn *yoni*, I held her. It was not until I touched my four-and-a-half pound daughter that I fell in love with her. Yes, it was instantaneous—truly love at first sight. The nurse was trying to pry her away from me so that she could calculate the APGAR score on this new little person. Up until that first touch—the warmth of her extraordinarily petite flushed face against my sweaty cheeks and her tiny salty and slimy fingers in my feverishly hot mouth—I had no maternal instincts; I could care less about her and I had no desire to protect her or to help her to extend her life. What happened? How could my feelings toward this child be manically bi-polar? I do not know what happened or if I can ever reconcile my feelings, but the ending is less than sweet. It is in fact bittersweet. I am left with an unanswered question that I continue to grapple with: what does it mean to be a mother?

The politically-charged debates around mandatory HIV-testing for pregnant women in the 1980s and 1990s were indeed about what does it mean to be a mother? More importantly, what does it mean to be a "good" mother versus a "bad" mother"? 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 (Zivi, 2005). Moreover, this behaviour 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 (Zivi, 2005). 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 (Zivi, 2005).

Hours after giving birth, even though my feelings towards this child drastically changed within a moments notice, I was still unsure if I wanted to breastfeed her. I was truly uncomfortable with the idea, perhaps a function of my own fears about my sexuality and to protect my own selfish desires and insecurities. This was yet another obstacle towards helping her subsist. What was wrong with me? What kind of mother was I? What kind of human being was I? A day and a half later, I guiltily requested the nurse to help me feed her. It seems that it was too late. She was comfortable with a synthetic nipple and even after a week, I was not producing enough milk to feed my severely under-weight daughter. Now I add to my list: In addition to wanting to kill my daughter, I refused to provide her with the best nutrition possible once I gave her life.

Indeed, sharing my herstory pains me greatly, but writing is beginning the process of redemption for me. When my daughter calls for me and I look into her eyes, I am shamed. I am ashamed by my ugliness inside, and I am unable to look at myself lucidly in a mirror. Her innocent brown eyes are unaware of my dark secret. I contemplate if I should ever tell her about how our relationship began, and how it might have almost ended even before really beginning. Will she hate me? Will she understand? Will she forgive me? Will I forgive myself? Clearly, my experiences with my pregnancy have had a profound emotional impact on me, forcing me to constantly re-think what it means to be a woman and what it means to be a (good) mother. The notion of motherhood being natural is haunting. I cannot shake my nervousness when both men and women comment on how motherhood (and nursing) is the most natural phenomenon in the world. I have not slept soundly since I became pregnant; I still wake-up in the middle of the night sweating with fear as my partner's words, "It's natural," ring in my ears, making me feel ridiculously inadequate as a mother. I rush to the nursery to cuddle my sleeping four-year-old daughter, silently assuring her that I will never let anyone harm her, including myself.

I will eternally be indebted to my partner for helping me to save our daughter's life. If it had not been for him, his persistence, his perseverance, his sacrifices, my daughter would not be here today. My partner helped prevent me from making a profound and volatile mistake in my life. If I had ended my daughter's life, I too would have murdered my soul with her. I cannot imagine my life without my daughter. Her laughter is what helps me to wake up in the morning everyday and try to do something wonderful. She is my guiding light, my magnum opus. I love my daughter more than anything in the world and I would make sacrifices instantaneously to protect her. My ultimate goal is to protect my daughter and provide her with a loving upbringing.

Still, 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. Through the good/bad mother continuum, multiple mothering narratives were invoked in the debates for both support of (i.e., *Ryan White Comprehensive AIDS Resource Emergency Act*, 1996) and opposition to (i.e., Rebecca Denison's congressional testimony, 1998) mandatory testing (Zivi, 2005). Even though I am highly skeptical of State control of bodies, especially women's bodies and the possibilities of reproduction, on both sides, mothering is central for women and it defines women as women. On either sides of the health crisis debates, maternal ideology is used to influence laws and research agendas, and it is also used to restrict and punish the behavior of women, most often than not, poor women of color. Both camps invoke the standard maternal ideology (good mother versus bad mother) to argue the same discourse: to ignore or not have maternal instincts undermines the bond between mothers and infants which in turn threaten the very fabric of community; the regulation of bad mothers is deemed necessary and acceptable not only because such women pose a threat to their child's well-being, but also because they pose a threat to social order and stability (Zivi, 2005). In other words, it is through the portal of mothering that the regulation of women's bodies is justified. And 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. The debates for and against mandatory HIV-testing for pregnant women then support that mothering is a natural requirement for most, if not all, women (see Zivi, 2005).

What my story begins to suggest is the very elasticity and compelling nature of maternal ideology. I argue that the assumption of the naturalness of mothering behaviour and the mother-child bond is enormously faulty. Maternal ideology falsely naturalizes and decontextualizes 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, like poverty, racism, and affordable health care (Zivi, 2005).

The hard and fast line drawn between right-to-life movements and the right-to-choose is indeed false. I am perpetually dumbfounded as each new administration publicly debates along binary terms over a woman's body, her ability to reproduce, and the potential of a fetus; the dichotomous options—life versus choice—do not suffice and they certainly do not reflect the realities of American women's lives. Throughout my pregnancy, I constantly shifted between the right-to-life and the right-to-choose, and eventually the choices were no longer mutually-exclusive. While at the end I have allowed my daughter to live, I also underscore a woman's right-to-choose. 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. I now urge you to begin to contemplate why the notion of motherhood is consequential, and how are women's bodies used to strengthen our nation? I end my story here defeated, lost, and struggling while simultaneously celebrating, triumphing, and transforming.

Author's Note: I wrote this piece as a monologue which was submitted to a call for oral performances for a show entitled "Yoni Ki Baat," sponsored by South Asian Sisters, an all women's organization based in Northern California. "Yoni Ki Baat," meaning "Vagina Monologues" in Hindi, celebrates the vastness of women's gender and sexual identities. My piece, entitled "Contesting Maternal Ideology: The Yonic Myths of Motherhood" was accepted and performed by an artist Maulie Dass at the Canvas Gallery in San Francisco, California, on November 19, 2005. I would like to thank the women of South Asian Sisters Production and the amazingly talented performing artists of "Yoni Ki Baat" for providing me with a safe space to express my yoni—my body, mind, and soul.

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Lea Caragata

Good Welfare Moms

Stories of Caring Labour

For all women, the status of caring labour is problematic. However while unremunerated and lacking any formal acknowledgement in policy, the social reproduction work of most women is given tacit support and appreciation. The circumstance of lone mothers appears to differ. Rather than approving of their sole parenting—most often in the absence of their children's fathers—the caring labour of lone mothers is subjected to moral surveillance, by the state and the majority of its citizens. This paper explores this issue, suggesting that this social response may be rooted in the discursive constructions that shape our views of lone mothers. Thus, prevalent and common discursive constructions of lone mothers are explored and analysed with a view to better understanding these differences. Using data from "Lone Mothers: Building Social Inclusion," a federally funded community/university research alliance (CURA) that is exploring the impact of welfare and labour market changes on the lives of lone mothers, both descriptions of the caring labour lone mothers provide and their reflections on the social responses to their caring roles are examined in light of these contemporary and shaping discursive constructions of lone mothers.

This paper explores the caring labour of lone mothers. Caring labour is systematically and routinely unacknowledged and unvalued, and represents a disproportionate share of the work of women (Bezanson, 2006; Orloff, 2006, 2001; Lewis, 2001). Thus for all women, the status of caring labour is problematic. However while unremunerated and lacking any formal acknowledgement in policy, the social reproduction work of most women is given tacit support and appreciation. The circumstance of lone mothers appears to differ. Rather than approving of their sole parenting—most often in the absence of their children's fathers—the caring labour of lone mothers is subjected to moral surveillance, by the state and the majority of its citizens. The stories are legion of lone mothers facing the moral scrutiny of welfare workers and child welfare authorities, teachers, landlords and almost everyone else with whom they relate (CMHC, 2006; Little, 2001; Baker and Tippin, 1999). Programs such as Learn $ave, a national pilot project on asset development strategies, routinely require that its participants attend parenting classes on the presumption that poverty and bad parenting are inextricably linked (Elliot, 2007). These experiences contrast sharply with the dedication and commitment most lone mothers' evidence in caring for their families (Caragata, in press).

This paper explores this issue, suggesting that this social response is rooted in the discursive constructions that shape our views of lone mothers. I suggest that while mothering more generally may be undervalued, and that there is both systemic and systematic devaluing of carework, lone mothers are subject to a different and damaging discourse. Using data from "Lone Mothers: Building Social Inclusion," a federally funded community/university research alliance (CURA) that is exploring the impact of welfare and labour market changes on the lives of lone mothers, both descriptions of the caring labour lone mothers provide and their reflections on the social responses to their caring roles are examined in the context of some common discursive constructions.

The shaping power of discourse

Discourses are interconnected sets of beliefs, attitudes, and values that individuals share with others and use to contextualize and interpret events and experiences; the organization of common storylines (Dryzek and Braithwaite, 2000). Claiming neither empirical wisdom nor an exhaustive discourse analysis, I discuss some elements of the public discourse related to lone mothers with a view to that this may help explain the moral scrutiny directed to their caring labour.

That lone mothers are often poor is part of the problem. In fact just being a single parent—and 90 percent of single parents are women—means that you are more likely to be poor (Caragata, in press). The discourse related to those on welfare is straightforward. The following three quotations are noteworthy, illustrating the power of our dominant constructions. Although they are American, much of the Canadian discourse about lone mothers has been shaped by images prevalent during U.S. welfare "reform."

> The Chicago welfare queen has eighty names, thirty addresses, twelve social security cards and is collecting veteran's benefits on four non-existing deceased husbands…. Her tax-free cash income alone is over $150,000. (Ronald Reagan cited in McCormack, 2004: 356)

> Miss Young, you're so full of shit. Why don't you get off your fat, lazy ass and get a job. Why don't you get a life, get a job, and quit taking from people who do have lives and jobs." (Excerpt of a message left on the answering machine of Mara Anna Young, of California, by

> the county's Department of Social Services). (cited in McCormack, 2004: 356)
>
> I know a girl that used to have (children) so that she wouldn't have to work, because they had started this thing where once your child starts school, you got to go get a job. She would have a baby … she wind up with about seven or eight babies because she didn't want to go out and work. She had gotten so lazy and so stuck on social service that that's all she wanted to do. (Alice Brown, 40-year-old black welfare recipient cited in McCormack, 2004: 356).

A former President of the United States, a Social Service caseworker, and a woman who is receiving welfare all share the same—negative—understanding of welfare. And, lone mothers are a vulnerable population subgroups more likely to need social assistance. Many lone mothers have fled abusive partners or found themselves without the support of a partner or spouse whom they may have relied on financially. Others, although a small number in Canada, are young moms who chose to raise a child from an unplanned pregnancy. Even lone mothers with solid employment histories and job skills may find themselves relying on social assistance due to the lack of adequate, subsidized child care combined with precarious employment. While paid employment is mandated and desired by some lone mothers, the presence of children often dictates a reliance on social assistance in spite of these negative images and the poverty and lack of status that accompany receiving welfare.

One's economic status is increasingly powerful in contemporary western society. Our roles as workers shape not only our material relations but also define our social relations. I suggest this shaping power of economic relations to be a change—not an abrupt one, but rather a slow, continuing aspect of advanced capitalism (Caragata, 2003)—wherein, as Hannah Arendt (1958) prophetically claimed, one's excellence and ability is no longer made visible in the public realm but expressed more solely through wage labour. Our attention has been drawn by Amartya Sen (2000), Nancy Fraser (1997), and others to the relationship between our economic status and our status as "citizens" with needs we believe the state has a responsibility to meet. This "right" of citizens of privilege then contrasts with the less-visible-if-made-at-all citizenship claims of those who are needy.

"Wealth as worth" is a discourse so pervasive it underpins many aspects of contemporary public policy. Andrew Herman (1999), in his study of philanthropy and the meanings of wealth, examines the ways in which the wealthy have come to be seen as the "better angels of capitalism." One sees this manifested as governments around the world rationalize tax breaks to upper income groups because of their presumed job generation capability, their roles as "wealth makers." Money, in the hands of those who are better off, is presumed to have a higher use value than it has in the hands of the poor.

Herman (1999) suggests that this derives from a moral overvaluing of wealth and those who possess it.

Herman describes the morally worthy as male, perceived to be a wealth generator, which of course, shapes through the power of the contrast, the "other." "The abject 'other' has taken on many forms: … the spendthrift, those who do not use their 'talents', the slothful, the economically dependent…" (Herman, 1999: 256) and it is herein that we see some of the discursive constructions that have framed how we see lone mothers.

Morally suspect lone mothers

Morality as a basis for economic entitlement and as derivative of economic success has shaped how we rationalize state benefits. The concepts of the "deserving" and "undeserving" poor are well understood as relevant to "who gets what." Beyond general conceptions of the poor as morally unworthy, there is a sliding scale of moral worthiness, especially relevant in the discourse on lone mothers. In the early periods of industrialization, lone mothers began to pose a policy problem, often consigned to workhouses even if they were not seen to have caused their impoverished circumstances. Evolving moral and legal discourses left bastard children without the legal protection of any parent while mothers were threatened with criminality for neglect or abandonment. Victorian moral purity movements cast the lone mother as a fallen woman and her motherhood was interpreted as immorality (Gillis cited in Smart, 1996: 49). Carol Smart (1996) further suggests that the shame of illegitimacy continued through the Second World War years, as a moral disincentive to lone motherhood. Following the war, important distinctions began to be made *among* different groups of lone mothers. Widows and educated lone mothers were distinguished from young, never-married lone mothers.

Changing divorce laws, mother's allowances, abortion availability, contraception, growing awareness of abuse and a host of related social factors all led by the 1970s to a lone mother discourse wherein it was harder to singularly and negatively characterize the lone mother. This moment of promise was surprisingly short. The men's and father's rights movements, an anti-feminist backlash, rising neoconservative politics, high levels of public debt and a corresponding critical view of welfare state spending combined, by the 1980s, to bring into question state support for lone mothers, highlighted by the punitive, lone mother focus of US welfare "reform" which confirmed her as a "welfare scammer,"disinclined to work. This also marked an important shift in valuing stay-at-home parenting, dovetailing with increases in women's labour market participation. Overall, while women continued to be primary carers, they were to combine this with paid work. In Canada, women's labour market participation almost equals that of men in spite of these enduring reproduction roles (Statistics Canada, 2006).

These historic and contemporary discourses shape our views of poor and/or low-skilled lone mothers as changes in women's education and employment have enabled middle-class lone mothers to claim good jobs and high incomes. In a sense, economics trumps all in contemporary discourse. The lone mothers for whom there is a discourse of moral regulation or dependence are those who are poor and more likely to also be racialized, disabled, "othered." As Herman (1999) suggests, in spite of all other factors, wealth equates to moral worth. The problem is, that being a lone mother is itself a likely contributor to a woman's poverty, making wealthy lone mothers a less-than-common entity.

Sen (2000) notes that one's relative sense of worth or entitlement is shaped by material well-being and this shapes one's sense of public worthiness. Hence, I will briefly examine discourses relevant to shaping lone mother's notions of citizenship, as well as those that shape how we understand the public realm and hence how we see those who make claims of the "public," such as receiving welfare.

Women have a long history of trying to achieve status in the socio-political realm. Seen as the keepers of the private realm of the family (Arendt, 1958; Pateman, 1988; Fraser, 1990, 1997), ignored in the construction of the social contract, women achieved legal and political status in part through their roles as mothers, negotiating on behalf of their children for social goods, such as school entry, social and recreational activity and with the bureaucracy to obtain social benefits (Fraser, 1990; Sassen, 1998). In spite of these small points of entry, women as political citizens remain an underrepresented construction (Paxton, 2003; Trimble, 2001).

Stergios Skaperdas (2003) describes a contemporary discourse of "citizen as consumer" that puts the citizenship claims of some women at risk. Arguing that economic growth has become a more singular societal goal detracting from time spent engaging "publicly" as citizen, Skaperdas suggests: "Material growth increases the time spent working in the market while it reduces the time spent in gatherings, in symposia, with others. Public discourse requires time…" (5).

Herman (1999) echoes this view, citing Juliet Schor who suggests that those without wealth must work more and acquire more debt to establish themselves as sovereign citizens and subjects—of consumption. The poor lone mother is unlikely to see herself as a successful consumer. Rather, she is a failure in a society that creates ever-new consumer needs that she cannot satisfy. Thus, as she fails as consumer, at least according to Skaperdas's view, she also fails as a citizen of the contemporary "public" realm.

"Citizen as taxpayer" is a dominant discursive construction often reflected in the views of the National Citizen's Coalition and others who demand a reduced role for the state, thus minimizing taxes and leaving individuals free to care for themselves and their families. This view is particularly problematic in extending the notion of citizen to those who are poor. Is one's degree of citizenship equated with a higher tax levy? If so, then poor single mothers are by implication, less than citizens. They are reminded, in contemporary discourse, that they are takers, relying on the system, even "taking advantage" of the system rather than contributing. Harry Boyte (1995) suggests that "America begins and ends in liberal democratic individualism" and the dominant assumption of American political thought has always been individual social freedom. Given these constructions of citizen, it is no wonder that Sen (2000) highlights the relational deprivation that derives from poverty: one's feelings of public worthiness are diminished. Discursive constructions of "citizen" mark out lone mothers (and others) as unworthy, failing as both consumers and taxpayers and having a set of interests quite at odds with those that ask of the state *only* the protection of their private interests.

These are but some of the contemporary discursive constructions that shape how we view the caring labour of lone mothers. Rather than appreciating and applauding their single-handed caring, we view it (and them) with scepticism, suspicion and at times alarm. When compared to the lack of public attention given generally to women's social reproduction work, the level of social surveillance of lone mothers' caring labour warrants inquiry. Lone mothers might well wish that their social reproduction roles were as ignored as is the case for most other mothers. The data that follows describes the enormous caring contributions of lone mothers and their reflections and reportage on its moral scrutiny.

Methodology

"Lone Mothers: Building Social Inclusion" is a community/university research alliance involving academic researchers from five universities across Canada with non-profit community organizations sharing an interest and concern for the circumstances of poor lone mothers. A major aspect of the initiative was a combined focus on research and advocacy and the grounding of the work in a feminist, participatory methodology, reflected in the recruitment of lone mothers on social assistance who joined the project as research assistants (RAs). Eight women have now been active as RAs, advocates, and overall peer advisors to the project. These women are also interviewed by academic partners as part of the longitudinal panel described below.

A longitudinal panel of about 110 lone mothers in Toronto, St John's, and Vancouver, Canada was established, with interviews occurring every six months over a three-year period. All of the women were on social assistance at the point of selection and each had at least one child living with her. Lone mothers on social assistance, who were selected and trained as RAs, as described above, conducted a majority of the interviews. Women researchers, including academic partners, project staff or doctoral student research assistants, conducted remaining interviews.

In Toronto, 42 lone mothers on social assistance were interviewed in the first round of panel interviews. These were transcribed, stripped of identifying information and coded according to an initial, descriptive coding tree developed collaboratively by several research partners. NVivo software has been used to assist with data analysis. Data from this first set of interviews were summarized and shared with our Toronto group of lone mother research assistants as a check on our categories and resulting analysis.

Emerging from this initial round of interviews conducted in Toronto between May and September, 2006, were data that described the enormous caring contributions these lone mothers were making. Also described, were the interview participants' reflections on their social status, the ways in which they were perceived and judged by those with whom they related. A very significant disconnect was revealed—between women's passionate commitments to caring for their children and their overcoming enormous obstacles in ensuring their families' basic subsistence—and, high levels of negative social judgement and a seeming lack of any public appreciation for what these women were accomplishing.

The Toronto panel was purposively selected to represent the spectrum of poor lone mothers living in the city: Canadian born and immigrants, diversity by age, education, neighbourhood, number of children, and including aboriginal and racialized women. Of the 42 panel participants, nine were recruited through welfare offices, 22 from grassroots community organizations, five through snowball sampling where a participant referred someone and for six participants, the source of the referral is unknown.

The ages of the participants are quite varied with five between 16 and 20, eleven from 21-30, fifteen from 31-40 and eleven over 40 years old. Of the 42 lone mothers, 17 have one child, 12 have two children, five have three children and eight women have four or more children. Overall, these mothers are sole parenting 85 children, 27 of them pre-schoolers. It is interesting to note that the number of children in each household parallels the data for Canadian women overall (Statistics Canada, 2006), contesting the idea that women on social assistance have more children.

Twenty-five panel participants were Canadian born, six are from the Caribbean, three are from Africa, and two were from each of Latin America, Europe, the Middle East, and Asia. Among the seventeen women who are immigrants, ten had been in Canada for more than ten years.

The women's levels of education reflect a wide range: four have completed college or university, five have some college or university, nine completed high school and fifteen have completed some high school. The level of education was unknown for eight participants.

Workfare was introduced in Ontario in 1995 by a conservative government promising a "Commonsense Revolution" and eager to demonstrate its ability to stem the welfare roll increases arising from the economic downturn of the previous several years. Accompanied by a 21.6 percent cut in benefits, welfare programs were transformed including the transfer of lone parents to having status as employables and the end of special programs with their higher benefit levels. With this government's defeat in 2003, the new liberal government reduced the pressure on recipients to find work, adding provisions for volunteering while retaining welfare benefits. Some program administrators have been reluctant to actually discontinue benefits for a recipient who fails to comply with these regulations even though this is permissible under the legislation. These political and consequent policy changes help to explain the diverse durations of time on assistance reported by participants.

Six women had been receiving assistance for less than one year, eleven from one to two years, eleven from two to five years and eight women have been receiving welfare benefits for more than five years.

The lone mothers interviewed were all actively negotiating "work for welfare" and labour market expectations, contending with their double demand roles as labour market workers or aspiring workers while doing the carework of raising their children. In only a few instances was a father helping share the required carework. Further complicating already complicated lives, many women had left abusive relationships with their children's fathers, some had child welfare authorities involved and others had to negotiate the complexities of supervised visits by fathers or respond to children disappointed by fathers who failed to live up to scheduled arrangements. Most of these 42 women were not simply sole support parents, they were also negotiating and managing their children's relationships with their fathers, yet one more example of their unacknowledged carework.

In considering the data related to the caring work of lone mothers and the contrast between such caring and the social judgements these lone mothers felt, it is important to reflect on how these experiences shape the subjectivities —the agency—of the lone mothers involved. I will return to this issue in the paper's conclusion.

Stories of caring

The primary occupation of a lone mother, especially one who is also poor, is caring for her children. This carework is of two primary types, instrumental work largely related to provisioning, and what is more familiarly understood as carework, the affective caring for one's children. It is the former aspect of caring labour that requires particular attention in the lives of the lone mothers under discussion here. In the traditional hetero-normative model of the nuclear family, on which we base most of our public policy (whether or not such a family actually exists), the male "breadwinner" (Esping-Andersen, 1990; Lewis, 2001) ensures an adequacy of income such that the female homemaker can buy what is necessary for the maintenance of the domestic realm and care for the house and children. A critical difference emerges in how this "story" plays out in the absence of the male breadwinner—and these distinctions are also likely to be true for other poor women—even with a male breadwinner. The welfare income a lone mother receives is inadequate. She simply cannot buy what she needs for herself and her children. And it is here that a huge realm of uncharted carework comes to light. Lisa articulates the desperation she felt:

> *Before, it was so, so hard 'cause my rent was, like, the first time I went out on my own, my rent was $795 for a one bedroom and I used to get $900*

> *something plus $200 for school. So, it's like $1100. And, even when the rent was $800, I had to pay my cable, I had to pay my phone bill, I had to buy Pampers for my son and I couldn't afford to buy him clothes or anything. It was really, really hard. I don't know how I got through it but I did. Even now, I go, how did I go through it? 'Cause it's so hard without money. You have to go asking people….*

Sophie expresses the complex struggles and the feelings that accompany them:

> *There's been plenty of times, just like now. I have to think, how am I going to get through all of next week, until I get my baby bonus? Bread, milk, juice, fruit, just daily things that I need, I don't know what I'm going to do. I just have to go day by day and figure out what am I going to do. It's not easy, it's hard. It's so hard and sometimes I cry. I worry; I have to figure it out. I have to say no to my kids because my kids can't have a glass of juice today but maybe they can have that glass of juice tomorrow. How do you tell a two-year-old, "No, you can't have more juice," or, "No, you can't have another cookie?" You know? You can't say that; that's bad.*

Pauline succinctly summarizes the difficult choices she has to make and comments on how she utilizes food banks to augment her meager income:

> *I could afford to eat but I couldn't afford to pay my rent…. It takes me an hour to walk there [to the foodbank]. Yeah, and an hour to walk back and I usually have to carry whatever I get. So, I usually take a back pack with me. It takes me an hour and one hour to walk back….*

Tanya normalizes her experience, struggling as she is with juggling the multiple demands she faces:

> *Basically [I experience] what everybody else experiences, trying to pay the bills on time and make sure that the kids are well taken care of. Making sure they go to the dentist, make sure they follow up on appointments and stuff like that. So basically… what everybody else goes through, nothing different….*

Madison concretises the challenge of provisioning and also acknowledges just how far she—and other lone mothers—are prepared to go to provide for their children.

> *Yeah, so, you know … I don't want J to not go on a field trip—you know what I mean? Like, for me, I'd rather sacrifice my own personal fun and entertainment, because, you know, hey, I've … I've had my twenties; I've*

> *had my fun. You know what I mean? But, um…for J? No. I … I will do anything…. I'll give blood to make 20 bucks. You know, [laughs] … just so J goes on the school trip. I gave him 12 dollars, but I couldn't go out that weekend, kind of thing. So you know what I mean: it's always sacrificing one thing or the other.*

Other mothers talked of "selling ass," buying stolen goods and other illegal activity as well within what they would do, or have done, to care for their children. Many women were leery of reporting such activity, fearful that such information would be used to support the very discourse that in a sense legitimates the depth of poverty ensured by their welfare experience. If we believe that they are of questionable moral worth, then reluctant and precarious welfare benefits fairly reflect the public's doubt about their being deserving.

The more traditional affective carework is described by lone mothers as both a pleasure and the motivational basis for their continuing struggle, as well as unrelenting hard work, accompanied by the considerable stress induced by doing this work alone. Pauline's comments about her care for her daughter reveal her consciousness of the challenges she faces and her goals for herself and her daughter: "It's difficult because my daughter has asthma and allergies, and I'm sick, too, so for both of us trying to maintain our health is very trying."

> *Her job is education and my job is to take care and provide for her. So, I try to do the best I can. I've been through a lot last few years which is why I'm on social assistance now but I want to get back to … I've been a professional in my community for last twenty five years till … you know, life happens….*

Lena reflects on the competing demands between having time to just care for her son and her need to do all of the more instrumental carework, all alone. She also notes how her challenges are magnified because of other social systems not working as they should.

> *It's hard, especially with my son. He's taking lots of my time and my energy and I don't know really what to do with him. I love him and want him [to have] the best. I could give him all my time but I need some time for the house, for the bills, for the car, sometimes, I have to attend to other things. I'm sad because…. the schools [have failed him].*

Lena's comment about schools failing her son was noted more generally by many women and is an important dimension of being impoverished. Whether it is schools, the courts or the health care system, life challenges are compounded when systems fail to deliver as we have been led to expect. While many families encounter systems that fail to meet children's needs, many more affluent families have the resources to buy private care or the social capital to ensure the necessary support for their kids.

Women's roles in social reproduction have historically extended beyond their families to their communities. As Saskia Sassen (1998) notes, it has often been through women's struggles to secure resources for their own children, that they translate their private individual needs into public needs, organizing in communities to provide services or making claims against the state for the public provision of services. The list is long of those public and social services where the first provision began through the actions of mothers. And, in addition to work in community oriented directly to their own interests, women, including the lone mothers described here, have a long history of helping others, making our communities better, safer, and/or more integrated. Although the 42 lone mothers we discuss here have extraordinary carework burdens just in maintaining their own families, we also see their carework extend to their communities. It is interesting to note, that women often describe this work as "giving back," a recognition that in receiving social assistance, and being unable for the present, to work in the paid labour market, carework in the community is a contribution that they can and do make.

Tanya describes herself as "liking to help." In spite of the difficulties and demands of her own life situation she describes her social caring: "I'm here to help. Sometimes I say to somebody that's carrying groceries that I can hold the baby or something. I'll carry the groceries or something."

Janet describes involvement in her community and how this caring makes her feel good about herself:

> *I have one of my neighbours who is always calling me, "Come, please, my child needs help." So I feel very good helping, especially with math. That's my strength. And because of having a child with special needs, I'm able to have compassion.... I feel good that the children in the neighbourhood come running to me, "Janet, Janet! Can you help me with this?"*

The women interviewed as part of "Lone Mothers: Building Social Inclusion," evidenced serious struggle in trying to overcome the obstacles of being a single parent in poverty in order to provide for, and raise their children well. What is at odds, given the transparency of these efforts, is the social stigma and negative social status these mothers experienced. They reported feeling that the quality of their parenting was questioned, their morality doubted, their judgment not to be relied upon, their honesty, abilities, and overall worth clouded by suspicion.

Sophie describes her experience, suggesting the fact that she is black adds another layer in the negative social judgement she feels applied to her:

> *...discrimination, racial profiling. It's the same thing. I get looked at every day because I'm on social assistance.... It bothers me. It's embarrassing*

> *sometimes. You meet somebody and you can have an intelligent conversation with this person and have a lot of things in common, but once they find out that you're on Social Services, they're like, "Ew, I pay for you to live."*

Kayla acknowledges the same feelings of being judged and under surveillance:

> *[It's] very difficult. Everybody thinks you're happy to sit on it [welfare] and get a free ride. What could be a free ride about something like that? They're digging up in your past; they're digging up everything. You have no privacy whatsoever.*

Helen's comment reflects a view we heard from a number of women: they feel the negative judgements associated with being lone moms on social assistance so acutely that they wish to protect their children: "I really mind. I don't want to tell anybody. Even I don't tell my son. I just tell him, 'Don't worry about the money, I'll take care of it.'"

These are but the smallest sampling of the women's expressions of negative social judgements which extended to feeling that their physical space could be invaded by nosy landlords and that "workers" had extraordinary authority and could ask and demand answers to all manner of questions that did not relate to receiving social benefits.

Lena reflects the ways in which these dominant discourses become internalized. Even while she partly acknowledges that she is doing a good job, it is not quite what she thinks it should be:

> *I could do much better, much, much better. But, my health or my age is not helping me and when my husband passed [away], this is also not helping me.… We lost the house that my kids grew up in. I could be more proud if I [was] stronger.*

Given the adversity with which Lena has coped while maintaining her family and ensuring that her children are well cared for, her comment is particularly poignant and typifies an ambivalence that many women described about their work as mothers. On one hand, women described their pride in their children, that they were doing well and were well brought up, and on the other hand, described the ways in which their children had been deprived or faced unnecessary barriers for which their status as lone mothers on assistance was to blame. "If only I had…" was an expression that typified many mothers' feelings that they were to blame for their difficult circumstance. Deriving from these internalized—or partially internalized—judgements were feelings of hopelessness and despair. And, adding to the complexity of these women's lives, they felt that they needed to keep these feelings from their children, a difficult task as a single parent in a small apartment without any respite care.

Women described going into the bathroom to cry, trying in every way possible to stifle their feelings.

Conclusion

Lone mothers on social assistance do all of the carework of most mothers—and more. Like other lone moms, they are often responsible for negotiating their children's relationships with their fathers. This work is often fraught because of the lack of social support oriented to helping men understand and assume their carework obligations. Women seemed, often, to put themselves out to support their children being able to see their fathers, sometimes where there was little evidence of the father demonstrating equal commitment. Additionally, abuse, custody issues and the involvement of child welfare authorities all add dimensions of complexity to their carework. The roles of men and fathers are at the heart of the problem with how social reproduction is undertaken in contemporary western society. As carework remains the unacknowledged work of women, there are few if any demands that such work be socialized or that men assume their share of these responsibilities (Bezanson, 2006).

Lone mothers' work associated with provisioning is monumental in scope. The juggling of bills and the scraping together and planning for small amounts of income from a variety of sources puts these women in a league of their own when it comes to financial planning. Because of such limited incomes, getting food for the family may involve trips—by foot—to food banks, to numerous grocery stores hunting sales and sometimes scrounging and borrowing from family and friends. Ingenuity and creativity are augmented by sheer tenacity as lone mothers go about trying to meet their families' needs.

And, traditional affective carework, described by many lone moms as a joy, is also a demand when one is stressed, exhausted and without respite. It is clear too, from the interview data that an important determinant of which mothers remain on social assistance likely has to do with the needs of these women's children. Children with chronic medical conditions and special needs are just some of the additional demands many of the women we interviewed were coping with.

Like many women, lone mothers on social assistance have assumed the normative expectation of paid employment. Many women talked about desiring paid work and wanted to acknowledge their particular reasons for being on social assistance—for the time being. Many women also talked of "making up for," or "paying back" their receiving welfare through contributing to their communities.

On the basis of the data reported here, lone mothers on social assistance are good mothers. Working in difficult circumstances they evidence both awareness of what being a good mother means, and a strong commitments to its execution. The path to being a good parent, especially a lone mother, is not always clear, well-marked or without hurdles, many of which are beyond the mother's control. One of the hurdles faced—unnecessarily—by the lone mothers discussed here is the social stigma attached to being a lone mother. The discourses of "wealth as worth," "citizen as consumer," and the mortal doubt cast on women who are without men shape the social experience of lone mothers as economic and social failures, bad parents and welfare scammers. These discourses are but a small part of the moral regulation of all women and the regulation of the poor. As they are assimilated by women and those "others" who are poor, racialized and/or minoritized, the prevailing discourses become ever more effective at privileging and supporting a small strait of acceptable and socially approved behaviours.

We see evidence of such assimilation in the women we interviewed *and* a struggle against it. Those women who resist, and construct themselves in ways that counter these discourses of oppression, face a new struggle as they are re-constructed, often in processes of criminalization. For most women, there is an awareness of the dominant discourse and a desire to resist, but its pervasiveness and power shape, at least in some ways, their self-perceptions, their subjectivity. Sometimes this takes the form of distancing themselves from the "bad mothers on social assistance," but more often and more insidiously, it creeps in, causing them to doubt their own value. As objects of suspicion, weakened subjective selves make the coping required of poor lone mothers even harder.

The carework of women begs a revisiting of the male breadwinner model which continues to inform our social structures in spite of women's almost equal labour force participation. The model has shifted—not to a gender neutral or gender positive one where both marketplace and carework are acknowledged—but to extending traditionally male patterns of paid work to women alongside their ongoing, unacknowledged and unpaid carework (Bezanson, 2006; Korteweg, 2006). While significant for all women, for marginalized women, such as the lone mothers under discussion here, a demand that they balance more fully privatized carework with a breadwinner role in a precarious labour market is unduly onerous and threatens their inclusion as citizens. The poverty deriving from social assistance incomes and the presence of only one caregiver, alongside welfare requirements for paid work, affects lone mothers' ability to care for themselves and their children. Women must be able to choose whether to join the paid labour market or continue their carework without being consigned to poverty. One of the mothers, Madison, suggests:

> *Recognize mothers; pay them to stay at home, instead of paying construction workers to make buildings to pay childcare workers to work there. Half of those childcare workers are probably mothers themselves who'd rather stay home too. But again, you have to be thrown into a workforce because you're not recognized as a mom; you're not paid as a mom.... That's why I wish the government would say: why don't we pay the mothers to stay home, instead of paying childcare workers to raise their kids. 'Cause I'd rather stay home.*

The author wishes to acknowledge the support of the Social Sciences and Humanities Research Council of Canada in enabling the research reported herein.

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Alicia Casey

Homecoming

Our first day home from the maternity ward,
we bring our daughter to the back deck,
tucked into the fleece-lined, false womb

of her pumpkin seat, her knees drawn up
like parentheses. Spring has come calling,
and the sudden shift of the season thrusts

the blooms of the Bradford pears
head-first from their delicate casings.
Everything is newborn: the trumpet vines

unfurl crimson bells, arrowed tulip leaves
spear the mulch. On the roadside,
the cardinal, who spent the lonely winter

like an ornament hung among china-
blue berries of an Eastern red cedar, has found
his dull-feathered mate. Under a rushing

current of bird calls, I hear the low drone
of wings, a colony of red wasps building
their hive in the eaves. A solitary

scout circles down and finds purchase
on the arched fold of her blanket. Sunlight
sparks its thorax into brief ember. I pause,

resisting the urge to swing,
as I turn to her father and say,
you fucking kill that thing.

Jennifer J. Runquist and Linda C. Baker

Women's Experiences of Fatigue After Childbirth

Narratives of Ideology and Resistance

Women commonly experience fatigue after childbirth. The influence of a patriarchal ideology of motherhood may contribute to mothers evaluating their mothering experiences more negatively when fatigued. This study systematically examined manifestations of ideology and resistance in a sample of thirteen mothers who were participants in a qualitative study on fatigue after childbirth. The days and weeks after childbirth were a period of intensity and complexity. Patriarchal motherhood ideology influenced mothers when fatigued. Many of the women expressed frustration as they struggled to negotiate between the reality and ideology of caregiving when fatigued. Patriarchal motherhood ideology was oppressive to women as evidenced by the self-criticism and self-disappointment in their caregiving abilities when fatigued. Resistance to this ideology occurred when women reached a point of exhaustion beyond which they were unable to care for their infants. At this point, women resisted the idea that they provide continual infant care and gave the infant to another caregiver with instructions to not approach until the mother had rested. The postpartum period is a time when patriarchal motherhood ideology is acutely experienced and when new patterns of behavior and identity rapidly form. Feminist inquiry examining the days and weeks after childbirth holds great potential for influencing women's constructions of themselves as mothers.

Tiredness, fatigue, and exhaustion are common experiences in the weeks after giving birth. Sleep deprivation, healing from childbirth, newborn carework, and self/family identity transformations add to women's ongoing everyday carework demands. Furthermore, patriarchal ideologies of motherhood may be most acutely experienced in the weeks after childbirth. As a result, women who are influenced by a patriarchal ideology of motherhood may critique their mothering behaviors and experiences through the lens of exhaustion and fatigue, potentially perpetuating the feelings of guilt, self-deprecation, and anxiety that they are not living up to their own or society's expectations of motherhood. Ongoing negative self-evaluations could ultimately potentiate symptoms of postpartum depression. Feminist activists and scholars have yet to embrace the potential that feminist inquiry into the first weeks after birth holds for advancing theory and practice of feminist mothering. To this end, the purpose of the following study was to systematically examine and describe how women involved in a qualitative study of postpartum fatigue manifested narratives of ideology and resistance to a patriarchal ideology of motherhood within their accounts of fatigue after childbirth.

Literature review: Patriarchal ideology of motherhood

The word "mothering" refers to women's experiences of being a mother which is female defined, female centered and potentially empowering to women (O'Reilly, 2006). The word "motherhood," on the other hand, refers to a socially-constructed patriarchal institution that is male defined, male controlled, and can be extremely oppressive to women (Glenn, 1994; Thurer, 1994). This patriarchal ideology of motherhood is a dominant ideology that has shaped western culture thinking about mothering and often serves as a lens that filters and distorts experiences and understanding of women's lives (Glenn, 1994; Douglas and Michaels, 2004). Patriarchal motherhood ideology fundamentally oppresses women by holding as a core tenet the idea that only the biological mother is capable of fulfilling the mother role (O'Reilly, 2006; Wearing, 1984). Other tenets of this ideology include that children can only be properly cared for by their biological mother; that care be provided 24/7 without fail or complaint; that a mother must always put the needs of her children before her own; that her identity is completed as a mother; and that a woman is singularly satisfied and fulfilled by motherhood (Wearing, 1984; O'Reilly, Porter and Short, 2005; Rossiter, 1988). Patriarchal motherhood ideology constructs "good" or "perfect" mothers as those who uphold each and every tenet without fail, leaving mothers who do not achieve this ideal to be constructed as "bad" mothers (A. O'Reilly 2004). Furthermore, this ideology moves through dominant ideologies of race and class to construct a legitimate mother as one who is white, married to a man, and who has the financial means to secure any product required to care for their children in the manner proscribed by the ideology (O'Reilly, A. 2004; Eyer, 1996).

Paradoxically, while this ideology professes that being a "good" mother is the most important ideal that women can achieve, the ideology also constructs motherhood as an easy role for which a woman should need no assistance from others or ever tire of, because such caregiving and carework arise out of women's biological endowment (Glenn, 1994). A patriarchal ideology of motherhood is oppressive to women in large part, because it compels women to sacrifice their identity and selfhood in order to live up to the important responsibility of total care of their children, yet denies women any tangible authority or agency within which to mother or recognize their lives as their own (O'Reilly, 2006; O'Reilly, Porter and Short, 2005).

Fatigue, depression, and ideology after childbirth

The experience of fatigue after childbirth is common to nearly all women (Milligan, Lenz, Parks, Pugh and Katzman, 1997; M. O'Reilly, 2004). Postpartum fatigue (i.e., fatigue after childbirth) is one of the most distressing and concerning symptoms women have in the early weeks after childbirth (Kline, Martin and Deyo, 1998; Troy, 2003). Unrelenting, severe postpartum fatigue has effects on women that include reduced health and functional status and early weaning from breastfeeding (McVeigh, 2000; Pugh and Milligan, 1988; Tulman and Fawcett, 1988; Tulman, Fawcett, Groblewski and Silverman, 1990).

Postpartum fatigue as evidenced by difficulty falling asleep or staying asleep is a major symptom of depression (First, Frances and Pincus, 2002). Postpartum fatigue and depression are positively correlated such that when fatigue is high, depression symptoms are also high (Rychnovsky, 2007). Furthermore, studies report that the presence of severe postpartum fatigue at seven or fourteen days postpartum accurately predict the development of significant depression symptoms 28 days postpartum more than 90 percent of the time (Bozoky and Corwin, 2002; Corwin, Bozoky, Pugh and Johnson, 2003).

Complete adherence to the tenets of patriarchal motherhood ideology is not only unreasonable and impractical, it is impossible (Green, 2004). The good/bad binary that requires a "good" mother to fully adhere to all tenets of the ideology means that all mothers will fall short; that no mother is "perfect." However, because this ideology permeates so many aspects of American culture, institutions, and relationships, women continue to strive to be "good" mothers in the ideological sense, because often the only other option available to them is to be a "bad" mother. When women who loosely or strictly evaluate their mothering against the tenets of this ideology fall short of this standard, they may judge themselves as inadequate both as mothers and as women (Green, 2004; Wearing, 1984). Combining such negative evaluations within the context of the fatigue women frequently feel in the weeks and months after childbirth sets women up for an ongoing, unrelenting cycle of self-doubt, guilt, anxiety, and shame when constructing their identity as mothers (Rossiter, 1988). Such feelings when ongoing and unrelieved are symptoms of postpartum depression (Kendall-Tackett, 2005).

Research aims

During the interviews and data analysis of the grounded theory study of postpartum fatigue[1] the investigator noted that many participants critiqued their mothering abilities and behaviors when fatigued in a manner that suggested an underlying adherence to aspects of a patriarchal ideology of motherhood. Conversely, women also discussed their resistance of ideological constructions of motherhood and explored the contradictions between ideology and reality when fatigued. As a result, two research aims were developed to systematically examine women's critiques of their mothering experiences when fatigued. Within women's accounts of postpartum fatigue, they identify manifestations of: 1) a patriarchal ideology of motherhood, and 2) resistance to this ideology.

Methodology

The data were examined using the methodology of feminist qualitative content analysis (Reinharz and Davidman, 1992) informed by Anderson and Jack's (11) method of listening for meaning within interviews when the researcher is located within a dominant ideology. A feminist qualitative content analysis design involves using an interpretive lens to systematically examine what is present and absent in texts for the purpose of learning how aspects of culture such as institutions and ideas shape women's lives (Reinharz and Davidman, 1992).

Listening to women's voices is a valuable means of uncovering women's experiences and insights into their world (Anderson and Jack, 1992). Anderson and Jack propose a method of listening for three types of statements in order to assist researchers to become more aware of the meaning expressed within each woman's narrative when the researcher is located within the dominant ideology (e.g., patriarchal motherhood ideology). The first type of statement is moral language, which includes statements of self-evaluation and self-judgment. The second type of statement involves meta-statements where a participant may stop, reflect back and comment on what she has previously said. Meta-statements can alert the researcher to discrepancies between what a woman experiences and what is expected by others or society. The third type of statement is to examine the logic of the narrative by asking if there are consistencies and contradictions within a discussion that has recurring themes. As researchers living within the ideology we were studying, this method enhanced our ability to attend to participants' articulations of how conflicting social forces and the institution of motherhood shaped their lives (Anderson and Jack, 1992).

Sample and data collection procedure

Approval to conduct the study was secured from the appropriate university and hospital institutions prior to recruitment. Transcriptions of semi-structured interviews with 13 non-depressed women living in the southwest United States were examined. In the original study, participants were chosen to represent diverse experiences of fatigue, sociodemographic, and health characteristics. Participants were recruited during their inpatient hospital stay after childbirth and interviewed between two and five weeks later ($M = 3.6$ weeks, $SD = .81$) at a location of their choice (usually their home). Semi-structured interviews with written questions provided a loosely structured framework to elicit women's experiences of fatigue. Example questions included: "How does your mind (and body) feel when you are fatigued?" and "How do you cope when you are really tired?"

Participants were between 19 and 41 years old (*M* = 29.1, *SD* = 7.5) and included women who were Caucasian (six participants), Hispanic (five), African-American (one), and Native-American (one). Participants were either married (nine) or single (four). Two of the single participants had partners, and two did not. Five participants were first-time mothers, four women had two children, two women had three children, and two women had four children. Participants reported both vaginal (nine) and operative (four) births, and at the time of data collection were feeding by breast (eight), bottle (three), or using both methods (two).

Results

Each participant's transcript was carefully read for statements of moral language, meta-statements, and narrative logic to identify expressions of patriarchal motherhood ideology and resistance to this ideology within women's experience of postpartum fatigue. Each identified statement was interpreted independently by two researchers within the context of the interview to promote interpretation accuracy. The participant statements and both researchers' interpretations were placed into a table. Any disagreements in interpretations or categorizations of findings were resolved by examining the original statement within the context of the interview. Themes of ideology and resistance when fatigued after childbirth that were common across multiple participants were categorized using a feminist qualitative content analysis. Seven major themes arose out of women's narratives of fatigue after childbirth: Real versus ideal; myths of motherhood; frustration; limitations experienced; lack of choice in carework role; support; and evaluations of self. Resistance to patriarchal ideology of motherhood is reported separately. To varying degrees, depending on the level of influence ideology exerted upon their lives when fatigued, all thirteen participants were represented within the data. What follows is a description of the major themes with participant exemplars (pseudonyms used).

Myths of motherhood

The tenets of a patriarchal ideology of motherhood, termed "myths of motherhood" were identified within the narratives of ten participants. Participants indicated that they felt completely responsible for the infant's care even when recovering from birth in the early days and weeks postpartum. Women stated that fatigue prevented them from being fully present as mothers for their infants and any older children. Many of the participants felt the need to get life back to "normal" as quickly as possible after birth, even if this meant denying their bodies time to heal from childbirth. Participants with older children expressed difficulty meeting older children's requests for their attention and attempted to reduce disruptions in the children's schedules as a result of the mother's decreased functional ability in the weeks after childbirth.

> *I wanted to attend to the baby, to be alert completely, but with fatigue, I'm not 100 percent there, as I'd like to be.* (Lilia)

> *I know I need to attend to his needs no matter how tired I am. I have to get up and feed him. I have to get up and make sure his diaper is changed and he's clean and you know he's taken care of and that can be hard when you can barely keep your eyes open.* (Ann)

Ideal-Real Contradiction

Nine of the women struggled between ideal motherhood practices and the reality of everyday life in the weeks after childbirth. Some mothers struggled to reconcile their need to rest and heal from childbirth with the demands of their infants and older children. Women with more than one child also felt guilty when they had difficulty adjusting to the new baby, because they thought they should be "expert" mothers. However, having one child (or even two children) had not completely prepared them for the realities of having another child, which they thought would be "easy" given their prior experience.

> *I felt guilty for wanting to rest and for asking if I could rest instead of being with them [her children] and I was in bad moods too and, and I would take it out on my husband or a little bit on [the two-year-old] … sometimes I catch myself, but you just feel guilty. I guess like you're not handling being a mother really good when you're supposed to be an expert.* (Maria)

> *And also books that say they sleep 16 to 18 hours a day, that's a lie. My cat does that, you do not (to baby). He can cry 8 hours straight and not sleep.* (Kari)

Frustration

Nine women said that when fatigued, frustration was a major challenge they faced. Frustration resulted from not being able to sleep for more than two to three hours uninterrupted for weeks on end. Frustration also arose from being unable to accomplish all the carework-related tasks they were responsible for completing that day due to either the limitations created by the fatigue from not sleeping, from their healing bodies, or simply from the heavy caregiving demands of the baby and other children. Women who were frustrated described being tied down, constantly in demand, being limited to the home, feeling loss of independence, and feeling out of control and overwhelmed. When frustrated, women said they had little or no patience with other family members and when communicating with people outside their homes (e.g., making doctor appointments, etc.).

> *It's frustrating not getting enough sleep and not having enough hours to do what you need to do.* (Cathy)

> *I have this sort of set list of what I want to do, what I want to get done. I get really, extremely frustrated when I can't get those things don*e. (Monica)

Limitations experienced when fatigued

Within the narratives of fatigue after childbirth, eleven participants readily discussed the limitations that their minds, bodies, and the carework demands of a young infant placed on their lives. Six of these participants said how they resisted the messages from their minds and bodies to rest by keeping busy or doing more activities, which women later noted tended to increase the severity of their fatigue. Additionally, a few participants spoke of de-valuing their personal needs for rest to prevent older children from perceiving that the mother had any limitations as a result of the new baby's caregiving demands. Women believed that older children may feel disappointment if they perceived their mother was limited in her caregiving abilities. In some cases, the need to perform up to self- and/or societal-imposed standards resulted in women mothering beyond exhaustion.

> *I'm crankier and frustrated and more stressed out, because I can't seem to get things I need to get done and then I'm tired and I feel that if I sleep, then I pay the price for not having my house clean. So, it's like if I sleep then my house isn't clean and if my house isn't clean I don't like that.* (Cathy)

> *I feel like they're [three children] important and I feel like I'm failing them somehow. I don't think of them as so much a burden as I feel like you know, I'm more of a disappointment to myself than I am feeling that they're a burden. It's like I should be able to do whatever.* (Monica)

Lack of Choice in the Carework Role

Six participants stated that they had no choice when it came to providing care to their infants in the weeks after childbirth. No matter how much their minds and bodies demanded rest or how much pain they experienced, the participants still had to provide continual care for their infant. Even when other family members might be helping with the baby, the ultimate responsibility for either providing or ensuring the infant's care fell to each of the mothers in this study.

> *I'd had a c-section and I wanted to just recover, but you're not allowed to. It seems like it's the only surgery that you don't get to recover from, because you've got all these other demands and that's it. If the kid's screaming or needs something you can't say, 'well you know what? I feel like crap,' and stay in bed. You just get up and keep going.* (Kari)

> *There's no such word as can't, because you* have *to, I mean if you're the only one here there's like some things you have to do, you have to do it. It's*

> *not an option of you picking that you can or can't do it. You have to do it.* (Maria)

Support

Ten participants indicated that physical and mental support from people who could relieve mothers of constant caregiving was viewed as critical to their ability to cope those first weeks after childbirth. Women who had little or no support lamented the lack of support, because they realized how essential support was to their own health and ability to function. Participants were supported to varying degrees by a wide variety of family and friends who offered different kinds of support such as live-in support of families to daily or occasional naps, to simply having outstanding offers of support that could be accessed in times of need. However, women noted that most support was available only during the day. Regardless of whether women had help with the infant at night from a partner, mothers were acutely aware of the inequality between day and night support. As mothers, they were ultimately responsible for the infant all night.

> *Sometimes I rely on my husband to help me. If he's not there then I have a twin sister of mine that is calling me every night asking me how I'm doing, which is really good. She's telling me that I can take the babies over or that I can go sleep with her at her home. I haven't done that yet, but it's nice to know that if I have to I can.* (Maria)

> *Talking to somebody who's been through what you've been through helps me 'cause you know you're not, nothing wrong with you, it's OK. [Later] But they don't want to help you when it's nighttime. They wanna help you in the daytime. So it's good I have the support, but they're not there in the nighttime.* (Janet)

Evaluations of self when fatigued

Eight participants evaluated themselves negatively when fatigued. Participants expressed feeling self-disappointment and thought they disappointed other family members when they could not live up to their own expectations of what they should be able to accomplish as mothers. Participants spoke of regularly putting the needs of the people they cared for before their own needs. We consistently noted that mothers would construct their own personal needs as "wants" whereas infants and other children had "needs," but not wants. This subtle self de-valuation was an example of where the patriarchal ideology of motherhood came through strongly in the participants' narratives. Participants expressed great conflict between what their minds and bodies were telling them to do (i.e., rest) and what caregiving demanded of them (i.e., never rest). In order to see that their infant or older children were cared for, participants described being compelled to "fight" through the fatigue, "deal" with it, "ignore" the fatigue, and "get used to it." On the other hand, the participants recognized how much the fatigue contributed to their negative self-evaluations. Participants said they did not feel like themselves and that they didn't recognize the person they turned into when fatigued, but that these feelings and harsh judgments went away when they felt rested. When rested, participants felt positive about their mothering abilities and identity.

> *I just realize that you know his [baby's] needs are more important than mine and I'll find another time to sleep.* (Ann)

> *I just keep on going. I just deal with it, you know. I don't really think about it. It's just I know I got things I have to do and you know my family needs me or a job needs me so I just keep on going, learn to live with it.* (Susan)

> *I feel like I can't do everything I want to do. Like incapable of handling things the way I usually do, so I guess I kinda feel a little disappointed in myself. Or when I get stressed out and I just tell (two-year-old) just go to sleep and be quiet and don't wake the baby, I feel bad. I'm like oh, I'm so, so mean, he's just two. But I just um get a little disappointed in myself.* (Lilia)

> *That you're not you. You just feel like there's something wrong with you. Like you're not yourself. That's how I just felt; like I wasn't me. So you're not really happy with yourself.* (Janet)

Resistance to ideology

Resistance to maintaining the precepts of a patriarchal ideology of motherhood was manifested when participants were at the limits of their exhaustion; when participants simply could not function any longer. Six participants spoke of times when they crossed a line beyond which they could no longer care for their infant until they either rested or got control of themselves. Often this happened when the mother had been providing continual care for a long period of time, because the infant was irritable, sick, or inconsolable. Other factors that contributed to these situations included a pile-up of stressors over a short period of time including toddler/preschool children requiring extra care or attention in combination with financial, school (e.g., taking exams), or other household stressors. Often a near-complete lack of sleep (e.g., two hours of sleep in the past 24 hours) occurred just prior to complete exhaustion. When participants reached their limit, they took steps to remove themselves from all carework. This included giving the infant to a partner and stating that partner could not give the infant back or even approach the mother until she was ready to assume care again. Mothers spoke of retreating to the bedroom for anything from a short break to get control to sleeping a few hours. At these points in women's postpartum experiences, they had to resist patriarchal motherhood ideology in an act of survival and preservation of selfhood.

> *And I got to the point a couple times during the night when I knew he'd eaten already and I just told my husband "OK. I'm not nursing him anymore. I can't do it, so you're gonna have to just take him and walk him or whatever." I hadn't slept. I felt like I had no milk left I was just so tired that I just had to say, okay, no. I can't do this anymore. I'm going to sleep now. You guys deal with it.* (Linda)

> *Eventually after, you know a really bad day or whatever, I end up melting down just in tears and so frustrated and just you know go in, shut the door, lock everybody out.* (Cathy)

Limitations

Several study limitations are noted. The results reported are those ideological and resistive experiences common to the participants sampled and are not meant to represent larger groups of women. Caution should be taken when examining the usefulness of these findings in women whose experiences or social contexts differ from those represented in the study. Care should also be taken to remember that these results represent the participants' experiences from within the context of postpartum fatigue. The results do not reflect the totality of the participants' mothering experiences. Women noted how they felt differently about themselves, their mothering abilities, and their children when not fatigued. Interview questions were specifically directed to elicit how women felt and behaved only when actually fatigued.

Discussion

The tenets of a patriarchal ideology of motherhood were readily identifiable within participants' narratives of fatigue after childbirth. Patriarchal motherhood ideology was embedded in participants' mothering beliefs and behaviors and functioned as an oppressive feature in their lives on a number of levels. For example, participants expressed feeling they did not deserve to rest even though they had recently given birth. Participants expressed feeling guilt over being a "burden" to the person they asked to care for their children when they rested. Participants also felt guilty when resting, because rest time was time not spent promoting the development of the older children. When fatigued, participants felt disappointment in their body and mind's "failure" that they could not provide continual caregiving. Sleep was constructed as a "want" rather than as physiological imperative.

The type of resistance to patriarchal motherhood ideology that women engaged in was unexpected. We had expected to see acts of resistance such as railing against the tenets of the ideology, and expressions of discontent or anger about how society's expectations of mothers are unrealistic and unattainable. Instead, resistance within the postpartum context of fatigue took on a more somber tone. Resistance manifested as acts of self-preservation and survival when mothers were so exhausted that they were unable to continue caring for their infants.

These findings reveal a great need for feminists to more closely attend to the early weeks and months after childbirth in their development and critique of motherhood. The postpartum period is a complex and often chaotic time when new patterns of behavior are formed. Relationships with existing family members are also transformed during this time to accommodate the new family configuration. While women may struggle between the real/ideal and contradictions of mothering throughout their lives as mothers, these struggles and contradictions may be most acutely experienced and acted upon during the postpartum period due to the intensity with which each minute, hour, and day is experienced. Examining and critiquing the intensity and complexity of the issues that intersect in the early days and weeks postpartum is an especially important area for future feminist thought, because this period in women's lives has great potential for transforming women's constructions of mothering to realize the theory and practice of feminist mothering.

[1] For a full explanation of data collection and analysis procedures and results see Runquist (2007).

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Damien W. Riggs and Paul H. Delfabbro

Economies of Care

Remuneration and Recognition in Foster Care

Debates over the remuneration of foster carers in Australia highlight the problems associated with binaries of work and family, public and private. In particular, the role of foster carers in providing family care for children who cannot live with their birth families undermines the presumed distinction between caring for either love or money, and instead calls for an approach to carework that sees the two as inseparable. Drawing upon findings from a national research project on foster care in Australia, this paper argues for two particular understandings of remuneration within the context of foster care. The first recognizes the role of foster carers as professionals, and sees remuneration as an acknowledgment of this and the role of carers in the creation of families with foster children. The second understanding locates foster care within a context of social responsibility, in which the state and its citizens has a duty to child protection, and thus a duty to those who engage in the practice of caring for children removed from their birth parents. Together these two approaches suggest a particular understanding of remuneration that both advocates for increased financial support to foster carers in addition to support for the ongoing professionalization of foster care, whilst not reducing remuneration to a matter of "payment for services." Both approaches may help to ameliorate findings from previous research that highlight the ambivalence that foster carers face in regards to the supposed "choice" between caring or working.

Feminist research on carework has long elabourated the problematic dichotomization of social life, in which economic and personal spheres are situated as polar opposites (Zelizer, 2002). Such research has demonstrated not only the thorough imbrication of the public and the private, but moreover has highlighted the contingency of the former upon the latter. Yet despite this ongoing body of research on carework, both public and economic policy and family law continue to promote an understanding of carework that at best constructs it as secondary in comparison to work undertaken in the corporate sector, and at worst as not even work at all. The problems that arise from the perpetuation of binaries of work and family, public and private, are clearly highlighted in regards to the carework undertaken by foster carers. As Derek Kirton (2001b) suggests in regards to debates over the payment of foster carers:

> What makes payment in foster care particularly complex is that on the one hand the domains of "work' and "family' are assumed to rest upon quite different, even opposing, value systems (including with respect to money), whilst on the other, are required to function seamlessly. (201)

A growing body of research on work and family in regards to foster care has examined the extent to which financial incentives influence people's desire to become foster carers. These studies highlight the varying ways in which remuneration impacts upon the recruitment and retention of carers. For example, in the UK a 2001 Fostering Network survey of English foster carers found that 72 percent of carers felt they should be appropriately remunerated for their carework (Fostering Network, 2004). The survey findings also suggested that the provision of adequate payments plays an important role in 1) retaining the most qualified carers, 2) reducing the opportunity cost of relinquishing other work commitments, and 3) helping to attract carers with an interest in making a career out of foster-caring. Both Brenda Smith (1988) and Kirton (2001b) in two other UK studies found that while most carers are not highly motivated by any financial rewards associated with care provision, it is nonetheless the case that payment levels must be sufficient to defray the cost of providing care. They found that reduced payment levels do not lead to a loss of carers due to carers feeling underpaid, but rather because insufficient payments do not allow them to provide an adequate level of care.

Similar findings were obtained in the U.S. by Patricia Chamberlain, Sandra Moreland and Kathleen Reid (1992) who examined the effects of enhanced services and stipends on foster carer satisfaction and retention. In their study, three groups were compared: Group 1, who received increased payment and support and training, Group 2, who solely received increased payment, and Group 3, who were provided with no additional services or incentives. This research found that the groups that received increased payments showed greater satisfaction with their role and were more likely to remain in the system.

In studies of foster carers in the Australian states of New South Wales and Queensland, Ciara Smyth and Marilyn McHugh (2006) and Ann Butcher (2005) found that foster carers could be classified into three different groups based on their motivations and aspirations. A first group considered foster care a voluntary job and did not express a strong interest in being paid a salary or having to undertake additional training. A second group wanted the role to be semi-professionalized. These people suggested that they would continue to provide a traditional form of foster care, but they were open to the possibility of additional training and perhaps additional payments based on their level of expertise. A third group stated a desire for the professionalization of foster care. In this third category, foster carers would be paid a higher salary based on their additional training and expertise rather than just receiving payment for expenses incurred.

Much of this existing research on the remuneration of foster carers has primarily centered upon the dilemma of "love or money," and has outlined what are presented as conflicting, and seemingly irreconcilable, positions in regards to remuneration. On the one hand, a focus on "love" centers upon the altruistic or emotive reasons why people engage in care provision. From this perspective, research suggests that both foster carers and social workers question the motives of those who would care for more "mercenary" reasons. On the other hand, both foster carers and policy makers emphasize the importance of supporting foster carers financially.

Yet, as we suggest in the remainder of this paper, these two positions in regards to the remuneration of foster carers do not exhaust all possible avenues for reconsidering the work/family binary as it applies to foster carers. Drawing upon findings from an Australian research project seeking to examine what motivates people to become, and remain, foster carers, we outline two interrelated, yet conceptually distinct, understanding of remuneration that go beyond current debates over "love or money," and instead locate the work that foster carers do within a wider framework of social justice and child protection. In so doing, we propose that foster carers may be understood both as people who require recognition of their professional status (with one form of recognition being monetary "rewards"), and also as people who fulfill a unique role in creating families with children to whom they are most often not biologically related. From these two perspectives, the carework that foster carers undertake in Australia may be understood not as *either* work or family, but as very much both at the same time, with work being framed as a commitment to a relationship not only with children, but with the state and its role in protecting children.

Professionalization and recognition

In a recent summary of theories of carework, Paula England (2005) outlines five theoretical frameworks through which carework is currently understood. Of these, two are particularly relevant to the data presented in this paper. The first of these refers to what England terms "rejecting the dichotomy between love and money." Rejecting this dichotomy, she suggests, involves developing an understanding of the often rewarding nature of carework, and ensuring that the rewards associated with carework are not undermined by poor remuneration and the impact of this upon the quality of life of the care provider, a suggestion that echoes the findings of both Smith (1988) and Kirton (2001b) in regards to the remuneration of foster carers. To this end, England (2005) suggests that appropriate remuneration that is constituted as one part of a supportive care environment strengthens, rather than undermines, a commitment to care provision:

> Acknowledging rewards [such as remuneration] are those that send the message that the recipient is trusted, respected and appreciated.… [Previous research findings] suggest that the more that pay is combined with trust and appreciation, the less it drives out genuine intrinsic motivation. (395)

The data presented in this first section of the paper echo this suggestion that remuneration must be intimately related to recognition of the important role that foster carers play in the lives of children. This is particularly salient in Australia, where foster care most often does not serve as a stop-gap measure until parental rights are legally terminated and children placed for adoption. Rather, foster placements for children on long-term orders are on the whole considered permanent. Whilst legal responsibility does not transfer to foster carers in most instances, long-term foster placements are considered the primary family context within which children removed from their birth parents will live.

A focus upon recognition in conjunction with remuneration was the topic of many of the focus groups conducted as part of the research project presented here. Many carers spoke about their opinions in regards to the professionalization of foster care, and importantly, spoke of the recognition they desire of their current role as professionals and their active role in creating family with foster children. In the following extract a carer outlines how she already considers herself to be acting as a professional, and how this shapes her motivations as a foster carer:

Extract 1

> Interviewer: If your current placement ends will you take on another child?
> Rose: Yes. Hopefully I will get another child before she leaves, otherwise we can't afford to pay for food, mortgage, and things like that without that extra child to support the household income, and it just can't be done. That was something I wanted to bring up today: I feel as though when I mix with a lot of foster carers, a lot of foster carers say they only do it because they love children. I feel sometimes they are not being truthful.
> Martin: I think you have to love children to do it, but you don't do it for love alone. You have to be compensated.
> Ella: You have to be paid for the work you do, that is what we think.

> Rose: I feel that because it is not spoken about the government says "well let's put that away." Because when I say to people I am compensated for looking after these children, they say you are wonderful for doing it. I love doing it and I can't imagine doing anything else now but I do get compensated for looking after these children. I am a professional foster carer. It is a 24/7 job.

In this extract Rose, a single female carer, speaking in a focus group along with a married couple, elaborates an understanding of her own role as a professional. Yet in so doing, she does not appear to separate love from compensation. Indeed, she challenges the claims of other carers who state that they are "only do[ing] it because they love children." In so doing, she challenged the love/work binary where she suggests both that she "can't imagine doing anything else now" but also that she should "get compensated for looking after these children.… It is a 24/7 job."

All three carers in this extract appear to agree that loving children does not negate the need for compensation. Moreover, Rose emphasizes that the role she plays as a foster carer is a professional one—she approaches children placement in a pragmatic way ("otherwise we can't afford to pay for food, mortgage…") that warrants remuneration for work undertaken. Nonetheless, and most importantly for our argument within this paper, she appears to see such remuneration as "supporting the *household* income"—the placement of a children in her care contributes to a *shared* household or family income that benefits all of the family members. In this sense, and as Kirton (2001a) suggests: "payments … are *both* part of the household budget *and* a delegated form of public expenditure" (305, original emphasis). Foster carers, like Rose, are paid for their work in the form of public expenditure on child protection, but this payment is part of a *household,* rather than *individual* income *per se.*

In the following extract a group of carers in another focus group talk about the professionalization of foster care and the relationship between familial and professional identity:

Extract 2

> Interviewer: Have you heard of the suggestion that foster care should be professionalised?
> Dan: If it was like a job you would have to figure out what that means about being parents and being a family, if it is a job. You would have training and get paid a wage or something rather than just reimbursement like we get now. I wonder what would that mean, how would that shift, how might it be better for foster carers or the kids?
> Meg: Certainly the idea of any training that is available would be good for sure. It does help.

> Wayne: "Professionalizing" is a nice word, it seems like a positive idea to me
> Meg: For us it would be good for if we were freed up and didn't need to have to work, couldn't we provide a better quality of care for our child and for more kids in fact? Why does it have to change the relationship you have with your kids?

In this extract the carers engage directly with the idea of professionalization and explore what it would mean in the context of their families. Meg suggests that professionalization would allow her more (and better quality) time to care for children. Importantly, she questions why it is that being properly remunerated or given more training would necessarily change the family relationships that foster carers create with children. This leads us to suggest that perhaps more adequate remuneration may, at least in part, serve as a form of recognition for foster carers. Elsewhere (Riggs, Augoustinos and Delfabbro, 2007) we have suggested that foster carers require forms of recognition other than simply support or money. Yet, at the same time, we acknowledge here that monetary recognition may function not simply to recognise foster carers through a "work for pay" logic, but rather may serve to recognize the important work that foster carers do in building family relationships.

Kirton, Jennifer Beecham, and Kate Ogilvie (2001), in a paper on foster carers and payment, ask what it is that foster carers require in order to meet their needs as both parents and people fulfilling a particular professional role. In this section we have suggested one particular answer to this question, namely that foster carers appear to seek both recognition of their status as professionals, *and* recognition of their status as parents. Appropriate remuneration may achieve this goal in two ways. First, by providing payment that recognizes the professional status of carers, while also providing opportunities for further training. Many parents have professional skills (other than child rearing) that they perform for their families without pay. Increasing the professional (and specifically counseling or child care) skills of foster carers will further equip them to perform the role of the professional *as part of their parenting or family life*. Second, adequate remuneration may serve as a form of recognition for carers of their role in creating families with foster children. This particular aspect of remuneration is one that we further elabourate in the following section with an emphasis on child protection and social justice.

Foster families as child protection practice

To return to the typology of theories of carework provided by England (2005), we focus in this section on England's category of "care as public good production." In regards to this category, England (2005) summarizes her own previous work and that of others when suggesting that:

> Having and rearing children benefit people in society other than the

> children themselves.… [Therefore,] if the unpaid care work that goes with motherhood is creating a public good, then the inequity is more unjust and the state should intervene to lessen the penalty. (385-388)

In another paper from this research project we have similarly suggested that an understanding of the role of the state and its citizens as one of "non-indifference" towards child protection may help to foster a more productive understanding of the role of foster carers (Riggs, 2008). From this perspective, we suggest that rather than seeing child protection as the responsibility solely of social workers (or foster carers acting as their proxies), it is important to see child protection as a form of social justice, whereby *all* people are responsible for the care and protection of children. Obviously such an approach would not function in practice as a form of "community care" in the context of an individualist society such as Australia. Yet it is nonetheless possible to consider child protection as at the very least a social responsibility incumbent upon all people. By this logic, some people will opt into actively working with children (i.e., by acting as foster carers), whilst other people will help through the supporting of child protection agendas, the paying of taxes that are used to fund government child protection programs, and the supporting of foster carers more generally to undertake child protection practice.

From this approach, and taking as its starting place the needs of children, the attendant costs of foster care may be more accurately understood as a social responsibility of both the State and its citizens to foster children and carers. In the instance of foster care, then, the state and its citizens primarily bears the financial costs, whilst foster carers bear the emotional costs and labour—the state supports carers to create family on their behalf, something that the state should, but cannot, do on its own for children under its protection. Understood in this way, remuneration for foster carers has little to do with "wages" or "pay" *per se,* and instead serves as a form of recognition of foster carers as the key providers of child protection labour within the country. Thus in contrast to debates over remuneration and the reported ambivalence of fosters carers who see payment as potentially undermining their role as parents (see, for example, carers reported in Kirton [2001b]), an understanding of child protection as a practice of social justice may result in the reconceptualization of remuneration not as a wage, but rather as a form of social responsibility *to foster carers* for their role in child protection.

In the following extract two women speak about their commitment to child protection and the role of remuneration in it:

Extract 3

> Interviewer: What do you think about the payment you receive as foster carers?

> Mary: I have heard some people suggest that foster carers do it for money. I always laugh at that.
> Bette: We hear that from a lot of people. We hear it from social workers.
> Mary: I always say that the payment we receive doesn't cover anything. Our foster daughter goes to an independent school, which we pay for because we think it is the best place for her, and the payment doesn't even part cover her school fees.
> Bette: We had a colleague who worked for [the child protection agency] and she said she thinks most people do it for money.
> Mary: My sense is that if you do this as a foster carer then you are suddenly not in the category of parent. I still have all the same responsibilities as any other parent, but what people don't at times realise is that we don't always get the choice in what we do because you have to get permission to do things.
> Bette: I have got birth children and I don't feel any different about issues of caring between my birth children or our foster child—children's needs have to be met and that is what we are trying to do.

In this extract the two women speak about their commitment to caring for children in ways that highlight the inadequacies of the current remuneration system. Not only are they insufficiently paid, but the very fact of payment somehow makes them "not in the category of parent." Despite Bette reporting her commitment to meeting children's needs, and despite this being depicted as the same commitment she has to her birth children, she is nonetheless aware of other people (including social workers) who dismiss foster carers as "in it for the money." Fortunately, such undermining of the important carework that foster carers undertake has not stopped either of the women in their commitment to caring for children within a framework of state-mandated child protection.

In the following and final extract, a group of carers talk about the ways in which creating family is constrained by economics, and their commitment in the face of this, to supporting foster children.

Extract 4

> Interviewer: What do you think about payments for foster carers?
> Terri: Financially I find that it is almost not feasible to provide for children on the money we receive. For a lot of families or younger people who would be considering fostering the low levels of payment would make it daunting, I think. I think too we are becoming a less community orientated society. I think people's focus is going the other ways now than it did 20-30 years ago around volunteerism.
> Jan: Proper payment is so important. I need it as I have taken 12

> months off without pay so I can support my foster child so I don't feel any guilt because I actually really need it. I take him to school every day. Whilst that makes life much harder for me not having a proper income, it is what he needs.
> Henry: It is always seems to me like a mismatch between the fact the government is meant to be looking after these kids and providing for their best interests, but their best interests are often ignored it seems. What parent would say "oh well they can just do without' about their children? Yet that is the position we seem to be put in when it comes to providing for children with the current payments.

The carers in this extract talk clearly about the ways in which poor levels of remuneration work counter to their commitment to child protection agendas, yet they nonetheless continue to prioritize the needs of children in their care. As Terri suggests, it will continue to be hard to attract new carers (especially in a social context whereby community mindedness is undervalued) if remuneration is not appropriately given. Whilst some carers, such as Jan, make do with insufficient payment, others may not be so willing to do this. Moreover, and as Henry suggests, how can governments claim to meet the needs of children if the families within which the children are placed are under-resourced? Foster carers thus need adequate remuneration not as "payment for services rendered," but so as to allow them the economic security in which to create families with foster children that meet the children's needs. If, as the carers in this extract indicate, it is the state's responsibility to care for children, and if neither the state nor most of its citizens engage in the practical work required to make this agenda happen, then foster carers are left with a considerable financial burden that they are often not equipped to meet.

In this section we have highlighted a second understanding of remuneration—one that recognises child protection as a social responsibility held by all people and one that, if only directly met by a small percentage of the population (i.e. foster carers), must be adequately supported. In this sense, and as opposed to concerns raised in other research that the payment of carers will result in the subsuming of carers (as parents) within a broader framework of a state-managed "care team," a focus on foster carers as the primary people who meet foster children's daily needs for family and stability will result in recognition of the fact that it is foster carers who provide the very basis or framework for such a "team," rather than simply being members of the team. The role of the state and its citizens in this "team" is thus to make it possible for foster carers to play their role in the best way possible, which requires adequate financial support. Understanding foster carers as operating as agents of social justice for foster children may thus help to enable an approach to remuneration that shifts the attention solely away from work or love, and instead locates carework within a broader context of child protection.

Conclusions

In this paper, and drawing upon two particular understandings of carework provided by England (2005), we have outlined two distinct, yet interrelated, approaches to reconceptualizing the provision of payment to foster carers in Australia. The first approach considers payment in a somewhat more pragmatic manner—it understands payment not only as recognizing foster carers' role as professionals (and to encourage the appropriate professionalization of foster carers), but also as recognizing foster carers' role in creating family with foster children. Remuneration thus creates opportunities for recognition that are less to do with payment for services, and more to do with acknowledging the important, if not central, role that foster carers play in the lives of foster children. The second approach extends upon this by introducing a focus upon child protection in a context of social responsibility, and suggests that if child protection is the responsibility of the State and its citizens, then foster carers must be remunerated for their role as "team players" in a national child protection agenda, rather than simply as individual people being paid for their time. Acknowledging the centrality of foster carers to the Australian child protection system is thus central to a reconfiguration of how we understand payments to foster carers.

In this regard, McHugh (2006) outlines a number of forms of monetary recognition that would not constitute wages *per se*, but which may instead be seen as forms of State-based reciprocity for foster carers in a context of social responsibility. These include tax breaks for foster carers, the provision of superannuation or retirement pensions, and opportunities for the funding of higher education relevant to care provision. The federal government's recent decision that foster carers are exempt from legislation that requires recipients of parenting payment to undertake part time work signals one such move towards the recognition of a social debt to foster carers, and the work that they already undertake as parents.

So to conclude: in this paper we have extended previous research on foster care and remuneration in two ways: 1) by supporting the previous finding that whilst carers are not primarily motivated by any purported financial gain, they are nonetheless disadvantaged by inadequate remuneration and desire opportunities to further develop skills, and 2) by providing alternate ways of conceptualizing the provision of foster care that break down the supposed borders between public and private spheres. We have highlighted the ways in which Australian foster carers cross these borders, and in so doing we suggest that they demonstrate the complex nature of carework that is most often undertaken as a result of a genuine desire to care for another person, but one that nonetheless should be adequately remunerated and recognized.

We acknowledge the sovereignty of the Kaurna people, the First Nations people upon whose land we live in Adelaide, South Australia. The research was supported by an ARC Grant DP0666189.

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Lynda Perry

The Babysitter

This girl with steel
piercing her eyebrow
is dangling a chubby
boy. The father's
in jail for drugs. "What kind?"
I ask, wearily. What I want to ask:
How can I leave
my daughter with you? "I don't want to
know," she replies, warily.
Nineteen, she can already spout
a litany of social
services: WIC, Medicaid,
no insurance for
the baby. A new mother
myself, I am old enough
to be her mother. I remember
puking in the dorm bathroom.
Not the beer.
I exercised my right
to choose. Now,
forty-six years old, finally
able to mother
this child I traveled far
to find. And I see this
girl: bright, grinning,
as lost as I ever was.
And I want to give her
anything. *Just not this job.*

Colleen Mack-Canty

The Global Restructuring of Care

The Third World Nanny Phenomenon

In the new era of colonial relations, the main resources extracted from the Third World are no longer natural resources and agricultural products, but female traditional care work. One form this transfer of care takes is the nanny phenomenon, which is a tragedy for many Third World women and their children. In order to provide money for their own children's material well-being, "nanny-mothers" must leave them, often for years at a time, to provide maternal caring and/or domestic services for First World children and parents. This situation is uncomfortable for western feminists, because they are often partakers in this arrangement and/or it supports their advocacy of women's equal participation in the public sphere. While poor women of colour and/or immigrant women labouring in the domestic sphere of other women's homes is not a new phenomenon, it occurs at a much greater rate today and is performed, in many cases, to facilitate the entrance into the professional career world of more privileged western women. Today, many feminists think we are constructing a third wave of feminism, at least in part as a response to aspects of changing times, such as the increasingly globalizing economy and its disproportionate effects on Third World women and their children, including the diversion of maternal care from the Third World. This paper is a discussion of these aspects of "diverted mothering," or the nanny phenomenon, in globalism. As such, it is a part of the feminist attempt to make the plight of these women and their children more visible.

> The gap between rich and poor countries is … pushing Third World mothers to seek work in the First World … creat[ing today] not a white man's burden but through a series of invisible links, a dark child's burden. (Hochschild, 2002: 27)

Feminists of the second wave recognized the personal as political and, with considerable success, worked to include women in the public world of politics and economics. Today feminists respond to additional concerns, some more significant to contemporary times. Among these concerns are the economic dislocations caused by the globalizing economy, particularly their disproportionate effects on women and children (Narayan and Harding, 1998). As a result, the personal today, in addition to being political, is increasingly seen as global (Hochschild, 2002: 30).

In this new period of colonial relations, the main resources extracted from the Third World are female traditional care work and the prominent form this transfer of care takes is the nanny phenomenon (Cheng, 2004). This is the situation where Third World women, in order to provide money for their children's material well-being, must leave them, often for years at a time, to provide maternal caring and/or domestic services for First World children and parents (Ehrenreich and Hochschild, 2002). The issue of paid domestic service is no longer confined to national borders. In globalization, motherhood has become just another resource that can be reallocated from poor to rich countries (Hondagneu-Sotelo, 2000).

This situation can be uncomfortable for western feminists, because they are often partakers in this arrangement and/or it supports their advocacy of women's equal participation in the public sphere. While poor women of color and/or immigrant women laboring in the domestic sphere of other women's homes is not a new phenomenon (Evans, 1997; Romero 1997, 2002), it occurs at a much greater rate today and is performed, in part, to facilitate more privileged western women's entry into the professional career world (Hochschild, 2002).

While there are no easy answers as how to find ways to counterbalance the systematic transfer of caring work from poor countries to rich, Barbara Ehrenreich and Arlie Russell Hochschild (2002) state, "Some first steps are to bring the world's most invisible women into the light" (13). This article is part of the attempt of some feminist authors (e.g., Cheng 2004; Ehrenreich and Hochschild 2002; Romero 2002) to illuminate the plight of these Third World women and their children who are severely disadvantaged by their location in the new global economy.

In the second wave of feminism, before western feminists were alerted to the impacts of encroaching globalism, liberation feminists recognized the personal was political and challenged women's exclusion from the public world of politics and economics. As a result, these feminists have had considerable impact on the lives of First World women due, in no small part, to the various public policies they brought about to enable women's participation in the public sphere (Brenner, 1993). Women's success in this area, however, has not been without costs. Many women now experience a "double shift," the situation where mothers working outside the home in a full-time job return home each evening to perform the reproductive labor that still must be performed to maintain and raise a family in the private sphere (Hochschild, 2002; Hochschild and Machung, 2003).While the difficulty associated with women's "double shift" might be receiving more societal awareness today, it is not receiving more societal aid (Henderson and Jeydel, 2007). Hence the problems associated with working mothers' additional burdens are increasingly being alleviated, on an individual basis for those First World mothers who can afford it, by employing a childcare domestic worker, often referred to as a nanny.

The nanny, who as noted earlier, is usually a mother herself, is a worker created by the new global economy. She tends to be a Third World woman, usually of colour, whose severe poverty, exacerbated by more recent global economic dislocations (Narayan and Harding, 1998), has caused her to migrate to a First World country in search of low wage work caring for other women's children while leaving her own children behind. Most often the nanny does this in order to send needed money home to her own children. While the nanny's children usually are better provided for materially by this arrangement, they lack the physical presence and care of their mother on a daily basis and in too many cases do not see her for most of their growing-up years (Ehrenreich and Hochschild, 2002).

These "nanny-mothers" and their children are the unrecognized victims of globalization and international trade policies. Among other socioeconomic disruptions, current global economic policies have the effect of facilitating "the nanny phenomenon." In the prevailing free market ideology, however, the nanny's migration is viewed as a "personal choice" and its consequences to her and her children are seen as "personal problems"(Hochschild, 2002: 27). In reality, motherhood, in this era of globalism, can become another kind of commercial resource, one reallocated from its original purpose of caring for one's own children, to caring for children in another county. Reproductive labour is thus commodified on a global scale as immigrant women from Sri Lanka, Indonesia, the Philippines and various Caribbean nations, like many Mexican and Central American women, migrate internationally for work as nannies and/or domestics (Hondagneu-Sotelo, 2000: 161).

It should be remembered here, however, that the nanny phenomenon is not only an arrangement among women. As Ann Crittenden (2001) points out, women have continued to increase their employment outside the home, but their male partners have not increased their share of childcare and housework accordingly. This places these women in an untenable position between caring adequately for their children and the duties their jobs require. In the case of professional women, long hours are necessary to keep their careers on track, and many who can afford it turn to Third World women to perform the family childcare and domestic work.

In addition to the need for male partners to perform more of the "second shift" work, not to mention the help a single,often low-wage earning, mother needs, it should also be noted that the U.S. government has been particularly negligent in its support of motherwork (Henderson and Jeydel, 2007). While a form of maternity leave is contained in the *Family and Medical Leave Act* of

1993, it hardly provides for care giving by mothers. The basic provisions of this act allow twelve weeks of unpaid leave to both women and men to care for a family member in need, including newborns (Klingner and Nalbandian, 2003). Contrast these stringent leave provisions provided by U.S. public policy with the more humane ones in Norway, which provide one year's paid maternity leave and four weeks paid paternity leave (Kamerman, 2000), and it can be understood why many women in the U.S., who can afford to do so, turn to the questionable practice of hiring Third World nannies. This practice, suspect to begin with, has the added effect of letting the U.S. government "off the hook," so to speak, because "[m]igrant women's care labour serves as a cheap solution for the inadequacy of the public provision of care in labor receiving nations" (Cheng, 2004: 142).

Enlarging feminism's notions and concerns

Feminists in the second wave envisioned a sisterhood of all the world's women (Morgan, 1984, 1996). Today, in more globalized economies, there is greater proximity of women. Also a considerable number of women, throughout the world, share the activity of trying to earn a living for their families. In the United States, for example, women are estimated to be the sole, primary, or coequal earners in over half of their families, while a large indefinite number of migrant women are sending money home to insure the economic survival of their families (Ehrenreich and Hochschild, 2002: 3).

Overlapping commonalities that many of the world's women share in trying to earn a living for their families, however, are the disparate positions women occupy, in which, "less privileged women are compelled to cross borders to care for the families of more privileged women…" (Cheng, 2004: 136). As a result, the issue of women laboring in other women's homes has reappeared as an important subject for feminist analysis, albeit in broader and different ways. The issue of paid domestic service is embedded in international relations today. It is no longer confined to interpersonal relations and/or the intersectionality of oppressions within the confines of nation states (137). Correspondingly, many feminists believe we are constructing a third wave of feminism, at least in part, as a response to changing times (Mack-Canty, 2004).

Second wave feminists worked for the need to include women in the public sphere, and later second wave began to work for a general recognition of the interrelatedness of class, race, and heterosexism with sexism (Fraser and Nicholson, 1990). Third wave feminists work also on matters of more recent importance to their historical times. Among these problems is the increasingly globalizing economy, with its accompanying "maldevelopment"[1] (Shiva, 1989) projects, particularly their disproportionate effects on women and children (Rocheleau et al., 1996: 165). To no small extent, the higher educational opportunities allowed to women by second-wave feminists' policy-making and the subsequent theorizing many of these women undertook, together with the significant contribution of women of color and/or third world women's challenges, have contributed to the expansion of feminist theory, enabling third wave feminists' increasing awareness of and response to these concerns (Mack-Canty, 2004: 155).

Significant among the feminisms considered third wave today, and of importance to this discussion, is postcolonial feminism,[2] which regards the continuing ill effects of our colonial/imperialistic history, particularly as articulated by its Third World practitioners, an appropriate focus for contemporary feminism (Narayan and Harding, 1998). Theoretically, postcolonial feminism works to extend the analysis of the intersection of sexism and multicultural identity formation, to include the negative effects of Western imperialism that still exist today (Schutte, 1998: 65). Recent phenomena, such as the capitalist global economy, with its attendant development projects in the Southern Hemisphere, are viewed, in the postcolonial discourse, as neocolonial. They can be seen as "…a continuation of the European expansion begun in 1492" (Harding, 1998: 154; LaDuke, 1993). In the next section, through the studies of feminists who work to build theory from the voices of third world women, I relay some of the experiences of both women and children with what Sau-Ling Wong (1994: 69) refers to as "diverted mothering" in postcolonialism.

Experiences of nannies and their children

Diverted mothering, through which the care labor of women of color is diverted to the children and families of employing white women, away from the rightful recipients based on kinship of community ties is not a new phenomenon. Among the earlier household workers and/or nannies in the U.S. were African slave and free black women (Evans, 1997: 90, 109). After Emancipation, but before U.S. Civil Rights Movement, when most employment still was not available to African American mothers, they continued to labor, in large numbers, in white women's homes as domestics and childcare workers (Evans, 1997: 272; Ortiz, 1994: 14-15). In an essay titled, "Who Takes Care of the Maid's Children: Exploring the Costs of Domestic Service," Mary Romero (1997) explores the impact of this domestic service on the workers' families, relaying, through interviews with the workers' adult children, how race and class privilege, including unequal access to mothering care, was bestowed on middle- to upper-class white children at the expense of lower-class people of color.

One African-American male Romero (1997) interviewed grew up in South Carolina in the 1940s. He said that he only got to see his mother from about "5:30 to 8:00 at night and the little white kids got to benefit from her all day" (153). He went on to relay feeling jealous and angry, when at a very young age, he witnessed the son of his mother's employer crying and clinging to his mother as she tried to leave work. He said, "I had been taught never to cry when my mother left me, because that was something she had to do. Now I was watching this little white brat crying his eyes out and making it difficult for my mother to come home with us" (157).

In these kinds of cases, according to Romero (2007), a mother's interaction with the employers' children also served to teach her own children class and race differences. Class distinctions were not limited to differences in income, but included the white kids' privilege of being able to receive constant care and nurturing from black children's mothers, while black children were being "deprived" of her care (168).

African-American women have developed their own affirmative strategies to help mothers and children in their communities. bell hooks's (1984) discussion regarding the need to be responsible for all children is illustrative here. Drawing on her experience of growing up in a working class African-American environment, she finds collective parenting, as exemplified by the African saying that it takes an entire village to raise a child, to be a positive alternative to individuals bearing the entire responsibility for raising their children. hooks's affirmative theme is the strength of the ongoing inclusive mothering or mothering by "other mothers" practiced in a considerable part of the African-American community. She notes how this kind of mothering is often seen as a response to slavery's legacy and the resulting Third World status many black mothers experience.

Affirmative strategies, though, are more difficult for today's migrant nanny to undertake. Today's nanny, in contrast to African-American women of the last century, tends to be isolated in her boss's home and not in a position to create community with other nannies. Additionally, the geographical distances between most nannies and their children today presents an almost insurmountable barrier to physical contact between them on any kind of natural basis. According to Ehrenreich and Hochschild (2002), most mothers feel this separation acutely regardless of whatever arrangements they make for their children.

> [They] … express guilt and remorse to the researchers who interview them. One migrant mother who left her two month-old babe in the care of a relative states, "The first two years I felt like I was going crazy. You have to believe me when I say that it was like I was having intense psychological problems." Another migrant nanny, through tears, recounted.…"I left my youngest when she was only five years old. She was already nine when I saw her again, but she still wanted me to carry her." (12)

Mary Romero, in addition to her study regarding the effects of African-American mothers' absence on their children, due to their maid/childcare services in white women's homes, undertook an earlier discussion of the nanny/domestic phenomenon and Latina women. In her landmark book, aptly titled *Maid in America*, (1992), reprinted under the title *Maid in the U.S.A* (2002), Romero first asks the disturbing question many feminists (Cheng, 2004; Ehrenreich and Hochschild, 2002; Rogers, 1998) are now also asking: "Who is taking care of the maid's [nanny's] children?" Romero presents the issues facing domestic workers by drawing on the descriptions of the women themselves regarding their undesirable situations: low pay, long hours, insensitive or defensive employers, worries about their own children, and their personal strategies for survival. In so doing, Romero shows us the need to question the way our society is organizing caregiving, together with the relations of race, class, and gender on which domestic work relies.

Today, the situation Romero first described 15 years ago has become more prevalent. In Los Angeles alone, there are now a hundred thousand Latina women, documented and undocumented, performing mothering/housekeeping duties for First World families, according to a Public Broadcasting System Special (November 29, 2005) of the film, *Maid in America.* This film brings the lives of these women to us. As its title indicates, it is an extension of Romero's original work on the topic. The film offers the audience a look at some of the personal lives of Latina immigrants living in Los Angles and working as nannies and housekeepers. It introduces the audience to Judith, who is from Guatemala. She has not seen her four daughters since she left two years ago, but she hopes to give them a better future by sending half her income to them. The film also introduces the audience to Thelma from El Salvador, who works for a middle- to upper middle-class, African American family. Thelma has cared for their now six-year-old child, on a daily basis, since he was a baby and in many fundamental ways has become his mom. Her work also enables his biological/legal mother to keep her career on track. The film movingly discloses the nanny phenomenon through the Latina nannies' own stories. It shows us the personal tragedy experienced by these Latina women whose economic plight forces them to assume nanny roles, outside their own countries, and the toll their separation from their own children takes.

Nowadays the migrant nanny eases the "care deficit" that has been occurring in rich countries in large part because so many women have entered the paid labuor force. However, relieving some of this "care deficit" means domestic services are moved from low-income countries to high-income countries, resulting in the poor countries experiencing a care crisis. Similar to, but usually worse than, the situation created by the practice of African American domestic workers in pre-civil rights days, it is the nanny's children who are the biggest losers, as they are deprived of a most basic human right, access to their mothers. As Barbara Ehrenreich and Arlie Russell Hochschild (2002) observe,

> While the migrant mothers suffer, their children suffer more. And there are a lot of them. An estimated 30 percent of Filipino children–some eight million–live in households where at least one parent has gone overseas. These children have counterparts in Africa, India, Sri Lanka, Latin America , and the former Soviet Union.... Compared to their classmates, the[se] children ... [were] more frequently fell ill; ... more likely to express anger, confusion, and apathy ... performed

> particularly poorly in school … [and] show a rise in delinquency and child suicide (22).

It must be also be noted here that some immigrant nannies suffer particularly difficult conditions. Joy M. Zarembka (2002) relays stories of some of these women's experiences at the hands of exploitive employers. A woman from Bolivia, for example, came to the U.S. in 1997 to be employed in Washington D.C. by a man who was a *human rights lawyer* for the Organization of American States. Upon the woman's arrival, the employer immediately confiscated her passport, forced her to work twelve or more hours a day, and did not allow her to leave the house without being accompanied by him or his wife. When a friend of the employers raped the woman, she was not allowed any medical treatment (142-143). In another case, a West African woman was approached by a wealthy relative who worked for the World Bank. He promised her a house and a car if she would serve as a housekeeper and nanny to his five children in suburban Maryland. Instead, upon her arrival she found out she had to sleep with his pair of one-year old twins, in effect providing 24-hour care, with no days off. The employer and his wife repeatedly beat her and ignored her requests to return to West Africa (143-144). Like many immigrant nannies these women were isolated in their employers' home, had no friends or relatives in U.S., and did not speak English. This kind of situation enables unscrupulous employers to keep these women in slave-like conditions. When these women are mothers, then in addition to being separated from their children and having to deny their children the mothering all children deserve, their ability to send their children money is also curtailed, as they are often not paid.

What is to be done?

Economic development, that often impairs women's ability to provide basic needs for their children and themselves, raises important questions about how Western First World feminists should understand and engage with the persistence of neocolonial economic and political relationships (Narayan and Harding, 1998: 1). In what follows, I list a few selected examples of feminists' responses. In some cases, these feminists are women of colour and in the cases of Mary Romero (2002, 1997) and Patricia Hill Collins (1994) draw upon their families' immigrant experience and the legacy of slavery, respectively.

Romero's work, in the early 1990s with Latina domestics, and the more recent work of Barbara Ehrenreich and Arlie Russell Hochschild (2002) present nannies' and their children's stories to us, increasing our awareness of a largely invisible situation. While there are no easy answers as how to find ways to counterbalance the systematic transfer of caring work from poor countries to rich, Ehrenreich and Hochschild state, "Some first steps are to bring the world's most invisible women into the light" (13).

Additionally, many of our concepts regarding feminism need to be reexamined and/or expanded as additional knowledge becomes available. Amrita

Basu (1995: 2), for example, discusses the need to understand that women's movements are not only the result of modernity, industrialization, and the creation of a middle class. They are also composed of poor women's concerns. Relatedly, Collins (1994) explains why the notion of motherhood itself needs to be expanded. She contests the grand narrative of a normative motherhood which is frequently based on the experience of Western, white, middle-class women. Instead she argues for the recognition that, "[f]eminist theories of motherhood are … valid as partial perspectives but cannot be seen as theories of motherhood generalizable to all women (62). In a similar vein, Shu-Ju Ada Cheng (2004), "argues that, in the era of globalization, the critical analysis of motherhood needs to transcend national boundaries and be broadened to include the ramifications derived from the global restructuring of care" (136). Cheng advocates activism that works for the concerns of mothering in globalism and speaks to the "necessity for building alliances within and across national borders … for the joint pursuit of local and global justice" in this area, while "…point[ing] to the urgency of collaborative local and global feminist interventions in the pursuit of motherhood as a transborder concern" (142).

In the public policy arena, childcare provision in the U.S., which ranks almost last among industrialized countries (Henderson and Jeydel, 2007), needs to be recognized and acted upon as an important communal responsibility instead of the current practice of shifting this responsibility onto poorly paid migrant women. Furthermore, migrant women need access to citizenship that increases their status while reducing their exploitability. In this regard, the U.S. feminist interest group, The National Organization of Women (NOW) (2007) is to be commended for work in support of immigration reform for women. They actively support the inclusion of provisions in any immigration reform legislation that would offer a path to residency and citizenship for the undocumented women living in the United States.

Conclusion

Considerably more discussion and analysis is needed regarding these aspects of mothering. What is not being accounted for in global arrangements is how female care giving labor is being transferred from poor countries to wealthy countries, to the detriment of the migrant nanny and her children. Today, we are witnessing a new era in colonial relations in which the main resources extracted from the Third World are no longer natural resources and agricultural products, but female traditional carework. The phenomenon of the nanny illustrates the kind of havoc the global economy creates for mothering (Cheng, 2004: 137), arguably the most local and essential endeavour humans enact (Ehrenreich and Hochschild, 2002). It is a tragedy for Third World women who, in order to provide for their children's material well-being must leave them, often for years at a time, to provide maternal caring and/or domestic services for the children of those who are much better positioned in the new global economy.

Considerable feminist work is now required this area. Its beginnings can be seen in the recognition of problem itself, together with attempts to make the situation of the nanny and her children more visible.

[1] Maldevelopment is a notion that expresses a mismatch between the socio-economic conditions and the needs of the people. The term was coined by Vandana Shiva (1988).

[2] The roots of postcolonial feminism extend back into the second wave of feminism. Gloria Anzaldua (1981) and bell hooks (1984) are examples or women calling for the recognition of the differing meanings for feminisms in non-western cultures, in the past.

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Paula C. Pinto

Re-Constituting Care
A Rights-Based Approach to Disability, Motherhood, and the Dilemmas of Care

This essay focuses on disabled mothers to problematize the discourses on care articulated by both the feminist and the disability community. Feminist literature on care has rightly emphasized the unequal burden and dependency that care work creates for women, but has largely neglected the fact that many disabled women are still fighting for the right (and resources) to mothering and caring for their families. The disability community, by contrast, has placed great emphasis on autonomy and independence for care-receivers, but has often forgotten that models of care based on direct payments are not suitable to all, and may even contain the potential for exploitation of care providers. Following Jenny Morris (2001), in this paper I argue that a human rights framework can help us move beyond these limitations. By emphasizing the inherent dignity of all human beings, a rights-based approach is likely to advance an ethic that de-genders care, promotes diversity and plurality of forms of care, and ensures that supports are adequate and available to those who give, as well as to those who receive care. In addition, in light of the recently approved United Nations Convention on the Human Rights of Disabled Persons, re-constituting care on the basis of human rights remains our best stake to start pressing for social change right now.

Not all women, of course, desire motherhood but those who do can usually take their right for granted. Like some other women Irene was longing for a child. Unlike others however, Irene had to put up with ignorance, prejudice, and discrimination in her quest to become a mother. First doctors told her she "couldn't get pregnant" because her physical impairments would prevent her from conceiving a child and carrying a pregnancy to term. And then after she *got* pregnant, they encouraged her to get an abortion suggesting that the baby would be "brain damaged" because of all the medication she was taking. Irene replied, "I don't care; he's a gift."

Despite the anxieties of health providers, Irene's child was born healthy and without any known disabilities. Yet her story, recounted by Juliene Lipson and Judith Rogers (2000), powerfully speaks of the many barriers facing mothers with disabilities—particularly in this case, society's fears that they can only produce defective babies, and the increasing acceptance (inclusive within the women's movement) of selective abortion (the abortion of foetuses identified as disabled) which is viewed by disabled people as an indication of how their lives are devalued in our society. Much like Irene, countless women with disabilities have been excluded from motherhood, their sexual and reproductive lives subjected to tight social control and regulation, notably through institutionalization and forced sterilization. Perceived unfit to carry on the tasks and responsibilities involved with being a "good mother," many have lost custody of their children in divorce and others have had their children removed from their care by welfare agencies (Traustadottir, 1990; Gill, 1997; Kallianes and Rubenfeld, 1997; O'Toole, 2002).

Social control of women's sexual and reproductive lives has always been a hallmark of women's subordination in family and society (Petchesky, 2003). But if disabled women, like other women, have been constrained in their reproductive choices, their experiences of oppression in this domain have differed from those facing their able-bodied sisters in significant, and yet much less discussed, ways. And it is also this silence that I want to challenge here, by raising critical questions about the erasure of mothers with disabilities from academic literatures, and their invisibility in society as well.

To undertake this task, I choose to focus on care. Not because motherhood and care work intersect, even overlap, to the point that mothering has become for some a paradigmatic case of caring (see, for example, Held and Noddings cited in Bowden, 1997); rather because a focus on care enables me to look at both sides of the relationship, the *carer* and the *cared for*, and to address the complexities that emerge when these two roles become entwined in the same subject. It is thus from the angle of care that I propose to engage with this discussion. Specifically, I want to problematize discourses on care as they are articulated by both the feminist and the disability communities, in order to move beyond the limitations in each of them. Exploring tensions and complementarities in these theoretical approaches through the lens of human rights I hope to suggest a more inclusive model in which to frame continuing debates on care.

Feminist perspectives on care

Traditionally, care work has been women's work. Janet Finch and Dulcie Groves are among the first scholars who drew attention to the financial, emotional and physical costs for women resulting from their primary involvement with care responsibilities within the domestic sphere. Their seminal work *A Labour of Love* published in 1983 explores "different facets of women's experience of caring, the dilemmas that caring poses for women, the tensions between paid work and unpaid caring" (2), and discusses policy dimensions in relation to each of these topics. Finch and Grove's work was instrumental in exposing how caring roles shape women's lives and identities and how in this process women are disadvantaged both financially and personally. Their suggested alternatives to existing modes of caring include "caring leaves" and part-time jobs with adequate levels of income and protection, and the provision of "high quality residential services" for disabled and elderly people. Here their propositions are in sharp conflict with the demands of the disability community to live more "independent lives" (Morris, 1993; 1997; 2004).

With women's labour force participation continuing to rise during the eighties and the nineties, more recent discussions around care tend to be framed by the broader debate on work-life balance (see, for example, Hochschild, 1997; Duxbury and Higgins, 2001; Pocock, 2003; Mutari and Figart, 2004). It is generally recognized that while women are increasingly represented in the labour market, patterns of domestic and carework remain largely unchanged and workplaces continue to be organized around an ideal worker that mostly resembles the male, care-less breadwinner, with a wife at home taking charge of the social reproduction needs of the family (Duxbury and Higgins, 2001; Pocock, 2003). Caught between a work environment hostile to those with care responsibilities and a household structure resisting to adapt to the new realities of their lives, women are found to be experiencing high levels of role overload and stress, struggling to combine paid work with their traditional care-giving tasks (Duxbury and Higgins, 2001; Pocock, 2003). Those who resolve this conflict by reducing paid working time are marginalized in the labour market and often face increased job insecurity and enjoy less social protection (Pocock, Buchanan and Campbell, 2004). For increasing numbers of them in single-parent families, the challenge has become even more difficult.

These difficulties stem from an organization of both work and welfare based upon assumptions about the division of labour in the market and the family that no longer reflect our present day realities and disproportionally disadvantage women. With the goal of promoting full gender equity in workplaces and households, the examination of the relationships between paid and unpaid (care) work and welfare has thus become a central issue for feminist researchers. Scholar work on care from a feminist perspective is therefore increasingly exposing the ways in which these relationships are gendered and advancing new modalities of organizing work and welfare, which recognize and value care work and promote a better share of caring responsibilities (see, for example, Lewis, 1992; Fraser, 1994; Lewis and Giullari, 2005).

Despite highlighting gender inequalities in current arrangements of care and offering innovative models to overcome them, this literature may be criticized for ignoring the experiences of those receiving care. While the ways in which care responsibilities affect and shape women's lives are amply debated, there is no concern about how different ways of organizing care impact those who require assistance to perform daily life activities. This issue is particularly contentious today within the disability community who has been active in demanding the right to live "independent lives" (Morris, 1993). The next section explores understandings of care within the disability field and the policy options put forward on the basis of these understandings.

Disability and the debate on care

Many scholars in the disability community (e.g. Oliver, 1991; Morris, 1993, 1997, 2004; Barnes, Mercer and Shakespeare, 1999; Shakespeare, 2000) have voiced important critiques of the social relations of power between the providers and receivers of care and have been advocating for a greater empowerment, choice and control over their lives in the form of direct payments to the people requiring care (rather than to carers) enabling them to buy their own assistance services.

Michael Oliver (1991) was amongst the first to identify the ways in which society and the medical profession in particular have constructed disabled persons as "dependent" by focusing on the limitations of individual impairments while ignoring or obscuring the role that restrictive environments and disabling barriers play in preventing persons with disabilities from enjoying a life with quality in the mainstream society. Casting disabled persons as "dependent people" leads to overprotective and paternalistic attitudes on the part of professionals and families (Morris, 1993). It is often assumed that caring, more than help with daily living activities, involves taking responsibility for the person requiring help. Consequently, people with disabilities experience limited autonomy and are denied the ability to control their lives.

From the perspective of the disability movement, feminist research on informal care, rather than challenging these views, has in some ways contributed to reinforce them. Jenny Morris (1993) claims that by focusing on how caring restricts women's opportunities for paid employment, this literature not only perpetuated notions of people with disabilities as "dependent," but also silenced the voices and experiences of those who were receiving care—the category of women was constructed as non-disabled, with no recognition that women make up the majority of those with disabilities, nor that many disabled women are also informal carers.

Particularly in the British context, feminist academics' concerns with equal opportunities for women, identified as "informal carers," failed to consider equal opportunities issues for those who need assistance. Therefore, these scholars ended up advocating services for disabled people such as residential care, which persons with disabilities contest on the basis that those solutions deny them fundamental human rights. As Morris (1993) explains:

> Feminist researchers have failed to confront the fact that informal carers only exist as an oppressed group because older and disabled people experience social, economic and political oppression. The consequences of old age and impairment include a high risk of poverty,

> a disabling experience of services, housing and environment, and the general undermining of human and civil rights by the prejudicial attitudes which are held about old age and impairment. These are the factors which create a dependence on unpaid assistance within the family. The sexual division of labour in society in general and the family in particular explains why it is that two-thirds of informal carers are women; it does not explain why the role exists in the first place. (49)

To the extent that the ideology of care has led to perceptions of disabled people as powerless and has rendered them dependent upon family members and professionals, it must be abandoned (Morris, 1993; 1997; 2004; Barnes, Mercer and Shakespeare, 1999). What people with disabilities need is empowerment, not care, as expressed by the Independent Living Movement (ILM). In the ILM model, independence is not about self-sufficiency or the ability to perform particular physical tasks; it is about control over the processes and decisions that affect one's own life. The bedrock of the ILM is direct payments and access to personal assistance over which the disabled person exerts choice and control. Through such schemes, it is argued, not only does the person who requires help have the power to determine how that help is delivered, but also family members are liberated from the obligation of caring, thus allowing for the development of more equal and reciprocal relationships within the family and in society at large. In short, cash payments and personal assistance are seen as offering disabled people more empowering and inclusionary possibilities (Morris, 1993; 1997; 2004; Oliver, 1996; Barnes, Mercer and Shakespeare, 1999).

Direct payments are already being implemented in a number of European countries (Denmark, France, Austria, the Netherlands, Germany, Britain) as well as in the U.S. and Canada. The results, however, have been controversial. As Clare Ungerson (1997) notes, this increased commodification and marketization of care may have critical effects on the labour market position and social security rights of the carers employed under such arrangements, who often find themselves exposed to very exploitative and unregulated working conditions. Intersections of gender, class, and race may further operate here, reinforcing existing inequalities for certain groups, as the low levels of payment involved and the "women's work" required in these jobs may make them look particularly suitable to poor, unskilled, and/or immigrant women (Ungerson, 1997). A new vision for social policies that enable people with disabilities to live independently as citizens in their communities must not ignore these arguments, which speak to broader concerns of equity and social justice.

Most importantly, while redefining disability as a form of social oppression, activists and scholars working within the ILM framework have often ignored the issues facing disabled women, especially those who are mothers and carers. Their analyses are typically gender-blind, portraying disabled people as a homogeneous group; in reality, however, these approaches mostly echo male-centric perspectives while the specific realities and concerns of disabled women have remained obscured (Traustadottir, 1990; Begum, 1992; Morris, 1993; Gerrschick, 2000; Lloyd, 2001). Research on mothers with disabilities has shown that even when a male partner is present, disabled women continue to be the main carers in the family, a role they tend to see as a key source of pride and identity (Thomas, 1997). In this context, the help disabled women get, for themselves and for their children, and the ways in which that assistance is provided, fundamentally shape their experiences both of disability and motherhood. Evidence suggests that such help is seldom available or appropriate, sometimes unwanted but forced upon or offered in ways that threaten disabled women's right to parenting (Thomas, 1997). Yet despite their relevance, disabled women's experiences of mothering and motherhood rarely get discussed in disability studies" approaches to care. Thus, I argue, creating a space for the voice of disabled mothers is critical if we want to understand the modes of social and economic oppression that compound disablism in contemporary society. In the last section, I attempt to integrate insights from both disability studies and feminist research on care in order to move beyond the limitations in each of these models and devise a more inclusive analytical and policy framework based upon the respect of human rights for all.

Moving forward: Contributions for an alternative model of care

Any effort to reconcile the demands for recognition and autonomy of both caregivers and care recipients needs to challenge the divide between *carer* and *cared-for*, and the inherent relationships of domination and subordination in it. This is also the starting point of the feminist ethic of care, which asserts that we are all vulnerable and therefore all likely to need care sometime in our life (Williams, 2001; Sevenhuijsen, Bozalek, Gows and Minnaar-Mcdonald, 2003). Feminist ethic philosophers reject the ideal of the "independent citizen" emphasizing instead that people are immersed in systems of "nested dependencies" (Kittay, 1999), and need each other in order to live good lives. In this sense, they argue, *interdependence* is a better concept to describe the relational nature of care than the usual binary of dependence/independence. Care is a central aspect of human existence, an ongoing process involving four dimensions— "caring about," "taking care of," "caregiving" and "care-receiving" (Tronto cited in Sevenhuijsen et al., 2003). These dimensions and their corresponding values are viewed as interconnected and interdependent and, in this sense, the approach of the ethic of care stresses that care processes are holistic and should be understood from the perspective of both caregivers and care-receivers (Sevenhuijsen et al., 2003). Recognizing that caring encompasses several dimensions also underlines that multiple possibilities of involvement with carework, beyond just "caregiving," exist. This is a more inclusive framework and one perhaps that better reflects the reality of mothers with disabilities, especially those with more complex physical impairments for whom the physical tasks of childcare may be more challenging or even impossible. The stated values—"attentiveness," "responsibility," "competence" and "responsiveness"—are normative criteria that should guide us through the core moral dilemmas of all care relationship as represented in the "triangle of vulnerability, dependence and power" (Sevenhuijsen, 2002). Care relationships, it is acknowledged, can be supportive and empowering but also patronizing and oppressive both for the caregiver as well as the care-receiver. Therefore, a feminist ethic of care calls for policies, which recognizing the social importance of caring, provide adequate supports and real possibilities so that caregivers and care-receivers can choose the care arrangements that best suit their preferences and needs (Sevenhuijsen, 2002; Sevenhuijsen et al., 2003).

A "new political ethics of care" (Williams, 2001), based upon a broader conceptualization of social rights that asserts both work and care as vital dimensions of citizenship is thus necessary. The term "inclusive citizenship" encapsulates this new vision, in which participation in the labour market remains a right and an obligation of every citizen, but the rights of all citizens (men and women) to give and receive care are also protected (Knijn and Kremer, 1997; Williams, 2001). In practical ways, this involves a number of strategies and policies aiming at ensuring that care givers as well as care receivers "have a real choice about how they want to integrate care in their lives" (Knijn and Kremer, 1997: 333). In particular, it involves "the right to time for care" and the "right to receive care." Diversity and plurality of forms of care should therefore be recognized and supported but the moral worth of caring relationships must always be highlighted (Williams, 2001).

As described above, one clear way of improving voice, choice and control for disabled people is to provide direct payments and personal assistance schemes, as proclaimed by the ILM. The model presupposes a conceptualization of disability as a social phenomenon, rather than as the outcome of physical or intellectual impairments. This view however, is not unproblematic. More recently, authors such as Tom Shakespeare (2000) and Jenny Morris (2001) are increasingly recognizing the importance of personal experiences of impairment to disability politics and the debate on care. While still working from the perspective of the social model, and focusing on the disabling barriers that determine the quality of disabled people's lives, their project simultaneously considers bodies' experiences of cognitive, physical or communication impairments. Morris (2001) for instance, claims that disabled people have been forced to deny the negative experiences of living with impairment to avoid feelings of pity and prevent others from deciding that their lives "are not worth living." Research on mothers with disabilities has indeed shown that often women hide their own needs for assistance, even if at great personal cost, for fear that others may judge them as inadequate to fulfill the social obligations of "good enough" motherhood (Thomas, 1997). The difference that impairment makes, however, must not be denied; it should be celebrated as a fundamental dimension of human diversity. But it also must be confronted, for disabled people cannot achieve full participation if due accommodation of their needs and specific resources are not provided. The way care is delivered affects the experience of impairment. The failure to provide assistance to disabled mothers on their own terms, for example, has been found to exacerbate feelings of vulnerability and insecurity on women who are already dealing with concerns about managing childcare tasks because of their impairment (Thomas, 1997).

In addition, disabled mothers with more complex care needs are at particular risk of abuse. Indeed, there is a special vulnerability, and thus a high potential for abuse, in care relationships in which someone depends on the assistant of someone else to perform very basic and intimate tasks of daily living such as bathing or dressing. Regardless the form that care may take, the critical issue is therefore to determine whether the care that is provided supports, promotes and protects fundamental human rights (Morris, 2001). A wide range of possibilities should thus be available: some disabled mothers may want to receive cash payments to purchase and control their own care services, but others might prefer to receive care and assistance from a relative or close friend; and while for some the task of recruiting, hiring and managing personal assistants is perhaps incompatible with the complex realities of their lives, accessible, high-quality formal services are necessary to ensure that their needs and those of their children are adequately considered and provided for.

How can we then reconcile the needs and aspirations of carers and care-receivers, and do it in ways that recognize and value care while protecting the rights and dignity of those involved in care relationships? With Morris (2001) I argue that an ethic of care founded upon sound human rights principles is likely to offer the normative standards and the political arguments on which to devise a more comprehensive and socially just care framework. Certainly I'm suggesting a conception of human rights that goes beyond civil and political rights and assigns at least equal importance to social and economic rights. Asserting the universality of human rights such a framework fundamentally reminds us that disabled and non-disabled women, we all are members of the human family and in this sense, "to deny the human rights of our fellow human beings is to undermine our own humanity" (Morris, 2001: 15). It also ensures that, regardless the level of communication and cognitive impairment, all voices *can* and *should* count in defining the needs and the form of assistance that is to be provided. Finally, an ethic of care framed by human rights principles guarantees that care is offered in ways that do not discriminate, segregate or exclude, but rather promote and support full inclusion and participation in all spheres of life.

Looking at care from the lens of human rights has yet another critical advantage—while emphasizing "all rights for all" this perspective brings attention to the additional measures that some people require to enjoy basic human rights (Morris, 2001). Indeed, to achieve substantial equality we need to take difference into account "in order to both identify the nature of inequality and pursue solutions tailored to the goals of full inclusion and participation"

(Devlin and Pothier, 2006: 12). In the case of disabled mothers, this invites us to expand the very notion of care to also include accessible environments, the provision of technical devices and non-conventional forms of assistance that enable women, even those with more complex physical or cognitive impairments, to access their rights to sexual and reproductive health, to parenting, to gain a living through work, to participate in politics, culture, recreation and sports. The recognition of these rights has become even more important today in light of the recently approved United Nations International Convention on the Rights of Persons with Disabilities.

A human rights framework when applied to the social relations of care, further offers the potential to better protect the rights of those who provide care, either formally or informally. By stressing the interconnectedness and interrelation of all human rights the framework prompts us to carefully consider the design of different forms of care, so that they do not end up reinforcing existing inequalities along gender, class and racial lines. Indeed, the comprehensive approach proposed by the human rights agenda requests us to look simultaneously at both sides of the care equation, the caregivers and the care-recipients, and in the solutions advanced even transcend the discursive dichotomies that in the past have often provided for the oppression and discrimination of one group by the other.

Essential to the rights framework is a reformed system of economic redistribution. Claims to disability rights depend upon a dynamic interplay of all rights (Ellis, 2005). An adequate standard of living is perhaps the most basic condition to a life with dignity. Whether discussing a minimum income, payments for formal or informal carers or cash for users, what is also important is that the amounts granted offer real possibilities to escape poverty and to achieve the economic security without which the enjoyment of all other human rights remain illusory.

Disability and the vulnerability that arises from it are not fixed, essentialist categories, rather result from the complex interaction of personal and environmental factors. But the priority given, or their neglect, to varying vulnerabilities reflects our social values. Changes in which issues of citizenship, equality and social justice are engaged will never be easy to achieve (Barton, 1993). Re-constituting care on the basis of human rights will certainly not solve all the problems and injustices that enclose the lives of disabled mothers, but the approach offers the advantage of setting up normative standards binding states and governments to legal obligations in the domestic and international scenes. Articulating a politics of difference in the universal language of human dignity and rights; such an approach, I argue, remains our best stake to start pressing for change right now.

I am grateful to my colleagues of the 2007-2008 Seminar at the Institute for Research on Women, Rutgers University, for providing helpful comments on an earlier version of this paper.

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Jean Preston

Hill Street

Saturday, spring 1964: the twelve year-old
girl sings out loud to the birds, asks what she
can do for her country, avoids cleaning her room.
Climbing the tree-hidden, gravel-paved road,
she comes to a house she hadn't known was
there until today. (Cerebral Palsy, Sister Agnes
said when she asked for volunteers. Treatment
means exercise four times a day. Think
the Second Great Commandment. Think
the Golden Rule. Think about President
Kennedy's inspiring words.) Now, at the top
of the hill, the house with white and peeling paint
stands small; on the stoop, a cracked clay pot,
black-eyed susans blooming. Two knocks
and the mother appears – square face, plain,
not made-up, frowning at the sun. She pushes
stray brown curls behind her ears, lets the girl
into the too-warm house. *My son can't take cold*,
the mother says. *Here he is*. Halting at the threshold,
the girl sees a worn-out couch, one wooden chair,
closed yellowed blinds. Next to the chair, a pole
lamp, its light centered on a boy on a blanket
on the floor. He is small for five – arms and legs
tense, held straight. His face is thin, scrubbed clean,
his green eyes open, wide and watching. Kneeling
close to the boy's left side, the mother motions
the girl to his right, shows her what to do. It takes
the better part of an hour to move the child's neck,
shoulders, elbows, knees, hips, hands, fingers, toes
in rhythmic repetition, a sheen of sweat forming
on their upper lips, shining on the boy's white brow,
scenting the heavy air. The mother hums in time,

talks to the boy like any mother talks to her child –
This will soon be over. You are such a brave boy.
I made you some oatmeal cookies. When they finish,
the girl tells the mother, *I'd like to come back next week.*
Not quite frowning, the mother nods. Black-eyed susans
bloom on the stoop. Walking down to the bottom
of the hill, the girl lets the birds do the singing.

Kathy Levine

Resilience as Authoritative Knowledge

The Experiences of Single Mothers of Children with Disabilities

There is a substantial body of literature that explores family adaptation within the context of childhood disability. However, closer analysis indicates that the primary focus of this research has concentrated on two-parent family systems. Despite evidence to suggest that single mothers are more likely to be parenting children with disabilities, their experiences have received minimal attention within social science research. Furthermore, when single mothers do become the focus of study, much of the attention is directed toward identifying the deficits within their family systems. Grounded in family resilience theory, the intent of this study was to explore the family adaptation of single mothers of children with disabilities within a longitudinal framework, and to identify the individual, family, social, and environmental factors that contribute toward resilience within this population. Concepts of family resilience were revealed by mothers who challenged definitions of single mothers as inadequate, who disputed the definition of their children as "disabled," and who moved from a position of received to authoritative knowledge. The study demonstrates in contrast to public perceptions, single mothers of children with disabilities view their experiences as personally transformative and as means of building confidence that empowers them to further disrupt negative expectations of their families.

> The label "authoritative" is intended to draw attention to the status of a body of knowledge within a particular social group and to the work it does in maintaining the group's definition of morality and rationality. The power of authoritative knowledge is not that it is correct but that it counts. —Brigitte Jordan, 1997

Although contemporary discourse asserts progression in terms of expanding the construct of family, there are residual beliefs regarding appropriate family structures and the quality of caregiving within families. The socially-constructed ideal of the "good" family does not typically evoke images of families headed by single or lone mothers, and consequently, caregiving within these families remains vulnerable to greater public scrutiny. The discourse around mothering continues to reflect the pervasive influence of psychoanalytic orientations on how society constructs the institution of motherhood (Read, 2000: 9). Essentially, mothers are synonymous with family, and there is an intrinsic linkage between the personality and psychological functioning of mothers and the health and well-being of children. Although in the past two decades there has been a significant increase in the number of families that are headed by single mothers, the term remains a demographic risk factor that excludes exploration of the social, emotional and cultural strengths that single mothers manifest on a daily basis.

The epistemological frameworks for understanding issues related to single mothers have both formed and been formed by upholding the traditional, heterosexual two-parent family as the norm. These parameters are routinely re-constituted in childhood disability research. Families who differ from the normative construction are typically omitted from the discourse of childhood disability, and consequently, the experiences of families that do not conform to this idealized norm are either rendered invisible, or in comparative analyses, labeled as problematic. Social processes and contexts have worked to negate the construction of knowledge that challenges dominant ideas about single mothers, with the result that mothers' subjective *knowledge* of caregiving for children with disabilities is neither acknowledged nor incorporated into service provision. This has critical implications for social policy formation as Philip Cohen and Miruna Petrescu-Prahova (2006: 630) suggest that gendered living arrangements among children with disabilities are a neglected aspect of inequality in caring labour. Thus, in the absence of specific knowledge regarding single mothers of children with disabilities, service models based on the two-parent family structure are extrapolated onto lone mothers. This "one size fits all" approach suppresses knowledge-building regarding the needs of single mother families, and constrains the capacity of social service administrators to create meaningful social policies that address the needs of diverse family structures and consequently, practitioners' abilities to provide appropriate service to these families.

This article describes the phenomenological experiences of 15 women to explicate an epistemic framework through which social service professionals can develop alternative understandings of single mothers of children with disabilities. It argues that mothers' caregiving abilities are frequently challenged by dividing practices wherein professionals' knowledge about women's lives is privileged over lone mothers' personal, subjective, and experiential knowledge. Through the examination of the experiences, social contexts and subjective meanings of parenting children with disabilities, women's capacities to retain their perspectives as authoritative emerged as the critical indicator of resilience.

The socially constructed assumption that single mothers are inadequate conceals the complexity of issues related to parenting children with disabilities, and these decontextualized analyses fail to incorporate the socio-environmental factors that contribute to perceptions of risk in the first instance. It is this circumstance that provides the rationale for developing a new proactive framework for working with women within these families.

Single mothers of children with disabilities

There is evidence to suggest that the number of single parents of children with disabilities is increasing, and current data indicates an increase in the prevalence of childhood disability in groups specifically defined by poverty and female-headed, single-parent family status (Fujiura and Yamaki, 2000: 191; Lloyd and Rosman, 2005: 186). Although all mothering entails a variety of caregiving and advocacy tasks, mothering a child with special needs has been described as "mothering plus extras" (May, 1997: 18). The extras include needing to inform themselves about their children's diagnoses, educating others about the individualized needs of their children, and adapting both the social and physical environment to facilitate the development of their children. Single mothers assume these additional challenges in the absence of a second parent.

Studies exploring caregiving in families of children with disabilities historically concentrated on issues of unresolved grief, caregiver burden, chronic sorrow, and general family dysfunction (Seligman and Darling, 1997: 1-35). This context of negativity is particularly true for single mothers of children with disabilities. In comparison to partnered mothers, single mothers of children with disabilities have been noted to be more vulnerable to depression, express greater concern and worry about the future, be at a higher risk of child neglect or abuse, experience increased stress related to lack of time and meeting family commitments, and access support services more than their married counterparts (Cigno and Burke, 1997: 181; Floyd and Gallagher, 1997: 369; Grant and Whittell, 2000: 270; Olsson and Hwang, 2001: 536; Salisbury, 1987: 157; Schormans and Brown, 2004: 1-3). At a macro level, the inevitable conclusion is that single mothers of children with disabilities are inherently more problematic than families with children with disabilities in which there are two parents. The question arises however as to whether these beliefs are reflected in single mothers' perceptions of themselves as caregivers. Feminist standpoint theory challenges the premises of universality and objectivity, and offers a framework for analysis that emphasizes situated knowledge grounded in women's experiences (Hartsock, 1999: 227; Smith, 1987: 19). Standpoint theory suggests that documenting the decisions, goals and expertise of lone mothers of children with disabilities will not only shape service providers' relationships with women, but that this knowledge is essential in order to challenge the dominant and repressive social practices to which women have been subjected.

Authoritative knowledge

Authoritative knowledge may be described as knowledge that originates within mainstream scientific inquiry and is therefore held as legitimate, valued and universal. In essence, it delineates Foucault's parameters that limited what can be said or thought, as well as who can speak, when, where, and with what authority (Philip, 1985: 69). Thus, meaning and knowledge arise not from language or subjective experience, but from institutional practices, from power relations, and from structural factors.

The socially sanctioned processes of transmitting authoritative knowledge are privileges accorded to those in positions of power and authority over women, including medical, psychological and social service professionals. These profound power differentials result in women being placed in positions of "received knowledge" wherein individuals are more likely to accept others' knowledge as being more trustworthy, valid and authoritative in relation to their own knowledge or experiences (Belenky, Clinchy, Goldberger, and Tarule, 1986: 35-51). This is perhaps most evident in women's relationships with the medical profession (Pringle, 1998: 45). Given its etiology in medicine, it is not surprising that the disability service system replicates the dominant medical model. The historical legacy of disability as shame is a powerful influence that shapes relationships among mothers with their families and friends as well as the various professionals. As an artifact of the charitable model, the parent-professional relational dynamic has historically limited mothers' roles to being passive, unquestioning and grateful recipients of service. These interpersonal relationships were translated into attitudes toward mothers in which they were often characterized as "change resistant," considered a part of the problem rather than the solution, and were viewed as targets for service from professionals who knew best, rather than parents with power and expertise.

The binary nature of gender highlights power and control as important factors in knowledge creation and transmission, yet does not fully explain existing discrepancies. Women have made enormous inroads in terms of contributing to the academic discourse in all disciplines, yet this knowledge remains subject to other categorical divisions, of which class is only one, that have a profound influence on what constitutes valid knowledge. Women who are educationally advantaged may have the power to speak authoritatively about other women, yet experiential, subjective knowledge created by poor, single mothers remains invalid. Thus, despite the proliferation of studies on women and the increasing visibility being accorded to issues related to women, there remains divisiveness between accepting knowledge produced by privileged women and knowledge created by poor women. By virtue of their gender and social location, single mothers' authority is not recognized and we have yet to move to the position that invites marginalized women into the discourse. What has come to be accepted as authoritative knowledge about caregiving, disability, and family functioning is inextricably linked to the hegemonic views of family, ability, and social class. This means that experiences of single mothers and the standpoints from which they speak are not incorporated into knowledge. However, in this research context it was important to ensure that "other" women's voices were heard, and although some may interpret the findings from this study as counter-intuitive, it is critical that this knowledge become part of the discourse. When authoritative knowledge intersects with women's experiences, the result is a more critical perspective of the status quo that allows us to think about knowledge in different ways.

Study methods and context

This study was located within a research project entitled "Family Strengths in Childhood Disability" (Trute, Hiebert-Murphy, and Wright, 1999). This was a three year project that explored families' experiences with Children's Special Services, the Manitoba government agency whose mandate is to coordinate the provision of therapeutic and support services for families of children with disabilities. The study had two phases: Time 1 occurred approximately 6 months after families' entrance into the service system and Time 2 occurred approximately 12 months later (18 months after intake). At each phase, parents completed a series of standardized measures that assessed parenting stress, family needs, family support, the impact of the child's disability on the family, and the family's relationship with service providers. In addition to the standardized measures, approximately one-third of the families were interviewed about their experiences entering the service system and their relationships with service providers. This study focused on the sample of fifteen single mothers that were part of the initial study, who were interviewed approximately four years after their first contact with the service system. Mothers completed a third set of standardized measures and individual interviews based on a semi-structured questionnaire were used as a means of exploring women's experiences as single-parents of children with disabilities.

Participants and their children

Twelve of the 15 women resided in an urban centre and three resided in a rural area. Seven women were employed on a full-time basis, one woman was attending a post-secondary institution and worked part-time, five women received income assistance as their primary source of income, one woman worked part-time, and one woman was employed part-time and received income assistance as a supplement.. Their ages ranged from 30 to 47 years. Ten women described themselves as never-married, four women described themselves as divorced, and one woman described herself as widowed. None of the participants had remarried, however four women described themselves as having relationships with non-resident partners.

Twelve of the children with disabilities were male and three were female. Their ages ranged from 6 to 20 years. Seven children were diagnosed on the Pervasive Developmental Disorder spectrum. Three boys and one girl were diagnosed with Autism, and two boys and one girl were diagnosed with Asperger's Disorder. Six boys and one girl were diagnosed as developmentally delayed, not otherwise specified. The oldest child in the study was a young man diagnosed with congenital toxoplasmosis that presented itself as cognitive and developmental delays. It is important to note that none of the children in these families had multiple or severe disabilities or were considered medically fragile. All of the children were physically mobile, none had significant hearing or vision loss, and all were capable of some form of verbal communication. The children's disabilities were manifest primarily as behavioural difficulties, cognitive impairments, poor social skills and speech and language delays.

Analysis

This study incorporated the "purposeful" approach described by Hennie Boeije (2002: 391) wherein the analysis process begins with comparison within a single interview, and then shifts to comparisons between interviews within the same group. Therefore, each interview was analyzed prior to conducting the next in order to identify important areas for exploration that the researcher had not initially identified in the interview guide. As new information emerged from later interviews, four mothers who were interviewed at the start of the study were contacted for follow-up interviews.

Data analysis was completed using the constant comparative method of analysis (Glaser, 1965 437). This method was originally suggested as an approach that is inclusive of the need for explicit coding procedures and as a foundation for theory development. The principle of constant comparison is used for all analytic tasks: forming categories, establishing the boundaries of the categories, assignment of the interview segments to categories, summarizing the content of each category and finding negative evidence (Yin, 1989: 32).

Findings

In this study, mothers' resilience became manifest through their mindful rejection of the dominant positions on single parents, childhood disability, and caregiving decisions, and by acceptance of their situated, subjective knowledge as authoritative. The data analysis revealed the sequential strategies wherein mothers began from positions that internalized/mirrored the dominant discourse to those that represented a conscious paradigm shift from accepting professional *knowledge* as propriety to positions that legitimized their own experiences.

First, mothers consciously rejected the "stigma of the single mother" and transformed it into the position of "mother-presence." Women described how they had either initially accepted the dominant discourse that values two-parent families, or had been a recipient of the negative portrayals of single parents. As one participant stated:

> *I was raised by two parents; they were together for 41 years when my dad died.... they were together forever. And so when I had (child) I was willing*

> *to deal with anything so that my child would be raised with both parents. And I would put up with crap because I was raised with two parents.*

For another participant, the "stigma of the single parent" began with her pregnancy:

> *I find that really hard, just knowing that society really views me differently, seeing me as a high risk for abuse or whatever and I don't feel that that label is fair or right. When I was pregnant and I told people that I was pregnant and the situation the way it was, I was actually happy and excited to be pregnant even though I was puking my guts out. And people said, people said, "Oh no! How awful." And I thought to myself, you know, my sister-in-law who's married to my brother, when she announces that she's pregnant, everybody's like so happy and so overjoyed, and for once I would just like someone to be happy for me.*

The stigma of the single mother is predicated on a state of father-absence that has been re-constituted into the "pathology of matriarchy" (Biblarz, 1999: 321). As women, the participants in this study were never free from the historical and socially reinforced judgments that assert children are significantly worse off in single mother families. However, these positions do not recognize the strengths of single mothers, disregard fathers who have "no contact" orders due to histories of violence or incarceration, and ignore fathers who choose to sever contact with their children. Furthermore, the participants were clearly aware that single caregiving is not inevitably different from two-parent situations and recognized that that marital quality is more important than marital status. As another participant noted, "Depending on your relationship, it can be no different. Lots of men don't help around. And in fact they add to the workload."

Of the 15 women who participated in this study, only three fathers maintained some form of contact with their children. Being unconditionally physically and emotionally available to their children became the essential component of their role as single-parents, as they rejected the discourse of "fatherlessness" (Daniels and Gutterman, 1998: 28) and transformed this into a position of "mother-presence." As Marilyn described:

> *I'm the one who gives him breakfast, getting him up in the morning, and getting him out the door, and I'm going to be there when he comes home from school. That's a big thing. You never miss, you never miss anything. You're always there.*

For these women, the recognition that their subjective experiences as single caregivers was superior to many other families reflected two levels of awareness: their stigmatized location as single mothers within the social structure, and the location's relationship to their own experiences. Although participants were aware that lone mothers are not considered ideal family types, they chose not to accept the essentialist notions of single mother families as inherently flawed by creating positive meanings of caregiving and by acknowledging that the physical presence of partner does not automatically provide emotional support or result in a shared workload, and in fact can exacerbate the burdens on mothers who are parenting children with special needs.

Mothers' situated knowledge was further denied in their interactions with the social service system. At the time of referral to the disability support system, mothers had instinctively known that their child was different. However, others adamantly disputed their concerns and subjective experiences regarding their children. Several participants described how fathers consistently denied that there was a problem, even when it became apparent that their children's development was clearly atypical.

> *I saw a program when (child) would have been about five or six and it was about people, or young men, who had no social capabilities. I don't think I knew about Asperger's, the name, but I watched this program. I kept saying, you know that's like (child). (Father) kept telling me, don't be so bloody stupid. I don't know whether he saw images of himself and didn't want to accept it or whether he just thought I was grasping at straws to find out what was wrong with (child).*

Resilient mothers trusted their inner instincts that further intervention was warranted, and sought out professional consultation, even when blamed for their children's conditions. As Donna described, several professionals had labeled her as "interfering" in her attempts to access appropriate intervention services.

> *"Don't make so much fuss and let go the apron strings and you've got to let him go." I even had a psychiatrist tell me I was too domineering and I had to let him live his own life. I was "an interfering mother" and I had to learn to let go of the apron strings.*

After diagnosis, mothers' knowledge regarding their children continued to be challenged by others. Decisions made by single mothers that do not conform to what is expected of them are vulnerable to critiques, and tension was created when participants challenged professional, i.e., authoritative knowledge, regarding their caregiving practices. This was most apparent in mothers' interactions with educational systems. Participants expressed how school staff minimized mothers' knowledge about the educational needs of their children and adopted the position of "expert." One mother, whose son had been diagnosed with Asperger's Disorder (difficulties in navigating social relationships being a primary diagnostic criterion), described how her son failed physical education because he was not able to answer the questions on a test that focused on initiating friendships.

> *He failed PE because the teacher was not tuned into him. He received only 1 out of 30 on the tests. I said, but what were the tests on? "Well, how to make friendships and develop relationships." And I just threw my hands up in the air and said, "He doesn't get that. He makes friends a different way than you make friends." "Oh" she said, "but he's got to know this."*

Mothers' decisions regarding their social and economic welfare were further subject to criticism. Sarah chose to return to post-secondary education as part of her long-term plan to secure better employment and lessen her financial stress, but was met with considerable resistance by her case-worker.

> *When I first started the course I was taking, I was really having a hard time financially because you fall behind in things and I wasn't able to work as much as I had hoped. I wasn't impressed with the way this one lady dealt with me. She was like, "We never sent you to school. You should quit if you're this early into the program and you're having financial problems. It's not like you're a couple of months from finishing and you know there's other people out there that have children with disabilities or whatever who are working."*

Her experience illustrates how others constructed the "problem" as her decision to attend post-secondary school, which speaks to the power of professionals to objectify single mothers. Even when they are acting in opposition to the dominant images, single mothers are penalized for their efforts. In contrast, Lori's experience highlighted the discrepancies within the system wherein her case worker took the position that any job would be of greater benefit to her family than the care she provided at home. She described how her choice to remain at home with her children was severely criticized by her income support worker, with the implication being that she "lacked motivation."

> *And I do want to go back to work. That's the thing. I do want to go back to work, but it's, I feel it's not feasible 'cause by the time I pay my babysitter, pay my gas, pay my registration, I'm no further ahead. I'm more in the hole. Especially a babysitter. You have to have one here that's on call all the time when you're at work. Then there's your gas, and your registration. There's medication. Medication alone for the three kids plus myself, I'm looking at $300 a month. And then that's not including eyeglasses for (child), and then with dental costs, you know, it's not feasible.*

Social workers and other professionals continue to perceive lone mother families to be victims of their own choices, and thus, their interactions with single mothers are more punitive, rather than supportive (Rhodes and Johnson, 2000: 443; Schmitz, 1995: 427). One mother was criticized for acting in opposition to stereotypical images, and another for conforming to them. These findings support Jacquelin Scarbrough's contention (2001: 266) that frequently, the most responsible decision for a single mother is welfare, rather than a paying job and unstable employment. However, making the "right" choice continues to distinguish the "civilized" (i.e., the good mother who accepts the expert advice) from the marginalized (Dean, 1995: 561).

A third area that demonstrated mothers' shift from received to authoritative knowledge was represented by the transformation of the dominant position of "child as disabled" to "disability as normal." Although there is a general trend to move toward a social model of disability where structural barriers and not individual characteristics are considered disabling, there remain beliefs about disability that are simplistic, one-dimensional, or contemptuous. For mothers whose children have behavioural issues, negotiating public spaces can be extremely difficult due to environmental and structural constraints. In response to these challenges, mothers undertook specific adaptations to emulate a normal appearance of family life through inclusion in activities in public spaces. They acknowledged that although spending time together may be accompanied by public disapproval, it was important for them to tackle these challenges and not internalize others' perceptions. As Sherry stated,

> *You can't even worry about that. Like who cares what other people think. I mean I don't care. We just have to get through this. It just doesn't bother me what people think.*

In opposition to images of disability that predict enduring emotional responses of denial, anger, and depression, participants described how they had created their own meanings of disability, through redefining, accommodating, encouraging, negotiating and interpreting their children's behaviours in ways that extended well beyond parameters of normalcy. Carolyn summarized the "disability as normal" position when she stated, "Disability is not the term I use when thinking about my child."

Discussion

For lone mothers of children with disabilities, it was clear that resilience was best defined as the process in which "knowing" through listening to others was replaced by the process of constructing "knowing" in the context of listening to self. When mothers encountered situations in which others enacted positions of authority, professing to know what was socially, economically and politically correct, they responded by defining for themselves and their children what constituted family, ability and caregiving. We continue to reside in a society "that supports and rewards the maternity of some women, while despising or outlawing the mother-work of others" (Ginsberg and Rapp, 1995:

16). Even when confronted with a multitude of negative and forceful messages that reinforce stereotypes of single mothers as poor, welfare-dependent, and educationally disadvantaged, resilient mothers do not internalize the social problem perspective of their family structure, nor did they accept the constraints of their children's prognoses.

Valuing mothers' knowledge regarding their families challenges a legacy of professional helping beliefs that have served to dis-empower single mothers and their children. In many ways, the public service system that is tasked with the mandate to assist families often magnifies mothers' feelings of powerlessness and shame. As professionals, we need to examine social processes and interactions that enable single mothers' experiential knowledge to share in the body of knowledge that counts as authoritative. Four years earlier, others' voices dominated. Family members', friends', and professionals voices were typically negative, and highly critical of mothers' choices, abilities and caregiving. However, four years later, mothers revealed how they managed the dual burden of lone parenthood and childhood disability as practices of thoughtful, responsive and strategic decision-making within their individual contexts. Cheryl Gibson (1999: 310) described the process of empowerment for mothers of critically ill children as one in which mothers become aware of their personal strengths, abilities and resources. This may suggest that although it is important for service providers to acknowledge mothers' strengths, their abilities to do so for themselves is a much stronger influence on their well-being. Single mothers of children with disabilities are entitled to define themselves, their families and their children as normal, to make decisions around caregiving practices that reflect individual family needs, and to be respected for their strengths and initiative demonstrated on a daily basis. If we are to shift toward the position that acknowledges single mothers of children with disabilities as both creators and enactors of knowledge, as experts in terms of what it means to be a member of this community, and to refuse to define their lives according to others' standards, then we must accept that they also have the power to change and to redefine, in our context, what it means to be resilient.

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Alice Home

All in a Day's Carework

A Typical Day Mothering Children with Invisible Disabilities

Mothers of children with disabilities get little recognition, though they carry the burden of heavy, persistent demands, high costs and social exclusion. Little is known about their invisible caring experience and mothers are silent about how atypical their typical day can be. Few studies examine this experience when children have invisible disabilities, which are not readily apparent but bring behaviour and social impairments. This paper analyses narratives of 40 employed mothers whose children have Attention Deficit Hyperactivity Disorder (ADHD) and other invisible disabilities that accompany it. Participants were recruited through self-help associations and community publicity, as part of a qualitative study using semi-structured interviews. This paper analyses responses to an open question asking mothers about a typical day combining caregiving with employment. Inductive analysis revealed that mornings are the most stressful times, as organizational and behavioural problems impede cooperation and make everyone late. Paid work is a calm interlude in comparison, except when carework breaks through urgently because of behaviour problems at school. Mothers are expected to mobilize their maternal roles instantly, fathers helping out only if the latter are unavailable. Homework is a nightmare that goes on forever as schools fail to understand this disability. When more than one child has ADHD or there are severe behaviour problems, daily life centres on management of conflict, which is especially difficult if fathers are absent. Mothers adapt, not always seeing their sacrifices or how atypical their days have become. They need more understanding and support for their very difficult caring role.

Women's carework has been an important theme in mothering, ever since scholars exposed its unpaid, undervalued, invisible and gendered nature (Smith 1986). Women's primary caring role persists not only in increasing numbers of mother-headed families, but also in households where both parents are employed. This carework has grown with increased policy emphasis on "family" care (Neysmith, 2002*;* Cancian and Oliker, 2000), while becoming more complex, as it now includes identifying family needs, seeking or advocating for services, planning, scheduling and following up (Strazdins, 2000; Devault, 1999). Recent scholarship looks at how ethnic and class location affects the impact of carework on women's options, health and economic security (Neysmith, 2002).

Less attention has been paid to caring for children with disabilities, despite recognition that it brings heavy, persistent demands, increased costs and disabling barriers (Seligman and Darling, 1997). Disability research seldom sought parents' perspective yet emphasized their impact on children (Viola, 1997), rarely distinguished fathers' from mothers' experience or examined the latter in relation to their other roles (Home, 2002). A few relevant studies found traditional divisions of carework, fathers withdrawing to the office while mothers had difficulty maintaining employment, given inflexible workplaces, insufficient services and the expectation they mobilize their maternal role at any time (Traustadottir, 1991). Authors agree these mothers receive little recognition for their invisible work providing exceptional mothering in a normal world (Greenspan, 1998; Read, 2000; Landsman, 2000).

The present research was inspired by Miriam Greenspan's (1998) observation that these women tend to be silent about "how atypical a typical day in their life can be" (43). Sensing they must bear it stoically to be good mothers (Greenspan, 1998), they "put on a brave face (and) don't tell people how it is" (Dowling and Dolan, 2001: 30). This paper analyzes narratives of a typical day of 40 employed mothers in Eastern Ontario, whose children have Attention Deficit Hyperactivity Disorder (ADHD) and other invisible disabilities. As one research goal was to give these mothers voice while making their experience visible, responses to a special question in the interview were analyzed separately for this paper. The presentation and discussion of those findings follow an outline of the study's background and methodology.

Much family disability research examines caring for children with visible (physical and intellectual) or varied disabilities. Findings confirm mothers routinely carry a heavier caregiving load than fathers (Read, 2000; Shearn and Todd, 2000; Roeher Institute, 2000) and their employment is more affected (Rolf, 2003). Research centers on characteristics of caregiving and factors influencing it. Findings indicate severe impairments take a toll, difficult behaviour (defiance, aggression) increases distress (Floyd and Gallagher, 1997; McDonald, Poertner and Pierpont, 1999) and financial strain raises mothers' stress (Canning, Harris and Kelleher, 1996), especially with more affected children (Meyers, Lukemeyers and Smeeding, 1998). Seeing demands as intense adds to distress when objective situations are taken into account (Canning et al 1996) while informal support can reduce caregiving impact (Krahn, 1993), yet is rarely provided except in emergencies (Roeher Institute, 2000).

Recent research examines how visible and invisible disabilities may impact differently on women's caring. Invisible disabilities, which are not readily apparent, involve impairments which bring behaviour problems affecting children's social and academic functioning (Dore and Romans, 2001). Disabilities such as ADHD and Autism Spectrum Disorders (ASD) are invisible one moment but obvious the next, as their manifestations vary according to demand, setting and situation (Segal, 2001). This unpredictability can increase marginalization, as people misinterpret behaviour problems as willful, failing to understand why normal-appearing children cannot meet societal expectations (Marshak, Seligman and Prezant, 1999). While the era of "refrigerator mothers" is gone, some professionals still hold mothers responsible for behaviour problems related to these disorders now known to be neurobiological in origin (Johnson et al., 2000), which only increases their burden (Hammerman, 2000).

ADHD is a "disruptive" disorder that brings developmentally inappropriate degrees of hyperactive-impulsive behaviour and/or inattention, producing cross-situational impairments in social functioning and learning (Barkley, Edwards, Haneil, Fletcher and Metevia, 2001; Segal, 2001). It affects six to eight percent of the general population across all IQ and income groups and two-thirds of those with the disorder have additional invisible disabilities (Barkley et al., 2001). Accompanying behaviour problems increase family conflict while alienating or wearing out extended family, neighbours, and peers (Avery, 2000), leading to social exclusion (Harvey, 1998). Even when ADHD severity is taken into account, oppositional and aggressive behaviour have an immense impact on parents (Podolski and Nigg, 2001), especially if frequent or severe (Harrison and Sofronoff, 2002). However, continued representation of ADHD as not a "real" disability reduces available support (Hammerman, 2000), obliging mothers to educate a doubting community while managing a difficult child and struggling to get services (Sloman and Konstantareas, 1990). Using available formal supports can be stressful (Podolski and Niggs, 2001) however, when community programs require withdrawal of "difficult" children.

Method and participants

A qualitative approach was chosen to learn about these mothers' experience, along with a purposive, contrast strategy (Patton, 1990) to reach a diverse sample of French- and English-speaking mothers in the Ottawa region. Eligible mothers combined employment (at least ten hours weekly) and caring for one or more children, aged 6-17, diagnosed with ADHD (alone or with other disabilities) who were living with the mother (at least half time if custody was shared). After ethics approval was obtained from University of Ottawa, recruitment was carried out mainly through self-help associations, given the additional, lengthy ethics procedures required by schools and hospitals. As other invisible disabilities usually accompany ADHD (Barkley et al., 2001), ads were placed in newsletters or websites of special needs adoptive parent groups, organizations for parents of children with learning disabilities, FASD and ASD, as well as ADHD associations. Bilingual pamphlets were distributed to clinics, community and social agencies, public libraries and offices of some professionals. Publicity described research goals, eligibility, procedures and ethical issues, inviting interested mothers to call for information or to arrange an interview. These were carried out in 2002 by two researchers, both mothers of children with ADHD.

A semi-structured format allowed flexibility and depth, while ensuring all participants address main themes (Patton, 1990), as some mothers could have difficulty staying on track if they had attention issues caused by this largely inherited disorder. The interview guide, pre-tested in both languages, covered themes of job and family situations, mothering and multiple role experiences. Interviews were taped, transcribed verbatim and analysed by theme. The question asking mothers to describe a typical weekday caring for these children was adapted from institutional ethnography. That method asks a few women an open-ended question ("take us through a school day") to learn how everyday, specifically located experiences are organized and embedded in larger social relations (Smith, 1987: 185). Seeking a short narrative from forty mothers sought to highlight common patterns and variations, while anchoring carework in conditions of daily living constrained by time, energy and resources (Smith, 1986). Inductive analysis involved reading each response to get a sense of the whole, identifying meaning units in a subset of 15 (Patton, 1990) and verifying the resulting coding scheme in ten other excerpts. Each narrative was then reread, segments coded by category (Creswell, 1994) and recurrent words or phrases identified (Patton, 1990) along with patterns and variations.

Participants' diverse family situations included nearly 40 percent in blended or one-parent families and several adoptive mothers. Children aged six to twelve and adolescents were both well represented. Thirty percent of participants were Franco-Ontarian while two came from First Nations. In most respects, sample characteristics were similar to those reported by other studies of this population. Over a third had several children with ADHD, half of whom had additional learning or psychiatric disabilities, including oppositional, mood, anxiety and autism spectrum disorders. Most participants were employed in public service, health and education sectors, 70 percent of whom had full-time paid positions. Over 60 percent were professionals or managers, one quarter had administrative support or paraprofessional jobs and 13 percent were self-employed. A few added second part-time jobs, heavy volunteer commitments or were post-secondary students. While every effort was made to reach a diverse population, some mothers may have lacked time to participate and the recruitment method meant not all would have heard of the study. Other limits include the sample size, its geographic/cultural specificity and data analysis done by a single researcher. As a result, the findings are considered to portray accurately the experience of these 40 women, but should not be generalized to all Canadian mothers in this situation.

Findings

This section begins with these mothers' typical day, highlighting how they depict carework in three key time periods, followed by variations. This daily carework is then discussed, in relation to that of employed mothers whose children are developing typically or have other kinds of disabilities.

A typical day: "The beginnings are hell"

Almost all mothers found mornings were the most difficult part of the day, as children's organizational impairments interfered with the demands of getting everyone up, ready and out on time. Mornings are not just the "chaotic mad dash" (E8) familiar to most employed mothers, as "everything he does seems to take 3 or 4 times longer than it would a normal person" and "if he's late for school everything sort of snowballs out of control" (E4). As they must allow extra time to repeat directions, constantly monitor and remind the distracted child, mothers get up first, often very early, as "I have to be totally ready first while the kids are still asleep" (E18) "because when he wakes up, it's go, go, go … if I would let this kid on his own, it would take him 2 hours to get out the door" (E24). The following is one of many descriptions showing just how much supervision is required on a "normal" morning, on top of regular tasks:

> *I lay out his clothes then put him in the bathroom to dress. He is sitting on the toilet playing until I come back and say "Put on your sock, put on your other sock." I go wake up the other kid, I run to the kitchen and prepare the lunches … I come back to check on him and I have to tell him "put on your shirt." Step by step, I have to tell him exactly what to do.* (F9, translated)

It does improve slightly as children get older: "It is only recently that I have not had to sit in his room while he gets dressed to ensure he gets all his clothes on" (E8). Mothers still "have to nag my way through … there is a certain amount of yelling that gets done in the morning just trying to keep him on task" (E21). Participants described a morning treasure hunt: "You say 'where is your sweater? You had it on a little while ago—where is it?' 'I don't know.' 'Well, hurry up. Where's your lunchbox?' It just doesn't stop until I get them out the door" (F11, translated). This goes on for years longer than expected:

> *Even if he is 12 years old, he doesn't seem to know the morning routine yet…. Nothing seems to work … he is not dressed, he will go downstairs instead and watch television. You know, like, everything is backwards. It's total chaos. Even his younger brother comes to help. He goes and says to B "Hurry up. We gotta get ready. Get going!"* (F5, translated)

Mothers of adolescents worry how to provide needed support while promoting independence. One woman had to wake her daughter who had been in high school for three years, yet:

> *still has not figured out her alarm clock. You are constantly the one who is controlling every minute of her time…she leaves the house without taking her medication, without a lunch, everything just flying. It's stressful every morning… we micro manage her and it is really hard to know when to back off.* (E6)

A third of the participants found organizational issues were eclipsed by behavioural problems, often aggravated by co-existing disorders. These mothers noted that "Some days are really bad right from the start…when he's being combative about everything" (E25) and "My daughter will fight you tooth and nail to get something done or she will defiantly say no" (E23). Another lamented "My six-year-old screams most of the time or is angry about something. That's how our day always starts—always on the negative side … she screams and pouts and refuses to go downstairs 'til I'm done my shower … she's usually yelling and screaming about how we are terrible parents" (E12). One mother illustrated the dramatic contrast between her two pre-teens' mornings. One "talks and talks and dilly-dallies and forgets things and drops things" while his brother with severe behaviour problems is "complaining, moody, sulky … in your face and negative, like this black cloud that arrives downstairs and stays that way until he's out the door" (E28). While he is now more settled, he remains "emotionally and physically challenging," so she worries he will go back to his violent ways that led to calling the police a few times. This is not the kind of caring she had anticipated or wanted.

Paid work as interlude

Once children have left, many mothers "run off to work" (E5), having learned to stop worrying about always being late: "I get there when I get there" (E20). Some build in transition time before starting their paid jobs, getting there early or using commuting time: "we both take a deep breath and have 45 minutes to drive and get things reordered" (E11). A mother whose children are very difficult "can't eat breakfast with them, my stomach would be in knots…I eat and recuperate from them. And that is valid. It really is" (E28).

Paid work is seen as an interlude which is "relatively calm by comparison" (E6), perhaps because it is more predictable than home. Even if the job is "go go go…a gazillion e-mails and meetings and just non-stop … kind of impossible all the time" (E8), it is "gone when I leave. I do not have to think about it" (E12). A few in crisis-oriented jobs find it is too much. Some have no choice but to take sick leave, others are able cut back hours or switch to self-employment:

> *My decision to leave the hospital job was directly related to my son. He was four and ready to start school … I had a very stressful high pressure kind of job, the same type that my husband had at the school board … so I made this conscious decision that I couldn't continue working the way I was working.… I think part of me knew he needed more of my time.* (E19)

Like most employed mothers, many fit carework into their paid work day by running errands during lunch or arranging to be home when children return from school. Cutting short job hours continues when older preteens with ADHD cannot stay home alone safely: "He's so impulsive that he would go right into someone's backyard and help himself to things" (E28). Even mothers doing paid work at home stop early, as children do not respect workspace or time boundaries.

Carework breaks through frequently and urgently, disrupting these mothers at their paid work. It is not just that they have to phone teachers or get to many professional appointments. More disturbing are the frequent, sudden interruptions about behaviour problems such as fighting, "yelling at somebody, throwing a fit or getting suspended from the school bus" (E29). This happens so often mothers come to expect it: "If it isn't the teachers, it's the principal who calls" (F10). Schools do not hesitate to demand action when "I could be in the middle of a meeting—to them it's a crisis. 'We don't know what to do with K'" (E24), explains one participant.

Moreover, job locations or family situations do not influence who is contacted: "They always call me. My teams know exactly where I am at all times. If they really can't reach me, they will call my husband whose office is only ten minutes from the school" (F7, translated). Most do not question being "first responders" and are grateful when husbands help: "If I am at work and didn't bring my car or you know, it's going to take too long to go and get X and they're really upset, then my husband will go." (27). Most women make themselves available by banking hours or working overtime. Only a few have learned to ignore these demands: "I've got to the point where I think, you know, 'Hey I am parenting these kids. They're at school now. They're your problem'" (E28).

Evenings and the homework nightmare

Late afternoons and evenings are the next toughest times, as children have used up their reserve of good behaviour and concentration during school. Some families can't predict whether the evening will be reasonable or a complete disaster (E1) but others face relentless stress. One explained: "after school there's about 30 things wrong and it's usually to do with me. I have to direct her on to an activity otherwise she is jumping around and yelling at me" (E11). Children are either "fluttering around all over the place" (E24), procrastinating on all tasks or arguing over every little thing. Mothers have to maintain a steady routine: "You're tired at the end of the day but you still have to maintain the structure. Sometimes you want to relax but you just can't" (E24). As one participant explains:

> *It's very structured—the same thing every day, because the minute I change the routine I see a change in his behaviour. So it's homework, he plays, I clean, we read a story, to bed. The next day it's the same thing. The only time there's a change is when he has visitation rights with his father.* (E24)

A "bag check" is often necessary even with teens, to extract "lunches and snacks that weren't being eaten and debris with notes I was supposed to have gotten ten years ago, mashed in with the banana" (E28). Mothers strictly monitor TV and video game time, move uncooperative children through tasks, while trying to minimize arguments. It is often one long struggle: "nagging to get the homework done, then a lot of nagging to get the kids into the showers. And then there's a lot of nagging getting them into bed" (E22). When children resist all direction, exhausted mothers can run out of energy: "After arguing over homework, we will argue about brushing teeth and taking a shower and he may win … just because I can't be bothered yelling anymore.… Fine, your teeth will fall out!" (E21).

Supper and homework are particularly difficult times. As in many other families, supper is often "catch as catch can" (E22), given after school activities and tight schedules. These children complain, refuse to eat and cannot stay seated but constant arguing is the most difficult part: "at the dinner table, usually there is conflict, arguing … somehow usually involves my daughter, usually with her dad, sometimes with her brother, sometimes with me" (E27). When older preteens both have ADHD "the two are bickering and fighting and kicking each other under the table.… We may end up not having family suppers" (E28). Some mothers find hope on occasional evenings, when "we sit there like a normal family and she acts like the intelligent person she is and is not argumentative" (E6).

An intense struggle over homework sets these families apart. Homework is described as "hell" and "war," because these young people procrastinate, complain and argue, to avoid a task that for them is especially difficult and takes a longer time. Some descriptions bring this to life:

> *My son has learning disabilities and doesn't learn at all the same as others, so I have trouble teaching him. So we fight—it's war! He doesn't want to have anything to do with it. Homework that should take 15 minutes takes an hour and a half. I hired a tutor but after six months he didn't want to go—he would hide.… I'll be glad when school's over. I still haven't found a solution—I find it really painful. For me, homework was so easy but for him, it's "I don't care.…"* (F6, translated)

Older teens claim they have no homework, "then we find out on her report card that she has not handed in all her homework … I am just realizing now that we can not pull back with someone like her and say 'sink or swim' because she will sink. She doesn't want our involvement but she needs it" (E6). Some claim "'the teacher said it could wait until next week' … we might spend 20 minutes arguing…. Eventually, it will get done if he knows it is something due the next day. If not, he will procrastinate and put it away until it is due. All of a sudden, this project is due but we didn't know about it" (E21).

Mothers are unsure how to handle this. Some use a very scheduled routine (homework first, play later), others find school takes too much out of these kids to impose afternoon homework. Still others back off: "I used to sit there with him and he would scream and yell and I would just be like 'Oh this is wonderful. I worked all day to come home to this?'…It just didn't work so now, I mostly leave him alone but I come in and check and offer him a snack" (E26). To prevent the struggle going on for hours, some mothers set a maximum time and find teachers are "really good about it … I don't have to worry that he is getting in trouble for not doing his homework…. She has a child herself that had ADHD…. She knows" (E17). Unfortunately, some must advocate before inflexible schools accommodate this misunderstood disability:

> *The psychologist came in and told the principal that if he did not stop with the homework we were going to have a hospital case. It was that bad. I would write a note saying she worked until 9:30 pm and could not finish. She would get a detention in the morning, a detention at lunch and a detention in the afternoon. My note had no bearing on whether she had a detention … until we paid the psychologist to come in to the school to tell them to stop it. Now it's typically 45 minutes to an hour of homework for each kid.* (E15)

Somehow, homework and evening routines get done and children go to bed, unless some crisis erupts. Once mothers are off duty at about 10, many finish office or house work or find some way to "kind of come down" (F10). A few are so exhausted they fall into bed immediately but can be kept awake by anxiety or noise of children who can't settle down until midnight: "What are you doing—the night shift?" (F11, translated).

Some variations occurred with different child, family and resource situations. When another disorder worsens behaviour, mothers centre their lives on managing the child. They must ensure irritable, moody children are woken up just right and their medication perfectly adjusted, to avoid being hit or having things thrown at them. They walk on eggshells, concerned about their safety and that of their children. A single mother describes how having a child with Asperger's and ADHD affects her typical day:

> *I'm unable to shower in the morning just because I can't trust what he's going to be doing. We're trying to figure out how to secure the house so he*

> *can't get out without me knowing but we could escape if there was a fire.... My family is just now beginning to understand.... It can take an hour to get him into his pajamas; baths are a non-entity. When I get him into the bathroom, it's absolute pandemonium. Okay, people can think I'm a bad mother because I have this kid running around who stinks and has dirty hair and wants to wear dirty clothes but it's just not worth the struggle ... there are a few times I called the youth services mobile crisis unit and they didn't leave until midnight.* (E 25)

Having two children with ADHD can mean crises at any time, especially if there are behaviour problems. Controlling conflict is essential as "it's not just a little fight. It's not a squabble about what channel to watch or what video to play. It's like World War III hitting, kicking, biting... we can't leave the two of them alone or we pay the price" (E28). To "survive and avoid civil war" (E1) requires strict routines along with strong involvement of fathers.

When the latter are supportive, mothers make a point of mentioning that they take turns covering evenings, start supper, transport children, share housework or get everyone up so that "my life in the morning is better than anyone else's" (E12). While there are fathers who stop working long hours at the office, some continue, leaving mothers alone to cope. An example is a mother of three children, two with special needs, who says "I am IT in the morning.... I have the other two locked in the playroom and at that point my husband is getting up" (E8). Some fathers who have ADHD themselves are not much help: "It's all on me. I have to organize everything. I have to be there because when he's alone with them, nothing works. Everyone is screaming and jumping around.... Sometimes he's just like his kids.... I always have to tell him exactly what to do" (F11, translated) and "Dad is just going through the motions, making toast or whatever ... he may come and intervene but it is usually not pleasant. It doesn't help because he just adds fuel to the fire" (E19). Fathers who share custody and decisions are very different from those whose infrequent visits upset routines or who are not involved at all. In these situations, mothers

> *don't get that break, you know you've had it up to here but you just can't say, "Okay, you need to take over—I need some space." I get to the point where I feel I am going to lose it, go off the deep end and it's just like you want to pull your hair out but you still have to be here.* (E24).

Only the few single mothers in highly paid jobs or able to count on extended family compensate relatively easily for the lack of an involved partner.

Discussion

The findings suggest that in some ways, these mothers' typical days are like those of others who combine jobs with family work. They too are rushed because they must fit everything around rigid school schedules (Smith, 1986) and inflexible workplace requirements. It is almost always up to mothers to make the career and personal sacrifices, yet their unpaid work remains invisible and unrecognized. They get little rest and forego their own needs to meet their children's needs. What is different about caring for children with any disability is that this situation has more serious consequences for mothers facing the increased daily stress of constant demands and reduced child flexibility. Available workplace and community supports, already inadequate for average families, do not even begin to meet the increased needs of these children who are unable to progress predictably to autonomy as expected by society (Greenspan, 1998; Green, 2007). Thrown back on their own resources, mothers adopt strict routines that drastically reduce their options and deplete their energy without their realizing it, like others exposed to chronic stress (Repetti and Wood, 1997). They suffer a range of inequalities in the workplace, leisure and family life that are not the lot of most mothers (Dowling and Dolan, 2001).

However, these findings also point to some particular difficulties faced by mothers of children with invisible disabilities like ADHD. As Eleanor Segal's (2001) study concluded: "good enough mothering is not enough for these children … you cannot afford to just bumble through" (268). Intuitive nurturing does not work yet their difficult mothering is both taken for granted and criticized. Furthermore, the unpredictable nature of ADHD and similar invisible disabilities means these mothers face recurring grief "when the child is unrealistically perceived as close to normal and then the reality of dysfunction returns" (Segal, 2001: 277). All the burden is on the mother as fathers are often absent even in two-parent families (Bull and Whelan, 2006), yet she does not get the community sympathy or positive child feedback that can accompany visible disabilities. This study goes some way to make these women's particular daily caregiving known. Hopefully, it may increase support for all mothers doing the difficult, undervalued carework of raising a child with an invisible disability.

The author acknowledges with thanks the collaboration of Children and Adults with Attention Deficit Disorders (CHADD, Canada) and the financial support of Social Sciences and Humanities Research Council of Canada (SSHRC).

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Greg Alan Brownderville

A Tennessee to Love

His mama's knees looked like potatoes.
The boy caught her praying on them once
and heard his name.
She didn't know he was standing there.
He walked over and laid his hand
on her shoulder, asked her was she sad.
She looked up, blue eyes like wilted Morning Glories,
said, *No, honey, go help your daddy with the wood.*

He walked outside and shivered
in a blue coat. Dusk.
His favorite time of day.
Not that he could see any better,
but he could tell himself
it was just the sun fading.
His daddy sputtered up in the truck
with a rick of firewood
and the two of them unloaded it in a rolling stack.
The boy wished he could lift the big logs.
When he mentioned what he had heard,
his daddy said, *Mamas pray for the people they love.*

Why's she crying?

Your mama has a tendency
to love real hard.

A Tennessee to love, the boy heard.
For a couple armfuls, he studied on it.
A whole Tennessee, he said. *Must take a heap of love.*

The rusted bed chip-empty,
he smelled pork chops frying in the house.

Laura Dreuth Zeman

Feminism, Child Protection, and Mothers with Psychiatric Disabilities in the United States

In the United States, the child protection system can be characterized as a hierarchical system marked by authority structures that often marginalize mothers. For mothers with psychiatric disabilities, the experience of child protection has been perceived as uncaring, often adversarial, and sometimes resulting in the termination of their parental rights amid accusations of being "unfit" mothers. This paper examines that hierarchy and constructs an alternative feminized sisterhood paradigm for child protection. This feminized system is further envisioned to forge new directions where stakeholder perceptions personalize care.

For the 30-year period following the nation-wide implementation of child protection services in the United States, as many as 70 percent of parents who lived with psychiatric disabilities were considered "unfit" according to child protection standards and experienced custody loss, either temporary or permanent (NMHA, 2005; Green, 2002). In the United States, courts enforced child protective systems policies that recommended removal of parental rights from almost 60 percent of all parents with psychiatric disabilities, mostly mothers, until the recent tide of reform (NMHA, 2005). As a result, mothering without custody has been the status of many women with psychiatric disabilities over the last 30 years. Grassroots movements of consumers, families, and providers have led to the implementation of Mental Health Reform in the United States. Parents who live with psychiatric disabilities have experienced a series of victories in human rights over the last decade related to a current phase of Mental Health Reform (Dreuth Zeman and Buila, 2006). These reforms include revised standards for care that forward parenting as a consumer right, along with other liberties. These policies, coupled with legal reforms, have opened the door to mothers who live with psychiatric disabilities who seek to retain custody of their children or to reverse custody loss (NMHA, 2005; Dreuth Zeman and Buila, 2006).

Mental health reform policies challenge child protective services to develop methods of intervention with custodial mothers who live with psychiatric disabilities to meet the needs of these mothers and their children. Changing child protective services will require transforming a hierarchical bureaucracy into a structure that reflects a sense of collective responsibility where support for mothers and their children are paramount. Feminist care theory integrated into family growth models provide the framework used here for conceptualizing that system. This conceptualization is not intended to attack child protection systems for the problems experienced by mothers with psychiatric disabilities and the professionals that serve them. Nor is it intended to prescribe a systematic guide to changing the current system. This conceptualization is proffered to help system participants form an understanding of the possibilities that can be created by adopting feminist values of care.

The child protection hierarchy

Child protective systems were established to safeguard the needs and interests of children while balancing those concerns with the needs and interests of parents. Ideally, child welfare systems protect children from harm and determine whether parental care is sufficient (Holland and Gorey, 2004). However, since the 1970s when federal mandates led to their nation-wide implementation, child protective systems in the United States have emerged as cumbersome public sector bureaucracies that are often criticized for ineffectiveness. Studies of parents who live with psychiatric disabilities and the psychiatric practitioners who work with them have found that the child protection bureaucracy is often perceived as a barrier rather than a supporter of parenting (Dreuth Zeman and Buila, 2006). Particularly, researchers reported that considering parents to be “unfit” when they demonstrate their symptoms sets up a process of antagonism rather than support.

Emily Abel and Margaret Nelson (1990) characterized systems such as these as public sector bureaucracies that apply universal rules and standardized techniques to meet agency missions at reduced costs. They suggested that system employees, typically women, have little discretion to modify policies to individualize care for clients. Caseworkers may find that implementing fixed policies that prevent individualization can be detrimental to the family. Laura Dreuth Zeman and Sarah Buila (2006) found that parents with psychiatric disabilities require flexibility to the extent that the services that are provided during times of a parent’s psychiatric crises may need to be withdrawn during periods of stability. Therefore, when the child protection bureaucracies lack caseworker discretion, families may be marginalized and disrupted through child removal rather than allowing caseworkers to design interventions that support parents in distress.

Another feature of the public bureaucracy model classified by Abel and

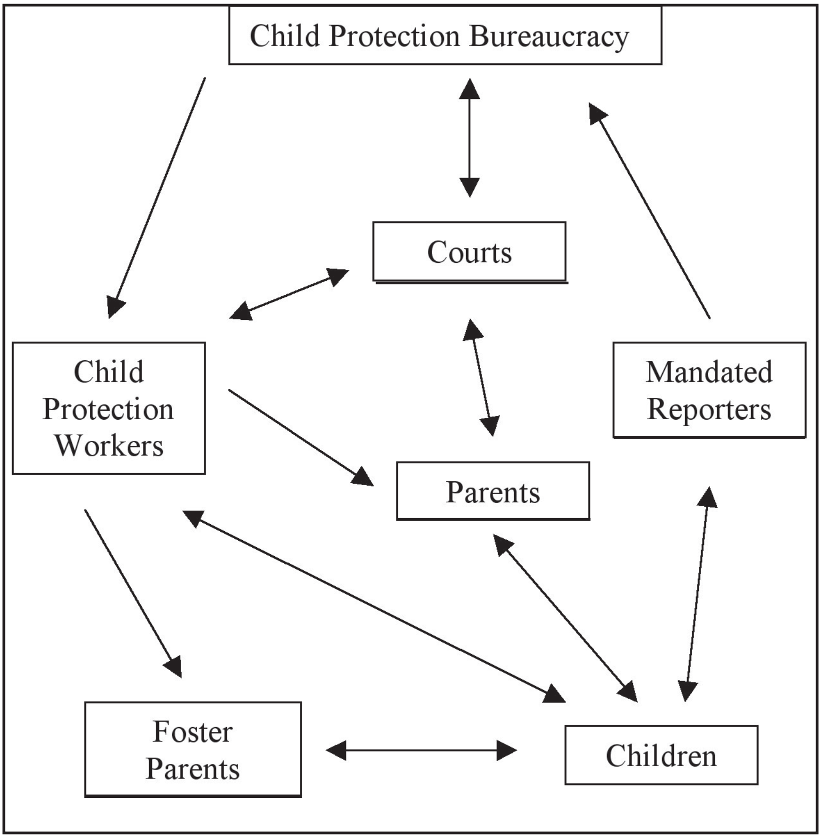
Nelson (1990), similar to those that emerged in child protection services, is the use of professional approaches that require employees to keep an emotional distance from clients. Berenice Fisher (1990) suggested that professionals that trained for human service careers separate themselves in the bureaucracy from nonprofessionals, such as foster parents, and their clients, the mothers and their children. These feminist theorists suggest that the professionalism model exaggerates differences between clients and employees, such as socioeconomic status and race, to the extent that both parties feel alienated.

Public bureaucracies, like the child protection system, can be characterized as hierarchical systems marked by authority structures that often marginalize clients. Hierarchical structures prescribe power to some individuals or roles within the system while others are subjected to subordinate positions. Virginia Satir, a well-respected family psychotherapist, perceived hierarchical models as a way of organizing relationships where individuals are defined and behave or respond according to the expectations attributed to their assigned roles (Satir, Banmen, Gerber and Gomori, 1991). Virginia Held (1992), a feminist theorist, referred to hierarchical bureaucracies as "public patriarchies" (6). In Held's view, these systems controlled women as employees and clients by incorporating male dominance into their norms and regulations. Satir's (1991) and Held's (1992) views add a dimension of predictability to women's responses to bureaucratic authorities as a means of complying with the roles and norms of their subordinate position.

Therefore, child protection involves a hierarchical system with defined relationships that are interdependent and complex. The stakeholders that either influence or intersect with mothers and their children include caseworkers, mandated reporters, officers of the court, and foster parents (see Figure 1). These roles incorporate power dimensions that include access and the authority to define needs, abilities, and problems. In the child protection system, the primary dominant position is occupied by the bureaucracy while the remaining parties have subordinate and dominant relationships. Satir (1991) stipulated that the primary question in hierarchical models was whether the dominant parties were perceived as malevolent or benevolent. The answer to this stipulation as it relates to child protection is that it depends on whose perception is analyzed. These perceptions are explored here to present an understanding of the roles and behaviors of the stakeholders.

The caseworkers' view of the bureaucracy can be characterized as similar to a demanding father who is socially constructed as benevolent, yet is often indifferent to the needs of its own members, the employees. Studies of child protection caseworkers have found that they suffer from low pay and stress from overwork and often feel caught between the needs of their clients and the policy demands of the bureaucracy; yet they tend to remain committed to its mission (Conrad and Kelar-Guenther, 2006). These employees tend to view mothers as cases that have to be "worked" and are less likely to view them as individuals with unique needs. From the "case" mindset, mothers who live

Figure 1. Conceptual map of hierarchical child protective system in the United States



with psychiatric disabilities are often perceived as high maintenance cases that require time and effort yet show little potential to demonstrate they can live according to standardized guidelines (Dreuth Zeman and Buila, 2006).

Mandated reporters are professionals who have contact with children and are required by law to report suspicions of abuse to the bureaucracy. Mandated reporters tend to view the bureaucracy as benevolent yet inefficient or inconsistent (Dreuth Zeman, 2005). While the belief is widely held that the bureaucracy seeks to benefit the unrepresented or vulnerable children, these parties often share frustration about its failure to respond to abuse reports. Studies have found that many mandated reporters indicate that their complaints are not adequately investigated (Kenny, 2004). The reporting responsibilities place these professionals in a position in the hierarchy that is distanced from the mothers and forces them to act secretly in a policing manner to monitor child safety, and indirectly monitor the mothers.

Foster parents are bureaucracy employees who interact directly with both the children in protective custody of their employer and with child protective caseworkers. A foster parent may deal with multiple caseworkers assigned to manage each of the children in their care. As such, they function as intermediaries between children and caseworkers, delivering important information about the child to the caseworker yet only receiving partial information about the child and family. Margaret Nelson (1990) theorizes that women who care for other women's children, such as foster parents, have limited responsibility because they cannot protect the child after it leaves their care and they have limited authority because they can not make decisions for the child. She theorizes further that this leads to "detached attachment" in parent-system relations. Socioeconomic class and racial differences are other factors that confound relationship betweens foster parents and non-custodial mothers. Feminist theorist Julia Wrigley (1990) argued that when women who care for children see themselves as being from higher social status, they impose a power differential into the care relationship. Using Wrigley's theory of power differential, foster parents may tend to see themselves as giving the children something of value that they will not receive in their home. Therefore, it is possible to suggest that foster parents may perceive the mothers as having poor childrearing abilities because they demonstrate psychiatric symptoms that may not comply with social norms.

The recent progress in mental health reform took place in the courts, whereby mothers with psychiatric disabilities could retain parental rights and child custody. Nevertheless, many mothers still express concerns that judges agree with the opinions of caseworkers or other professionals more often than the mothers do. In a recent study of community providers, social work researchers Dreuth Zeman and Buila (2006) found that officers of the courts perceived mothers who live with psychiatric disabilities as likely to hide their symptoms, and therefore mothers are frequently perceived as dishonest when child custody is threatened. They also found that officers of the courts tend to view child protective services as a source for supervision and assistance to mothers with psychiatric disorders.

Mother stakeholders typically find their role in the hierarchy as targets of investigations and interventions conducted by child protective bureaucracy in suspected cases of child abuse and/or neglect. Recent studies have indicated that many mothers are devastated by investigations and find themselves in antagonistic relationships with child protective systems (Dreuth Zeman, 2007). These findings indicate that mothers were not prepared for the investigation or the interventions that followed abuse accusations and that they experienced these events as abrupt disruptions to their family system. Mothers may find themselves in an unexpected role of being submissive to a bureaucracy, as represented by the caseworker assigned to their case and/or the courts that ultimately authorize interventions. It is likely then, that child protective caseworkers and other officers of the courts are perceived as oppressors that mothers have to submit to in order to maintain or restore child custody. For mothers in psychiatric distress, it is unlikely that they may have the social or emotional resources to overcome these perceptions and establish a productive relationship with child protective caseworkers and therefore may be at risk of failure to achieve the goals established for them.

Feminizing child protection for mothers with psychiatric disabilities

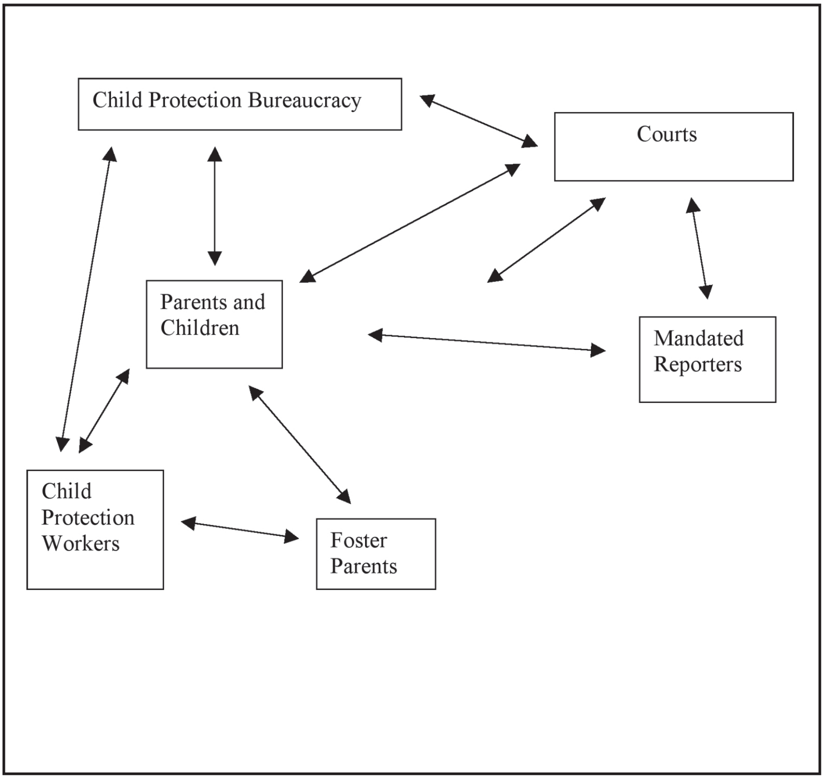
Forging new relationships would not only create space in the care network that supports families but it would also shift the relationships from antagonistic to supportive. The feminist care approach forwarded by Berenice Fisher and Joan Tronto (1990) suggests transforming bureaucracies to meet care receiver needs by shifting resources and becoming flexible and responsive to feedback. They refer to this public-sector model as the sisterhood model.

Fischer and Tronto's (1990) sisterhood model creates opportunities to change the structure of the hierarchy, yet it does not prescribe how such a change could facilitate growth among mothers with psychiatric disabilities. Satir (1991) refers to these sisterhood models as growth that allows stakeholders to manifest their own identity. From Satir's growth perspective, mothers with psychiatric disabilities are unique individuals who are worthy of establishing and sustaining their own parental relationships with their children, regardless of how those relationships may differ from social ideals or norms. By combining the sisterhood and growth models to forge a new feminized child protection model a new structure could emerge that both values the unique mother-child relationship and facilitates its growth. This feminized model could shift the bureaucratic emphasis from sustaining hierarchal roles to supporting mothers and their children. When mothers and their children are placed at the center of the model, the services and supports would facilitate that relationship. Such a structure could be flexible enough to allow workers and mothers to negotiate whether services are needed to support the family, as well as when or how those supports are provided. This structure is examined in Figure 2 and the examination that follows constructs possible perspectives and roles for stakeholders in the system under this feminized model.

A feminized model would have the mother-child dyad at its center. All services and interventions would be designed in partnership with the family to facilitate the mother-child relationship. The mother-child dyad would interact primarily with the child protective workers and the foster parents. The child protection worker would monitor the mother and child in order to assure the child safety as well as to assure that, when needed, resources are provided to facilitate that relationship. These nonlinear relationships are consistent with the models that psychiatric providers suggest for the care of brief phases of acute mental illness (Dreuth Zeman and Buila, 2006). In this feminized model, the mother would also have a mutual relationship with the courts to provide feedback, seek temporary relief, and to request care oversight.

Foster parent services in this reconstructed child protection model could

Figure 2. Conceptual map of theoretically feminized child protective system



incorporate the needs of the mother and child into the care approach. Perhaps such a model could be developed that mirrors the function of the childbirth doula. These are women who establish relationships with mothers before birth as educators and supporters who maintain helping relationships with mothers through labor and delivery (Morton, 2004). This model can be forwarded as the basis of the foster parenting doula, who helps, encourages, provides support and education, and at times respite care for mothers who live with psychiatric disabilities and balance self care with child raising. Like the doula in childbirth who helps parents fulfill their birthing plan, the foster parenting doula could be committed to helping parents fulfill their parenting plan. This model would replace the current antagonistic model with a model of support and facilitation. By removing shame and fear of persecution, the foster parenting doula makes it more likely that mothers will seek support to improve the safety or well-being for themselves and their children.

This supportive cluster around the mother would allow foster parents to have a mutual relationship with the mother-child dyad. Thus, the services foster parents provide would be consistent with a mothering style and allow for easier transitions in and out of foster placements. It would also allow the foster parents to work with mothers who may need to learn new child rearing skills as well as provide opportunities for foster parents to engage with children after they return home. The feminized model would also include a collaborative reporting and assessment process that incorporates the voices of mothers, children, child protective workers, and foster parents. Thereby, this would be unlike the current system that marginalizes mothers and foster parents.

Mandated reporters could still be important contributors to the child protection bureaucracy. However, unlike in the current system where they are isolated from mothers, mandated reporters would be encouraged to have direct relationships with mothers and their children. This way, mandated reporters who identify problems could work directly with mothers to implement changes in order to assure child safety.

Discussion

Child protective systems that take a feminist care approach would need to change the focus from investigation to caregiving. Being attentive to other peoples needs could shift the dynamics of the child protection system. By shifting to an attentive format, the assessment process would move to consider the unique mother-child relationship as well the current support network that surrounds mothers to create a profile of unmet needs.

A feminized system could incorporate taking responsibility as an element of care. Meeting these mothers' needs could include being accountable for the outcome of the care. The current system identifies problems and makes service recommendations. If the mother does not meet outcome goals, regardless of whether she follows the foster care plan, she faces consequences. A feminist care model would move the child protection worker into a relationship with the mother to the extent that, if the identified goals are not met then the worker would work in collaboration with members of the mother-child dyad to make modifications to the plan or goals. Thus, taking responsibility for the outcome moves the framework of child protection workers toward seeing mothers as members of the care team.

This feminized system could incorporate caregiving roles that include shifting services to meet the changing level of need that mothers have in cases where their psychiatric symptoms fluctuate. These services could include support with a range of daily living skills, such as negotiating with the support network to improve child safety, providing training and counseling to reduce barriers to successful mothering, providing transportation or paying for medication. This feminist care model assumes that being responsive to feedback is interconnected with responsibility for producing successful outcome. This level of interconnectedness would necessitate changes in the evaluation of workers by connecting performance to client success and including mother feedback as an element of worker evaluation. Further, if child protective workers are responsible for helping the mother achieve the outcome, they may be more inclined to set attainable goals.

The author presented portions of this paper at the 28th Annual National Women Studies Association conference June 2007 in St. Charles, Illinois.

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Margaret MacDonald

The Contribution of Pedagogical Documentation to Maternal Efficacy Among Mothers of Pre-term Infants

In the following study pedagogical documentation was used as a qualitative means of exploring the development of maternal efficacy among mothers of pre-term infants. Photo records and observation notes of six mothers with their preterm infants were gathered weekly each over an 8-week period to capture nurturing interactions during comforting, feeding, bathing and diapering routines while the infants were in the Neonatal Intensive Care Unit (NICU) at Children's Hospital in Vancouver, BC. From this, a visual and written record was created to launch discussions with the mothers concerning the challenges and successes of nurturing pre-term infants. This was followed by questions on the process of pedagogical documentation related to role definition and the image these mothers held of themselves.

Self-efficacy is the mental construction of a set of beliefs that one can carry out certain activities successfully. This performance perception as defined by Albert Bandura (1994: 71-81) acts to strengthen our resolve towards tasks we feel efficacious about and correspondingly will weaken our motivation toward tasks we feel less confident in. Bandura (1997: 175) proposes that when confronted with challenge, individuals with low estimations of personal efficacy may experience pronounced anxiety and depression as well as diminished role satisfaction. In such situations, those persons who lack efficacy tend to internalize failures, and are more likely to give up, attributing failure to factors beyond their personal control rather than attributing failure to deficits in knowledge or skills that can be corrected or acquired. He suggests that efficacy is influenced by four major factors which include a) performance success; b) seeing realistic models accomplish similar tasks; c) verbal persuasion; and d) physiological states.

Women who are able to visualize themselves in the role of mother and who have accurate performance perception are more likely to accomplish related tasks as the result of their efficacious outlook and assurance in their capabilities (Coleman and Karraker, 2003: 128). Mothers who have high self-efficacy were found to be better adjusted to their role, experienced less role conflict and expressed fewer concerns, compared to mothers with low self-efficacy. A positive relationship is said to exist between child development knowledge, maternal efficacy and a responsive parenting style (Bornstein, Hendricks and Hahn, 2003: 285). A similar relationship has also been established between self-efficacy, maternal role development and parenting (Donovan and Leavitt, 1989: 460; Donovan, Taylor and Leavitt, 2007: 865; Jones and Prinz, 2005: 341; Teti and Gelfand, 1991: 918; Teti, Hess and O'Connell, 2005: 283). Even in stressful parenting situations, positive maternal efficacy was found to contribute to lower distress among mothers who had chronically ill children compared to mothers with low self-efficacy in similar circumstances (Silver, Bauman and Ireys,1995: 330).

Several factors have been identified as contributing to maternal efficacy. Mothers who suffer from low maternal efficacy are said to avoid interaction, received less reinforcement and were more inclined toward depression (Donovan and Leavitt, 1989: 460; Teti and Gelfand, 1991: 918) leading to a cycle of further withdrawal and lower self-efficacy (Cutrona and Troutman, 1986: 1507). Consistent with Bandura's (1982, 1989) belief that self efficacy is shaped by task difficulty, Robin Forman and Steven Owen (1990), note that role adjustment took longer for first time mothers or when mothers were required to perform difficult tasks such as comforting infants with gas pains (247). In both cases more support and encouragement (verbal persuasion) from nurses was required to ease these mothers through tasks and help them feel more confident in their roles. As pointed out by Forman and Owen, knowing how to perform a task in itself is insufficient preparation for successful performance; one also needs confidence in the ability to succeed at the task. Consistent with Bandura's (1997: 184) notion that performance outcomes are associated with past success or failure experiences, Christin Porter and Hui-Chin Hsu (2003) found that maternal efficacy measured in the prenatal period was associated with concurrent measures of depression, anxiety, marital conflict, and levels of previous childcare experience (54-64).Although individual differences remained consistent, significant increases in maternal efficacy were also observed over time. This finding, according to Porter and Hsu suggests that first time mother's beliefs about their ability to perform nurturing routines may change from a global sense of self-competence to more differentiated perceptions of *nurturing efficacy*.

Children and adults according to Hermine Marshall (1989) behave consistently in the way they see themselves. In addition to the traditional concept of the *looking glass self* which theorizes that our developing notions of self are informed by how others view us (Cooley, 1964: 81), a sense of self can also be derived from behaviours that we attribute to *self as agent* in the environment

(Gecas and Schwalbe, 1983: 79-81). Consistent with this later conceptualization, it is theorized that documenting nurturing behaviours will help reinforce this notion of *self as agent* in the environment and can therefore be an important catalyst in developing a repertoire of effective comforting, feeding, bathing and diapering skills associated with parenting a pre-term infant. It may also help develop the sense of *agency* required to overcome additional barriers, for example apparatus for breathing and feeding or monitors for vital signs that may create a physical and psychological distance between the infant and his or her mother.

In the following exploratory study, pedagogical documentation was used as a means to support the development of maternal efficacy among mothers of pre-term infants by presenting images, dialogue and descriptions that highlight the mother's interactions with her newborn(s), and which situate the mother in a nurturing context. A final compilation of these records was given to the mothers at the close of the study and used as a point of reference for a final set of questions the mothers completed by either e-mail or regular post.

Pedagogical documentation was pioneered in the preschools of Reggio Emilia, Italy (Giudici, Rinaldi and Krechevsky, 2001: 25-27) and has been used in Kindergarten and pre-school classroom projects in Canada and the U.S, (Cadwell, 2003: 6-7; Kocher, 1999: 15). It has also been used to document the development of individual children (Edwards and Gandini, 2001) and to assess children with support needs (Vakil, Freeman and Swim, 2003: 187). Given the inherent challenges of premature birth and providing care for infants within the NICU, pedagogical documentation was chosen as a way to gain a deeper understanding of the mothers' experiences. Two questions related to the theory and practice of pedagogical documentation and maternal efficacy were explored, namely:

> 1) Does pedagogical documentation contribute to the performance appraisal of mothers of pre-term infants in the NICU? And,
> 2) Can pedagogical documentation be used to support the development of an efficacious outlook toward mothering pre-term infants?

Methodology

As part of a larger study investigating the experiences of mothers in the NICU (MacDonald, 2007), the present study involved six mothers and their infant(s) who were referred to me by a neonatologist. The referral was based on the relative stability of the mothers and infants and the infants' projected minimum length of stay at Children's Hospital of at least six weeks. Mothers were excluded from the study if they were experiencing severe depression or had extenuating health or emotional issues. Referrals were made between four and eleven weeks post-partum when most of the neonates were being transitioned to Continuous Positive Airway Pressure (C-PAP) following the use of a respirator and were experiencing limited or no respiratory distress. At this point in the infants' course of treatment it was anticipated that further contact would occur between the mothers and their infants given that they were relatively stable, and less profound and immediate medical intervention was being performed. Near the end of the projected documentation period the mothers were also expected to be assisting their infants in the transition from nastrogastric (NG) tube feeding to breast and bottle-feeding.

The study took place between March 2006 and April 2007 at Children's Hospital in Vancouver, British Columbia. All participants in the study were Caucasian with the exception of one mother of Asian descent, and all were middle class with high school or better education. All mothers had been working during the initial stages of their pregnancy, two within the health care profession, and the others in a variety of professional or management related jobs. The average age of the mothers who completed the pedagogical documentation phase of the study was 34 years. All of the mothers were very generous with their time and displayed a willingness to talk about their experiences, and were open to being observed and photographed. Two of the mothers had other children and the remaining four were first time parents. Three of the mothers had twins and three had singleton births. Of these nine infants, six were boys and three were girls. As shown in the table below, the birth weights ranged from 465 grams to 1577 grams with an average gestational age of 25 weeks or approximately 13-15 weeks prior to the full-term gestational age of 38-40 weeks. One of the infants was be considered Low Birth Weight (LBW) (>1500-2400 g), three were Very Low Birthweight (VLBW) (>750-1500 g), and five were Extremely Low Birth Weight (ELBW) (<750 g).

As mentioned above, all mothers had been working during the initial stages of their pregnancies, and had good family support with the involvement of at least a spouse and in the case of one mother a large network of family and extended family who were very involved in visiting and helping with the twins.

In addition to the six mothers who completed the study, five other mothers started the study but were unable to complete it due to discharge or transfer to other hospitals within the province. Beyond the obvious challenges this posed within the research context, this situation also provides a commentary on the transient nature of the NICU experience for medical practitioners, support workers and the families.

Data from the six participants who completed the pedagogical documentation study were collected and analyzed using the constant comparative method developed in grounded theory (Strauss and Corbin, 1990; 1998) where analyses of patterns were used to develop a provisional hypothesis about the experiences of the mothers that was later verified through further interviews. An adaptation of reflexive photography (MacDonald, *in press*) was used to co-construct understandings and interpretations as part of this data generation and verification process. Data consisted of: 1) running record protocols derived through

Table 1: Birth Weight and Gestational Age

Mother	**M2**	**M3**	**M4**	**M6**	**M9**	**M10**
Weight	Twin A 690 grams (M)	Singleton 480 grams (M)	Twin A 1299 grams (F)	Singleton 465 grams (F)	Singleton 755 grams (M)	Twin A 770 grams (M)
	Twin B 595 grams (M)		Twin B 1577 grams (M)			Twin B 576 grams (F)
Gestational Age	24 weeks	27 weeks older sibling	29 weeks	23 weeks	25 weeks older siblings	24 weeks

observation (Gall, Gall and Borg, 2005); 2) photographs taken to document nurturing interactions; 3) the mothers' comments on the photographs used to generate further data and verify previous observations and responses; 4) the mothers' responses to the interview questions following a viewing of the final product of the pedagogical documentation in the form of an album; and 5) my own reflective notes used to synthesize the data and further the inquiry (Clandinin and Connelly, 2000; Clandinin, Pushor and Orr, 2007: 21).

Procedures

Research ethics approval was obtained from three research ethics boards, The Research Ethics Board at Simon Fraser University, the Behavioural Research Ethics Board of the University of British Columbia (an affiliate of Children's Hospital) and the Research Ethics Board at Children's Hospital in Vancouver, BC. Following the referral by the neonatologist, I contacted the mothers, explained the study and obtained informed consent. During this initial visit I also set up times for weekly visits and discussed the types of interactions that the mom's would like to document. The suggested times for weekly visits typically reflected a time where the mothers anticipated being involved in their child(ren)'s care. However, disruptions and changes to the routines were common, for example if the infants had a difficult night or if there were other examinations taking place our visits were re-scheduled.

Findings

Does pedagogical documentation contribute to the performance appraisal of mothers of pre-term infants in the NICU?

"Performance appraisal" was evaluated based on any comment(s) that the mothers made while viewing the documentation related to their own nurturing interactions. These comments were taken from either the weekly viewing of prior pictures that the mothers and I went over or comments that they made following their viewing of the final documentation. I focused on this former method of soliciting verbal descriptions and imagery with three of the six mothers. To do this, open-ended reflection was encouraged by asking these mothers to "view the slides and comment on any aspects that you find significant or compelling." Any responses that the mothers made related to *performance appraisal* were therefore unsolicited.

Alexandra[1]

In our opening interview, when asked about her image as a mother, Alexandra responded that it had been hard to see herself as a mother because of the early birth of her sons, her difficulty doing the things she expected to do for them, and her inability to protect them. She described her strengths as being a fighter, flexibility, her understanding of the health care system (due to her prior work within the system), and her relationship with her husband. As a mother of pre-term infants she felt that having patience was a challenge and not knowing what to expect day to day. Following this initial interview, Alexandra and I viewed the documentation weekly. Examples of the comments that she made related to her *performance appraisal* were as follows:

> Diaper Change*: I'm changing his diaper and he looks a little bit mad. I wish I knew how to comfort them when changing their diaper, I just try and do it as quickly as possible.*
> Nurse hanging a feed*: I must be comforting him a little, I think my hand is in there.*
> Comforting*: Ahh he looks happy there. He likes being on his tummy and he likes your hand on his bum….*
> Kangaroo Cuddling: *I'm cuddling him. Whenever they do skin to skin cuddles its hard to see their face so that's why I'm looking down like that.*

After viewing the final documentation album, the mothers were asked specifically about their images of themselves and their perceived challenges. Alexandra gave the following examples related to her evolving image as a mother and her performance appraisal.

> *[The pedagogical documentation] did demonstrate to me how I was a fighter but more than that, how I was developing as a mother to Alistair and*

> *Duncan. I definitely was able to develop my role as a mother in the Special Care Nursery (SCN) more and more as time went on and the pictures did help me to see how much I was developing along with the boys.*

When prompted about an earlier comment she had made about the challenge of being patient, Alexandra commented, "I saw myself in the pictures as being more patient than I ever felt, and that did help." After viewing the pedagogical documentation album, Alexandra described herself as "caring, nurturing, and very present and available to her sons." She mentioned that the pictures that had the biggest impact on her were the ones where she was breastfeeding because "that was the one role that no one else could do at the SCN besides me and it reinforced my role as their mother. It also demonstrated how far the boys had come."

Christina

During the initial interview Christina described her image as a mother as being:

> *…lethargic—I have no energy because now I am focusing on my baby and I don't have anything to think about I just want to focus on my baby. Usually I'm so active to bring my daughter to her activities—now I tell my sister to take her because the people that I know, the parents that I know, they ask me and I just cry. Yah, the people that I know they ask "how is your baby?" and I cry.*

Christina mentioned that her strengths were her family support and the support of the health care professionals. The challenges of mothering a pre-term infant she mentioned were having patience and time as well as worrying about the baby's long-term prognosis. Some of the comments related to performance appraisal Christina made during our weekly viewing of the pedagogical documentation were as follows:

> Kangaroo Cuddling: *Skin to skin—its nice to feel his skin. It gets so hot—a disadvantage is that you can't see his face. You see I don't see his head if he turns blue or if the nasal prongs are in there because sometimes the monitor doesn't pick up all the clues and I want to fix his nasal prongs to make sure he gets enough oxygen. I'm trying to support his back there.*
> Comforting: *He is awake there and I put my hand there to protect his head so he knows that I am protecting him all the time.*
> Communication: *Look at him, he is so alert. There are times that he opens his eyes and looks around, "Hi, Kenji." I observed him communicate very young he is so mature.*

After viewing the final pedagogical documentation, when reminded that she had described herself as lethargic, she commented, "I'm more impressed that I was as involved with his care as I was." She described herself after viewing the documentation as a caring mother. Commenting further that "when I see the pictures of my son and his smiles, his eyes were so wide and looking at me it makes me want to have more interactions with him."

Claire

In the initial interview, Claire described mothering Bradley and Vanessa as "daunting, but cool," feeling extremely lucky to have twins. She saw her strengths as a mixture similar to the characteristics she used to describe her infants, feisty and peaceful. Claire stated that she was challenged by having the babies early, the difficulty of trying to establish a schedule, and her dismay about leaving them at night. In reviewing the first set of pictures, Claire commented that she looked awkward, but in the following weeks she re-assessed her image as follows:

> Following the viewings: *I can do more with Bradley and Vanessa now instead of just watching them or holding them. It's good to see in these pictures I look confident. I feel confident but I didn't know if I actually looked it or not. Good to see.*

In general, after viewing the documentation, Claire's image of the challenges of mothering pre-term infants and her image of herself did not change from her earlier descriptions, however, she did mention that,

> *the documentation brought more confidence. When you look back you see "oh, it's not that bad." Sometimes you think it's all too tough and you don't know what you're doing then you look back and see "okay, it wasn't that bad."*

After viewing the documentation, Claire described herself as:

> *New. Being new at everything. It's a challenge knowing that it's full time, not part time like when I was a nanny. I think my strength is my experience and being able to apply it—not being overly concerned about everything.*

Denise

During weekly visits Denise had commented that she felt she was growing into her role as mom and didn't anticipate any difficulty at home. She felt that this confidence could be attributed to the training that the nurses and Doctors provided on a daily basis, but she did feel that the documentation reinforced the challenges that she faced when she had to bath, feed and change her daughter. The image she had of herself as a mother after viewing the documentation was:

> *Strong, this was a very emotional experience, and I think my strength increased emotionally because of it. I found I have more patience than I did before. I found the pictures of her and I fascinating as I think I look natural with her and I would have expected to look a little awkward. I found this interesting.*

Cheryl

Before viewing the final pedagogical documentation, Cheryl described herself as an advocate and a nurturer. After viewing the album she added that "I think I handled it all quite well despite all the tubes, machines and interventions which could be quite intimidating. I think I was quite loving, loyal but also nervous about it all." In addition to the earlier comments that she made about being freaked out by everything Cheryl added that after viewing the documentation,

> *I should give myself more credit. It was all very intimidating but at the time you don't have the luxury of thinking about how intimidating it is. You just do what you have to do. What you must do. What you want to do for your child. There is no other option. Not in my books anyway. And after seeing the pictures again I feel quite proud of my strength. Even though I had many breakdowns I also feel I was quite strong through it all and I did that because I wanted him to feel my strength and faith that he would grow stronger himself.*

Naomi

After viewing the final documentation, Naomi described herself as being very gentle with her infants, and her strengths as "having a lot of courage and a vast amount of patience, really celebrating milestones. There is no better feeling than being there for them." She also mentioned that it was powerful "seeing my grandma (which is their great-grandma) and mom and aunts in the pictures."

Can pedagogical documentation be used to support the development of an efficacious outlook toward mothering pre-term infants?

As noted previously, (MacDonald, *in* press) I found that pedagogical documentation was very useful in creating a joint focus of attention and eliciting responses from the mothers about their interactions with their infants. This process in itself has the potential to raise and examine challenges, and the difficult emotions associated with mothering pre-term infants. Overall the process of collaborating with mothers to examine the interactions that they had with their infant(s) was powerful and generated several key opportunities related to task performance that could be used to launch discussion surrounding techniques, strategies, perceived barriers and importantly progress. This seemed to be the case even among the three mothers who only reflected on their images and changes to their images after viewing the final documentation rather than reflecting on their interactions weekly.

In general, the mothers and any other family members visiting were highly supportive of the documentation process. In the final responses all mothers expressed their gratitude for being part of the documentation study. Two of the unsolicited final comments were as follows: *"It was a really good experience. I felt there was another constant thing going on besides all the medical stuff…. Especially for us because we don't have family here so that was nice."* Another mother commented that *"I would truly recommend this experience to all the mom's going through difficult times at Children's. Having these memories is a great thing."* When asked if the documentation process was found to interfere with their routines in any way, none of the mothers felt that the study had interfered and two mothers commented that they would have liked more documentation, for example, one mother wanted more immediately following the birth of her son, and the other stated that she would like to have had more commentary captured because she found the dialogue very interesting.

Implications

Given the high attrition rate previously described, and the time and costs required to create and view pedagogical documentation, one might correctly assume that a high level of commitment is required on the part of anyone initiating the pedagogical documentation process. In addition, similar to any program that requires a great deal of human capacity it may be difficult to justify this type of investment when resources are scarce and case loads are high. That being said, the value of being able to discuss issues with mothers experiencing challenges through pedagogical documentation seems worthy of the time and other costs associated with this undertaking, particularly for mothers experiencing difficulty in adapting to their nurturing role or in cases when further skill development is needed. Based on the findings from this exploratory study, it would seem that the mothers' responses to both the process and product of pedagogical documentation were highly valued and created productive opportunities for discourse and reflection. By presenting pictures that focused on comforting, diapering, bathing and feeding routines, the mothers were able to reflect on their performance in the maternal role and see their growth as the interactions increased over time.

Limitations

It should be noted that findings from this exploratory study are limited to the sample of mothers involved in the study. This particular group of mothers was chosen because of their stability and the relative stability of their infants and is not therefore, wholly representative of mothers who experience pre-term birth. The mothers in the present study were not ethnically diverse. While this was not the intent of the researcher, and was a product of the selection process, it limits generalization of the results to other groups of parents. So often as pointed out by Dolores Norton (1989), it is typical for developmental research not to investigate minority populations but to compare them to studies of middle-class, primarily white families (1-2). Another limitation that should be noted within the present study is the impossibility of isolating the contribution made by pedagogical documentation from other factors that contribute to maternal efficacy, such as the support received from nurses, neonatologists, and family members etc.

Conclusions

Despite the limitations outlined above, within this exploratory study, pedagogical documentation was found effective in isolating the mother's nurturing interactions during the pre-term infant(s) hospital stay. It also proved effective in helping the mothers explore and reflect on their evolving role within the hospital setting and the perceived challenges of mothering a pre-term infant or infants. Moreover, despite the anticipated criticism that the material and labour costs of pedagogical documentation could prove prohibitive, this method of isolating and discussing specific nurturing strategies might still be effective in cases where health or other professionals are looking for ways to enter into effective discussions with mothers who feel challenged or overwhelmed in their new roles or feel discouraged by their progress with their infant(s).

[1] Pseudonyms have been used throughout.

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Greg Alan Brownderville

All of this only fifty miles from the former home of L. Frank Baum, creator of *The Wizard of Oz*

Late afternoon, July 1, 1955, in Edmunds County, South Dakota: The sky was lovely lemonade. Nine-year-old Sharon Weron, her mother trailing in a car, was riding home a freshly purchased pregnant mare. They were 150 feet from home when sudden clouds bombed hail. The mother stopped and put a puffy black winter coat on the girl and said, "Cut across the field to the house. I'll take the road around and meet you there." The mother made it first and, as her daughter sped across the field on the gray and white horse, there it was in a camouflage sky—a clay pot on an unmanned potter's wheel. The horse wheeled and fled, muscling up a high hill, but in vain. The mother watched her little girl's long yellow hair swirling madly in the wind, a drop of food coloring diffusing in a glass of water. Still astraddle the horse, Sharon ascended from the earth and rode 1000 feet inside a whirl witnesses described as "a bail of wire in air." The mare survived, as did the colt within her womb. Unhurt, remembering nothing of the ride, Sharon landed on her belly like an airplane, let down easy into the windy italicization of the wheat.

Sharon Lang

Bonds of Bereavement

Care and Caregiving Among SIDS Mothers

SIDS mothers comprise and illustrate a model network of female caregiving, providing for each other on emotional, practical, cultural, cognitive, and symbolic fronts. SIDS mothers are ideal caregivers for each other because they share an intersubjective understanding of the world (a form of "maternal thinking") that develops from their critical experience of infant loss. Caregiving itself is a healing practice that enables mothers to voice the continued love for and significance of the baby. By portraying the complex network of mutually supportive relationships that SIDS mothers have crafted and participate in, I hope not only to provide a window onto the experiences of mothers who lose infants to SIDS, but also to present an alternative, feminist model of caregiving that expands the definition of care to include the bereaved, breaks down traditional binary divisions and power imbalances between care giver and receiver, and highlights the transformative potential of interactive connections among women with shared experiences and identities. These bonds of bereavement are a rejection of western individualism and an expression of the caregiving power of human interdependency. In accordance with Ruddick (1995) and Benjamin's (1988) emphasis on mothering as constructed and relational, SIDS mothers actively re-create their identities and process experiences through complex, ever-changing relationships not only with their own departed children but also with other mothers. By performing acts of caregiving, isolated women relate as "SIDS mothers" and survive tragedy armed with the collective strength to reject patriarchal discourses on maternity and redefine what being a mother means.

Mothers, traditionally viewed as the ultimate caregivers in American culture, sometimes find themselves unexpectedly in a state of overwhelming grief and in dire need of care. Thousands of infants in the United States die each year of Sudden Infant Death Syndrome (SIDS) and despite decades of medical research[1] and recent findings (Paterson et al., 2006; Rubens, Vohr, Tucker, O'Neil and Chung, 2007) SIDS remains the leading cause of death for babies from one week to one year of age (Keens, 2006, 2002: 22).[2] Social scientists have pointed to child loss as one of the most devastating events possible in human experience, with resulting grief more severe than that associated with loss of parent, sibling, or spouse (Arnold and Gemma, 1994: 1; Bernstein, Duncan, Gavin, Lindahl and Ozonoff, 1989: 227). Mothers whose infants die suddenly and unexpectedly are cast into an indescribable abyss of pain; a central part of themselves has been ripped away, their future hopes and dreams destroyed. They may continue to function as primary caregivers for their other children or face the confusion of being childless mothers, but regardless, they are traumatized and permanently altered human beings.[3]

Care is commonly understood as forestalling suffering and providing assistance or attending to children, seniors, the sick or disabled, and not categorically invoked on behalf of the bereaved who in the weeks or months after the funerals are expected to "get over it" and "move on." Yet for mothers who lose infants "the pain of the loss continues to unfold as the future unfolds without the child" (Bernstein et al., 1989: 227); suffering expands and even intensifies well beyond the shock and pain experienced in the immediate aftermath of the child's death.[4] Struggling to cope with mental, physical and emotional anguish, bereaved mothers yearn for solace and increasingly turn to their grief-stricken counterparts to find the fundamental care they require. Bereaved mothers come together at support meetings, on-line groups, and SIDS conferences, bridging differences in age, class, religion, ethnicity, and race,[5] to make up a diverse community of female survivors, largely overlooked by the rest of society that fails to notice their unexpressed needs. For many bereaved mothers, the care they receive from mutually supportive relationships among SIDS mothers is a lifeline; indeed, the most significant source of care available.[6]

In this article, I delineate significant ways SIDS mothers support each other, and offer an analysis of why this intragroup caregiving is healing.[7] By portraying the complex network of mutually supportive connections that SIDS mothers have crafted and participate in, I hope not only to provide a window onto the experiences of mothers who lose infants to SIDS, but also to present an alternative, feminist model of caregiving that expands the definition of care to include the bereaved, breaks down traditional binary divisions and power imbalances between care giver and receiver, and highlights the transformative potential of interactive connections among women with shared experiences and identities. SIDS mothers create safe arenas of female space, meaningful "beloved communities" (cf. White, 2001: 1603) that profoundly serve them in their struggles to survive child loss. These bonds of bereavement are a rejection of western individualism and an expression of the caregiving power found in human interdependency. This generation of SIDS mothers, while still largely invisible to the wider society, copes with their grief more cooperatively than in the past, coming to terms with loss in part by trekking through the journey in alliance with akin others. As John, the chaplain presiding over the services of my own daughter's funeral in 2003, stated, "God never promised you that life would be fair, but only that in your grief you would not have to walk alone." In accordance with Sara Ruddick (1995) and Jessica Benjamin's (1988) emphasis on mothering as constructed, intersubjective, and relational, SIDS mothers actively re-create their identities and process experiences of being a mother through complex, ever-changing relationships not only with their own (deceased) children but also with other mothers. By performing acts of caregiving, isolated women relate as "SIDS mothers" and survive tragedy armed with the collective strength to reject patriarchal discourses on maternity and redefine what being a mother means.

Empathetic care and the network of SIDS mothers

Caregiving has become widely practiced among this generation of bereaved SIDS mothers in the US through a variety of fluid and flexible formats that include friendships, peer contacts, grief support meetings, and online communities.[8] Informal relations may develop from formal structures; mothers initially meet at state, national or international SIDS conferences, convened annually or biannually by private (e.g., the CJ Foundation) or government-sponsored organizations, SIDS walks and other public awareness and fundraising events, and local support meetings organized by SIDS parents. Bereaved mothers also get together as a result of federally-funded SIDS programs,[9] for example, in San Bernardino County in California, when there is a suspected SIDS death, the chief medical examiner or coroner notifies the public health nurse who not only arranges a home visit but also passes the information on to a "peer contact." The peer contact, a SIDS parent who has been bereaved for at least one year and ideally has undergone state training,[10] visits the newly bereaved SIDS mother to establish a caregiving connection.

In recent years, SIDS mothers engage in mutual caregiving widely through social networking on the web. Online groups such as <SIDSMOMS@yahoo.com> and <SIDSfamilies@yahoo.com> have hundreds of registered members who chat and post emails daily. The web has facilitated the ability of SIDS mothers to reach out, connect across space and in greater numbers, and provide vital emotional care to each other in an unprecedented way. Cheryl explains the significance of the SIDS community to her:

> I found the SIDS network on the Internet late one night when I couldn't sleep. I immediately felt a connection to others who could understand my feelings. It has since become a comfortable place where I can gather information, share ideas, and talk about my son at any time of the day (cited in Horchler and Morris, 2003: 204).

Local support groups, which started to appear in the 1980s, offer mothers the benefits of face-to-face human interaction but entail the practical and emotional challenges of organizing and attending meetings; traveling to set locations may be difficult for women with work, family, and other responsibilities. On-line communities, however, allow women to express themselves freely at any moment of need. They enable bereaved mothers to externalize feelings and expect a response, if not immediately, then within an hour or two. Regardless of the format that brings them together, the SIDS community gives bereaved women a requisite audience when no one else wants to hear.

Caregiving mentors: Guiding, advising, and educating

In conjunction with being empathetic listeners, SIDS mothers provide care for each other through the sharing of medical information, opinions, and social and emotional experiences. In the initial months after a child dies, SIDS mothers tend to dwell on the details of the events surrounding the baby's death, repeatedly replaying the minutiae in their minds. While primarily wishing they could turn back time and undo the outcome, SIDS mothers desperately search for information to make sense of the tragic event. They seek knowledge from multiple sources including autopsy reports, meetings with coroners and medical researchers, articles and printed materials, SIDS organizations, and other SIDS mothers. Mothers share information and compare notes on aspects of their experiences and situations including, interaction with medics and first-responders, idiosyncratic characteristics of their deceased babies (e.g., if they had any illness before death, the condition of the baby when found), and prior and subsequent pregnancies and miscarriages. Mothers form theories of what does or does not cause SIDS, and integrate newly gained expertise with prior frameworks of thought and belief (e.g., religious, spiritual, scientific). They inform, correct, and gently challenge misinformed positions, for example, when one mother wrote to an on-line SIDS group, "I heard that SIDS may be caused by vaccinations. Did I cause my baby's death because I brought her to the doctor for shots?" respondents provided references to assure her that her fears were fallacious.

SIDS mothers discuss common struggles and guide each other through "tried but not true" routes to "recovery." During the months after a SIDS loss mothers frequently turn to doctors for help, either on their own volition or due to the persuasions of family and friends. Medical doctors and psychiatrists prescribe anti-depressants for SIDS mothers to alleviate the immediate symptoms of distress. Medication is widely taken among SIDS mothers during the first year of grief; however, with hindsight and through discussion many SIDS mothers come to regard pills as a limited means of coping with their grief, often just a "temporary numbing device." One SIDS mother recounted her story to other SIDS mothers:

> *I tried a variety of drugs in the year after losing my baby. Even then I knew that these pills couldn't help me, but I was just going along with what the doctor recommended. I remember being dumbfounded when he*

> *looked me squarely in the eye and asked, "Is the medication helping?" How could I possibly answer his question? By what measure did I have to say if the pills were or were not "helping?" What would "helping" look like, I wondered? My world was crushed. I felt sadder inside than I could ever possibly express. My heart was ripped out and my daughter was dead. It seemed so trivializing to ask if the medication was helping. It was a bizarre, unanswerable question, and one that made me feel even more alone and unable to communicate with anyone other than SIDS mothers.* (Parent support meeting, March 4, 2006)

On social fronts, SIDS mothers help each other grapple with unwittingly hurtful remarks made by others that deny the magnitude of their pain and the significance of the child such as, "It's good that she was only a baby," "Thank God it wasn't Brian; it would have been worse if it had been your older child," and "At least you have your other children." SIDS mothers regularly encounter challenging social situations that they may be unprepared for initially, for example, when acquaintances commonly inquire: "Do you have any children?", "How many children do you have?", or "How old are your kids?" Bereaved mothers talk about such paralyzing moments along with their feelings and responses. Some mothers do not disclose the existence of their SIDS child, either not wanting to create discomfort for the other party or simply not wishing to discuss the child's death. These parents, however, may subsequently feel guilty for not acknowledging their beloved child. Other SIDS mothers always include their SIDS child in the count, determined to recognize them, affirm their existence, and even raise public awareness on SIDS. Many SIDS mothers vacillate in these contexts. Rina stated that in the initial years after her son's death, she would always acknowledge him, regardless of the situation or her relationship with the inquirer. In latter years, however, she kept her son's existence more private "to protect his memory" and make herself less vulnerable, should the listener's response be insensitive.

By discussing information and sharing their social experiences, qualified mothers advise and assist each other on countless SIDS-related matters including: how to pay for funeral and cemetery expenses; whether or not to take anti-depressants and the effects of such drugs; how to face societal insensitivities and ignorance on SIDS death and grief; how to set up a memorial web site for the baby; and how to respond to issues with grieving SIDS siblings (e.g., "My other son is flunking out of school and having so many problems. I know it is related to his brother's death." "My daughter said she wants us to die and go to heaven to be with her sister").

The sociocultural context: Overcoming maternal (self) blame

SIDS mothers correct others' notions of maternal blame, even as they struggle to overcome their own feelings of guilt and self-blame. Finding themselves on uncharted ground in the period after the loss, bereaved mothers may not recognize their own needs or the validity in seeking care. Even worse, they may internalize patriarchal notions of idealized "motherhood" that expect them to be omnipotent protectors, fully responsible for the care and well being of their children—the maternal experience is never divorced from the sociocultural context. Although mothers may indeed be supremely self-sacrificing (expressing that they would "switch places if they could"), the ideology that avers mothers as always capable of protecting their young has insidious effects when the baby dies and the mother is left feeling helpless, confused, and responsible. Her inability to raise healthy children may translate into a sense of personal failure and confirm her own lack of value and self worth. SIDS mothers badger themselves with an endless (and contradictory) series of "if onlys" ("If only I had checked in on him," "woken up sooner," "kept him in bed with me," "hadn't kept her in bed with me," "taken her to the doctor," "had not had her vaccinated," etc.). They may even resist the idea that their babies died of SIDS, choosing instead to implicate themselves. Melissa stated:

> *It wasn't SIDS that killed her. It was my fault. That is what I told the police and the coroner and anyone around me. They were trying to find some medical explanation for her death. But I knew that if I had only taken care of her better, if I had only checked in on her sooner, she never would have died.*

Guilt and self-blame at some level are nearly universal sentiments of mothers who suffer child loss (Kübler-Ross, 1983: 32) and these emotions can be especially strong for parents who do not have any warning prior to their child's death; they may regret certain thoughts or actions, or may not have had the opportunity to focus their attention fully on the child. Mothers who feel responsible for their child's death deepen their wounds and may deem themselves fundamentally undeserving of care. Mandy, who turned to drugs and alcohol after her son died, explained:

> *I did not want to take care of myself. If I couldn't feed my baby, I didn't want to eat. If my baby could not breathe and live, I had no desire to breathe and live myself. I did not deserve to, for I had not protected my baby.*

In a culture that promotes unrealistic maternal expectations and idealized mother images, SIDS mothers are not the only ones holding them accountable for the failure of their children to thrive. Maternal suffering is compounded by people in the family or community who likewise hold the mother responsible. First responders (i.e., police, fire-fighters, EMT, medical examiners) routinely proceed from the assumption that they are investigating a homicide or case of neglect. Societal blame may be overt. Raphael, an elderly man, admitted to me that he had always blamed his daughter-in-law for the death of his grandson and had not spoken to her for ten years. The autopsy report listed SIDS as the cause of death, but he held to the popular misconception that SIDS is a form of accidental suffocation. Jocinda, a SIDS mother, recalled the added pain her estranged boyfriend caused her when their son, Lucas, died:

> *Salvador (the father of the baby) blamed me for Lucas' death. He told all the doctors and staff at the hospital that I killed him. He had never heard of SIDS and was certain that I had done something to cause Lucas' death. He told people that I must have dropped or intentionally killed our son to cause him (Salvador) pain.*

In the years after Lucas' death, Salvador continued to blame Jocinda for their son's death despite the SIDS determination.

The presumption of maternal culpability may be unstated in some cases but still clearly present. A SIDS mother named Sarah relayed how Madison, a friend of her oldest daughter, used to stay over at her house frequently. After Sarah lost her baby to SIDS, Madison's mother made excuses for why her daughter could not come over and spend the night. To Sarah the insinuation that she was an unfit mother, somehow responsible for her child's death, was clear. Sarah commented, "People are ignorant but it hurts all the same. To your face they are nice but they think such terrible things. Everyone needs an explanation for the unexpected shock when a seemingly healthy baby suddenly dies." Westernized culture considers the death of seemingly healthy infants to be "unnatural," making mothers the obvious scapegoats. For SIDS mothers too, the internalization of responsibility may be more palatable than the alternative—a chaotic world where rules are inverted, order is threatened, children die before their parents, mothers cannot protect, and the basic systems by which we function are no longer controllable, predictable, or stable.

Destructive self-recriminations, however, are challenged and checked by other bereaved mothers who assure and remind each other that SIDS is real, even if not medically solved, and that to date there is no known way to prevent SIDS. The struggle of SIDS mothers is still in its infancy, however, with women striving to accept themselves as "good" mothers and human beings, but most not yet willing to challenge misconceptions openly and risk society's wrath; it is simply too painful. The silent anguish of bereaved mothers remains to be understood, addressed, and even noticed in the public eye.

"Am I bad? Am I going insane?": Validation among SIDS mothers

As a marginalized group so far deviated from the "good" mother standard, SIDS mothers ban together to grapple with questions of identity (e.g., Am I a "bad" person? Am I still a mother?) as a first step in the challenge of convincing themselves that they are indeed still "good" mothers. In a society that casts them as suspect, SIDS mothers need to create safe arenas in which they can share taboo thoughts and experiences that cause them to question themselves and feel immoral, abnormal, and even "crazy." Bereaved mothers may, for example, experience resentment toward pregnant friends, children, family members, and strangers. They may not desire to partake in celebratory social gatherings even years after their child's death. SIDS mothers may do or think things that seem illogical or extreme to the non-SIDS community; for example, mothers may continue to save and cherish all baby-related items for many years, including soiled diapers, dirty clothes, broken toys, and possibly any item touched by the baby. Anne confessed how hurt she was when her sister cleaned out the baby's room in an attempt to be helpful; she could not tell her sister how much that "trash" meant to her. Maureen continued to cycle baby clothes and blankets through the laundry long after her daughter was gone. Cherisse had her daughter cremated but continued to take the boxed ashes everywhere she went, buckled up carefully in the car seat. When she revealed this practice to other SIDS mothers they laughed, compared "crazy" behaviours, and made jokes about it, but no one was critical.

In the first several years and periodically thereafter, SIDS mothers may find themselves distracted, not fully present in their immediate environment. Mothers report driving past their freeway exit and not realizing it until they are miles down the road. Inattentiveness can affect the mother's relationships: Tracy's son often complained to her that she was not listening to him. Clare's husband grew impatient with what he took to be her extreme absentmindedness. Countless daily experiences may trigger daydreaming about the baby, crying, or a reliving of tragic events; indeed, any sight, smell, noise, or thought may lead to bittersweet memories. "Whenever I hear a siren," Arielle explained, "my heart aches and I have to fight back tears." Maura sympathized, "It took years before I could walk down the baby aisle in the supermarket, and when commercials for baby products came on television, it was like a knife going through my heart." For Susan it was the smell of the orange blossoms each spring. While SIDS mothers strive to function according to social norms and their own standards of acceptability, they share their struggles with other SIDS mothers and learn that these are "normal."

Some SIDS mothers ponder spiritual or religious questions concerning their child that they do not dare to voice to non-SIDS others around them. They may wonder what their child will look like in heaven ("Will she still be a baby or will she be grown up when I see her?") or worry if their baby will still remember them. SIDS mothers may believe that their babies communicate with them through various forms of nature. Lucille believed that the yellow butterfly that flew by her at the cemetery was a manifestation of her daughter. Laura told me that she hears birds singing every morning at dawn and believes these to be SIDS babies playing in heaven. Ellie explained her belief that the new life she became pregnant with was the reincarnated spirit of her recently deceased SIDS child. SIDS mothers often reflect back to the child's expressions and actions shortly before death and with hindsight believe these to have been communicative signals foretelling of their impending departure.

While not all SIDS mothers hold to these particular beliefs, engage in these precise actions, or have these exact experiences, many have variations on them, listen with interest and respect, and validate the feelings behind the beliefs and practices, all of which serve to reassure the mother that she is "normal" and "good." SIDS friendships, support groups, and on-line communities allow women to live openly as extremely bereaved mothers. Even if the rest of the world does not comprehend this side of the woman, she is strengthened by the existence of and affirmation from the SIDS community.

Symbolic care: The cycle of hope and meaning

The newly bereaved mother yearns to connect with another who knows and understands her pain; she feels that only someone who has been in her place can comprehend the depths of her anguish. Laurie recalled her initial days of grief:

> *When Haley died, I was moving in and out of consciousness. I screamed and cried uncontrollably for days. My parents came over, as did friends and relatives. But I couldn't hear what they were saying to me; I don't remember how they interacted with me. Lisa, who I didn't know at the time, called me the day after my baby died and told me she had also lost her child to SIDS many years before. She was my saviour. All I wanted was to look into her eyes and connect with someone who knew what I was going through. I didn't want, no, I couldn't talk to anyone else.*

Susan, another SIDS mother, stated, "I felt alone in the world, except for other SIDS mothers." Margaret Pike and Sara Rich Wheeler write about this connection among SIDS mothers: "For many people, it is a tremendous comfort just to learn that they are not alone in the experience of loss and bereavement, that others have journeyed down the rocky road of grief and are making it…" (cited in Horchler and Morris, 2003: 206). Carla wrote, "The voice of another SIDS mother was a lifeline. It didn't lessen the pain any, but it showed me that people do get through it and that they even reach the point where they can support other parents" (cited in Horchler and Morris, 2003: 210). Seasoned in their grief, veteran mothers serve as survival guides and living proof that others too will somehow endure what feels like a fatal blow. "I remember meeting Melissa (a SIDS mother bereaved for three years) just after my daughter died," Sarah recalled,

> *…and asking her, "does it get better?" She said, "yes." And although I couldn't imagine how I might feel in a few years, it was just a relief to see that she was okay. I asked her if the weight pressing on my chest would ever lift and she told me, "after a year or two that physical pain stops." And it did.*

Some bereaved mothers are inspiring role models, organizing fundraisers and SIDS walks, setting up memorials, and holding support meetings. But activist or not, the veteran SIDS mother is a symbol of hope for the future of the newly bereaved. With time, the provision of care may become more balanced and mutual, as the once newly bereaved mother moves into a caregiver role herself.

For veteran SIDS mothers, caregiving itself is a deeply meaningful "performative act" (Butler, 1993: 30) of maternity. SIDS mothers state that "helping other SIDS mothers is healing," "a means of honoring one's baby," and "a channel for one's pain." SIDS mothers continue to support each other actively years after their child's death "not because they are depressed or obsessed" Debbie, a SIDS mother/author, wrote, "but because it still matters, their child is still dead and another family is entering down the same horrible path." She reacted strongly to her friend's remark "Oh … You're still doing that?" about her long-term care work, explaining, "Others who have not lost a child do not realize that the mothering and the love and the corresponding grief and sadness never stop…. It all goes on and it all continues to matter to the mother, even if the rest of the world has moved on and forgotten" (Horchler and Morris, 2003: 208). SIDS mothers who reach out to others in the SIDS community relive their maternal love and heartache in the process, but with the passage of time, do so from a position of strength, control, and with the positive feelings that come from helping their "soulmates." SIDS mothers note that their volunteer work within the SIDS community (as this care work is often conceived) establishes the child's impact on world—despite a short physical existence, the child's life mattered; it inspired the mother to reach out to others. The care work also helps the bereaved woman to reestablish her place as a "mother" (i.e., SIDS mother). Caregiving thus keeps the mother and child alive by preserving the baby's memory and allowing the mother to commune with the baby's spirit by connecting her story to that of her child (cf. Elbert, 2002).

Conclusion

In this article, I call attention to intragroup caregiving, which although acknowledged in the form of self-help groups, has not been cast as primary. As a non-judgmental community of empathetic equals, bereaved women come together as "SIDS mothers" to comprise and illustrate a model network of female caregiving, providing for each other on emotional, practical, cultural, cognitive, and symbolic fronts. Caregiving relationships that enable SIDS mothers to express love for and voice their baby's continued presence are healing. While professionals, other family members, and friends may expect or hope the mother will "get better" ("My therapist told me I will get to a place where my daughter's death is no longer painful to me. I knew then that she couldn't help me"), SIDS mothers know intuitively and by experience that "getting over it" is impossible and even undesirable—losing the pain is often equated with letting go of the child and no longer caring. Rather than ignoring, downplaying, or denying the hurt, SIDS mothers help each other to acknowledge, process, and live with their reality.

SIDS mothers are ideal caregivers for each other precisely because they share an intersubjective understanding of the world (a form of "maternal thinking") that develops from their critical experience of infant loss. Identifying as a "SIDS mother" entails a transformative process whereby a woman comes to think and function within a SIDS paradigm, that is, from a comprehensive perspective on life wherein maternal love coupled with the devastation of sudden and unexpected death of the beloved become touchstones for the daily aspects, thoughts, and actions of life. One SIDS mother captures this fundamental outlook:

> *As I go through the experiences of life, I now view everything through a certain lens—that of a SIDS survivor. When friends, colleagues, acquaintances complain about problems they are having in their lives, I often think, "If only they knew what a real problem was!" And when I am stressed or having a hard time about anything, I remember my daughter and tell myself, "You can get through this; you have lived through much worse."*

For SIDS mothers, the deceased child is never far from consciousness. "There is nothing that I do in my life that doesn't in some way relate or connect to my experience of loss and my identity as a SIDS mother. What I do is often directly out of love and honoring my child," Maura stated. Arielle concurred, "The baby is always in your heart and mind."

In sum, SIDS mothers exemplify the poststructuralist truth that maternal subjectivities are diverse, multifaceted, and shifting (Jeremiah, 2006: 22). Through interactive, mutual caregiving, mothers process aspects of their tragedy, repeatedly, in an ongoing manner, and with the knowledge that they are not alone in their pain. As bereaved women become enmeshed in informal relationships and networks of mutual caregiving, they emerge from isolation and grab hold of their new identity as a "SIDS mother." Ultimately, this process and newly incorporated persona/perspective are healing, not because they expunge the anguish of loss, but because they provide bereaved mothers with (1) a cognitive framework to make sense of their situation and thereby (re)gain a measure of "normalcy" in life, (2) a collaborative means to understand and process the overwhelming, catastrophic experience and, (3) a categorical and meaningful way to belong to the world of mothers and continue on as a loving mother. Thus, despite the fact that the SIDS community is "the club no one would ever wish to join," through practices of mutual caregiving, SIDS mothers create a model of feminist care that facilitates their own transformation over time from devastated human beings to survivors.

[1] For a detailed discussion of the scientific research and theories on SIDS, see Byard and Krous (2001).

[2] SIDS is a diagnosis of exclusion that is officially recognized as a cause of death for infants primarily in the U.S., Western Europe, Australia, Canada, Japan, and Israel. Although sudden infant death occurs everywhere, these unexplained fatalities are not always recognized or designated as "SIDS."

[3] Fathers (and other family members) certainly endure the pain of SIDS loss too, but for the arguments of this paper, I focus specifically on mothers who make up the overwhelming majority of active caregivers within the SIDS parent community. See Horchler and Morris (2003: 89-107) and Davis (1996: 111-123) for discussions of SIDS and fathers' grief, and Hendrick (1999: 33-43) for a discussion of maternal grief and its gender-specific implications.

[4] See Klass, Silverman and Nickman (1996) for a review of misguided psychoanalytical approaches to grief after the death of a child.

[5] The SIDS rate is twice as high among Native Americans, and three times as high for African Americans as compared to Caucasian populations in American society. Researchers have not determined the biological or cultural causes of these variances.

[6] Mothers also turn to family, friends, work, counsellors, religion, rituals, spirituality, nurses, doctors, anti-depressants, illegal drugs, alcohol, as well as other avenues to cope. A comprehensive and comparative analysis of individual and cultural coping strategies is beyond the scope of this paper.

[7] This study is based primarily on the experiences of SIDS mothers in Southern California connected to the Guild for Infant Survival, Riverside and San Bernardino Counties, of which I have served as President for the past three years. My daughter, Micaela, died of SIDS on August 27, 2003. The work is also supported by the hundreds of SIDS mothers I have met in California at local SIDS organizations, peer support, and state meetings, and internationally, through personal fieldwork in Israel (2005), on-line (US, Canada, Europe, and Australia), and at SIDS conferences in Canada (2004) and Japan (2006). Unless published elsewhere, names in this paper have been changed and quoted comments are intentionally referenced vaguely so as to protect the identity of those involved. Contributors, however, were consenting informants.

[8] Although I view mutual care networks as an essential form of healing for this community, my intention is not to homogenize SIDS mothers or depict intragroup care as a panacea, implying that all mothers who lose infants to SIDS develop an identity as a "SIDS mother" and engage in mutually supportive relationships. In addition, if a woman becomes alienated from SIDS mothers who initially provided her comfort and community, she may experience a heightened sense of isolation. As Sarah commented: "At our last meeting I realized that everyone else was Christian. When they started talking about seeing their babies in heaven, I felt awkward. They each said how happy they felt because of the fact that they would someday hold their babies again. I realized at that moment that I was not like my SIDS sisters, and then I felt *really* alone."

[9] Federally-funded SIDS programs were established in the late 1970's when,

at the time, there existed only a few voluntary groups including the SIDS Foundation and the Guild for Infant Survival. During the past few decades, bereaved families receive nurse-counseling services in most US counties (see Horchler and Morris, 2003: 214-216).

[10] Unfortunately, due to funding cuts, states no longer provide peer contact training programs (as of 2006), and public health nurses often do not coordinate with existing peer contacts. When the system is dysfunctional or nonexistent, SIDS parents may remain isolated or find each other through other avenues.

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Judi Thacker-Magee

Birdy Bones

"I love you birdy bones."

In our embrace I feel each of her delicate osteoporotic ribs press against mine and realize as I wrap my arms around her that they could encircle her quarter-way round once more. In her frailty she is like the smallest of birds. This term of endearment makes her smile. I ease her back into her lounge chair, kiss her gently on the forehead and leave after another visit. Another visit marked by both betrayal and celebration.

This was a good visit. All are not always so. Although mom hasn't called me by name in months, she was generally present. Responsive to my questions and ever repetitive in hers. Today she was fully ambulatory, somewhat unsteady on her feet but unassisted by either walker or wheelchair.

She was in good spirits but never is she otherwise. Mom is pleasant, always quietly pleasant even in the midst of confusion, apprehension, and paranoia. Always and ever thus so damned pleasant. She has shrouded herself in pleasantness, a tightly-woven, impenetrable, black cloak behind which she has hidden so that I have never come to know her.

It is now and only now as I am losing her to her frailties and dementia that I am finding her. There are occasional glimpses behind the dark fabric of niceness of a woman I have never known. The shroud is thread-bare in places and it is through these unravelled threads that I am discovering the essence of her. It is a painful process and reliant on her dependence on me. I wish it wasn't so but am thankful for this gift of getting to know her if even just a little, even if so late in our relationship.

"Your mother has never said a bad word about anyone," my dad said to me innumerable times. An admirable quality to be sure but truth be told mom rarely said a word about anyone or anything other than statements about the obvious. Monosyllabic comments on the weather, a television show, and the like.

An excruciatingly private person totally devoted to the physical care of husband, five children, and household, mom simply existed in the background preparing meals, cleaning, washing, and ironing. An almost invisible domestic performing these duties as if by rote.

She was never given to open expressions of affection. I remember but a few half-hearted hugs and kisses on the cheek. No sitting-on-her-lap cuddle time. No being read to. No confidences shared. No problems discussed. No advice given. No questions asked. No voices raised. No laughter shared. No tears. What was most present to me was her absence.

I have never known what her interests are; what she is fearful of; what angers her; what she is passionate about; what makes her sad or what gives her joy. I have never known her to have a friend, a hobby, a life outside the duties of wife and mother. All I know is that I have loved her and she has loved me. I don't know how I know this but I simply do.

In caring for her, the physical closeness is so painfully personal, such an invasion of her privacy that I feel I am committing the worst betrayal possible. Simply doing up a button on her blouse or pulling up a zipper on her sweater is the most intimate of acts.

"Mom can I have a look?" I pull down her slacks to her ankles and lower the waistband of her underwear to just below her buttocks.

"No mom I don't see any bruises, redness or swelling and I don't feel any hotness around you tailbone. Is it okay if I have the charge nurse come in to check this out?"

Often mom will tell me where she feels pain or discomfort rather than letting the staff know. Although mom demurs without embarrassment to my request to investigate, for me the intimacy of these encounters is staggering.

I remember the first time I saw her naked body. Shortly after my father died I took mom to the Gwendolyn Lingerie Shop in Oakville to be fitted for new bras and panties. It took many attempts to persuade her to come with me. So busy caring for my father she had neglected the most basic necessities for herself … properly fitting underwear.

I don't know when she last purchased bras or panties but clearly the ones she was wearing are now too large. I try to grant her as much privacy as possible during the fitting session discreetly asking her permission to come into the change room as she tries on one bra after another and a multitude of various underpants.

"Is it comfortable mom? What about the straps, the elastic? Do you like the style, the material, the colour?"

Focusing on the logistics of this process I try desperately to down-play the shock of seeing my mother's naked body for the first time in my 58 years as her daughter. Her privacy was the only thing she had been able to claim as her own in all of the years I have known her. My sense of invading it felt like treason.

As I slip the bra straps over her hunched shoulders her small breasts drop into the 32A sized-cups. I help her step into the full-brief nylon panties and gently pull them up her blue-veined, waif-thin legs and over her round belly and hips.

"Look at this pot!" she says not disguising her disgust. "I have to lose some weight. I'd like to take this weight and put a handful of it on each breast," she declares as she surveys her 88-pound, 86-year-old body in the full-length mirror. She feels her breasts are too small and her belly too big. "And just look at these legs. I always wanted to get these varicose veins removed. They're disgusting."

I am speechless as she openly reveals how she feels about her body. I never knew. The body I have just seen is beautiful. Her skin so soft and smooth, so flawless, the colour of the moon. The glorious rounded Buddha belly which gave me life and life to four others as well. Not a stretch mark on it, so perfect. Just a magnificent round orb. The legs that carried the weight of five gestating babies. I marvel at what her body accomplished.

She chooses four padded bras and five pair of white nylon full-brief panties size small but still large enough on her to hold an incontinence pad for those moments when she has difficulty voiding her bladder completely. Mom seems both relieved that the process is over and pleased with her purchases.

I now realize why I have never ever seen her in a pair of shorts and only seen her in a bathing suit once in all the years I have known her.

The summer of 1959 at a rented cottage on Lake Rosseau. I was supposed to be in the boat on the way to the marina with my father, two brothers and two sisters but I had decided at the last minute to stay on the island. I took my book to the top of the hill overlooking the bay and it was from this vantage point that I discover her. I watch as she makes her way bare foot along the path at the base of the hill and onto the dock. She unties the towel from around her waist and lets it fall to the dock. Standing there in the sun she pauses. She stretches luxuriating in the warmth of the sun. I am in awe. Short in stature, slim in figure, I see a fit and confident woman. She is beautiful in her serenity, in the joy of her privacy. This is my mother as I have never known her. She dives silently into the cool water. I watch her gliding across the bay … long, languid side-strokes. Her movements so smooth and seamless that hardly a ripple breaks the surface. I quickly crouch behind the copse of pine trees high above. I am a voyeur.

Even as a ten-year-old I sense the magic, grace, and beauty of this moment. I love *this* woman. I love *this* mother fiercely. This is her moment but it has become mine as well. This is the first and sadly the last moment I will see her as perhaps she once was … vibrant, strong, in possession of herself in the sheer bliss of doing what she so obviously loves to do, simply swim. In peace. In quiet. Alone.

I sense that this was a woman, my mother, before marriage and the birth of five children in nine years; before the self-consciousness of what birthing five had wrought upon her body; before the struggles of raising these children in the all-too-frequent absences of her travelling-salesman husband; before the financial worries; before the doubts, anxieties; before devoting every single waking moment to husband and children; before the exhaustion; before her loss of self.

Before she discovers that I have been watching her I race back to the cottage and throw myself on the couch with my book. I hear her steps on the cottage porch as she returns from her swim. I immerse myself in my novel. As the screen porch door closes behind her she glances over at me obviously surprised to see me. She sighs almost inaudibly but says nothing. Nor do I. We will never speak of this moment. She goes into the bathroom to change out of her bathing suit and back into her summer pants and blouse to become once again the mother as I know her.

"I guess I should make lunch for you all. The others will be back soon," she says wearily.

I cherish the exhilaration of that unspoken moment to this very day. I will never know that woman but my caring for her has brought a new dimension of her into my life.

"That is a man without a good head on his shoulders. He should be wearing a hat." This statement made by a woman who never says a bad word about anyone. A statement made about a bald-headed man on a frigid February day who passes by the restaurant window as she and I are having lunch.

"Just look at that brilliant blue, cloudless sky. What a beautiful day. And the air is so fresh. The breeze feels so wonderful on my face." She is in a state of rapture on this day as we walk arm and arm in a nearby park. A declaration made with an exuberance I have never heard from her before.

"I'm sorry. I don't remember your name," she whispers to me as she attempts to introduce me to her tablemate (whose name also eludes her) in the dining room of the nursing home. She is actually initiating a conversation, this woman, my mother who had no friends while at home raising her family … a woman who rarely spoke unless spoken to.

"I wouldn't want to be coming home after a night of drinking and try to find my house amongst all these identical homes," she chuckles as we pass by the new housing development where every house is a replica of every other. This from my mother, who never socialized, never drank, and who only left her house to grocery shop.

My heart sings as I hear her joyfully hum along to a song on the car radio as we drive along the highway on another outing. Often we engage in a teasing, light-hearted banter in our time together. I am privy to wonderful flashes of her wit and wry humour. She is fascinated by babies, toddlers and animals. On our walks she does not hesitate to stop and ask a perfect stranger the name and age of their child or pet and comment on how beautiful or cute they are.

I love the stories she tells me about her younger days as a single working woman; the clothes she wore, all tailored made by her seamstress-aunt, so well made that mom said that she could almost wear them inside out; how she carefully manicured her nails and applied fire-engine red nail polish in preparation for a day at work; how the smell of English lavender lingered in her hair after a day of working as a secretary at Yardley's, the fragrance distributor of British perfumes in downtown Toronto.

There is both a sense of betrayal and celebration in the new relationship between my mother and me. In her dementia she has shared herself with me but is unaware of doing so. I feel a sense of guilt. I am like the ten-year-old I once was in 1959, a voyeur, watching her through a one-way mirror. I celebrate what I have discovered about her. None of this would be possible if I was not so intimately connected to her through the care I am giving her.

I pull into the parking lot after a recent outing and carefully help mom from the car. She clutches her purse and purchases in one hand and I take her arm. Slowly we proceed up the walk to the door. I key in the code of entry. We take the elevator up to her second-floor room. I remove the purchases and purse from her hand and lay them on the bed. I turn to her and wrap my arms around her. She returns my embrace with an enormous strength that belies her frailty. Kissing me fully on the lips she thanks me for a wonderful afternoon.

I place my lips gently on her ear and whisper, "I love you birdy bones."

My 28 year-old son asks me, "Aren't you upset that your mom doesn't remember your name?"

"No," I answer in all honesty.

I have gone beyond the need to be named. I know at some level mom knows exactly who I am. Through my touch, the sound of my voice, my engagement with and caring for her she knows that she is loved by me, her eldest daughter, "Tildy." Her affectionate hugs and kisses tell me this is so.

Alicia Casey

Indiana, Late August

In the nursing home, my mother maneuvers silently through
patient rooms. The whine of rubber on tile unnerves them.
She checks the windows. Her hands grasp the fragile chains,
sliding curtains back from filtered glass. She knows,

it's been months since most had sun.
If there are fresh chrysanthemums,
she pauses to arrange them prettily.

She's known for her knack with the dying. They call her
when pallor shifts from parchment to clay, when no
amount of morphine from the drip sleeps the pain.
The order reads, *Do Not Resuscitate*. For her,

it's a break in the day. No needles, no calculating
medications, and the doctors will not intervene.
They're only interested in the ones they can save.

She says these are moments of peace. She skates a chair
to the bedside, lowers the metal gate and circles
her thumb across the skin of their palms. It's a conjure.
When the eyes drift up and clear, she draws out

the finest memory. She sat first at her father's bedside.
His was Indiana, late August. In the eastern wheat field,
he and his best girl lay counting stars.

Gray Jacobik

After Last Decisions

For three years, whenever he messed himself,
like an obedient child, he rolled on his side away from her,

thin hipbone and shrunken buttocks gleaming,

unflinching as she wiped and washed him,
and when he didn't wake to ask for the bedpan,

she woke to the smell of urine
which carried out the night and carried in

the bleached blank abandonment of day.

Cancer ate at his spine, yet she, too, as if minnows worked thousands
of small cold mouths against her flesh, was devoured.

How to account for a sweet nature, his to the end?
Or how his silence before the world's stern reductions,

his humor even in pain, moved her with a force she could not
explain, love deepening, and that love, no minor recompense.

Yet how brown and dank and illimitable her exhaustion is.

Does she have shoulders, breasts, a face? Anything to touch
below her waist? Is she the one dead?

Everything smells of rot, his sheets, pillow, even his false teeth.

A woman who is salvage, who is picked clean, places his clothes
and shoes in plastic bags and heaves them into the cavity
of charity's white dumpster.

What meadow can she wake in with desire restored?

What manna can feed such hollowness?

Sue Wilson, Nancy Mandell and Ann Duffy

Discourses of Elder Care

How Midlife Canadian Women Act and Feel in Caring for their Parents

As the Canadian population ages, the demand for elder care increases. Yet little is known about the process or practice of elder care. Who provides care to whom and in what manner? In this paper, we examine ways a sample of Canadian midlife women interpret and enact one form of elder care, namely parental care. The analysis is based on interviews with women in their fifties conducted in 2002 in Southern Ontario. Many of the 110 women interviewed had cared for older parents; others anticipated such care in the future. In this paper we address a gap in the literature by drawing attention to ways midlife women voice their experiences in positive terms. An extensive literature exists detailing ways parental care is time consuming and stressful. Far less is written about the positive caregiver experience. Framed within a gendered, materialist life course perspective, we see midlife women's caring practices as embedded in a discourse of caring. Three aspects of this discourse—reciprocity, acting out of love, and finding meaning—are examined as the basis of both feelings and practices associated with the elder carework undertaken by midlife women. We conclude that parental care of elders is both a more nuanced and materially-based practice than previous studies imply.

Midlife women's elder care: Emphasizing the positive

As the Canadian population ages, the demand for elder care increases. Yet little is known about the process or practice of elder care. Who provides care to whom and in what manner? In this paper, we examine ways a sample of Canadian midlife women interpret and enact one form of elder care, namely parental care. Recognizing that there are feelings of ambivalence (Connidis and McMullin, 2002) associated with caregiving, we have addressed a gap in the literature by drawing attention to ways midlife women voice their experiences in positive terms. An extensive literature exists detailing ways parental care is time consuming and stressful. Far less is written about the positive caregivers experience. Framed within a gendered, materialist life course perspective, we see midlife women's caring practices as embedded in a discourse of caring. Three aspects of this discourse—reciprocity, acting out of love, and finding meaning—are examined as the basis of both feelings and practices associated with the elder carework undertaken by midlife women. We conclude that parental care of elders is both a more nuanced and materially-based practice than previous studies imply.

Data are drawn from a sample of 110 midlife women living in Southern Ontario who were interviewed in 2002. Participants were in their 50s at the time of interviews. Approximately half were married, four percent were widowed and 20 percent were separated or divorced. Eighteen percent were childless and another 18 percent were grandmothers. The interviews asked about family relationships, paid and unpaid work, health concerns, and caregiving. Involvement in parental caregiving for 50-something women reflects their varied life trajectories. Some anticipated parent care, some were currently caring for parents, and others had experienced the death of one or more parents, so their interviews referred to caregiving experiences in the past.

We focus on the positive aspects of parent care as an under-explored thread in the caregiving literature (Grant and Nolan, 1993; Cohen, Colantinio and Vernich, 2002, Lopez, Lopez-Arrieta and Crespo, 2005). This emphasis is not to underplay the considerable emotional, physical and financial demands that parent care entails (Cranswick, 1997). All of our midlife women point out the burdensome aspects of parental care and the many ways in which it has robbed them of family time, energy, leisure, and work opportunities (Mandell, Wilson and Duffy, 2008). But our participants also talk about intrinsic rewards and interpersonal advantages they had not anticipated receiving when they first entered intense, often long-term, caregiving relationships. This finding reinforces Lopez, Lopez-Arroeta and Crespo (2005: 82) assumption that positive caregiving is more than the absence of burden.

Canadian survey data suggests positive experiences of parental caregiving. When Canadians were asked to evaluate their experiences in the 2002 General Social Survey, both middle-aged elder caregivers and senior caregivers rated their elder care positively. Defined as caregiving satisfaction, positive elder carework refers to the perceived subjective gains and rewards and the experience of personal growth that occur as a result of providing care (Lopez, Lopez-Arrieta and Crespo, 2005: 82). Caregiving can provide benefits not only for the receiver but also for those providing care. The vast majority of care providers say they get positive intrinsic rewards associated with their duties. Between 80 percent and 90 percent feel that helping others strengthens their relationships with the care receiver and repays some of what they themselves have received from others and from life (Stobert and Cranswick, 2004). In fact, 20.6 percent of men and 22.2 percent of women felt they should be doing more (Habtu and Popovic, 2006). Cohen, Colantinio and Vernich (2002) and

Lopez, Lopez-Arrieta and Crespo (2005) argue that we do not know enough about the specific nature of positive feelings surrounding parental care.

Carework takes places within a dominant discourse of caring that has historical, contemporary, material, gendered and embodied elements. Our analysis of three types of positive parental care—reciprocity, acting out of love, and finding meaning—is framed within our understanding of what dominant discourse suggests midlife women ought to feel and experience when providing care. As well, we point out the ways in which midlife women's interpretations stretch and challenge prevailing norms.

Caring as discursively produced

The dominant discourse on caring sees it as an individual activity that incorporates both instrumental and affective dimensions. Instrumental duties include those taking place within the home such as preparing meals, doing housework, financial management and personal care (bathing, dressing, toileting) as well as tasks that take place outside the home including yard work, house repairs, transportation and financial maintenance.

Emotional duties include the performance or supervision of concrete tasks as well as the assumption of psychological responsibility for others by checking up on them, visiting or telephoning them, and providing emotional support such as keeping up their spirits and offering reassurance and encouragement (Cranswick, 1997; Hooyman and Gonyea, 1999: 151).

Contemporary Canadian caring makes the following assumptions. First, caring as a practice is gendered. Women on average spend 35 years of their lives devoted to caring for children, grandchildren and older people (Calsanti and Slevin, 2006). Women provide 70 to 80 percent of in-home care to family members at every stage of the life course (Marshall, 2006). While both men and women provide care to parents, there are gender differences in the forms of assistance provided. Men are more likely than women to support aging family members financially and women are more likely to support their parents emotionally and in daily tasks such as household chores, shopping and basic hygiene. (Chisholm, 1999). Women take on the direct, hands-on, personal care duties while men generally assist in tasks such as home maintenance and financial management. (Habtu and Popovic, 2006). Male and female subjectivities are thus constituted in and through gendered practices of caring (Twigg, 2004).

Second, carework varies across the life course. Caregiving increases as one ages but peaks between the ages of 55-64 years. Over 1.7 million Canadian middle-aged men and women—16 percent of this age group—provide informal care to almost 2.3 million seniors with a long-term disability or physical limitation (Stobert and Cranswick, 2004). As expected, most (67 percent) are providing care for their own parents while a significant minority are looking after their spouse's parents (24 percent), or close friends and neighbours (24 percent) (Stobert and Cranswick, 2004). In 2002, informal caregivers 45 years of age and over provided over 40 percent of elder care (Habtu and Popovic, 2006). Increased longevity increases the length of caring relationships, suggesting that middle-aged women face longer periods of caring work than previous generations.

Third, carework is related to family structure. A spouse is likely to be the primary caretaker; however, because women marry older men, they are often the providers and less the recipients of care. Without a spouse, daughters are more likely to provide care than sons. Elderly women provide more carework for elderly male spouses than elderly men provide for them (Hunsley, 2006). Two-thirds of non-institutionalized senior men and one-third of women live in a two-person household with a spouse, meaning more senior men than senior women are likely to have access to spousal care (Cranswick and Thomas, 2005).

Fourth, carework is raced and classed. While all social classes and ethnic groups provide instrumental, emotional and financial care, they differ in amounts, intensity and feelings of obligation. Women of colour are more likely to be involved in paid carework. Asian men perform almost as much carework as Asian women. More highly educated women perform less carework. Higher earning men perform very little carework. Many minority groups have more sources of care support available than do white groups. Our interviews with midlife women drew on a variety of social classes and ethnic groups displaying the wide range of ways in which carework is taken up.

Fifth, carework is associated with ill health. Care is provided at some cost to individuals. Caregivers experience both objective burden (the actual demands they experience as caregivers) and subjective burden (feelings of worry, sadness, resentment, anger or guilt) (Hooyman and Gonyea, 1999). Statistical evidence indicates that for both men and women, caring eats away at their time, energy and money. On a day-to-day basis, 55 percent of employed women and 45 percent of employed men stated that caregiving duties affected their work, citing instances of coming to work late or leaving early, having to miss at least one day of work (34 percent of women and 24 percent of men), 44 percent said they had incurred extra expenses because of their responsibilities (Cranswick, 1997). Feeling alone, isolated, worrying about the care recipient and without time for oneself appear to be greater negative outcomes of elder care than the physical or financial demands (Baines, Evans and Neysmith, 1998).

Findings

Dominant discourses of carework shape the ways in which midlife women interpret their elder care experiences as both acts of affection and enactments of obligation. Three themes emerge from our analysis of the positive themes regarding parental care in midlife women's interviews: caring as reciprocity, caring as an act of love, and caring in the final stages of a parent's life as contributing to the caregiver's search for meaning in her own life and relationships.

Reciprocity

Families are sites on ongoing labour as well as being sites of ongoing care.

Midlife women care for their children and their parents. Grandparents provide childcare for grandchildren and for great-grandchildren. Elderly spouses provide care for one another. Carework is layered and typically reciprocal. Children and adults, of all ages both receive and provide care. Indeed there may be times when these are simultaneous processes. Reciprocity including financial contributions, on the part of parents receiving care from their children or grandchildren allows the older adult to retain feelings of independence. Not surprisingly, Lewinter (2003) found that when *caregivers* felt appreciated, they felt more positively about the experience, so parental expressions of gratitude prove very important. In this way, reciprocity in caregiving is like reciprocity in any relationship. According to Lewinter (2003: 375) "caregiving relationships resemble other types of social relationships in that reciprocities form an important mediating factor in the relationships' stability, continuity, and quality."

Reciprocity can be understood in the broader context of family relationships over the life course in that intergenerational exchanges may be delayed by years, or involve several people. Adult children are motivated to engage in parental care in return for the care they received as children, or they may care for a third party because they feel blessed by their own life circumstances. Both Barbara's (#78) and Ruby's (#6) comments suggest their caregiving is motivated by reciprocity.

Barbara who is married, and has a busy career, and no children, has undertaken considerable care-giving responsibilities for her parents (one of whom has died). Her comments appear dispassionate, yet her sense of reciprocity is clear. "It didn't bother me [caring for my parents] because I felt it was my duty to look after my parents because they raised me."

Ruby's comments have a different tone. They reflect the care she received from her grandmother as a child, and the reciprocity she experienced in the day-to-day care she in turn provided to her grandmother. Now, as she begins to become more involved in her parents' lives, she draws on what she learned from her grandmother. The final sentence in the quote shows how Ruby's grandmother's treats were a way that she could reciprocate for the care she received.

> *I've been involved in caring relationships with my grandparents, parents and children. My relationship with my grandmother was important. She cared for us all, my sisters and my parents. After my grandfather died it was a relationship of mutual care-giving. My husband and I would check on her and do any errands or shopping for her and she would make us treats.*

Reciprocity is an important dimension underpinning the individualist orientation of caring discourse because if individuals feel they are engaged in reciprocal caring relationships (emotional, financial, instrumental), than they are less likely to feel like burden.

Acting out of love

Caregiving is associated with feeling rules. The dominant discourse positions caring as both an act of family obligation and an act of love. There are thus "rules" about the appropriate emotions an individual should experience when performing care. "Caring as affection" implies individuals have a choice whereas "caring as duty," articulates certain religious and cultural ideologies that reinforce the notion that children should care for parents and that siblings should support each other. Not surprisingly, children who are close to their parents are more likely to find the experience of caregiving positive. The link between a positive relationship and a positive experience of caregiving is a consistent finding in the literature (Stobert and Cranswick, 2004; Lopez, Lopez-Arrieta and Crespo, 2005; Perrig-Chiello and Hopflinger, 2005). While parental love might be assumed in the parental caring behavior of adult children, some midlife women voice strong expressions of parental love in their interviews.

Lynette (#27) has struggled financially all of her life and at the time of the interview was living in a rooming house. She had cared for her dying mother, and in turn received support and care, including housing, from her daughter. Lynette speaks emphatically about the love she continues to feel for her mother and how she misses her still. For Lynette spending long days at her mother's hospital bedside was an act of love.

> *I spent about ten hours a day at the hospital, … not even wanting to go home, just wanting to be with her as much as I could. And after she died, I still miss her. I miss her more than I ever thought was possible. . . . I don't have that dear woman to take care of any more.*

Mary (#24) too is motivated by love to care first for her father and then for her mother. She struggles to find balance in her busy life juggling the demands of a career, adolescent children, caring for her mother and leaving time to spend with her husband, and describes herself as sandwiched. Despite such extensive demands, she feels overwhelming love for her parents. Her father died three years ago and her mother was eighty at the time of the interviews. "I love my parents dearly. I just look at my mother now and I know I'm going to lose her someday and that's very hard."

Ruby (#23) cares for her father who had been in a coma for four years at the time of the interview.

> *All the time I visit, I have to make sure that he is comfortable, so I can take care of him. I always wash his face, tidy him up. And when my mom was sick I had to do the same thing. Then she passed off, so now it's my dad.… Even though he doesn't know I'm there. He can hear me, but he can't respond to me, but I still need to be there.…*

Later in the interview Ruby talks first about her inherent desire to 'help', and about her hope that the care she gave her father would be given in turn to her. We assume that the 'them' Ruby refers to means people in her family, although she does not say so.

> *People need each other and if I can be there to help in any way, then that is what I want to do.... I hope when my time comes, I can rely on them when I do need the help from them. Basically that's it.*

Ruby's devotion to her mother until her mother's death, and now her tireless devotion to her father's care, despite his inability to reciprocate in any way, may reflect a combination of love and loyalty. She is hopeful—but perhaps not completely confident that she will receive support and care in turn. The inevitable clash of "love versus duty" gives rise to feelings of ambivalence (Mandell, Wilson and Duffy, 2008). In Ruby's case this is not evident in her comments about her father, but is revealed when she considers her own future.

Finding meaning

When viewed within a life course perspective, a turning point "is a disruption in the trajectory, a deflection in the path" (Wheaton and Gotlib, 1997: 1). The death of a parent, especially the second parent, is a major turning point for most people—a time to confront their own mortality (Aldwin and Levenson, 2001: 195). Not surprisingly, by this age many women have already experienced the death of one or both parents, and for some this initiated an existential search to try to find meaning in their own and their parents' lives.

A number of women in our study talk about significant changes in attitude as they confront the death of a friend or family member. Finding meaning in a crisis or illness is an important part of adapting to changed circumstances, both for the person suffering illness and for the caregiver. For example, Nelms (2002) has explored ways mothers of adult sons with AIDS found meaning (both spiritual and existential) in caring for their sons. Midlife women reflecting on caring for a parent through illness and death also talk about how this experience was a turning point prompting a rethinking of life decisions.

Anita (#12), who describes herself as "a very independent cuss" had a stormy relationship with her mother when she was an adolescent and young adult. They did however become close as Anita moved from her thirties to her forties. Anita described her mother's death as a major turning point in that it initiated a time of rethinking her own life choices.

> *I was devastated when my mother died. And it made me really try to rethink what I thought about how I wanted to live the rest of my life. So I think it took me a ten-year period to figure that out.*

For Anita, whose husband is an alcoholic and had been "sleeping drunk" while she tried to care for her mother and three children aged five to fourteen, rethinking her life included finally standing up to her husband's behavior.

For some, the search for meaning is a spiritual search. Ruth (#6) has experienced the death of both parents, and had been close to two women friends who died of cancer. Ruth describes the impact as follows.

> *I think that what that does, depending on the individual, is make one more conscious of the inevitability of death or disease … of what is most important in life … it's how one lives one's life that is important, and one's relationships.*

She went on to tell the interviewer how the experience of death leads to a desire

> *…to understand what one can never understand, regarding mortality, regarding what is beyond death, regarding the importance of life . . . or, indeed, if there is something outside of oneself—the Divine. (Ruth, #6)*

The fundamental uncertainty surrounding illness and death provoke a search for meaning for some people and an accompanying desire to 'rethink' life decisions as they try to make sense of the experience. "As baby boomers age and grapple with their own mortality and the death of loved ones, there is a growing impetus to explore the meaning of life and the mystery of a spiritual afterlife" (Walsh and Pryce, 2003: 338)

Conclusion

In this paper, we look for the positive aspects of elder care of parents as voiced by a sample of midlife women. Three themes emerged: reciprocity, acting out of love, and finding meaning.

Central to the discourse of caring is its engenderment. Women are responsible for care at every stage of the life cycle and care of aging parents is no exception. However, women's caring varies across the life course. One of the busiest times for women as caregivers is age 54-65 years old when they are potentially caring for both elderly parents, young adult children, possibly grandchildren and still very active in the labour force. Granted, when no women (wives, sisters, in-laws) are available in families to do carework, men step forward, and men are more involved in parental and spousal care than in child care (Calasanti and Slevin, 2006). Often their result lies in the commodification of carework by, for example, hiring help. Carework varies across ethnic groups and social classes. Discourses of love seem to facilitate positive feelings about carework but overwhelmingly, duty motivates caregivers more than affection. The commingling of love with obligation engenders feelings of ambivalence about carework. Midlife women feel more conflicted, diffident, hesitant and uncertain about how carework feels that we came to define their overwhelming attitude as ambivalent. However the point we address here is that midlife women are not *only* negative in their assessments of parental care.

While they are clear about the negative personal and structural impacts, as well as the lack of choice around caring that befalls women, the parental caregiving landscape also includes important positive feelings.

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Jean Preston

Demolition

Twice each day, she drives past the site,
the old hospital, coming down brick by brick
since summer. At first, the building was still
nearly whole, its windows open to darkened rooms.
She could see the one she'd stayed in when her son
was born, picture clean crisp sheets, yellow roses
from her husband, the latest news from Vietnam
on TV. By fall, both windows and walls were
gone, the building crushed to pieces
like those pictures of Saigon.

She passes on her way to work before the crews begin,
passes again in late afternoon when trucks and cranes
stand silent in the rubble. It's as if the demolition
happens by itself. Some days she pays attention,
sees what's left standing, what's been hauled away.
Days like this she doesn't notice – the trunk full
of her father's laundry, picked up this morning
on her way to work; her own house in
disarray, her own laundry waiting.

Six months since her father was released – the bright
new hospital able to do no more. She'll call him
again when she gets home, the third time since noon.
Last week, she found dirty dishes in his laundry,
soiled underwear in the bathroom trash. The week
before, his African violets wilted on the sill. This
had been a better day. He ate some toast while
she carried his laundry to her car. He hadn't
called her by her mother's name.

Winter now, the sky's already dark when she drives
by the site. All that's left are piles of stone. Ugly,
jagged mountains, topped with sooted snow.

Sarah Glassford

"The Greatest Mother in the World"

Carework and the Discourse of Mothering in the Canadian Red Cross Society during the First World War

During the First World War, Canadians (primarily but not exclusively women) voluntarily gave their time and labour to the Canadian Red Cross Society in order to aid sick and wounded soldiers overseas. Red Cross activities such as fundraising, rolling bandages, knitting socks, writing letters for soldiers in hospital, tracing the missing and wounded, and sending parcels to Prisoners of War were described by those within the organization as acts of caring. In time, the Canadian Red Cross and its volunteers were also associated more specifically with mothering. The carework Canadians undertook through the Canadian Red Cross Society involved time-consuming labour, and portions of it had enormous economic value, but these aspects of Red Cross work were consistently downplayed at the time in favour of praise for the love, tenderness, and caring this work was said to express for sick and wounded Canadian citizen-soldiers. In this way the Canadian Red Cross Society and its volunteers were said to be serving as surrogate mothers for Canadian "boys" overseas. Constructing the carework of the Red Cross as an act of mothering gave the organization symbolic and moral power, drawing broad public support and large financial contributions for its work. As maternal feminists had done repeatedly since the late nineteenth century, some Canadian women used this mothering discourse associated with the Red Cross to translate their voluntary work into greater roles for themselves within the public sphere.

In February 1918, artist A. E. Foringer produced a poster for the American Red Cross entitled "The Greatest Mother in the World." Widely used at the time by most of the Allied Red Cross societies (and subsequently reused during the Second World War), the poster encapsulated much of what led ordinary citizens to support the work of the Red Cross in vast numbers during wartime. In Foringer's image a Red Cross nurse tenderly cradles the much smaller figure of a soldier on a stretcher, with a large red cross behind them. "The Greatest Mother in the World" draws on two potent images in Christian iconography: the Virgin and Child, and Mary cradling the dead body of Christ (Darracott and Loftus, 1972: 28). Significantly, both images are of a mother and her child.

During the First World War (1914-1918), Canadians conceived of their voluntary work for sick and wounded soldiers through the Canadian Red Cross Society in multiple ways. It was patriotic work. It was Christian work. It was caring work. It was also maternal work. The idea of mothering became one of the most dominant of the many discourses that informed the carework of the Canadian Red Cross Society throughout the First World War. Why was this particular discursive framework so popular? By framing their carework for sick and wounded citizen-soldiers in terms of mothering, Canadians bestowed that work with symbolic and moral power that boosted domestic support for the Red Cross, and simultaneously helped some Canadian women extend their work and influence into the male-dominated public sphere.

Canadian Red Cross carework, 1914-1918

During the First World War the Canadian Red Cross Society (CRCS) became Canada's largest and most important humanitarian organization, and its second-most popular war charity after the Canadian Patriotic Fund that helped soldiers' wives and dependents. At home in Canada, Red Cross volunteers primarily raised funds and produced supplementary clothing, comforts and bandages. Overseas, more volunteers distributed these comforts and supplies to military hospitals and rest homes, traced missing and wounded soldiers, sent food parcels to Prisoners of War (POWs), used funds to provide ambulances and hospitals, and visited the sick and wounded in England and France. It was a massive transatlantic undertaking involving tens of millions of dollars worth of cash and goods, which relied almost exclusively on voluntary labour provided by a small number of elite leaders and hundreds of thousands of ordinary Canadians.

The CRCS drew the bulk of its support from white, middle-class Anglo-Protestant women who possessed the time and means to volunteer their labour, but Canadian Red Cross volunteers and donors encompassed both francophones and anglophones, the old and the young, men and women, the upper-, middle-, and working-classes, and members of every major ethnic and racial group in the country. The government stood to benefit from encouraging Canadians' support for the CRCS and other war charities because, as Jeffrey Reznick (2004) points out, the resulting "culture of caregiving" helped sustain both manpower needs and civilian morale (3). Allowing voluntary aid organizations like the CRCS to provide supplementary medical aid meant more soldiers returning to the trenches, and civilians who felt good about their contribution to the war effort.

Mothering and the Canadian Red Cross Society

From its earliest days the international Red Cross movement was intended by its Swiss founders as a humane, caring movement. During the First World War the discourse of mothering—used regularly by First Wave feminists since the late nineteenth century—expressed very neatly the caring mission of the Canadian Red Cross Society. When women flocked to the CRCS in 1914, they brought their maternalism with them. If, as Lady Aberdeen (1976) proclaimed in an 1894 speech to the new National Council of Women of Canada, every woman was "called upon to 'mother' in some way or another" (200), then the CRCS offered them multiple opportunities to do so. Journalist Mary Macleod Moore wrote in 1919 that Canadian women overseas who volunteered with the CRCS took "the place of the women at home who were too far away to pet their boys" and asserted that whether young, old, married, or single, these women were mothering: "The instinct which moves one to protect and soothe and comfort had full scope during the war; consciously or unconsciously women responded to it" (70). In this context, the use of the term "comforts" for the non-medical supplies provided by the CRCS to sick and wounded soldiers—among them invalid foods, maple sugar, special Christmas stockings, and socks—is telling. Like mothers comforting their sick children with a hug, a story, or a special blanket or doll, CRCS "comforts" (and the women Red Cross volunteers who often brought them) were intended to introduce something familiar, homelike, and personal into the austere and regulated existence of recuperating soldiers.

The Information Bureau established in 1915 by Montreal philanthropist Lady Julia Drummond and the POW Department it spawned were defined by the idea of personal care. Lady Drummond firmly believed that sick and wounded men "would have a desperate craving to be of particular interest to Somebody," and wished to bridge the gap between soldiers and their distant loved ones (cited in Carr, c1930: 8-9). Mary Macleod Moore (1919) dubbed the Information Bureau the "Mothering Bureau," because it stood in for wives and mothers on the other side of the Atlantic (70). As the war progressed the fate of Canadian Prisoners of War became another major concern of the CRCS, with CRCS publicity emphasizing the role Red Cross POW parcels played in keeping POWs alive. The Society's POW work not only offered Canadian civilians an opportunity to provide direct care for Canadian soldiers, but also simultaneously reinforced the Society's image as a nurturing, life-sustaining organization.

Motherhood is a social and fluid category, and as Nancy Scheper-Hughes has shown, women "have just as often used the moral claims of motherhood to launch campaigns to support war as they have to support peace" (Scheper-Hughes, 1998: 233). The CRCS's association with mothering could therefore appeal to women with a wide range of motivations for volunteering. For instance, the same Canadian mothers whom Suzanne Evans (2007) describes being encouraged by wartime propaganda to cheerfully sacrifice their sons on the battlefield (112) could dutifully send their sons to war and then work through the CRCS to help and comfort their boys and those of other mothers. Within the Canadian Red Cross Society, the languages of patriotism and caring coexisted for the duration of the war, with the balance shifting slightly from a greater emphasis on patriotism in the early stages of the war, to a greater emphasis on caring as casualties mounted and the brutality of the war became painfully evident.

Social expectations also influenced some Canadians' participation in Red Cross work during the war. In rural British Columbia, particularly in small communities, Gwen Szychter (1994) notes that women could feel pressure from their peers to do their share of war work, with newspaper acknowledgements of individual output helping women keep tabs on one another (8). Lucy Maud Montgomery's position as minister's wife led to her appointment as President of the Leaskdale, Ontario branch of the CRCS, a position she did not particularly want but felt it her duty to fill when asked to do so (1987: 174). Just as images of good motherhood "carry implicit counterimages... of bad mothers" (McMahon, 1995: 267), so too did images of women's work for the Red Cross and other war charities carry judgements on those who would not or could not meet social expectations.

For other Canadians, Red Cross carework was not merely something expected of them, but rather a source of increased social power. M. E. Lawrence (1919) of New Brunswick provincial branch wrote that during the relief effort following the Halifax Explosion, with the Red Cross brassard on one's arm, "one was more powerful than the king on his throne. Cars were commandeered, workers selected and medical supplies conserved," and the needs of hospitals large and small were supplied "through the unfailing agency of the Red Cross, back of which stood the generosity and sympathy of the people" (46-7). Through their association with "the Greatest Mother in the World," these Canadians were able to tap into the power and influence of a mighty, nation-wide organization much bigger than themselves.

Adelaide Plumptre (1917) claimed that in the early days of the war, "Red Cross work (in its widest significance) … afforded almost the only outlet for [women's] desire to serve and save." Since women could not risk their lives in defense of their country, she wrote, "they turned the torrent of patriotism into the channels of lowly service" (198, 200). But although women volunteers comprised the bulk of Canadian Red Cross workers during the First World War, men, boys and girls, and a very small number of paid Red Cross employees also participated in the mothering work of the Red Cross—with mothering defined here as a relationship "in which one individual nurtures or cares for another" (Glenn, 1994 3). In some instances the discourse of mothering allowed men's voluntary carework under the banner of the Red Cross to be described in terms of caring, nurturing, and selflessness without feminizing the men themselves. For example, David Law earned praise from Canadian Expeditionary Force officers and the CRCS itself for his "duty, strength, and tenderness" and "untiring devotion to the welfare of those who suffered" while he served as Assistant Commissioner in France (Quebec Division CRCS). Since the Red Cross as a whole was perceived as a mothering organization engaged in caring work for the sons of Canada, Law's tenderness and devotion as its representative was seen as natural and fitting.

Surrogate family and the collective responsibility to care

Henriette Donner (1997) suggests that during the First World War the British Red Cross Society "provided a symbolic realm of moral virtue" and "employed an image of society as a moral community," which appealed strongly to British women and led to "a deeply affective relationship" between Red Cross volunteers and the organization (691). The same relationship existed between Canadians and the CRCS. This idea of Red Cross volunteers of all ages, genders, classes, and ethnic backgrounds as part of a moral community implied a collective responsibility to care for Canada's sick and wounded sons overseas not unlike the forms of community child-rearing found in many kin-ordered societies (Rosenberg, 1987: 186-7). Caring for the boys overseas was everyone's responsibility.

The CRCS Information Bureau's work tracking down the missing and caring for the wounded was among the most meaningful in which the Society engaged during the war, because (like food parcels for POWs) it helped families feel connected to their sick and wounded loved ones overseas. Letters of appreciation poured into the CRCS's Toronto and London headquarters from the families of soldiers in the Canadian Expeditionary Force, testifying to the relief and comfort brought by the Information Bureau and its volunteers. Jay Winter demonstrates how this branch of Red Cross work created a kinship bond between the fearful and mourning families at home, and the volunteers who tried to bring them consolation and comfort through information: Red Cross volunteers overseas became proxies for parents, wives, and siblings, acting on a perceived moral obligation to help and support in any way possible (Winter, 1995: 29-30). In this way the CRCS not only linked families to their soldiers, but itself became an extension of family. Information Bureau volunteer Iona Carr (c1930) wrote that in the Parcels Department, "Each boy, to whom a parcel went, was to all intents and purposes a 'son'," while a woman in Quebec wrote to the Information Bureau "I noe [sic] you have a mother's love and I will say good bye and god Bless your good work" ("Thanks to the Information Department," 1916: 35). This symbolic realm of community and moral virtue is also apparent in the frequency with which the terms "service" and "sacrifice" appeared in connection with the Red Cross and its work.

As Martha McMahon (1995) notes, motherhood provides women with a means of self-transformation: being a mother is distinctly different from being a non-mother. Part of this moral transformation springs from the fact that "motherhood symbolizes connectedness" and offers "access to socially valued others" which is otherwise restricted (276). Generally these socially-valued others are children, and it is therefore significant that during the First World War Canadian soldiers were routinely referred to as "our boys." As Jonathan Vance (1997) has argued, Canadian citizen-soldiers symbolically embodied the hopes and aspirations of their country (136), and the Red Cross, "Greatest Mother in the World," offered Canadians access to these metaphorical children of the nation.

Most Canadians' experience of the CRCS and of the war itself was profoundly local: their "hometown horizons" shaped the work they did and how they understood it (Rutherdale, 2004). The provincial, national, imperial, and international tiers of the Red Cross as an organization magnified their efforts exponentially: through the CRCS's international affiliation Canadians could even reach behind enemy lines, sending parcels to Canadian Prisoners of War in Germany. Few (if any) other organizations could boast the same reach. Yet little thought appears to have been given to the German women knitting for their own soldiers, or to the work or existence of the German Red Cross. The type of mothering represented by the Canadian Red Cross Society was national and imperial, but not inclusively international. No imagined community of Red Cross mothering spanned the two sides of opposing trenches on the Western Front.

Love and labour in CRCS carework

Red Cross work, like mothering, was nearly always viewed as "flowing from 'natural' female attributes" and "involving strong emotional attachment and altruistic motives" (Glenn, 1994: 13), and certainly these elements were present. Bruce Scates (2002) terms the propensity of women from all classes to derive solace from wartime voluntary effort "emotional labour," and suggests that unpaid war work played an important part in mediating women's loss and bereavement during the war (39-40). A 1917 poem about women's knitting by American Charles J. North, reprinted in the February 1918 issue of the *CRCS Bulletin*, expressed the emotion which many women invested in their voluntary labour:

> We're spinning Love, and Hope, and Faith,
> And we twist their subtle strands
> Into silver threads of Comfort,
> Knotted in by willing hands. […]
>
> We are weaving out the Courage,
> That our Homeland Love shall spread,
> As a mantle for the living,
> And a promise for the dead. (North, 1918: 6)

Similarly, Adelaide Plumptre wrote in 1917 that "the aim of the Red Cross is to provide an outlet for the love and gratitude of a people towards its protectors." Bandages and hand-knit socks in her view were "love-gifts" from the nation, a tangible demonstration of Canada's care for its sick and wounded (196). But as with all mothering and carework, there was actual labour involved as well (Glenn, 1994: 12).

The sewn and knitted items women made for sick and wounded soldiers, and the other items such as chewing gum, notepaper, and cigarettes purchased by the CRCS were collectively known as "comforts." These items were meant to comfort convalescing soldiers at a particularly vulnerable time, and the act of providing them (even from an ocean away) could bring comfort to women themselves. But no matter the emotional solace involved, producing and raising money for comforts required time and skill. Turning the heel on a Red Cross sock, for instance, required four needles, and no rough or protruding seams that might hurt soldiers' feet were allowed. Other clothing items were more complicated, and the work was standardized as much as possible through a system of printed instructions, inspections, and production quotas. Nova Scotia provincial branch went so far as to organize a central production system in the Red Cross workroom at the Halifax Technical College, where the work was carried on "as in a factory, each group doing a certain thing." The workroom had a regular schedule of production, with different items produced on different days (Nova Scotia Division CRCS: c1918: 10-11).

The labour involved in Red Cross work was not limited to needlework. Late in the war, the Society used its volunteers to produce bandages lined with sphagnum moss, a natural absorbent found in certain coastal areas of the country. Natalie Riegler (1989) estimates that roughly 500,000 women had to give four hours of voluntary labour per day in order to produce the 200,000 - 300,000 finished dressings being turned out each month by the end of the war, not including the volunteer moss collectors wading through the bogs (38). Beginning in the summer of 1916 other CRCS volunteers used professional equipment to produce jam and jelly (and eventually tomato soup, pickles, and canned chicken) specifically for shipment abroad as a special treat for sick and wounded soldiers (CRCS, 1918: 97-8). Although no doubt the women who volunteered with the CRCS Fruit Kitchen were cheered by the thought of these foods comforting and feeding Canadian and British boys overseas, the process of cleaning, cooking, and canning remained a labourious one. Nor was hard work on behalf of the CRCS limited to Canadian soil. Overseas, the position of Assistant Commissioner in France was particularly demanding. Wilfrid Bovey of the Canadian Expeditionary Force described the position as one of "constant work, unceasing travelling from one part of the line to another, from the corps to the base and back, in any kind of weather, always without regard for personal comfort, and often under fire" (Quebec Division CRCS, 1924).

Women, carework, and the public sphere

Throughout the war the CRCS National Executive Committee and many provincial executive committees were heavily male-dominated, but women held dominion over branch- and auxiliary-level activity. Early twentieth-century societal norms and expectations of women's roles severely limited the work that Canadian women could do for the war effort; in large measure this work was limited to voluntary and charitable activities. The importance of women's labour and expertise to the success of the entire CRCS wartime programme led to important breakthroughs for women in the upper echelons of leadership and decision-making in the CRCS at a national level. For instance, merely one month into the war, prominent Toronto women pressed the CRCS Executive Committee, which governed the Society's day-to-day activities, to add female representatives to its numbers. After a brief period of deliberation the all-male committee voted to add Mrs. Adelaide Plumptre and Mrs. A.E. Gooderham as associate members of the Executive Committee (CRCNA September 10, 1914: 78). Mrs. Gooderham's leadership role in the national IODE helped ensure smooth relations between the IODE and the CRCS throughout the war, while Mrs. Plumptre became the first woman to achieve voting member status in the National Executive, serving as Superintendent of Supplies and Honorary Corresponding Secretary during the war.

In April 1918 Lady Julia Drummond's record of service similarly translated into a more prominent public role for herself within the Society: after more than three years leading the CRCS Information Bureau in England, Lady Drummond was named CRCS Assistant Commissioner in England, a position of great responsibility. She was the first and only woman to hold an overseas commissioner position in the CRCS during the First World War. The importance of women's provincial and local work for the CRCS during the war was also recognized through the addition of a number of women to the Society's governing bodies. By 1917 men still greatly outnumbered women on the CRCS Central Council, but six prominent society ladies had been appointed as general members and seven devoted wartime leaders at the provincial level were designated as representatives of their respective provinces (CRCS, 1918: 5-6). These women had successfully used their maternal work for the CRCS to create powerful, public, activist roles for themselves.

Valuing and undervaluing women's Red Cross carework

Throughout the war CRCS officers at all levels as well as Canadians outside the organization paid tribute to women's efforts for the Red Cross. Glowing tributes to the Society's female volunteers appeared in every CRCS Annual Meeting or article about the Red Cross, and given the extraordinary amount of voluntary labour provided by Canadian women such lavish praise was well-deserved. Anti-feminists like Sir Andrew McPhail (1925) sang the praises of women's work for the CRCS because it "brought into the austere life of the soldier a touch of the larger humanity, an element of the feminine," so that Canadian citizen-soldiers "knew they were not forsaken by their womenkind" (342). The fact that so much of women's work for the CRCS simply put a new patriotic and humanitarian spin on traditionally "feminine" activities such as sewing, making jam, holding concerts and teas, and raising subscriptions, made Red Cross carework inherently unthreatening to conservative Canadians like McPhail.

At the same time, other Canadians claimed that women's Red Cross work demonstrated their citizenship. One wounded Canadian soldier wrote to CRCS National Headquarters announcing his conversion from bitterly opposing female suffrage to strongly supporting it, "not as a reward or recognitions [sic] of their services and great sacrifices, but because I feel thoroughly convinced of their abilities" ("Letter from Buckinghamshire," 1916: 21). On the same note, an article about the CRCS in *The New Glasgow Enterprise* in December 1918 claimed that the CRCS's work in the war was second only to that of the soldiers themselves, and that the CRCS gave women "a new and higher status" because through the Red Cross "woman has placed herself beyond all question the equal of man; hers is no longer the weaker sex, but one that in a great emergency proves itself strong and true" ("The Canadian Red Cross," 1918: 12).

Although some pre-war suffragists continued to agitate for the vote, many others temporarily set aside the suffrage battle in order to throw their support behind the nation at war (Prentice, Cuthbert Brandt, Light, Mitchinson and Black, 1996: 231). Nellie McClung (1917), for instance, became an active worker with the Alberta provincial branch of the Canadian Red Cross. The mothering ideal which Veronica Strong-Boag (1972) identifies as central to McClung's feminism fit well with the caring, maternal model of the CRCS which prevailed in Canada during the war (viii). Like so many reform movements and women's organizations of the nineteenth century and hundreds of other wartime patriotic organizations, the CRCS offered women a means of extending the domestic sphere and blurring the distinction between private and public. The knitters took their needles out of their parlours and into theatres and streetcars, while jam-making moved from the farmhouse kitchen to a communal fruit department in Hamilton. In the process, some women were politicized, and many gained a sense of pride in their own contributions to the country's war effort.

Canadians praised women's work for the CRCS, while the work itself brought some women into positions of greater public responsibility and imbued others with a sense of their value as citizens and workers. Yet the same maternal discourse that had helped enable these developments subtly undermined them. Women's work for the CRCS provided most of the supplies and comforts used overseas, and their efforts helped fill CRCS coffers, but speakers and authors often overlooked these humble activities, producing praise that rang rather hollow. For example, the same December 1918 article in *The New Glasgow Enterprise* which began by extolling the virtues of the CRCS's army of female volunteers went on to describe at great length the work of the CRCS overseas, including the Society's Cliveden hospital, POW relief, and the Information Bureau ("The Canadian Red Cross," 1918). It failed to mention what the vast majority of ordinary Canadian women actually did for the CRCS, namely knitting, sewing, sorting moss, rolling bandages, making jam, adopting POWs, and fundraising. This may be because the author assumed readers already knew of these activities and would be more interested in the overseas work, but it is tempting to suspect that it has more to do with the unglamourous nature of CRCS work in Canada. Sock knitting, above all else, came to symbolize women's special contribution to the war effort: wet, cold conditions in the trenches of the Western Front and the serious nature of the ailment called Trench Foot made keeping one's feet warm and dry an issue of considerable concern (Morton, 1993: 139). Nevertheless, socks became a kind of joke in some quarters, as it seemed unlikely to some observers (in Britain in particular) that the millions of pairs sent overseas each year could possibly be useful (Ward, 2005: 274). Socks were not machine guns, after all.

Overall, the wider Canadian society valued the fact that women undertook caring work for sick and wounded soldiers, but did not value in equal measure the actual tasks in which women engaged. The passage of time has proven equally unkind. During the First World War itself, for instance, CRCS leaders recognized that "women's work making garments … has cash value" (CRCNA, September 28, 1914: 85). Since then historical accounts of the war have downplayed the economic contribution women made to the war effort in this way. Beyond the financial significance of women's contributions, the importance of women's voluntary work to national morale and the care of sick, wounded, and imprisoned soldiers has also generally been overlooked or trivialized, cast in deep shadow by male-dominated aspects of Canada's war effort such as munitions production, recruitment efforts, political battles and military campaigns.

Conclusion

A. E. Foringer's poster depicting the Red Cross as "The Greatest Mother in the World" marked the culmination of the association of Red Cross care-work with mothering during the First World War. He did not invent the link between mothering and the Red Cross, he merely reflected a connection already made by national Red Cross societies and ordinary people over the course of the war to that point. Foringer's image combined the themes of life, death, love, sacrifice, and salvation to link mothering, the Red Cross, Christianity, and the war in one powerful image. Although the image itself was American, it applied equally well to Canada, Australia, New Zealand, or Great Britain. As "The Greatest Mother in the World," the Red Cross literally took the place of women who could not personally care for their sick, wounded, or captured loved ones across the ocean, and figuratively came to symbolize women's special contributions to the war effort. The discourse of mothering brought the Canadian Red Cross Society widespread public approbation and financial support. Women like Julia Drummond, Adelaide Plumptre, and the presidents of hundreds of local Red Cross branches and auxiliaries across Canada also used the Red Cross's maternal associations to legitimize a greater role for themselves in Canadian public life. The Great War proved to be the high water mark for the prevalence of maternalism in shaping the way the CRCS functioned and was talked about, but the discourse of mothering remained a prominent part of the CRCS over the course of the twentieth century.

Unfortunately, the discourse of mothering could be limiting, as well as empowering. Like the work of actual mothers, the carework of Red Cross volunteers was romanticized as life-giving and self-sacrificing at the same time that it was trivialized and undervalued (Rosenberg, 1987: 188; Rowbotham, 1993: 206). The discourse of mothering exalted the carework of the Canadian Red Cross Society as a love-gift to the nation while it simultaneously obscured the real labour and economic value involved in that work, occasionally laughed at its results, and sentenced the economically valuable and emotionally meaningful voluntary labour of hundreds of thousands of Canadians to a mere footnote in the historical record.

The wartime carework of the Canadian Red Cross Society and its volunteers exemplifies on a grand scale many of the themes and challenges identified by scholars and practitioners of carework and of mothering. The act of caring can provide emotional fulfilment, a sense of connection, and a feeling of contributing to the well-being of valued others, and careworkers are often celebrated as selfless, nurturing, and inherently good. But carework and careworkers are much more complex than that. As scholars like Alice Kessler-Harris (1981) remind us, "Women have always worked" (10)—and not just women, but careworkers of all ages, genders, and ethnic backgrounds. Carework is as much labour as it is love, and may be undertaken for a range of motives (including self-interested and financial ones), while popular images of "good" careworkers carry implicit statements and assumptions about those who fail to meet expectations. Carework has economic value and contributes to the functioning of society, but too often its association with women, emotion, and unglamorous, often tedious labour leads it to be overlooked, undervalued, and ignored. As an instance of very public carework undertaken on a national scale, the work of the Canadian Red Cross Society during the First World War serves to remind us that historically there has been (as there continues to be) much more to carework than meets the eye.

This research was generously supported by the Social Sciences and Humanities Research Council of Canada, the Toronto Loyalist League, and the Ramsay Cook Fellowship at York University.

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Sarah LaChance Adams

Reconsidering the Political Individual

Responding to Carole Pateman's Critique of Social Contract Theory with Help from Developmental Psychology and Care Ethics

In The Sexual Contract, *Carole Pateman (1988) claims that, according to social contract origin myths, the individual is a fully autonomous adult male who has propriety over a woman. Taking a cue from Pateman, I argue that political theory should not be grounded in myth. Rather I suggest that a more realistic conception of the individual can be found in developmental psychology. Developmental psychology teaches us that individuals are never fully fledged. It also affirms that, ironically, the more autonomous individual is the individual who has more reliable care from others. Since needs for care have been largely ignored in social contract theory, there has been no recognition of the need to negotiate who will do the work of care. Social contract theorists have remained ignorant of the fact that if some individuals are forced to do all of the care-work, they will not be able to participate as fully in civil society. Once we recognize that providing care is a vital aspect of promoting the values of freedom and participation in civil society, then care itself becomes a vital political issue. Identifying care as an integral human need brings Pateman and developmental psychology in dialogue with care ethics. In turn, care ethics affirms that care is an important feminist political concern and thereby helps to address Pateman's concerns about women's marginalization. I conclude that if women's freedom is to be affirmed, then it can no longer be assumed that it is women's work to provide care for the family.*

By now it is a familiar refrain that the notion of the individual as autonomous is worthy of critique. Carole Pateman (1988) makes an especially evocative criticism of this concept in *The Sexual Contract*. Her analysis is unique in that she outlines how social contract theory's notion of the individual presupposes the subjugation of women. Pateman believes that to assert the value of individual freedom as found in social contract theory is to affirm it for men only, since it is only through subjugating a woman that a man can gain status as an individual, assert his "autonomy," and fully participate in civil society. Pateman uncovers this latent theme in a close reading of social contract origin myths. These myths naturalize and de-politicize women's marginalized social status and construct the individual as a radically free adult male. In this paper, I engage this element of Pateman's critique and consider how the notion of the individual might be reformed. Taking a cue from Pateman, I argue that political theory should not be grounded in myth. Rather I think that a more reasonable and realistic conception of the individual should come from developmental psychology. Developmental psychologists believe that the degree to which a person's needs for care are addressed can be correlated with her ability to establish herself as an individual. Therefore, this approach requires that we recognize both every individual's dependence on others *and* her possibilities for freedom. Identifying care as an integral human need brings Pateman and developmental psychology in dialogue with care ethics. In turn, care ethics demonstrates that care is an important feminist political concern and thereby helps to address Pateman's concerns about women's marginalization.

The connection between Pateman's (1988) agenda and that of care ethics seems especially clear. Like Pateman, care ethicists have argued that women are simultaneously subjugated to men and enable men's free participation in civil society. Women have made men's individualism possible by ensuring that their needs for care are met. I argue that in making both needs for freedom and care an explicit part of our political conception of the individual, we also make the need for negotiations about how care will be provided a political concern. That is, if women's freedom is to be affirmed, then it can no longer be assumed that it is women's work to provide care for men. A more difficult alliance to demonstrate may be that between care ethics and developmental psychology. Carol Gilligan (1982), one of the founding theorists of care ethics, is also the most famous feminist critic of developmental psychology. Nevertheless, I propose that developmental psychology can help provide a more realistic and inclusive ground for our political notion of the individual. Provided this notion of the individual takes hold, I suggest that the dialectical moments that constitute the political individual will no longer be men's freedom and women's subjugation as Pateman has found, but rather the freedom and dependency which constitute each individual.

Pateman's critique of social contract's notion of the individual

In *The Sexual Contract*, Carole Pateman (1988) argues that social contract theorists believe their theory is an affirmation of freedom when, in fact, it is grounded in the subjugation of women. Pateman thinks that social contract theory sets up opposing masculine and feminine realms; women inhabit nature and the private realm, while men inhabit the civil/public sphere. Their theories both patently and latently claim that this ordering is *natural*. She further argues that the sexual contract—which gives men ownership over women—is presupposed by social contract theory, particularly their notion of the individual. That is, for social contract theorists, the individual is a man who holds sexual dominion over at least one woman.

Pateman (1988) claims that "the story of sexual contract thus begins with the construction of the individual" (38). She believes that the individual of social contract is constructed within the mythical origin stories that are its basis. Although there are a variety of origin stories, they can be placed within two basic categories. In the first type, inhabitants of a state of nature voluntarily give up its insecurities for civil freedom protected by the state. In the second story, sons cast off paternal rule in favor of civil government. According to Pateman, each of these origin stories has obfuscated the sexual contract and has deemed patriarchy an apolitical problem. According to the first story, women are positioned as *naturally* apolitical. They are not born free into the "state of nature," but are already subjugated to men; and, marriage, the marriage contract, and patriarchy are thought to be a part of the natural condition (prior to civil society). According to the second story, patriarchy is seen as a private or family problem, not a political problem and is narrowly interpreted as the power of the father over his children.

These stories expose the beliefs upon which social contract is based. If Pateman's (1988) reading of social contract theory is correct, then feminists should agree that there is a highly problematic conception of the individual at its heart. However, some feminists find Pateman's formulation inadequate. Since the publication of her book in 1988, many have argued that autonomy cannot simply be framed around the male-oppressor/female-oppressed dichotomy (Bordo, 1993; Fraser, 1997; McNay, 2000; Mohanty, 1991). These accounts wish to offer a more nuanced understanding of the power relations. "Feminist theory today aims to complicate the notion of power in a way that 'goes beyond oppressor/oppressed' (Mohanty, 1991: 13; Bordo 1993: 23) to account for 'the intersections of the various systematic networks of class, race, (hetero)sexuality, and nation … that positions us as 'women' (Mohanty 13)" (Miriam, 2005: 274).

In "Getting Pateman 'Right,'" Kathy Miriam (2005) defends Pateman (1988) against these critics. She says that they undermine the fundamental feminist tenet that men's privilege is perpetrated by a complex of power relations. In defense of Pateman, I would also argue that her account does not simply *rest* on the dichotomy male-oppressor/female-oppressed. Rather, she shows that the politically subjugated female gives birth to the political male. Thus, Pateman shows us that freedom and subjugation are both moments of liberal individualism. For this reason, I agree with Miriam that Pateman's critics have overlooked the true vitality of her theory; she provides a convincing framework for understanding women's subjugation without sacrificing any of the true complexity of the issue. I also agree with Miriam that Pateman's theory invites us to rethink the notion of the individual:

> At bottom, her critique is an attempt to portray the unsatisfactory nature of the underlying conception of what human existence is/should be that motivates contract theory (and contract ideology)…The key to the genius of contract derives from the ontology of a disembodied, un-situated, dissociated individual, that is to say, an individual who is thought to stand in external relation to his/her person, capacities, and body, the way she/he can stand in relation to external material objects. (276-7)

Is there a better way to conceive of the individual upon which we found our political theory? According to Miriam (2005), if we are to reconsider the meaning of the individual along the lines that Pateman (1988) suggests, then the individual must be *embodied*, *situated* and *associated*. I maintain this means that the individual must be any person, born into the world as a human infant—utterly dependent on care from other people for survival and, ultimately, for whatever measure of freedom and participation in civil society that she attains. Real living individual humans have always emerged out of a nexus of care relations. A body of work already exists which has made the attempt to understand the basis of human existence along these lines for nearly 100 years—developmental psychology.

The developmental story of the individual

Three main strains of thought can be discerned within developmental psychology which can help us to reconceive the individual—Objects Relations Theory, Attachment Theory, and Erik Erikson's (1959) stage theory. Due to space considerations, I will omit a discussion of Object Relations and provide only brief discussions of the other two. However, each of these theories shares the belief that the degree to which an infant or young child's needs for care are addressed can be correlated with her ability to establish a sense of self-reliance. Also, thanks to Erikson in particular, developmental psychology emphasizes that the task of individuation is lifelong. That is, infants and young children are utterly dependent on others, but so are the rest of us to greater and lesser degrees throughout our lifetimes. For developmental psychologists there is never a point at which the individual becomes fully independent. This is unlike social contract theory which sets up individuation and dependence as antithetical.

Attachment Theory was conceived of by John Bowlby when he noted that children raised in institutions develop severe emotional issues, particularly the inability to form close relationships. Mary Ainsworth, who was Bowlby's research assistant early in her career, found that infants who had demonstrated a secure attachment in early life, later did much better in other areas such as cognitive tasks, persistence, self-reliance, friendliness and leadership (see Weinfeld, Sroufe, Egeland and Carlson, 1999). Over the years, attachment research has been broadly tested, in Israel, Africa, Japan, China, Western Europe, and the United States in both rural and urban areas. Interestingly, as William Crain

(2000) says in *Theories of Development*, "The U.S. and Western European samples contain the highest percentage of [insecure] avoidant children. Perhaps the West's cultural emphasis on independence leads parents to rebuff babies' needs, and the babies defend themselves with avoidant behavior" (57). Attachment theory seems to teach us that it is ineffective to force independence on a child. However, if a child is able to create a close bond with a reliable caregiver, this will actually make her more self-reliant. Furthermore, researchers find that the ability to form intimate bonds with others is correlated with the qualities of both leadership and independence.

Erik Erikson, one of the most influential developmental psychologists, was the first to conceive of human development as a lifelong process. Erikson (1959) believed that the most fundamental accomplishment of human existence is to establish a sense of basic trust. Caregivers cultivate their child's trust when they provide consistent, responsive care. Trust in one's parents then leads to a general orientation of hope, and thereby, a greater ability to take on new challenges. Particularly, this child will be better prepared for the next developmental stage—the task of establishing autonomy. In young adulthood, Erikson believes that our primary task is to negotiate the tension between intimacy and isolation. However, he also believes intimacy is only possible if a sense of identity is established during puberty. Thus we can see that not only are independence and interpersonal intimacy mutually constituting for Erikson, but also that the foundation of moral and emotional development is a sense of trust that others will provide care in times of need.

As a means of understanding how the political individual comes into existence, developmental psychology has several strengths. First, the developmental story situates our "origins" in theories born out of decades of interdisciplinary research. Unlike an origin myth that establishes a single truth regardless of any supporting evidence, developmental psychology is subject to ongoing revision. Second, developmental psychology denies the idea that humans ever inhabited a radically free state of nature. Instead, it is grounded in the fact that every person is born into a community. Third, developmental psychology acknowledges that individuals do not attain their place in civil society by throwing off the shackles of the family. Rather, the family (in whatever form it takes) provides nurturance to the individual (of any age) making participation in society possible. Thus, the family has an ongoing, essential and active role *within* civil society, and this fact belies any public/private dichotomy. Finally, developmental psychology recognizes that the individual is both historically and culturally situated. In summary, the individual of developmental psychology is *embodied*, *situated* and *associated*. It successfully contradicts the problematic formulation of the individual that concerns Pateman and provides a helpful alternative.

In addition to yielding a more realistic notion of the individual, the developmental account sheds new light on the feminist concerns raised by Pateman (1988). Developmental psychology has taught us that autonomous individuals are never fully fledged. Ironically, the more *autonomous* individual is the individual who has more reliable care from others. Disproportionately throughout history, women have been charged with caring for men, while men have considered themselves self-reliant. Men typically have not been burdened with awareness of this dependency. So, it is not surprising that traditional social contract theorists overlooked it as well, and were not concerned with the that if some individuals must do all of the carework, then they will not be able to participate as fully in civil society. Once we recognize that providing care is a vital aspect of promoting the values of freedom and participation in civil society, then care itself becomes a vital political issue.

Care ethics

At least since the publication of Carol Gilligan's *In A Different Voice* in 1982, care ethicists have been working to demonstrate that care is political. They have been skeptical of individualistic notions of the human. In *Moral Boundaries: A Political Argument for an Ethic of Care*, Joan Tronto (1993) says "Perhaps the most fundamental level of change in our political ideals that results from the adoption of a care perspective is in our assumptions of human nature. From this standpoint, not only will we be able to see changes in conceptions of self, but also in relations to others" (162). Tronto says that positing care as a fundamental of human life means that individuals are best understood in relations of interdependence. Tronto criticizes liberal individualism on the grounds that it opposes autonomy to dependence: "Rather than viewing dependency as a natural part of the human experience, political theorists emphasize dependence as the character-destroying condition" (163). Some care ethicists have even gone so far as to declare an utter incompatibility between care ethics and liberal individualism (Fox-Genovese, 1991; Glendon, 1991).

It might seem that care ethics and developmental psychology will be in accord. But would care ethicists really be satisfied with the reformulation of the individual enabled by developmental psychology? In fact, there are several reasons why they might reject it. First, it could be argued that developmental psychology actually originates from social contract theory. Locke might be considered one of the first developmental theorists in that he argued that people are largely formed by environment and education, rather than via innate qualities. In *Essay Concerning Human Understanding*, Locke (1961) says: "Whence has [the mind] all the materials of reason and knowledge? To this I answer, in one word, from *experience*; in that all our knowledge is founded, and from that it ultimately derives itself" (Vol. 1, book 2, section 2). In *Theories of Development*, William Crain (2000) also argues that Rousseau holds the first "true developmentalist position" (11). We see this in *Emile* when Rousseau (1948) says: "The wisest writers devote themselves to what a man ought to know, without asking themselves what a child is capable of learning. They are always looking for the man in the child, without considering what he is before he becomes a man" (1). Given that developmental psychology could be said to have its roots in social contract theory, it makes sense that feminists could be skeptical. Still, even though Locke and Rousseau have developmentalist leanings, these discoveries do not ground their notion of the individual as present in their political theory.

Nevertheless, in *In A Different Voice*, Gilligan (1982) provides additional reasons that care ethicists might reject my solution. In this book—one of the founding texts of care ethics—she staunchly critiques developmental psychology. If care ethics stems from this critique, then would care ethicists really see it as holding an important solution for feminists? In particular, Gilligan argues that Erikson (1959) relies upon the male as the prototypical human; his theory of feminine psychology is merely an addendum. Indeed, Erikson does suggest that women do not achieve as great a degree of autonomy as men. While the male forms his identity in adolescence, the female, "holds her identity in abeyance as she prepares to attract the man by whose name she will be known, by whose status she will be defined, the man who will rescue her from emptiness and loneliness by filling 'the inner space'" (12). Gilligan does not object to this picture of femininity, but rather the fact that Erikson does not make his theory of feminine psychology more central to his stage theory. If he did, she believes that the stage theory would more accurately represent the fact that care and intimacy are central lifelong concerns.[1] Still, even though Gilligan is critical of Erikson and other founders of developmental psychology, her own theory is developmental. She simply thinks some reforms are needed. This possibility for ongoing improvement is precisely one of developmental psychology's strengths.

But perhaps there is a deeper difference between care ethics and developmental psychology—a divergence of values. While I affirm the value of independence, seeking only to more clearly trace its relationship to dependence, perhaps Gilligan and other care ethicists would say that independence should not be considered a good end in its own right. In "The Future of Feminist Liberalism" Martha Nussbaum (2002) seems skeptical of the ramifications of seeing care as merely a means of making one a full member of society. She explains that the severely disabled are also entitled to care although autonomy may not be achievable for them. Eva Feder Kittay (1999) expresses a similar view in *Love's Labor: Essays on Women, Equality, and Dependency.* Kittay says that everyone is entitled to care on the basis that everyone is "some mother's child." She explains that entitlement to care cannot be justified only on the grounds that it is conducive to greater autonomy or the ability to participate in civil society.

While Kittay's (1999) emphasis that everyone is entitled to care is very important, her theory still has several problem. First, even though she attempts to broaden the meaning of care beyond the maternal, she relies heavily on the metaphorical force of an idealized vision of the mother-child relationship. In doing so, she seems insensitive to the fact that all mothers do not love and care for their children. Many women, even mothers, are not nurturing. Thus, mother love is not a universal quality that can serve as the archetype for care. Finally, this formulation of care emphasizes a dyadic and unidirectional relationship of care. Instead it seems more advantageous to emphasize the wide variety of forms which care can take without relying on patriarchal myths of femininity. I strongly agree with Tronto (1993) when she says that care does not have to be conceived of as dyadic or described in mother-child terms: "In assuming that care is dyadic, most contemporary authors dismiss from the outset the ways in which care can function socially and politically in a culture" (103).

Nussbaum (2002) also does not completely agree with Kittay's (1999) "some mother's child" basis. Nussbaum finds that predicating care in this way is inadequate, regardless of the abilities of the individual:

> I think we need a lot more: liberty and opportunity, the chance to form a plan of life, the chance to learn and imagine on one's own. These goals are as important for the mentally handicapped as they are for others, though much more difficult to achieve…One of the most important kinds of support mentally disabled children need is the support required to be free-choosing adults, each in his or her own way… Even for Sesha [Kittay's disabled daughter] who will never vote or write, doesn't a full human life involve a kind of freedom and individuality, namely a space in which to exchange love and enjoy light and sound, free from confinement and mockery? (196)

Based on this statement, I think Nussbaum (2002) would agree that care can be grounded on the fact that every person needs it in order to be more fully self-actualized, even the severely disabled. They too are developing, potentially becoming more self-determining, and expressing their own values, creativity and hopes. This is akin to what Nussbaum calls a respect for their dignity and Kittay (1999) calls "respecting each person as an end" (204). If individualism is conceived in *this* way, then I think that Pateman, developmental psychologists, and care ethicists could agree that it is appropriate to think of care as a means to this end.

The origin myths of social contract theory are seductive. They emphasize our freedom and our ability to supersede an oppressive situation, to remake society in the manner of our choosing. Meanwhile, care ethics focuses on some of the least glamorous tasks assigned to humans, and on the self-sacrifice that is sometimes required to assure another's wellbeing. Still, if we want to affirm individual freedom, we should not be deluded about what makes it possible. Developmental psychology makes us aware that dependency is fundamental. Unlike the origin myths of social contract, developmental psychology is contextualized within a time and place, and can change with human nature. Furthermore, it can be tested empirically and contributed to from a wide variety of fields and methods of research—psychology, sociology, anthropology, phenomenology, and so on.

Care empowers the individual. This is one of the reasons why men have been most powerful historically. Most have had the benefit of at least one woman being responsible for them. Meanwhile, women have given more care away. Paradoxically, the person who is cared for is able to more fully individuate. If we value the ability of individuals to engage in civil society we must also affirm the care relations that make that possible. If women's political engagement is to be prized, then we must openly negotiate how care is provided. We must recognize that when one takes care of another, they lend some of their own autonomy to the other person.

[1] While I do not fully agree with this critique of Erikson (1959), I will need to leave this issue aside here for the sake of space.

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Máire Leane

Caring for the Celtic Cubs

Discursive Constructions of Mothers and Mothering in the Irish Childcare Debate

Drawing on an understanding of the public sphere as a multiplicity of communicative and discursive spaces this paper examines the constructions of mothers, mothering and motherhood which emerged in recent debates about childcare in Ireland. Preliminary analysis of these discursive constructions suggest that they are often based on rhetoric, informed by stereotypical assumptions and rooted in frames of reference which mitigate against the emergence of alternative ways of understanding the issues of mothering and childcare. It will be argued that the reductionist and divisive nature of the childcare debate which ensued prior to the 2005 budget, stymied childcare policy development at a time when its unprecedented prominence on the political agenda and the strength of public finances could have underpinned a shift in policy approach. The paper concludes with an exploration of the ways in which feminist scholarship can challenge the Irish model of childcare policy, which continues to be premised on an understanding of childcare and the reconciliation of work and family life as the privatised responsibility of individual women.

In Ireland the Celtic "tiger economy," which has roared since the mid-1990s and precipitated the movement of increasing numbers of women with young children into the paid workforce, has resulted in childcare and indeed motherhood, becoming topics of public debate. This paper will interrogate the constructions of motherhood and mothering in the child care crisis debate which raged throughout 2005 and will explore how simplistic and reductionist conceptualizations of motherhood can result in policies which continue to privatize the burdens of motherhood and which fail to explore the potential for fathers and the wider community to assume greater responsibility for the care and nurturance of children. It will be argued that the politics of motherhood is an urgent issue for Irish feminist scholarship and that recent feminist work on mothering and caring provides insights and strategies which can be used to challenge the privatization of childcare and to promote the redistribution of care work within both the private and public spheres.

The Irish childcare crisis: Economic, political and socio-cultural context

Over the last decade, unprecedented economic growth has seen significant increases in Irish living standards, making Ireland one of the wealthiest countries in the world today (ESRI, 2007). Reasons advanced for Ireland's success, include EU membership; Ireland's low corporation tax rate and large multinational presence; the age profile of the population with many being of working age; increased participation in the labour market especially by females and co-ordinated social partnership agreements which have quelled industrial and social unrest (ESRI, 2007). The current partnership agreement, *Towards 2016* (2006), reiterates the need for a complementary relationship between social policy and economic prosperity and emphasises the need for all people of working age to have the opportunity to participate as fully as possible in economic and social life (10, 49).[1]

The promotion of a policy of employment for all has also been advocated by business and employer organizations who identify staff shortages as a potential constraint on growth (ISME, 2005).[2] Irish mothers who work at home caring for children are constructed by employers and labour market analysts as a source of untapped labour and particular attention has been drawn to the "exceptionally large number of highly qualified females choosing to stay at home because of the lack of and cost of childcare" (ISME, 2005). The overall rate of female labour market participation in Ireland has grown significantly in the last decade increasing from just over 43.2 percent in 1996 to 58.8 percent in 2006, but a breakdown of employment figures by age and sex reveals the impact which caring for young children has on women's employment (CSO, 2006: 11). The employment rate for women in the age category 20 to 44 varied from 88.3 percent for women with no children to 53.5 percent for women whose youngest child was aged between four and five years of age (CSO, 2006: 14). In contrast, employment rates for men in the same age cohort whose youngest child was aged between four and five stood at 91.9 percent showing little difference to the rate for men with no children which stood at 94.5 percent (CSO, 2006: 14). Unsurprisingly, a recent national survey on time use confirms gendered divisions in care practices finding that on weekdays, women spend an average of just over five hours on caring and household work compared to 1 hour and 40 minutes for men (McGinnity, Russell, Williams and Blackwell, 2005: x). It would thus appear that the provision of care for children remains primarily a maternal responsibility.

Limited childcare options, high childcare costs and prevailing gender pay differentials make work force participation less economically attractive to women who have young children. Women's incomes in 2004 were 65.7 percent of men's (CSO, 2006: 10) while a government commissioned report on the workplace, published in 2005, revealed that Irish parents pay on average 20 percent of their annual income toward childcare, a figure which is almost double the European Union average of 12 percent (NCCP, 2005: xii). Numerous employee surveys indicate that combining care and employment responsibilities is increasingly stressful for workers with young children and in particular for mothers, who far outnumber men in the take up of the limited options available for flexible work (NCCP, 2005; Fine-Davis, McCarthy, O'Dwyer, Edge and O'Sullivan, 2005; Drew, Humphries and Murphy, 2002). Furthermore, the culture of presenteeism and long hours and the prioritization of work over family or personal life, are identified as the norm by most employees surveyed (Fine-Davis et al., 2005).

Recognition of the need for reconciliation of work and family life combined with the buoyancy of the Irish economy and the movement of greater numbers of women with young children into the labor force, has resulted in childcare receiving unprecedented political attention in Ireland (Fine-Davis, 2004; Hodgins, Hogan and Galvin, 2007). Historically, Irish childcare policy could best be described as non-interventionist, consisting primarily of a low rate, non-means tested universal payment of Child Benefit Allowance for each child (Hodgins, Hogan and Galvin, 2007). Since 1999 however, there has been a significant increase in policy development and in funding in the childcare area. The National Child Care Strategy (Expert Working Group on Childcare, 1999) outlined a seven-year plan for the development and improvement of services, many of which have been rolled out under the Equal Opportunities Childcare Programme (EOCP) established in 2000 and funded to the tune of 440.3m (Maguire, 2006). The EOCP provides staffing and capital grants to not-for-profit community childcare groups with a view to increasing childcare places which will facilitate parental uptake of training, education and employment. By March 2006, 26,000 new childcare places had been funded and 15,000 more were in the pipeline (Maguire, 2006). Other developments since 1999 include the introduction of regulations and monitoring in the pre-school childcare sector and the certification of childcare training courses to a minimum level (Maguire, 2006; Hodgins, Hogan and Galvin, 2007). A further €575m was pledged to childcare in the 2005 budget including capital funding to support the creation of an extra 50,000 childcare places by community/voluntary providers over a five year period. Despite these developments it is estimated that given current population trends and female work participation rates there will be a shortfall of more than 40,000 childcare places by 2010 (Holmquist, 2005a). Increased paid and unpaid leave arrangements for the parents of young children were also introduced in the 2005 budget but they included no specific measures to encourage greater paternal involvement in parenting work.[3] Despite these developments the nature and extent of State policy is well characterized by Hodgins, Hogan and Galvin (2007) as "minimalist state intervention … underpinned by the assumption that childcare is the responsibility of individual parents" (72). In this article, I draw on an understanding of the public sphere as a multiplicity of communicative and discursive spaces (Fraser, 1992) and examine the constructions of mothers, mothering and motherhood which emerged in the context of debates about childcare in one such space, namely the Irish Times newspaper.[4] Preliminary analysis of these discursive constructions suggest that they are often based on rhetoric, informed by stereotypical assumptions and rooted in frames of reference which mitigate against the emergence of alternative ways of understanding the issues of mothering and childcare.

Discursive construct one: Childcare is a women's issue

The most consistent feature of the media discourses analysed, was the focus on childcare as an issue primarily for mothers. While many commentators initially framed childcare as an issue for parents, in the development of the specifics of their arguments, it was the actions and experiences of mothers who became the focus of attention. Stereotypical constructions of childcare as a mother's issue were invoked in some discourses, which drew on essentialist understandings of the distinct roles that mothers and fathers should play in the care of children. A female contributor in a letter to the *Irish Times* entitled "Debate on Childcare Policy," claimed:

> Biologically and humanly, mothers are equipped to be the primary carers of their children.… Depriving a baby of its primary carer, the mother, at an early age is a recipe for future emotional and dysfunctional behaviour. (Barber, 2005)

The same correspondent defined the father's role in childcare as one of economic provision. While not described in such essentialist terms, very similar constructions of differentiated parental responsibilities were expressed in a series of articles written by Garrett Fitzgerald, a former Irish *Taoiseach* and a professional economist.[5] Fitzgerald (2005a) identified one aspect of the childcare issue as "the need to enable new parents—normally this will mean mothers—to stay at home for the first year with their babies." His criticism of the limited maternity leave available to Irish women was premised on a belief that children "deprived of early maternal support" would become the social problems of the future (Fitzgerald, 2005a). While Fitzgerald's recommendation that maternity benefit be extended to a full year also contained a call for "some provision for paternity leave," he depicted the male role as that of breadwinner rather than caregiver and noted that after the first year of a child's life it was important "to help mothers to exercise a free choice between home childcare and paid work" (Fitzgerald, 2005a). This framing of parental roles reflects and reinforces stereotypes of the traditional family, forecloses on possibilities for fathers to be more involved carers and presumes that all children are raised in heterosexual homes.

The question of who should take responsibility for assisting families to reconcile caring and work responsibilities was raised in many articles. Thompson (2005a) in an article entitled "Are bosses fair to working mothers?" critiqued the reluctance of employers to alter corporate culture and practices to accommodate the increasing number of employees with caring responsibilities. However, as the title of the article suggests, the issue of reconciling work and caring responsibilities was framed predominantly as a female concern and solutions to the problem were sought in changes to the public sphere of work rather than in the private sphere of gendered relations of childcare. The article chronicled three women's experiences of trying to negotiate flexible work arrangements and finished by noting that the women's real names were not used "for fear of repercussions in their working lives" (Thompson, 2005a). What the article doesn't do however, is to question why reconciling work and care responsibilities is represented only as an issue for women and indeed why discussing such issues in a public forum might have repercussions.

The issue of work/life balance was also addressed by the Irish Congress of Trade Unions (ICTU) who called for increased statutory action on childcare and identified a statutory right to flexible working arrangements as a key demand for future social partnership talks. ICTU claimed that 80 percent of employees were denied flexible working arrangements but in developing their argument for action on the issue, flexible work was framed as a mother's issue thus reducing its potential to be seen as a collective issue for all workers irrespective of their sex or parental status (MacCormaic, 2006).

> Employer intransigence is leading to a high female drop-out rate as many working mothers face impossible choices in trying to reconcile work and family life.… The long-term impact is to deepen gender inequality as they either leave employment or choose lower paid part-time options. (Kinnihan qtd. in MacCormaic, 2006)

The contributions made by readers to the newspaper though the letters page and in response to direct requests by commentators for reader's views on the childcare issue, provided little challenge to the prevailing discursive framing of childcare as a woman's issue. These fora were dominated by contributions from women who recounted their views and experiences of mothering, reconciling work and family life, the quality and standard of childcare and the desirability of various parenting options (Shoesmith, 2005a, 2005c; O'Neill, 2005; Thompson, 2005b; Anon, 2005; Siggins, 2005). The voices of fathers were strikingly absent from the debate. Fathers featured in the debate only in the context of commentaries on the persistence of gendered divisions of care (Pelan qtd. in "The mother of invention," 2005; O'Connor qtd. in Shoesmith, 2005b), the need for attitudinal and policy change which would make it acceptable for fathers to be more involved carers (Long, 2005; Tighe qtd. in

Shoesmith, 2005c; Richardson, 2005) and the need for men to join the struggle for improved childcare support (Hussey, 2005). Interestingly, the absence of fathers from the debate remained unquestioned.

Discursive construct two: Childcare is a working mother versus stay-at-home mother conflict

The narrow focusing of childcare as a women's issue was compounded by the construction of a simplistic, reductionist dichotomy between the ill-defined categories of working mothers and mothers in the home.[6]

> …the mothers-belong-at home lobby hijacked the campaign, praising themselves for their devotion to their children and by implication, damning women who chose to combine work and family … the focus of the debate was stolen from where it should have been—the Government's failure to provide quality, affordable childcare, and was placed squarely on mothers. (Holmquist, 2005a)

The debate is indeed littered with contributions from commentators and individual women, highlighting stringent opposition to any policy initiatives that would provide supports, financial or otherwise, to employed mothers but would have no equivalent value for mothers who worked full time in the home.

> …the diminishing band of parents who want to work full-time in the home, deeply resent any kind of tax-breaks or perks for people that will disadvantage still further single-income families…. Nothing should be done to disadvantage those who work at home. (O'Brien, 2005a)

Measures such as tax relief for childcare, the individualization of tax codes which benefit families where two parents are employed, the extension of maternity leave and the state subsidization of childcare places were all castigated as the iniquitous privileging of working mothers and the devaluing of fulltime maternal carework (Fitzgerald, 2005b; Eagan 2005; Stewart, 2005; Sudway, 2005). Judgemental assertions about the superiority of fulltime care by mothers (Stewart, 2005; Rolsma, 2005) and the selfishness of mothers who put their career and materialistic aspirations before the wellbeing of their children (Sudway, 2005) also featured in the debate. Working mothers were frequently depicted as economic dupes of the Celtic Tiger and a diminished quality of family and indeed community life was blamed on their absence from the home (O'Brien, 2005a, 2005b). In contrast, stay-at-home mothers were depicted as an ever present force for good not just for the child, but for the family, community and society at large.

The employed mother/home-based mother binary was disrupted however by the Irish Childcare Policy Network's (ICPN) reframing of childcare as a children's issue as distinct from a women's issue and the construction of childcare provision as a statutory responsibility which would enhance the quality of life of all children, their families and their communities.[7]

> For too long Government inertia has been motivated by the fear of alienating women who choose to remain in the home full-time. But providing the highest quality childcare is not a women's issue. It is a children's issue and it is about supporting parents in their role whether or not they work outside the home. …. High-quality early years education and childcare are one and the same thing and are of benefit to all children, including the children of women who are full-time mothers. (Gibbons qtd. in Holmquist, 2005b)

Discursive construct three: feminist childcare agendas undermine parental rights and family integrity

A related strand to the construction of stay-at-home mothers as disadvantaged and undervalued, was the construction of feminism as hostile to traditional mothering.[8] Feminism is charged with having delivered women the poison chalice of the double burden of paid work and care and it is assumed that working mothers are feminists while their stay at home peers are not.

> Feminism has also played its part in degrading the role of full-time mothers and yet they [feminists] are the most vocal in bemoaning their stressed lives and "juggling" their various roles. (Barber, 2005)

A pre-budget childcare policy document was published by the National Women's Council in September, 2005.[9] It called for extended maternity leave, paid maternal and paternal leave, early childhood education for all children and a targeting of resources towards families that were economically disadvantaged, and was denounced by one commentator as a blueprint for "the final destruction of family integrity and autonomy" (Waters 2005a). Waters attributes significant agenda shaping power to what he perceives to be the extreme feminism reflected in the proposals of the National Women's Council.[10]

> …the party [government party] has taken to echoing the positions of State-feminists and other extremists with opaque agendas.… Now we find ourselves at another critical moment, when, ostensibly in fulfillment of the demands for what are called "women's rights" the de-parenting project enters its final phase. (Waters, 2005a])

Significantly however, the purported power of feminists is juxtaposed with a construction of them as representative of only a minority of women, a framing designed to draw into question the legitimacy of their contribution to the debate (Waters, 2005b).

Conclusion

The outcome of the 2005 budget in terms of childcare policy and provision suggests that the discursive power of members of civil society can indeed influence public policy outcomes. Commenting on the approach to childcare reflected in the budget the Irish Taoiseach acknowledged the "total disagreement" which existed in relation to childcare and argued that the State could not discriminate between stay-at-home parents and those in the workforce in relation to childcare measures because "it would be putting one against the other and that would be the wrong thing to do" (Ahern qtd. in O'Halloran, 2005). In effect, the reductionist and divisive nature of the childcare debate which ensued prior to the 2005 budget stymied policy making on childcare, at a time when its unprecedented prominence on the political agenda and the strength of public finances could have underpinned a shift in policy approach. Notwithstanding the additional capital funding to increase childcare spaces, the thrust of government policy remained unchanged (Reid, 2005). The universal Child Benefit payment was modestly increased and a new universal cash payment in the form of an Early Education Supplement of 1000 per child under the age of six was also provided. An extension of paid maternity leave up to 22 weeks was provided along with an extension of optional unpaid maternity leave of up to 12 weeks. No provision was made for paternal leave and no payment was provided for the existing 14 weeks unpaid parental leave available to both mothers and fathers. Furthermore, no legal requirement was made of employers to provide flexible work arrangements. In short, the policy approach to childcare continues to be premised on an understanding of childcare and work/life balance as private responsibilities of individual women. How can feminist scholarship and activism challenge such understandings?

A starting point is the questioning of portrayals of motherhood and mothering that continuously reinforce the employed mother/home-based mother dichotomy. Stephens (2004) decries the fact that much contemporary research on motherhood focuses on maternal contradiction and identity, and does so through the narrow lens of the work/home binary and the logic of contemporary capitalism, where work and consumption are key sources of meaning. She calls for research and debate, which moves beyond the work/home binary and recognizes that the public/private distinction and the notion of the autonomous, competitive, capitalist worker, do not fit easily with the actual practice of maternal care. Furthermore, Stephens argues that for a non-market version of maternal reality to emerge, methodological approaches that facilitate self-reflexive forms of both realist and fictive ethnographic writing are required. She identifies the new genre of "memoirs" of maternal experiences as a significant development, which transcends the logic of binaries and allows for the often unspeakable experiences of mothering to be expressed in a fluid narrative which, contains contradictory emotions and conflicting versions of motherhood. Contributions from women, which explore what mothering means to them, or document the detail and diversity of their mothering practices, or consider how their mothering work could be supported in a meaningful way in Irish society, are long overdue.

Maher's (2004, 2005) recommendation of an activity-based exploration of motherhood, which theorizes mothering as work and highlights the adaptive, strategic nature of maternal practices, is also useful. Conceptualizing mothering as activity rather than identity avoids essentializing binaries and highlights the common practices of care engaged in by all mothers, and indeed some fathers, irrespective of their relationship to the labor market. Consideration of the ways in which employed mothers are continuously constructing alternative understandings of motherhood would also be fruitful in the Irish context. Research by Elvin-Nowak and Thomsson (2002) and Maher (2005), indicates that employed mothers often construct employment as an activity that enhances their well-being and in turn their child's well-being, thus challenging understandings of good mothering as requiring continuous maternal presence. A more expansive debate about of what constitutes "good mothering" is urgently required in Ireland. Feminist researchers and activists, have a role to play, in charting the processes through which women are expanding mothering repertoires and creating new, productive ways of being mothers. Documenting these activities in the public forum is vital, if public debate and public policy making are to reflect the lived realities of contemporary mothering in Ireland.

However drawing on women's experiences and understandings of motherhood is not enough. It is also important that the childcare debate should consider the wider relationship between citizenship, paid work and caregiving. In the context of the strain many women experience in combining their employee and carer responsibilities, a politics of difference, which highlights the importance of care and women's right to choose to stay at home and provide such care, may prove increasingly attractive to women. Such ideas surfaced frequently in the Irish childcare debate. However, Lister (2002) and Phillips (2000), feminists writing in the English context, caution that this difference stance, which promotes the idea of separate gendered spheres of activity, could give rise to policies which encourage women to return to or remain in the home, and thus exacerbate gender differences in relation to participation in paid and unpaid work. Lister (2002) proposes an alternative approach to the issue of reconciling paid employment with care responsibilities. She draws on Fraser's (1997) universal caregiver model, which advocates that men become more involved in combining the obligations of paid work and care, and suggests that citizenship should be conceptualized through a carer/earner model. This model would promote the value of different forms of work and encourage a more balanced mix of labor for both men and women. In practice such a model would support the subsidization of parental care of the young but would do so in a way which provided adequately paid parental leave, with stipulations for a certain quota of leave to be taken by fathers, an approach increasingly being adopted in the Scandinavian states. Related legislative developments such as stricter regulation of paid working hours and increasing obligations on employers to facilitate flexible working arrangements for employers with caring responsibilities, would supplement a carer/earner model. This type of model which puts value on both earning and caring would seem a viable response to the concerns expressed in the Irish debate about the perceived dehumanizing impact of economic growth and the devaluing of parenting in Irish society. Furthermore, perceiving care as a responsibility of all citizens challenges the view that parenting responsibilities are private, individual problems to which privatized solutions must be found. The need for this view to be articulated in communicative and discursive spheres is great and feminist scholars and activists have a key role to play in this regard.

[1] The agreement advocates that training and education should be deployed to render the workforce as highly skilled and employable as possible while also acknowledging that those with caring responsibilities should have access to appropriate supports which would enable them to meet caring and employment commitments (*Toward 2016*, 2006: 49).

[2] In a press release on Friday 19 August 2005, ISME estimated that 42,000 additional workers would be required by 2010 to prevent labor shortages becoming a constraint on growth. See <www.isme.ie>.

[3] Mothers now receive 24 weeks paid maternity leave with the option of an additional twelve weeks of unpaid leave. Each parent can also avail of 14 weeks of unpaid parental leave, to be taken before the child's eighth birthday.

[4] The media source consulted in this work is The *Irish Times* newspaper. The *Irish Times* is the only independent newspaper in Ireland and prides itself on being "the national forum for the thinkers and doers in Irish society. We offer a platform for critical, constructive and divergent comment in the different spheres of business, politics and public affairs generally." See<www.ireland.com/about/p_intro.htm. Accessed 30 October 2006. See also Horgan (2001). A search of the archive of the *Irish Times* for the period from January 2005 to April 2006 revealed approximately 350 articles that contained the word mother or motherhood.

[5] *Taoiseach* is a Gaelic word which means leader. It is the title used for the head of the Irish government.

[6] The high rate of part-time work among women with young children calls into question the ability of these categories to capture the complexity of work/care arrangements experienced by many mothers.

[7] The Irish Childcare Policy Network (ICPN) was an alliance of 20 organizations including not-for-profit childcare providers, children's rights groups, lone parent groups and the National Women's Council.

[8] Such constructions of feminism are commonplace. See, for example, Boyd (2004: 60) and Connolly (1999: 113).

[9] The National Women's Council produced a pre-budget document entitled *An Accessible Childcare Model* (2005). Gender inequality was the key concern

identified in the National Women's Council document which advocated direct state support of working parents, prioritized the importance of targeted childcare support for less advantaged parents, highlighted the need for employers to play a role in work/family reconciliation initiatives and promoted the value of Early Childhood Education for all children including those who received fulltime parental care. The National Women's Council of Ireland, a non-governmental organization (NGO) is the national representative organization for women and women's groups in Ireland.

[10] The assumption that feminism has influential power at governmental level is belied by the fact that in 2006 only 14 percent of government representatives in the Irish parliament were female. Women represented 34 percent of members of State Boards and less than ten percent of senior staff in the Civil Service. See *Women and Men in Ireland, 2006* (CSO, 2006b).

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Magdalena Suarez Ortega

The Meaning of Motherhood for Spanish Women

Its Affect on Entering or Re-entering the Labour Force

This paper analyzes the meaning of motherhood for a group of Spanish women who wish to enter, or re-enter, the labour force. Their lives have been focused on motherhood and family to which they now add training and employment. I will explore how these women perceive motherhood, what it has meant for them to be mothers, and the degree to which motherhood is valued as compared to their professional development. In this study, I use a qualitative methodology that is focused on the subjective meaning of motherhood. Information has been gathered from discussion groups, life stories, and notes. The results obtained show that Spanish women see motherhood as both desirable and oppressive. Also, the way in which these women ascribe value to motherhood in the current context is different compared to their perception of motherhood in previous life stages. For women in my study, motherhood is a relevant event that has marked their lives and that affects their return to the labour market.

This article analyzes how a group of women from the South of Spain describe and characterize maternity from their own experiences as mothers. The purpose of the study presented here was to analyze the career transition process of a group of adult women who wished to enter, or re-enter, the labour force. These women, from the Province of Seville (Andalusia, Spain), had little work-related experience (even the few who had worked outside the home before they became mothers) beyond what they perform in their traditional roles as wife, mother, and housekeeper, but nevertheless hoped to access paid employment. The average age of the participants was 40 years old; all had children, most were married, and for the most part dedicated to their family. The results of this study demonstrate that motherhood was one of the most relevant life experiences emphasized by the women in terms of their life trajectories from a personal, formative and professional level.

It is within this context that we developed the three questions that are at the root of this study: How did the women perceived motherhood? What has being a mother meant to them? And how do they currently feel about motherhood in relation to their professional development and wishes to enter the labour force?

The reality of Spaniard women: Yesterday and today

Thirty to 40 years ago, the social, political, and economic reality of Spanish women was very different from today. It was a time when women's possibilities for personal development were limited to a great extent. Spain was a country whipped by a dictatorship, where a unique discriminatory, patriarchal social structure prevailed. The clear division of sexual roles, according to Abad Terrón (2001) and Balbiano (2005) had consequences in all spheres of life that was above and beyond the context of repression and general deprivation that existed for both women and men at the time. The repercussions of this model were more pronounced in the countryside as opposed to the city, because there were, not surprisingly , fewer opportunities for professional development, in particular for women (Campo et al., 2001).

Since the end of the nineteenth century, Spanish women's lives have centered on their traditional roles as wife, mother, and housekeeper. These roles have prevailed in a patriarchal system that configures a restricted female role in society:

> The Spanish woman's stereotype by the end of the nineteenth century fits within the traditional pattern of an ideal woman, whose primal role in life is being a submissive wife and perfect mother, exclusively dedicated to domestic chores. (Nasch, 1983: 40)
>
> In the decades of 1940s, 1950s and 1960s, marriage was considered as a crucial flexion point for women. It was believed that the choice of a partner for us [women] (not for men) was the definitive step in the resolution of our identity. (Dowling, 1996: 43)

Women were, therefore, expected to be mothers, wives, and caregivers for the entire family, as well as be responsible for secondary tasks related mostly to agriculture and associated to the husband's work. According to Caballero (2004), from an egalitarian perspective, women's possibilities for choice were denied, suppressed, or, at the very least, diminished by the prevailing patriarchal system, and thiss had a profound influence on female values and lifestyles and on the perceptions that women had about their lives.

As pointed out by Larumbe (2004), "The expectations of Spanish women, until the end of the seventies, were exclusively oriented towards marriage" (22). Furthermore, the nineteenth century had inherited the myth-concept of an ideal or "good" mother (wife-mother), which according to Sáez Buenaventura

(1999) was more strongly present among working-class women and contributed to the social "enclosure" of women within family and maternal issues.

In this context, women's lives were conditioned by the few educational possibilities offered to them and by the fact that they started to work inside, and sometimes outside, the home at a very early age. Motherhood was thus *the* most important role that defined a woman's identity. Indeed, it was "the centrality of the female being" (Ortega López, 1996: 46). Women did not have many opportunities outside marriage and there was strong social pressure for women to marry. By the end of the 1960s, women's most significant role continued to be reproductive and marked by a biological imperative in their life trajectory. However, "reproduction was only thought within a legally constituted family, where marriage as an 'indissoluble bond' and reproduction were tightly related" (Larumbe, 2004: 30).

In the beginning of the twentieth century, motherhood remained socially mandated for women. In terms of gendered socialization, women continued to be defined by their reproductive function and role as mothers, which were considered the most important aspects of their life project. In this sense, motherhood became a "social tax" for women.

In Spain, women's cultural representation is still the housewife—the "queen" of the house and mother. Motherhood remains the foundation of a female identity. Pro-natalist policies are promoted to defend breastfeeding and prohibit abortion. A social conception of marriage as an indissoluble bond between husband and wife is part and parcel of women's socialization, as well as an emphasis on importance of the family as a space where these values are reproduced. These social values are so deeply rooted that it is unthinkable in Spain to imagine a woman not associated with a man—her husband—around whom she builds her life. The influence of society, education, family, and even the mass media—particularly when television started entering homes—promotes the socialization of women around these traditional values, seen as "inherent" to women's gender role.

The United Nations Decade for Women: Equality, Development, and Peace (1976-1985) was a remarkable event that impacted on the situation of women in Spain. New educational and labour opportunities became possible, presenting lifestyle alternatives, new models of society that had never been considered before. From this moment onward, women's status became a social priority.

> Between the 1970s and the beginning of the first decade in the 1980s, the proportion of never married people increased while the proportion of married people diminished, a trend particularly visible among women between the ages of twenty and twenty-four years.… The proportion of married women reached its highest point in the age group between twenty-five and forty four years old. (Naciones Unidas, 1991: 14-15)

The introduction of the birth control pill in Spain gave women new opportunities, not the least of which was the choice of whether or not to become mothers. "Between 1970 and 1990, pregnancy rates diminished on an average of 2.6 to 1.8 births by woman in developed regions and from a 5-to-7 scale to a 3-to-6 scale in developing regions" (Naciones Unidas, 1991: 60). However, cultural transformation in rural areas took place more slowly (Carrasco Tristancho and Cubillo, 2004). In rural areas, birth rates are higher and women continue planning their lives around their families. There are fewer educational opportunities in small towns, as well as firmly rooted conceptions about women's place in society that continue to create barriers to women's access to equality and freedom from traditional gender roles.

Today, in Spain, feminist thought about mothering/motherhood has proliferated, and is interpreted by diverse theories—that also criticize androcentric and patriarchal systems—as a social "tax" for women (Jeremiah, 2006). On the other hand, there are those who also theorize motherhood as a positive and genuinely "female" landmark (O'Reilly, 2004). Both perspectives are valid and complementary when motherhood is a choice, freed from the constraints of traditional, patriarchal norms. It is in this context that we wanted specifically to explore the social meaning of motherhood for the participants in our study, and to determine to what extent becoming a mother was a choice they made freely, as well as how their maternal role was combined with other aspects of their lives.

Methodology

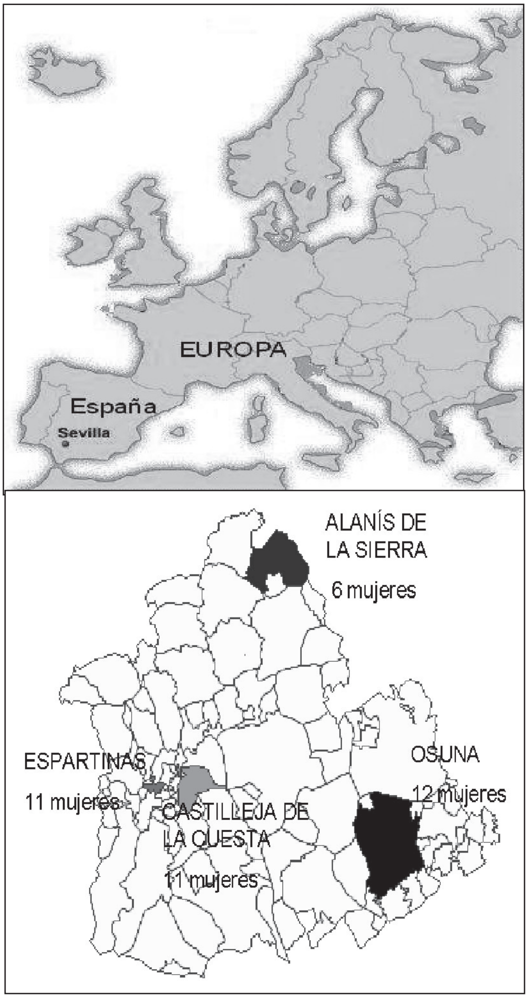
This study uses a qualitative methodology that is based on the womens' perspective of themselves and the way they perceived and experienced our research process (Taylor and Bodgan, 1986). We specifically placed ourselves within this biographical-narrative study (Fraser, 1970; Bertaux, 1980; Stewart, 1994; Lecoçc, 1995) with its emphasis on the experiential, reflexive knowledge, subjective meaning, and voice of the participants, and how these dimensions interact upon and within the participants' personal stories and the contexts of their lives (Curtis, 1978; Arnaus, 1995).

The participants

The sample was intentional and took into consideration certain factors. Overall, a total of 40 women participated, although their involvement varied according to each phase of research. In the first phase all the women were involved; in the second phase eight were selected based on the information we obtained in the first phase.

Our starting point was the European context (see Figure 1), focusing on Spain and the Autonomous Region of Andalusia in particular. Our research was carried out in the Province of Seville, in the western part of Spain, which is divided in diverse regions or geographical areas. The women who participated in this research are from four of the regions: Alanis de la Sierra (Sierra Norte), Osuna (Countryside), Castilleja de la Cuesta (Metropolitan Area-Aljarafe), and Espartinas (Aljarafe). Six were women from Alanis; twelve women from Osuna; and eleven women from Castilleja de la Cuesta and Espartinas, respectively.

Figure 1: The life context of women



Data-gathering techniques

As data-gathering techniques we used focus groups, exploratory interviews, life-stories, and field notes. Specifically, four focus group sessions were carried out, one for each context; 40 exploratory interviews, one with each woman participating in this research; and eight life stories, with two cases selected in each context. Some social indicators were also used, such as the predominant activity in the regions, unemployment and growth rates, and educational facilities to obtain information from each of these areas.

The questions asked were: What does motherhood mean to you? How did you experience motherhood? And how do you perceive motherhood in mid-life, with specific regard to professional prospects?

Techniques for the analysis of information

Taking into consideration characteristics of the data obtained (Gil Flores, 1994), data were analyzed using the common procedures for qualitative analysis with methodological support from the NUD.IST Program. Following Miles and Huberman (1994), the central tasks were: data-gathering, transcription, codification and categorization of data, disposal, organization and interpretation of data, previous codification and developing a hierarchical system of categories, recording conclusions. Triangulation was used as a technique of methodological integration.

Results

The women experienced motherhood in both positive and negative ways. Their first impressions and memories were linked to the moment they learned of their pregnancy, how it happened, and whether the circumstances surrounding their lives were perceived as oppressive..

The women had their first child between 1970-1990. Some of the women found childbirth to be a very positive experience, ranking it as the most important thing that they have accomplished in their lives. However, they also spoke about the increase in domestic work as a result. As women are primarily responsible for domestic work in the home, the women emphasized the fact that having a child did not affect their partner's life equally. On the other hand, sons and daughters filled some of the emptiness in the lives of these women during difficult times in which they felt alone.

> *It's the best thing that happened to me in my whole life. I wouldn't change it for any other experience.* (Carmen)
>
> *The truth is my children were wanted and that's good, but they also gave me sleepless nights, they were very weepy, hyperactive … however, the birth, pregnancy and all that, in addition to all the changes they [the children] have gone through, of course they are what I love most, but your life changes, of course! …I've had all the normal problems any mother has, for example you need some little rest but, well, to tell the truth, it was a very important stage [of my life].* (Ana)

Other women recalled negative experiences of motherhood. These women gave birth to their children at a very young age, at a moment when they had not begun to think about becoming mothers. Getting pregnant thus forced these women to make significant life decisions such as getting married, dropping out of school, or quitting work. These women were forced to give up on the already limited educational and professional opportunities in order to care for their new families. This influenced they way they valued motherhood at that moment they became mothers.

> *In the beginning it's very hard because motherhood is something that changes your life. It's something that you don't think about and you suddenly face. It's not that I didn't think of having a baby, although I didn't know how to do it either, but I thought if I fell– Many things crossed my mind at that time.* (Rosa)

In general, the women had a positive experience of motherhood, calling it an important landmark in their lives that they prioritized before anything else. The role of paid worker is secondary at this stage, although many of the women continued to work sporadically outside the home, mainly in the underground economy and only part-time. While a number of women dropped out of the public school system during this time, others continued their studies or pursued complementary training activities. Nevertheless, motherhood had a significant influence on the lives of these women, interrupting for the most part any attempts at a professional life, or job advancement.

For those women who initially experienced motherhood as oppressive, mothering their sons or daughters left a mark on them and later made them question their decisions. If they had had the choice, many said, things would have been different: they would not have gotten married and/or they would have continued studying and working.

> *Getting pregnant, having to quit school so soon … it's like … one thing leads to another, right? I was working before, but only to cover my own expenses, and while I was studying. I didn't need it though, so sometimes I studied and sometimes I worked. I was living with my family and I was like a girl. But all of a sudden you have a little boy and a husband with whom you don't get along. Then you have to separate and you are on your own and you have to provide for your family and for yourself, all on your own.* (Rosa)

While conceptions of motherhood varied, all the participants spoke about an idealized motherhood as opposed to the reality of mothering and what this entailed. They believed that working outside the home would have a negative impact on their sons/daughters' education and care and that no one could be as good as they were in caring for their children. In this sense, the women demonstrated some feelings of inadequacy and conflict between their personal lives and their work lives. "Good" and "bad" mother stereotypes, as well as feelings of guilt surfaced when the possibility of paid employment came up, mostly because they would then not be able to take care of their sons and daughters during the day.

> *Yes, because the children realize that, when I first went to work at the factory, they stayed with my mother, so I had to take them out of their house and out of their bed.... The first month they were rebellious, and when they came from school they blamed me because I was not there.... It was a way of reproaching me because I was working and they also asked why I had to work.* (Ana's life)

Women's training and work opportunities were restricted because of their mothering responsibilities. Some women chose to take distance education courses, which could be difficult as finding time to study in the home was a challenge. Others emphasized the fact that training opportunities were usually far from their homes, and in order to take advantage of available programs they had to commute to other towns or to the capital.

> *I left the factory because I was ashamed of going to work while I was pregnant. I didn't have the courage to look my co-workers in the face, because I feared they would be judgmental.* (Milagros)
>
> *I didn't do anything because I already had my son. I almost did a course, the admission to university by correspondence, but I knew that I wouldn't be able to do anything by correspondence.* (Aurora)

When the participants spoke of training and labour market access, issues related to their responsibilities as mothers raised. The work, the training and the life of these women are conditioned by motherhood.

> *I'd like to work, but ... only a few hours, not all day! For example, when the children go to school.*
>
> *[When they are] at school ... of course, those five hours.*
>
> *Then you don't have the obligation to leave them with anyone and you don't have to pay someone so the children are taken care of.* (Aljarafe's focus group)

The women also spoke of depending on their mothers and mothers-in-law to take care of their children when they had to study, work or look for a job. In this sense, traditional gender roles were highlighted, as the responsibility for, and care of, the children fell to other women in the participants' lives. They all felt that raising children did not have the same impact on the lives of their partners. The women were thus supported only by other women from their inner circle, allowing them temporarily to take on other roles.

> *[I got a job] with my mother's support, otherwise I wouldn't have been able to make it! If the children had not been in good care.... I'm not the kind of person who leaves their children to go to work, right? The children come first and work comes second for me, of course! This was a good option as they no longer depended as much on me, and I took it because I didn't have to leave them with a stranger.... Of course, if I'd had to leave them with a stranger or to neglect them, I tell you, I wouldn't have worked at all.* (Ana)

The women in this study also expressed the need, besides their familial support networks, for public/government aid to help their families. They spoke about how they had to weigh whether it was worth it or not to go out to work and to pay someone else to take care of their children during that time. It was clear that they felt motherhood is a responsibility that only women bear, never suggesting that getting their partners involved in childrearing was an option. It is also important to note that they did not see working outside the home as contributing to their personal development, but rather as a way to contribute to the family's income, as well as the need for the development of town resources.

> *If you pay [a babysitter] half of the money that you make ... then it's better to stay home and take care of your children by yourself and they will be better off.... [Better to stay] home instead of going to the olive groves and have to pay someone else.*
>
> *The City Council should offer a dining room or a playground or something like that so the children can go there after school and be taken care of.*
>
> *... And not have to pay for the days that you are going to work, 20 or 30 days [a month].*
>
> *[The City Council should offer] something not so expensive, more affordable.* (Sierra Norte's focus group)

From the point of view of their professional development, motherhood was seen as an important responsibility and also as a "burden." The way in which motherhood was experienced by these women created a barrier to their opportunities for training and skill development, as well as their participation in the labour force. In terms of their re-entry into the labour market, the main barrier they identified was the availability of affordable childcare. They also pointed to other difficulties such as having to commute to other, further places, as well as discriminatory practices during the hiring process.

> *When I tell them that I have two children they make all kinds of excuses, of course, because when you have two children … they wonder if I'll be able to do a good job.*
>
> *Well, [even] when you don't have any children it's the same thing, because I was told that I could get pregnant anytime.* (Aljarafe-Metropolitan area's focus group)

Conclusions

Concerning the most relevant conclusions of our study, motherhood is a crucial event in these women's life trajectories. It is considered something that leaves a mark "for the rest of your life." Although there are a diverse number of experiences of motherhood, all the women agreed that it was a unique life experience that they would not exchange for any other.

The women perceive motherhood as a positive and oppressive experience at the same time (O'Reilly, 2004). The responsibilities associated to motherhood are seen as an obstacle to their ability to participate in the work force or pursue educational opportunities. They identified a gender barrier, as motherhood, associated with ethics of care, is seen as "women's work." In this sense, the importance the participants gave to the support of other women, especially their mothers and mothers-in-law, is clear. They all emphasized the need for the development of support systems at the municipal level, funded by municipal resources to meet women's needs for childcare in order to provide them with the opportunity to take paid employment. Nevertheless, they also saw as important the need to engage in a dialogue about motherhood, to article how motherhood is experienced by women, and what a shared responsibility for childrearing means to a couple. The women we interviewed wished to enter or re-enter the labour market after they became mothers, and believed that a transformation in societal attitudes is crucial to enable women to pursue careers without fear of reproach, judgement, or feelings of guilt (Miller, 2005).

Motherhood has not only created barriers to women's continuing education, or opportunities for skills development and training, but has also impacted on the ways in which they enter or re-enter the labour market. Motherhood also influenced some of the women's life choices, as many were induced into marriage as a result of an early pregnancy. The contradictions present in the women's discourses on motherhood indicate that they constructed their lives with contradictory messages about the value of a traditional model of motherhood within a patriarchal system, and their desire to think freely and to make different professional and career choices in their life trajectories.

In this sense, motherhood for these women is associated with stereotypes that are rooted in a differential socialization process based on gender. These women thus oriented and based their lives around the traditional roles accorded them in a patriarchal society. We raised the following question: To what extent were their life choices conscious ones, or simply a response to the social conditioning they experienced around women's role in a specific historical moment, the second-half of the nineteenth century?

Taking into consideration the studies by Caballero (2004) and Larrumbe (2004), motherhood for these women was "what it ought to be," something imposed on them by society, and that is based on their biology, and therefore touted as their "natural" purpose in life. The women's life decisions and their conceptions of motherhood were thus conditioned by gender stereotypes, and they continued to be influenced by a gendered division of labour that prioritizes mothering and motherhood above professional advancement and the pursuit of satisfying careers and/or work lives.

The fact that these women stressed the importance of paid work as opposed to other roles is, in our opinion, a testament to younger generations of women and the progress they have made with respect to their traditional societal roles. Their desire to pursue a career and re-enter the labour force clearly reflects a generational change in women's life expectations to which female perceptions of motherhood are linked. This can be seen as the result of a greater social awareness, as well as the development of equal opportunity policies and training and labour insertion activities that focus on underprivileged or disadvantaged groups (Astelarra, 2005).

These achievements are visible in the work of Padilla Carmona, García Gómez and Suárez Ortega (2005), where girls who completed compulsory schooling insisted on work as a life choice prior to family. Marriage and children are thus not seen as priorities. This is agreeable with their mother's expectations, which prioritize the need for autonomy before living together with their boyfriends and starting a family. Therefore, we can see some advancement in the status of younger generations of women that are the product of the generation of women we interviewed in this study, who highlighted the centrality of paid work and successful careers for adult women. In Spain, women continue to take on the role of the central pillar of the household, a role that is very much internalized. However, they currently also expect to access employment and training without giving up their roles as wives and mothers. Nevertheless, when they choose to work outside the home, they continue to be responsible for the tasks associated with their traditional roles, and these responsibilities are rarely shared with other members of the family unit. Their additional roles, therefore, are added to those they already have, with an accompanying increase in women's work load and burden of responsibility for the home.

Motherhood, in this case, was also felt to be a "burden," as the attendant responsibilities for the care of their children, as well as the care of the family as a whole, and their responsibility for household chores, represent important barriers to training and skill development opportunities, as well as their ability to take on, and keep, a job, regardless how it might benefit the family in other ways.

Nevertheless, the importance that the women give to their professional development and advancement as an important part of their life trajectory is a conscious choice to move beyond the constraints of traditional gender roles, without abandoning their desire for children and a balanced family life. While the difficulty the women who participated in this research experienced in achieving this balance continues to be a result of an unequal socialization process that prevails in some of their geographical contexts and lives, according to Andrea O'Reilly (2004), who identifies two dissonant aspects of motherhood (the socially constructed gender discourse and the realities of women's experiences associated with motherhood), this does not play down the fact that motherhood was highlighted by the women as the most significant event in their lives, something they would not trade for any other experience.

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Constance A. Barlow

Mothering After Suicide

The Poetry of Susan J. Woitas

Susan Woitas wrote the first poem in her collection, Lost Lives, *after losing her 17-year-old son James to suicide in November, 1997, and the last poem in December, 2005, three years after the death of her second son, who also died by suicide at the age of 17. In addition to presenting Susan's poetry, this paper offers some reflections on how Susan survived the death of her sons in a societal context that simultaneously places impossibly high standards of caring on mothers and stigmatizes death by suicide.*

> Whatever will I do?
> 2 lost voices.
> 2 empty places.
> 2 sons locked in at 17.
> Lost hopes for all you could have been.
> —Susan Woitas (2005: 58)

From hope to despair

Susan Woitas wrote the first poem in her collection, *Lost Lives* (2005), after losing her 17-year-old son James to suicide in November, 1997, and the last poem in December, 2005, three years after the death of her second son, who also died by suicide at the age of 17. The boys' self-inflicted deaths left their parents and young sister, who was seven years old at the time of James' death, huddled together in unspeakable pain.

Richard Kearney (2002) proposed that we become full agents of our history only when haphazard happenings are transformed into stories and made memorable. He argued that such narratives provide us with our most viable form of individual and communal identity. If storytelling was invented to assuage our fears and dread and to try to answer great unanswerable questions, what happens when storytelling is denied? What happens when no one listens to the story of a grieving mother who lost her sons to suicide? What opportunity does Susan have to express her experiences of chaos and confusion? How might a grief-stricken mother recreate a viable self-identity from the one that was shattered by the deaths of her sons?

Lost Lives consists of 193 chronologically-ordered poems spanning five years. In a societal context that not only tends to silence mothers, but also disregards the pain of grief after suicide, the book is a conscious articulation of a mother's grief. It draws readers into the abyss where Woitas existed for six years. The subjective, symbolized world of Woitas's poetry bears witness to her pain, whereby readers can gain an understanding of her grief, and observe the resiliency of the human spirit. And Susan herself expresses gratitude for the outlet that her poetry provides: "Thank you God / For the gift of words / When nothing else will do" (177).

Context

I first met Susan Woitas after my public presentation on the early findings of an ongoing study entitled "Family Responses to Suicide" (Barlow and Coleman, 2003). Several months later, I visited at her home in a rural Alberta community where she told the story of her loss in a calm and steady voice that left me marvelling at her composure. I wondered whether this self-control was a sign of her adjustment to her loss, or an indication that her spirit was at the breaking point and any display of her feelings would cause it to crumble. Before we parted, she offered me a copy of her poetry collection, a book steeped in intense emotion. After this meeting, I felt compelled to delve into her work and soon discovered that *Lost Lives* contains many answers to questions about how Woitas learned to live with and give voice to her losses. Additionally, it offers a raw and vivid portrait of the mother's grief that can serve others who are facing a similar traumatic loss.

Besides presenting Woitas's poetry, this paper offers some reflections on how Woitas survived the death of her sons in a societal context that simultaneously places impossibly high standards of caring on mothers and stigmatizes death by suicide. Although I risk sustaining the historic tradition of maternal muteness, which is characterized by writing about mothers while effectively silencing the writing-mother (Suleiman, 1985), I hope to preserve the integrity of Woitas's work by an accurate presentation of her poetry and conscious attention to preserving her voice.

Discourses on mothering and suicide—"someone else's words"

Susan Woitas, a mother grieving the death of two children, does so amid societal discourses whose varying influences on individuals have been well articulated by Mikhail Bakhtin (1984): "Someone else's words introduced in our own speech inevitably assume a new (our own) interpretation and become subject to our own evaluation of them; that is, they become double-voiced"

(195). Bakhtin argued that our everyday speech is filled with other people's words, some that are merged completely into our own voices, others that we use as authoritative to reinforce our own words, and still others that are populated with our own ideas that challenge the other voices. This paper considers Susan's experience within the double-voiced context that includes societal discourses on mothering and on suicide, as well as her responses to them.

Discourses on mothering

Western cultural discourses on mothering offer a backdrop to understanding Woitas's grief. A commonly held assumption within these discourses is that mothers are considered responsible for caring and ensuring the physical and mental well-being of their children, even in the face of adverse social circumstances (Swift, 1995). Susan Maushart (1999) pointed out that, historically, there has been more interest in apprehending mothers than in comprehending them, and in scapegoating and mother-blaming, as illustrated by the interest in criminal mothers and criminals: "The mother of the serial killer invariably rates a page-one interview. The mother of a Nobel laureate, on the other hand, remains (like everyone else's mother) discreetly offstage" (18).

Feminist writers (De Beauvoir, 1952; Freidan, 1962) charged that traditional psychology not only defines women's development in reductionistic ways, but also engages in what Paula Caplan (1989) called "mother blame," which was paradoxically bound to the idealization of motherhood and the subordination of the mothering role (Caplan, 1989; Swiggart, 1991). Whereas Jean Baker Miller (1976) observed, at a broader level, that the less a group is valued, the easier it is to target its members as scapegoats, Caplan was more specific. She believed that scapegoating perpetuates the unequal distribution of power between men and women by keeping women ashamed, frightened, and judged. Jessie Bernard (1974) noted that, because of the impossibly high standards of motherhood, guilt is bred into the very fabric of a woman's character; consequently, she invests vast amounts of energy into mothering in an effort to circumvent her fear of blame and failure.

Discourses on suicide

Discourses on suicide in our western culture can be extrapolated from research derived from large community-based samples. These discourses serve as the "other voices" that were likely inadvertently internalized by Susan. Research on social support for people grieving death by suicide, often called "survivors of suicide," documents tensions between the survivors and the community. These tensions are related, in part, to the historical view of suicide and negative labelling. Social stigma attached to suicide has an oppressive history (Jobes, Luoma, Hustead, and Mann, 2000) with documented evidence, over many centuries, of retaliation against the victims and their families. In medieval societies, corpses of suicide victims were subjected to acts of abuse to prevent their ghosts from wandering around; they were refused burial in Christian cemeteries, and often, because the deceased victims were out of harm's reach, punishment devolved to the survivors. The distinct shadow cast onto victims' families necessitated their disguising suicides and remaining silent.

Negative social labelling of survivors is also well documented. Multiple studies demonstrate that survivors are perceived to bear greater responsability for the death than the deceased, and be more psychologically disturbed, less likeable, more blameworthy, and more ashamed than others (Worden, 2002). Additionally, survivors are often perceived as neglectful of their responsibilities to help the victims and to prevent the suicides (Cvinar, 2005). In the societal context that holds mothers responsible for the emotional well-being of their families and accountable when things go wrong, and, in addition, silences the expression of pain and grief, how does a mother whose two children died by suicide negotiate her grief?

From despair to hope

On the front cover of *Lost Lives,* a brief description of the book's subject matter is communicated in the language of despair: "A graphic, heartbreaking journey through suicide survival. There are no winners; everyone has lost." The book's back cover displays an affirmation: "Behind the door of despair is hope; always there is hope—open the door and let hope in. Hope is waiting; I know this to be so."

Between these covers lies Woitas's story of her journey from despair to hope, constrained by discourses on mothering and grief after suicide. Key themes emerging from the book suggest that her survival is linked to three elements: resisting forces such as apathy, despair, and pretence; saying good-bye; and becoming socially active.

Protest as resistance

Recent studies in the area of interpersonal violence can be used to better understand Susan Woitas's poetry. Nick Todd and Alan Wade (2004) described how the "language of effects misrepresents victims' responses to violence, conceals victims' resistance, and portrays victims as passive recipients of abuse" (151). While noting that a focus on effects defines victims as being passively affected by, rather than actively responding to violence, they observed, "a response is a volitional act that demonstrates judgment, imagination, and will; an effect is the strictly determined outcome of a previous event/cause" (151). The language of effects is well documented in the literature on grief after suicide with the bereaved portrayed as vulnerable to a particular sequence of effects: depression, social withdrawal, shame, guilt, and anger (Reed, 1998). However, when the sequence is framed as understandable for someone who has experienced terrible losses, and not as a psychological disorder, individuals are empowered. Reframing the language of effects to a language of response invites one to notice Susan's resiliency and resourcefulness and how she resisted the weight of her grief.

Wade (1997) has defined resistance as "any mental or behavioural act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any type of disrespect), or the conditions that make such acts possible" (25).

Resisting apathy

As she clings to the life raft that is hope, Susan resists alienation and disconnection. Even as she writes of hope when completing her final poems in 2005, she continues to seek contact with her sons: "James, are you there?" she calls. "Brett, are you there, / Do you hear our prayers? (190).

Sometimes Woitas's struggle toward hope moves her to anger:

> The real me is wounded,
> Bleeding hard, probably wrecked;
> Agitated, violated…
> Are my sons in Heaven yet? (189)

Intense emotions surface, subside, and resurface randomly. In her grief, Susan rails against the societal discourses that disenfranchise her expression. In western society, it is expected that grief has an endpoint, and the bereaved will recover after an appropriate time. Bereaved individuals who take "too long" are often negatively assessed and then labelled to be in "pathological mourning" (Rando, 1984). Susan challenges the social codes of mourning that did not allow her to cry, "as another year is rolling by" (136). In one poem, she enquires, "Who decides what's right and what's wrong," then answers, "Not those who are weak, But those who / Are strong" (136). In pointing out that terms such as "resolution" and "recovery" imply time limits and closure that typically do not occur,Theresa Rando's (1984) work supports Susan's outrage.

In their literature survey on bereavement recovery, Camille Wortman and Roxane Sliver (2002) concluded that many bereaved individuals continue to experience impaired quality of life for years after their loss. Unlike those who thought she should be "over it," Susan comes to realize that grief offers its own solace.

> I'll never get over
> The loss of you two.
> I won't, I don't want to,
> I'll keep aching for you. (176)

Woitas's mourning, like that of most bereaved parents, encompasses protest.

> If only I could reach you
> If only I could touch you
> If only I could make it right.

If only I could turn back time
And make it better. (2)

In her protest, she seeks her lost sons.

Where did you go to?
Oh boys of mine.
I keep my eyes wide open
Looking for a sign. (122)

Living in a society that constrains her grief, she gives up the idea that people can help her, and laments, "No one can mend my broken heart / No one knows, where to start" (169). In another poem, Woitas notes that many friends have deserted her.

It's hard for their friends, & she tries to forgive
The calls that don't come,
they have their own lives to live…
For they cannot imagine of a walk in her shoes
So staying away is the path that they choose… (75)

However, she finds solace in her belief in God, and her faith gives her hope for rebirth and a reunion with her sons:

But when we do meet again
You'll be the one
To show us around, to lead us
. . . .
You'll be the arms of an angel
For you've been reborn. (24)

Nevertheless, Woitas continues to vacillate between despair and hope, the italics in her poem adding emphasis.

I talk to James
I talk to Brett
But doubts get planted
And now I'm scared
Are they both in Heaven yet? (148)

Her resistance to the societal discourse that the dead are forever lost and gone gives her strength. In the context of western society, disconnection from the deceased was traditionally considered a sign of grief "resolution." However, there is evolving evidence that the bereaved continue relationships in various forms with the one who is lost. They maintain these bonds by sensing the presence of the deceased, having conversations with them, using them as moral guides, and talking about them (Klass and Walter, 2002). Resisting society's discourse to emotionally sever connections with her sons, Susan cries out against any suggestion of disconnection.

Gone? Don't say they're gone,
When I can still hear their lives being told
In the words of an old country song.
Why they're not gone, not gone at all,
They're here among the angels
Who watch over us all. (109)

Resistance to despair

Despair pervades many of Susan Woitas' poems. After seventeen years of mothering, struggling to accept that the relationships she nourished with her sons will never be restored, she cries out, "Gone. Forever. Gone. / I will never make sense of this" (72). Another poem has her "screaming" in boldfaced type:

Stop! Stop! Stop! the awful fears
That this will come again;
Stop time—pull in the rein,
The pills, the rope, the gun.
Stop time—just for my sons. (167)

"Why?" becomes the question that consumes Woitas's mind. A product of western society, Susan's ruminations turn to her misdeeds and guilt invades her consciousness. In desperation, she entreats God to forgive her transgressions, whatever they might be. "Was it something I did? / Was it something I didn't do?" (147). She longs for the return of her sons and pleads for them to "stay a while" (62). She implores them:

Give life a chance, and I promise you,
I'll try to make you smile.
I'll try real hard to give you hope,
I'll try real hard, for I can't stand
To live the pain of WHY? (62)

Sometimes Woitas worries about her own suicide: "It is slow, insidious and relentless—/ The murderer who killed our sons / Is stalking me" (127). At other times, she manages to resist despair by confronting Death.

Hey Death – don't think I'm afraid
Of you and your thieving ways.

Hey Death, why don't you go to hell?
Fry yourself in those flames. (57)

Resistance to pretence

The public performance of grieving often stands in contrast to the private feelings and thoughts of the bereaved. Woitas initially responds to what she believes is the correct performance of her grief by donning a "mask."

Masks.
I hate them
I wear them
I hide behind them
I draw strength from them. (35)

Eventually, out of exhaustion she sheds the masks and in the process rejects societal prescriptions for grieving.

Each mask is a magician,
The face that others hope to see,
But the magician is exhausted now
So all you see is me. (43)

In doing so, she severs ties to those who do not support her.
There's no going back
Our friendship is gone
I couldn't trust you again
Too bad, so sad
That's it—gone—the end. (135)

Early in her writing, Woitas confronts the mask she put on, seeking clues to her identity in her mirror: "Mirror, mirror on the wall / Who has messed up most of all?" (27). Later, when she sees someone unrecognizable—an older woman with hollow eyes and cheeks—she rejects her mirror reflection:

So now the mirror and I are no longer friends
I can't cope with the miserable reflections she sends.
The pain and grief were all locked up inside
How did they escape to the outside? (111)

She ends the poem by rejecting the mirror: "The mirror does not now have my tale to tell. / I might come back, mirror, if I ever get well" (111). When Susan Woitas eventually returns to her looking-glass, she is able to recognize herself, but is still uncertain what her identity should be: "Half a mother—one third a mother?" (187).

Susan Woitas's search for identity is a recurring theme in her poetry: "I don't know 'me' anymore, / I'm a stranger to myself (182). She ultimately realizes,

…there's no going back to the beginning —
Just the pain of a sorrowful ending.
That's why it's hard to look in the mirror —
To myself, there is no pretending. (182)

Farewells

Susan Woitas's resistance opens the door to her healing, although she still finds herself oscillating between grief and hope. In one poem, written in the third person, the question, "Where can I find hope?" (116), is answered in this way:

Why hope is in her little girl.
Reassure her, help her see
There's hope for her, and you,
And me. (116)

Eventually abandoning her yearning for the miraculous return of her sons or the turning back of time, she writes,

So I've amended my wish.
I wish that you both are safe
In God's house
In Heaven. (129)

Woitas's acknowledgements at the beginning of the book and in several of her poems are indicators of her commitment to family, including extended family; sense of indebtedness to her psychiatrist, and new friendships. In her expressions of empathy for others – her husband, her daughter, and her sons' friends—she hopes that they are soothed. However, she knows that the loss of her sons has changed her and she will carry her burden forever.

Yet there is nothing soothing
This side of Heaven
For the mothers who
Cannot find calm. (159)

In order to emerge from the shadowland of her grief, Woitas bids her former self farewell:

I cannot do the things I did

Before you passed away
I am not the person I once was –
That person's gone away. (134)

And she assumes a new identity:

Okay I admit
I am a frantic
Haunted
Grieving
Terrified
Demolished
Leper.
You may meet me
And think, "I want to forget her".

But I am a beacon.
I intend to be
A hope for the nights
When there is no light to see. (193)

In one of the final poems in her collection, Woitas is able to express her gratitude for being able to experience motherhood, if only for a limited time (in her sons' case). She thanks God "For the gift of kids / If just for a moment or two" (177).

Social activism

Having begun to create meaning from her sons' untimely deaths, Woitas feels compelled to make their short lives meaningful for others as well. In one of her later poems, she points out the emerging need to speak to others about suicide.

It's only words,
It's all I have,
But I'll do this.
Now has come the time,
The courage.
Let me speak to
Elementary and junior high,
. . . .
To teachers and professors . . . (193)

So it was that she approached me, a university professor.

As an exemplar of how a mother grieves the loss of her children, Susan

Woitas' poetic response has much to offer. Writing engaged Woitas's emotions and offered a pathway through the horror of losing two children to suicide. It enabled her to escape the silence imposed upon her by society and to create a conscious articulation of her emotional pain and loss. "WARNING: This book does not avoid the total devastation that the act of suicide brings to the lives of those who survive," is emblazoned on the front cover of *Lost Lives*. Woitas's honest and heartfelt expression of her feelings began as a means of self-preservation and became a lasting memorial to her sons.

Woitas's poetry challenges the dominant discourse that mothering occurs in the midst of happy lives and the societal response to death that seeks to silence the bereaved. Her poems bring the agony of a mother's grief into the public sphere, where a mourning script is often absent. They can teach others that intense mourning when bereaved is acceptable.

Her poems also demonstrate that grief has no endpoint; rather, it remains in the background of the consciousness of the bereaved for years and possibly for a lifetime. Susan's motivation for writing was survival, not the challenge of social discourse on mothering; nevertheless, her poetry demonstrates resistance to social conventions that dictates that grieving is a private, silent, internalized experience that marginalizes mothers whose children die by suicide.

Grieving and mothering in our society occur under conditions where there is a disjuncture between the reality of the experience and the image to which many attempt to conform. Susan's poems, while hinting at a public performance of grief and the subsequent need to wear a mask, primarily served as a vehicle for the externalization of her emotions and thoughts, which were unavailable to her in publicly sanctioned forums. Her public grieving was the mask she wore.

The poems are a gesture or invitation to renegotiate and redraw the severed boundaries between herself and others and to become a participant in dialogues about suicide, grief, mothering and saving lives.

> Somehow
> I'm going to deal with this.
> I won't let your lives
> Be for nothing.
> I refuse to be labelled
> A grieving, gnashing, wailing mother
> (although I am).
> I'm going to rise above this;
> I'm going to fight to get my memory back.
> I'm going to battle my mind
> When it wants to give in.
> I'm going to find a life
> That I can safely live in.
> . . . .

I need my boys' lives
To be publicized
To symbolize
The loss to our world. (191)

The author thanks Susan Woitas for her poetry and Dr. Heather Coleman for her thoughtful responses to this paper.

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Folio

Jessica Paczuski, "Self-portrait," MEDIUM, DIMENSIONS, YEAR CREATED?

Editor's Notes

> Until I met Crazy Angel's people I never thought a family like that could exist outside a bad sit com. I never thought so much yelling and physical battery could fit into a house the size of theirs. I never thought people really had recliners like that in their houses. So many things I never thought, before Crazy Angel.
>
> —Clarinda Harriss, "Vinyl Recliner"

I am please to introduce Clarinda Harriss as our featured writer in Folio for the special issue on Caregiving and Carework. I first discovered Harriss' eloquent work when I edited White Ink: An Anthology of Poetry on Mothers and Motherhood (2007). "Chopped Liver," one of the poems included here, was first published in White Ink. Harriss has a way of inviting the reader to think about the world through an incisive use of language. In this series of poems we are brought to the brink of birth, death, mother love, grief, and carework and caregiving conceptualized in unique and fresh ways. "Blood Orange" is a narrative of a mother caring for a son who in turn cares for a son of his own. In "Chopped Liver,' the narrator is "her own "mother's/Jewish mother." Memory and the reconstruction of memory that is writing haunts us throughout these poems: "I remember it as plain as if I could remember." "Soup " explores caregiving on a broader scale of contemporary life, through the extended metaphor of starvation. Harris writes: "We live how we can./Whatever kills us, we die of starvation.""Mortmain" is the title poem of Harriss' new collection (2008). In this poem, the mother's ghost is the caretaker of the daughter's house. Also included in Folio is a work of short fiction titled "Vinyl Recliner"about aging, caretaking, and a mother-daughter relationship. Harriss' fiction creates vivid, fascinating characters with vernacular that is appealing and authentic, deeply moving on emotional levels, while admirably avoiding sentimentality. Best of all, as we encounter in “Vinyl Recliner,” Harriss has the gift of a wry sense of humour that renders the world with empathy and immediacy.

—Rishma Dunlop

Clarinda Harriss

Blood Orange

Unborn, you demanded I feed on blood orange
salads and Spockish mother-wisdom lingo.
You hung in for ten full months, then bingo:
out you popped, long, lean, a trifle mangy
from so much womb-time. Proverbial “little stranger”
in a family of big-nosed dark-haired Ringo
Starr lookalikes, you were our blond gringo.
You seemed perpetually in danger.

I watch as you nuzzle your son’s head, whisper
into its whitegold feathers. Like me, you spy
on your children’s sleep, those hours of winter
when Death seems a Grimm creeper who lies
on baby faces to crush the wispy thistle
of their breath. As you listen to him whistle
for his life, remember, Andy, you didn’t die.

Clarinda Harriss

Chopped Liver

Boil the livers for one minute. In sweet butter
melt an onion, chopped fine. I'm my mother's
Jewish mother. Her life melts. The good gut smell
takes me by the hand to Lombard street, smoked eels
dangling in windows, crated chickens screeching
under awnings, waiting for the kosher killing.
Never observant—of any higher power—she laughed
when I said the dark-bearded hasids, jovial and hefty,
looked like Santa Claus, but younger, in black clothes.
I'd stare at the women in wigs. She'd whisper, "Low-
class pickle-boat people."
                                        But I lie. This happened
just now, in my head, high on smell. We were so German
we went to Hollins Market, over on the west side, not
far from Butcher's Hill. There were chickens, but
pigs were what swung obscenely in shop windows. We
used to polish off a whole pink foot, paring knife in each
traife hand, she and I. Grandmother Marie Naas, cousin
of solid Hamburg burghers Rebeck and Winkleman,
had to tell me she wasn't bad just because of Hitler.
She said someday I'd learn to like chopped liver.
I remember I believed the one but not the other.
I remember it as plain as if I could remember.

Clarinda Harriss

Soup

Soup's a bruised & shoeless brew
(notwithstanding the cheap imitation MD
crab soup of which it can be said
a crab was marched through on a leash
wearing galoshes): all soup's at best
disheveled, at worst a broth of near rot,
however tarted up with creams and names
(notwithstanding how one sprig of sorrel
entitles soup to 'la sorrelle' and damn
if it doesn't taste better). Some have
died from wanting it: not as in *v., desire*
but *v., lack*. I myself did a friend in
with one pot too late and I knew a man
who let a pot on the back of his drunk
midnight stove cook him to death.
Once my mother told me my soup
had killed her, mistaking brown
mushrooms and a thyme twig for
poison and voodoo. She was clearly
mistaken. Now when I bring her soup
she laps it up like a cat. Or turns up
her nose. Like a cat. There's a history.
When John the Scribbler begat that
strumpet Fanny Hill, soup was the
'life giving fluid' his dirty blue money
bought him.   We live how we can.
Whatever kills us, we die of starvation.

Photo: Joe Paczuski"

Clarinda Harriss

Mortmain

Gravity or Mother's soft little hand,
which one tips the pictures to all angles?
Which to be more scared of is hard

to say. Knowing a giant magnet herds
every legged thing by its ankles
is not without a subtle horror,

but to know Mother's been here,
dead and boldfaced as an Ingres
odalisque, to handle what's hers--

what's left of her weird hort-
i-culture, viney climbers inching
up the walls, those gilded, hirsute-

looking frames with familial harpies
trapped inside, abandoned by their angels—
it chills the healthy hormones

she also willed our way,   Who can whore,
how happily give in to the ancient
pull and fall, when the witching hour

belongs, as it always did, to her.
She over-waters the spider plants
before she leaves. Every lover hears

the walls close behind her—hardly
the click of a husband's shotgun antsy
to kill, but still sufficiently horrid

to crumble to dust their hardest ardor.
They stumble into morning, shrunken.
Energy plays matter like a harp.

Photo: Joe Paczuski"

Clarinda Harriss

Vynl Recliner

Right up till Ted Koczynski's arrest, just about all the people I know believed the Unibomber was somebody they used to date. Even my old friend Frankie, who's a lesbian.

"Frankie," I told her, "the police sketch has a moustache."

Frankie snorted. She teaches Theatre Arts. The snort meant "as if a moustache is any kind of permanent or necessarily men-only feature."

My knowing all these claimants to a Unibomber relationship may be a socio-cultural-geographic thing. I'm the Writer in Residence (read ill-paid part-time creative writing teacher) at snooty little St. Anne's College in St. Anne, Maryland, a non-town which houses huge, funky St. Anne State University as well. It's also the county seat, so the adult population of St. Anne consists mostly of college teachers and lawyers: people who share a magnetic force field with psychopaths.

Crazy Angel was my psychopath. Even his mother and brother and sister, who were all crazy too, and all named some permutation of Angel, called him Crazy Angel as if it was just a regular two-word name, like Billy Joe. I thought vaguely about Crazy Angel every time the Unibomber sketch flashed on the TV screen, but I started thinking about him in earnest back when my car blew up.

Crazy Angel used to blow up cars just for fun. Or so he told me. The one time he tried to demonstrate—using a Coke bottle of gasoline and a St. Anne State minibus—nothing happened. But his story about doing time for fragging an officer while he was still in boot camp had turned out to be verifiable, so when my little hatchback exploded in my driveway at the time I usually get into it to go teach my Tuesday night class, I figured it was his way of saying Hello. His previous helloes had taken the form of twenty-page hand-scribbled letters and the occasional dead animal part.

The car explosion proved Crazy Angel couldn't be the Unibomber. When, with difficulty, I persuaded the police to investigate the explosion ("We only investigate *suspicious* car explosions," they told me), they found out that Crazy Angel had been locked up in a California prison for the past two years. Convicted of felony and assault with intent to maim.

The car explosion was number one in the series of disasters that I'm now working through number three of, hoping and praying the old superstition about 3's holds true.

Number two may not seem like much, but it holds an integral place in the chain of three. Right after the car explosion, with the specter of Crazy Angel haunting me, I adopted a pit bull from a friend who was leaving St. Anne College to marry *her* psychopath, a womanizing Australian drunk. About a week after Sandy headed Down Under, the pit bull had to have a thousand-dollar operation on her left hind leg.

The dog's leg operation led seamlessly into Disaster Three. This happened just before my mother's eightieth birthday. Despite her bone troubles and herniations, she insisted on helping me load the dog into my car. Both she and the dog weigh about eighty pounds. You know that Step on a Crack rhyme? Well, I (well, my dog) really did break my mother's back. An hour after the pit pull was stashed in the dog hospital, my mother was in a people hospital with three compression fractures in her spine.

"Goddam old bitches," she murmured in the ER. And started to laugh, till the pain cut her off sharp.

When I went to see Mother the next day, her hospital bed was empty, giving me a very scary moment till I located her in a corner huddled in a small plastic chair.

"I've been here all night," she said in the whisper that has become her regular voice ever since her spine broke.

"My god, how could they leave you like this?" My mind was already cutting to the lawsuit.

"I made them. Getting into bed hurt too much. They tried. But I wouldn't let them."

I could picture the scene. Doctors, nurses, orderlies, social workers, clergymen, security guards and St Anne herself didn't stand a chance of getting Mother into bed if she didn't want to go. On the pretext of getting her a fresh jug of ice, I took a walk around the seventh floor—the Geriatric Unit, "GU," "Goo," the staff called it—to see how other people's mothers were arranged. I'd hardly rounded the first bend in the hallway when I spotted what would be just the thing for mine.

It was just sitting there, shaped like a parody of a recumbent human, facing the wall as if being punished: an immense tan vinyl recliner with so many movable parts it was clear a person could sit, lie down flat, get up again, and, in short, assume most positions known to human anatomy just by pressing buttons.

I should ask somebody, I said to myself.

Nah, I responded.

Nobody batted an eye when I wheeled the huge recliner right past the nurses' station and into my mother's room. In fact, an aide came in to help me rearrange the furniture so the thing would fit. Within minutes my mother was propped in the chair.

"This is wonderful," she whispered.

I don't remember my mother ever saying anything I ever did for her was even okay, much less wonderful. I was proud.

Crazy Angel would have been proud too. The thing he said drew him to me was that I had significant criminal potential. He felt that, under his tutelage, I could have been a contender, so to speak (he actually did sound a little like young Marlon Brando). My refusal to accept his invitation to accompany him while he knocked over a Seven Eleven "just to see how it's done" was what led to our noisy breakup. During his brief stint working in the Media Center at St. Anne's College, from which many tape decks, slide projectors and video monitors disappeared, he came to admire the way I walked in and took whatever stuff I needed for my class without bothering to go through all the paper rigamarole. To me, doing this had nothing to do with criminal tendencies; it was the only way to get what I needed when I needed it. And *I* returned the stuff. Yet I suspected I was, if anything, potentially a better criminal than Crazy Angel. My few illegal activities—ordinary childhood shoplifting from the Five and Ten, copping the occasional nickel bag of weed—were, without exception, quietly successful, whereas Crazy Angel got caught all the time. I shared this thought with Crazy Angel.

He grabbed me by my ponytail and pulled my face up into his crazy face.

Don't. Ever. Say. That. Again.

He had the craziest eyes. They were not quite on the same horizontal plane. No wonder the Unibomber wore sunglasses for his sketch.

It may seem odd that commandeering a vinyl recliner for my ailing mother would set off Crazy Angel recollections, but it isn't. I'd seen that recliner before—maybe that's why I didn't think twice about walking off with it—and where I saw it was Crazy Angel's mother's living room.

Mom Angel's living room was in another universe. Beulah, Maryland, just across the rusting tracks of the defunct Ma & Pa Railroad (short for Maryland & Pennsylvania) was not even parallel to the ordered universe of St. Anne. Beulah sprang up in the early nineteenth century to house the families who worked for a now-defunct mill. Falling-down wooden houses leaned against and shared porches with gap-tooth brick houses, fieldstone houses, houses whose vinyl or formstone covered who knows what—one could imagine straw; Beulah seemed, till recently, to have had the Three Little Pigs as its urban planners. Each minuscule house had its own tiny front and back yards. Each back yard had its own vinyl pool. And each front yard had its own exotic animals grazing placidly behind chain link fencing: burros, geese, peacocks. Unlike St. Anne with its militant Community Associations, Beulah had no rules.

Crazy Angel's front yard held goats. Their number varied according to the appetites of Crazy Angel's rottweiler, Black Peter. Crazy Angel's brother Angie kept a .22 by the front door for when other people's dogs expressed interest in the goats.

Two things brought me to Crazy Angel's living room. One was that Crazy Angel often needed a ride home from the college. He drove a different old car every few days, I used to notice; he explained that his brother Angie was in the business of parting out stolen cars and often let him drive a car they hadn't started breaking down as long as it came from another state. A lot of times there weren't any available, though. Besides my reliable old Volkswagon, there was a second thing that made Crazy Angel take me to his home. He admitted it: I was a mark. A big mark, an important mark. College teacher, St. Anne society-chick. He wanted his family to see what a high mark he could hit.

Picture it: Crazy Angel's living room, a rectangle about nine feet by nine feet, stuffed with Crazy Angel, me, brother Angie, sister Angelina, Crazy Angel's wife Tiffany, and Mom Angel rocking Baby Angel. Note well: Mom Angel was rocking Baby Angel in a tan vinyl push-button recliner. The thing occupied at least two-thirds of the room.

It took longer for me to get used to the recliner than it took for me to adjust to Crazy Angel's having a baby and a wife.

"Hey, better you than me," Tiffany laughed. "I wouldn't go out with this son of a bitch if you paid me."

She punched him affectionately in the stomach. She wasn't around much except to check on Baby Angel. She drove a cab during the day and danced topless in a Beulah bar most evenings. She lived with the bar owner over the bar. But Baby Angel spent most of his time with his grandmother, so I got to know him pretty well. He called me Tee-chee, for Teacher. Crazy Angel's whole family seemed truly impressed that that's what I was, Crazy Angel himself most of all. That's half of what made me fall in love with him.

"Tell me things," he'd say after we made love.

He liked to hear about the seating arrangements in an Elizabethan theatre, and what the audience must have smelled like. He liked to hear about the lives of some of the poets. He thought Coleridge and Byron were cool, but he had no patience for the twentieth century confessionals.

"Dumb cunts," he sneered. "If you're going to do a job right, you can't be drunk." I don't know if he meant the job of writing or the job of committing suicide.

Crazy Angel was never drunk. Said it interfered with his concentration.

Concentration is the other half of why I was in love with Crazy Angel. He was the most intent, meticulous, CONCENTRATED lover I'd ever had. He was so deliberate and—what word shall I use—*accurate* in his lovemaking that he made me that way too, for a time. It used to freak me out to open my eyes under him and see that his own eyes were open, calmly serious, black with focus—not even close to rolled-back like mine. It was the same look he used to get while reading Sartre or Nietsche for the philosophy courses he took, free, as an employee of St. Anne College. It was ecstasy, but an ecstasy of attention, of analysis. If I'd ever seen Ted Koszynski's pale, vague, flickering eyes in the "Wanted" publicity, I'd never have even considered that the Unibomber might be Crazy Angel.

"Make something of this boy," wheezed Mom Angel, looking at me while whacking Crazy Angel on the back of the head. If Crazy Angel sounded like young Marlon, Mom Angel sounded like the old one, Brando of Godfather Part I. She was not bothered by the fact that I was almost ten years older than Crazy Angel.

"God sent you to take this boy off my hands."

She showed me where he had taken a big hunk out of her shin by kicking her with his high school football cleats on. Angelina pushed up her dark bangs to show me the scar from where Crazy Angel stabbed her with a fork, aiming for her eye. They seemed to be bragging. I wondered, but never dared to ask, about Angie's missing index finger joint.

Until I met Crazy Angel's people I never thought a family like that could exist outside a bad sit com. I never thought so much yelling and physical battery could fit into a house the size of theirs. I never thought people really had recliners like that in their houses. So many things I never thought, before Crazy Angel.

Which brings me to another thing I never thought, never thought I'd *have* to think about: my mother, infirm. The hospital more or less threw her out after about five days. Said there was no point. She couldn't sleep in a bed, or wouldn't, and she wouldn't take her medicine. They gave her a big bottle of Percuset to take home. She started to give the Percuset to one of the aides, but just as the aide shot out an eager, furtive hand to accept the gift, I intervened.

"Do you have any idea the street value of that?" I whispered.

"What? Oh."

Mother tucked the bottle in her big alligator purse.

"Well, it'll make a lovely present for Mildred."

Mildred being the old hophead Mother plays bridge with on Thursdays.

What I had to think about, long, hard, and fast, was how to get Mother something to sleep on. I explained to the hospital social worker there was no use sending a hospital bed to the house; Mother couldn't sleep in a hospital bed even in the *hospital,* for god's sake. I tried to rent a chair like the one I'd found for her in the hospital; Medicare wouldn't pay for it and all the places that theoretically carried such chair said they couldn't get us one till sometime around Thanksgiving. It wasn't even Labor Day. One place said they could get a chair delivered to her house within the week—for $230 a month. The doctor said she'd need it for six months.

"Mother, I'll *buy* you one. Okay? Then you'll have it. We'll save a pile of money in the long run. And it'll be yours."

"I'd die of shame," Mother whispered.

Die of shame to own such an object, obviously.

I'd considered just wheeling the hospital chair right onto the elevator, out the automatic glass doors of St. Anne General and down the leafy boulevard to my mother's house, less than half a mile. Looking back, I'm sorry I didn't give it a shot when I had the chance.

Mom Angel didn't die of shame that day in about 1977 when the men from Sears and Roebuck came to her house to collect her recliner. The two men shifted from one foot to the other and eyed the rottweiler. Crazy Angel told the men the dog wouldn't attack them unless he told him to. The men politely helped Mom Angel out of the recliner with Baby Angel still in her arms; took apart the recliner's back and foot sections; and, in three trips, loaded the thing onto the truck waiting outside with the motor running. The living room looked a lot better without the recliner. I figured Mom Angel had phoned Sears & Roebuck to come take the thing away.

"Kids bought it for me last Christmas," Mom Angel told me. "Extended credit plan."

"Never paid a cent on it," Angie put in.

"Took 'em six months to repossess it," Mom Angel beamed.

As for dying of shame, clearly I was the only person in that living room who was.

I felt less shame, but still a twinge, rummaging through Mother's alligator pocketbook. Either it was the same one she'd had since I was a small child or she'd managed to find a chain of exact replicas. Either way it was sacred. I found her credit cards in a small Ziploc bag under her Raven Red lipstick and Dusky Violet eye-shadow. I flicked them front to back till I came to an old Sears & Roebuck charge card. It bore a shockingly short customer number and no expiration date. Revolving charge, it said. Okay.

A guy named Ken in Furniture at Sears & Roebuck told me by phone there was a sale of La-Z-Boys going on that very day. When I got there, I sat in all the recliners, great and small, plastic, velvet and leather. The Ladies' Model #10683 was on sale for less than three months' rental of a chair lift, and it had just as many up-down buttons.

"You deliver?"

"This Friday okay? Extended credit plan, right?"

"Deal."

My handwriting looks just like my mother's. Ken said he'd never seen such an old charge card, but it was okay, all the store cared about was the number. The number never changes. I knew my mother's credit had to be perfect. Using a Sears card was something she'd have died of shame before doing.

Friday the recliner arrived at Mother's house. Two delivery men, whose extreme good looks were not lost on Mother, deftly put it together, put her into it, and demonstrated the controls. When it first came in the door, she had raised her hands to her temples in the Die of Shame gesture. But now, sinking down into its discreet blue-green narrow-wale corduroy recesses, she mouths "It's wonderful."

"How long do I have to keep the damn thing?" she adds, louder.

"Six months is what the doctor said, remember?"

I drag the ancient portable Zenith out onto the sun porch where she already reigns from the recliner. Mother looks at a news-feature clip of Ted Koscynski and shakes her head.

"I used to think the Unibomber was Bob Hart," she says. "You know, that geezer Mildred dragged into the bridge group a while back? Remember how he was always lending me weird books?"

Now, all I have to do about the recliner is not pay for it. A gift from the angels.

Book Reviews

The Mother-Daughter Project: How Mothers and Daughters Can Band Together, Beat the Odds, and Thrive Through Adolescence.

SuEllen Hamkins and Renee Shultz.
New York: Hudson Street Press, 2007.

Reviewed by Pegeen Reichert Powell

The "Mother-Daughter Project" of the title of this book refers to a group of mothers and daughters that the authors founded with five other mothers when each of their daughters were around seven years of age. Based on the conviction that "other mothers and daughters are one of the most powerful resources you can draw upon to help you safely shepherd your daughter through adolescence," the group met regularly until the time of publication, when the girls were around seventeen (xviii). The mothers also held mothers-only meetings, both to offer mutual support as mothers and to plan the mother-daughter get-togethers. As a result of the authors' speaking engagements, similar mother-daughter groups have since formed around the world. This book serves as a resource for women who are interested in starting a group of their own, as well as an accessible guide for other mothers facing their daughters' adolescent years.

Part one describes the research on which the group was founded. One chapter is devoted to the challenges facing daughters, another to the challenges facing mothers. What follows is an examination of the central tenet of the book: that separation or disconnection between daughters and mothers is neither necessary nor natural to a girl's development, a view that challenges a psychological assumption that has been reinforced by popular culture. The authors posit instead that mothers and daughters should strive for "mother-daughter mutuality" and a relationship in which both are empowered. Such a relationship, they suggest, is best fostered within a group of like-minded mothers and daughters. Since it is increasingly rare that extended families provide such a network of support, the authors offer instruction in how to create such a mother-daughter group.

Part two of the book is best described in the authors' own word as a "curriculum." Chapters seven through seventeen cover the corresponding year in daughters' lives. Topics such as friendship, menstruation, body image, safety, and sexuality are covered at ages when they are most applicable to the girls' experiences. Each chapter provides background information on these topics and suggests the types of conversations and activities in which the mother-daughter group could engage to explore these topics together. While I had difficulty imagining myself engaged in some of the suggested activities, I was convinced by the proposition that I could intentionally involve other women in the raising of my daughter.

Although Hamkins and Shultz are psychotherapists, their book often reads like a self-help book. Notably absent from the book are fathers, although that is understandable given the nature of the project. More problematic, however, is the absence of any discussion of how such a group could address the problems facing minority and/or poor mothers and daughters. For example, the chapter on body image focuses on appreciating women of all sizes and shapes, with no discussion of skin colour or hair types. Since all the women in the authors' own mother-daughter group were working professionals, this book will be most helpful to readers who are interested in starting their own group—and who have the time and resources to do so.

Sleep Solutions for Your Baby, Toddler and Preschooler: The Ultimate No-Worry Approach for Each Age and Stage

Ann Douglas.
Mississauga: John Wiley & Sons, 2006.

Reviewed by Sonja Boon

I first encountered the work of Ann Douglas as a prospective parent. Her humorous and down-to-earth approach drew me in: rather than prescription, admonishments, and mother-blame, her work offered relevant insights and information culled from a combination of scientific evidence, recognized parenting theories, and, most importantly, the experiences and words of a legion of actual parents, all presented in a positive manner.

This approach characterizes Douglas's latest book, *Sleep Solutions for Your Baby, Toddler and Preschooler*. Douglas, a seasoned writer whose published books now number twenty-eight, here discusses one of the most common challenges of parenthood: infant, toddler, preschooler—and, as she stresses, parent—sleep. Douglas does not venture into unexplored territory; indeed, the parenting literature on infant and toddler sleep is immense and includes such diverse offerings as Richard Ferber's *Solve Your Child's Sleep Problems* (1985), Elizabeth Pantley's *The No-Cry Sleep Solution* (2002), and the controversial but still highly popular work of Gary Ezzo, *On Becoming Babywise* (1995). But Douglas takes a decidedly different approach to a familiar subject. While Ferber, Pantley, Ezzo, and others offer distinctive and clearly outlined methods for overcoming sleep problems, Douglas offers a smorgasbord of possibilities. Not only does she outline and summarize the perspectives of the recognized experts in the field, but she also gives equal time to her own panel of non-experts—a group of experienced parents who all have dealt with their own children's sleep problems.

It is, in fact, Douglas's choice to share the stage with a series of non-experts that makes her work stand out. By engaging with the voices and experiences of more than 170 individual parents "in the trenches," she rejects one expert voice in favour of the understanding of a community of equals, thus reclaiming the fraught terrain of parenting in the name of parents themselves, and enabling them, at an individual level, to make the choices that will best suit their particular family situation.

Also distinctive is Douglas's writing style. Eschewing the formal and prescriptive language of many parenting books, Douglas prefers an often humorous, tongue-in-cheek approach that includes frequent references to popular culture and emphasizes not only the challenges of raising children, but also the contortions of parenting.

The end result is a positive approach to parenting which respects both child and parent, places control in the hands of the parent rather than the expert, emphasizes the value of individualized approaches which can more fully meet the needs of children and parents, and, finally, encourages parents to accept and honour the parenting choices they make.

By The Secret Ladder: A Mother's Initiation

Frances Greenslade.
Toronto: Penguin Canada, 2007.

Reviewed by Fiona Joy Green

> "Becoming a mother brings you close to the bone, to blood, to shit, to mortality and your absolute worst fears. It may be sweet, but it can also be dark and dangerous." (xxv)

In 2003, Frances Greenslade won the Saskatchewan Book Award for non-fiction for *A Pilgrim in Ireland*. I believe she has another winner in *By The*

Secret Ladder: A Mother's Initiation. The book grabs the reader with its opening sentence—"Odd things strike you when you find yourself lying on the hardwood floor of your own hallway, trying to put together how you ended up there"—and it does not release her until the very end.

Greenslade blends autobiography, the wisdom and insights of a thoughtful and reflective mother, with current research on pregnancy, birth, and mothering, and cross-cultural mythology as she guides the reader through her remarkable and challenging first year of motherhood. This beautifully articulate narrative details the complicated transition into motherhood, the complexity of family relationships, the routine of everyday living, and the changing seasons of the Canadian prairies.

The eleven chapters of *By The Secret Ladder* are divided into three sections —aptly titled Departure, Initiation, and The Return—which follow the magical and mystical internal journey of the new mother. Greenslade gently leads readers through her personal process of uncovering what it means to become a mother. She speaks bravely and honestly of the powerful taboos around motherhood that prevent women from acknowledging the complexity of this extrasensory experience. She admits, for example, "When you become a mother, you undergo a psychic reordering even more monumental and profound than the physical" (xxiii).

While most women undergo an intense reconstruction of the self as they transition from non-mother to new mother, this process is complicated for Greenslade by a jaundiced newborn son in ICU, and her personal near-death experience due to complications associated with the uncommon condition of placenta accreta. Unlike most birthing women, Greenslade's placenta was embedded too deeply in the lining of her uterus, a condition that went unnoticed until the difficult delivery of the placenta. Not only did she experience hemorrhaging, within a month of giving birth—following a third emergency visit to the hospital—she had to undergo an emergency hysterectomy.

Greenslade's narrative gift is her ability to move beyond her harrowing experience, to write a well-crafted, intelligent, and compelling memoir that reflects upon the common transitional experiences of many new mothers. She addresses important issues such as the complexities of breastfeeding, self- and culturally-imposed isolation and insulation, fearful moments of separation and anxiety, and the tremendous pressure to wear the mask of motherhood and to act the "good mother." Greenslade grounds her story in poetry, historical and cross-cultural myths, feminist theory, and psychoanalysis, and details how norms of motherhood are subtly yet dangerously enforced. She also shows how one woman's experience of becoming a mother is uniquely fulfilling and encourages readers to explore their own entry to motherhood.

By The Secret Ladder is a powerful work, lucid, honest, and poetic; I recommend it highly.

A Hard Place: Another Long Day Apart

Written, Directed, Produced by Kate Clere.
Narrated by Kerry Armstrong.
Second Nature Films and The Australian Film Commission, 2004. 15 mins.

Reviewed by Fiona Joy Green

A Hard Place: Another Long Day Apart is an aesthetically beautiful and emotionally touching film about the ongoing conflicts an Australian, white, middle-class, heterosexual mother experiences when she decides to place her two-year-old son in childcare while she works full-time for a wage. Through the melodic and soft-spoken voice of award-winning actress Kerry Armstrong, we learn of the intense love middle-aged Kate Clere has for her young son.

The 15-minute DVD opens with grey, grainy images taken by photographer Sarah Smuts-Kennedy of Clere at the seaside, seated on rocks with foaming water around her feet. It is here that she confesses to the audience, "I've been having a love affair for the last two years. I have to tell my husband; I never planned it like this. We said nothing would come between us."

Surrounded by early strains of a piano and a woman's wailing voice, Clere confides her feelings for this new love: "He is divine; I'm in love, drunk in love. His eyes are so bright, when he looks at me I melt. He has a great sense of humour; he makes me laugh. I learn so much from him. He sees the world through such trusting eyes."

In a soft, sensual voice, Clere speaks of how she adores watching her love from a distance and touching him. We see black-and-white still photograph images of mother and child at the water's edge, as she admits, "I love the feel of his skin. I love it when he touches me." She describes the intense and respectful moments of falling in love at the beginning of this new relationship.

The honesty and intensity of these feelings resonate with this viewer, who similarly fell in love with her own son over 19 years ago when he first entered her world. Like Clere, I marvelled at the gift of my child and wondered, as she does, whether all mothers feel this immense love for their children, and how strange it is "that more people don't speak out about this extraordinary love." In making this observation, Clere challenges the taboo of silence that surrounds the subject of the depth of love that some mothers feel for their children.

Understanding her intense feelings for her son also provides the context for her exploration of the complex tension she feels between her desire to cocoon herself with her son and her professional need to work. The imagery changes from black-and-white to colour, and the sound score from serenity to the clatter and chaos of city life. Mondays mean a shift in relationship and activity: "I'm torn from this love as I falter for my own life. I'm torn from my child as I earn a wage. I'm torn from his side and I hear him cry. I'm torn like mothers across this strange city as I leave my greatest creation, my greatest love with someone else."

Clere addresses the need to find childcare while she is pregnant to ensure a place for her yet-to-be-born child and reflects on this contradictory situation: "My child is part of this generation of children with weekend parents." Accompanying this revelation are haunting colour images of her preschool son, first sitting in the middle of a colourless street playing with toys while grey-coloured adults walk by, and then sitting all alone on a deserted downtown crosswalk. Clere further acknowledges, "I'm part of this generation of mothers who is torn," as she is shown standing alone and looking forlorn in the empty street. She articulates feelings of guilt, the need for independence, and her intense longing to maintain a connection with her son. As a mother she feels invisible, yet wants another baby to counter this sense of negation.

Clere's film addresses the tension many urban Western women experience between the "me who wants to be a good mother versus the me who works a 40-hour week." *A Hard Place* has international status with official selections at the Women in the Director's Chair International Film Festival, Chicago; Shorts Film Festival, Adelaide; River Run International Film Festival, North Carolina; and St. Kilda Film Festival, Melbourne.

Because I Said So: 33 Mothers Write About Children, Sex, Men, Aging, Faith, Race & Themselves

Camille Peri and Kate Moses, eds.
New York: HarperCollins, 2005.

Reviewed by Jessica B. Burstrem

Camille Peri and Kate Moses's *Because I Said So: 33 Mothers Write About Children, Sex, Men, Aging, Faith, Race & Themselves* is an exhilarating and vindicating collection of narratives by mothers who are coping with expectations for themselves. For instance, Fufkin Vollmayer must disregard her own single mother's rage when she chooses to become a single mother herself. Mary Morris has to labour to not be an angry, controlling, frightening parent like her father. Karin L. Stanford comes to the decision to reject fairy tales and not remain silent about sexism within the Black community in order to be a good example to her daughter. Lisa Teasley leaves New York City to escape "mental slavery"—the racism that she and her multiracial family experienced there—which was hindering her ability to mother.

For many contributors to this volume, expectations of themselves originate with society's expectations of mothers. Ayelet Waldman has to resist thinking of herself as a "bad mother" for loving her husband more than their children. Janet Fitch must decide whether being a "good mother" means that she should place her child's needs before her own. Constance Matthiessen tells how psychologist Judith Wallerstein's assertion of the needs of children kept her awake at night. Rosellen Brown must come to terms with the impact that her work might have on her child. Ariel Gore (of *Hip Mama* fame), as a lesbian single mother, struggles with stereotypical ideas about a mother's versus a father's role when she finds herself acting as both parents.

Jennifer Allen also struggles with heteronormativity and gender-based ideals; unlike her fellow contributors, however, she does not question these ideals. When two of her sons, aged three and six, see her naked, she scrutinizes her breasts, thighs, and waist, asking herself, "Am I, in total, womanly enough to be the standard bearer of sexuality for all their long lives ahead of them?" (97). Even more problematic is her characterization of "a pile of boy trophies"—including action figures, trucks, and sports trophies—as a "chromosomal-XY mess" (99). And she expects that once they are men, "when you tell them that you love them, they will tell you, 'It's your job, Mom,' and you will thank them" (104). Maternal sacrifice is present in other essays as well. Rahna Reiko Rizzuto, in a custody suit, agrees to settle her family's case out of court, and Andrea Lawson Gray sells her home in order to keep her children in private school.

Unlike Jennifer Allen, other writers grapple with how to mother their sons. Mariane Pearl (the widow of murdered journalist Daniel Pearl) determines not to hide the truth about his father from their son; Cecelie S. Berry decides to educate her sons about race issues; and Ana Castillo carefully walks the tightrope between allowing her son to make his own decisions and raising him to be the kind of man a feminist would hope to raise. As Kristen Taylor writes, "Mothers always dream big" (167). Other narratives exemplify challenging choices. Ann Hulbert describes her decision to protect her daughter from some of the worry that plagues children today; Charo Gonzalez and her husband conceal some of their previous risky behaviours from their children; and editor Moses cannot bring herself to burden her children with the news of her miscarriage.

Rather than classify and organize the narratives—as I have done here—the editors allow them to speak individually and collectively across one another. This is a thought-provoking, often haunting book; it cannot be read in one sitting, but it is deeply rewarding.

Therapy with Single Parents: A Social Constructionist Approach

Joan D. Atwood and Frank Genovese.
New York: Haworth Press, 2006.

Reviewed by Tatjana Chorney

Therapy with Single Parents: A Social Constructionist Approach is an indispensable resource for professional counselors working with single-parent families, school guidance counselors, and educators who teach in the areas of Social Studies, Sociology, Psychology, Gender Studies, Cultural Studies, and Education. Authored by professionals with backgrounds in practice and teaching, this useful book will have a wide appeal. Although some sections apply to single-parent fathers, much of the book is directed to women.

Divided into four broad sections, the book deals with common concerns focused around the cognitive behavioral principles of single-parent families; the social and psychological differences between divorce and widowhood; dealing with the ghosts of past relationships; relationship rules; the effect of change in divorcing families; what children can learn from divorce; the feminization of poverty; and the therapeutic value of social networks.

In their introduction, the authors claim that their work is "unique because it is the first book on therapy with single parents that includes a focus on the strengths of the single-parent family, rather than a focus on the deficits, which is more typically seen" in literature dealing with relationships, divorce, and counseling (6). While the authors by no means ignore the emotional and financial problems often experienced by members of single-parent families, they present a more balanced view—based on recent, sound methodological research—of the single-parent family as "a viable, healthy family form" (6). This is a welcome and revolutionary claim that challenges entrenched social stereotypes.

Atwood and Genovese argue that our understanding of relationships and single-parent families is socially constructed. They suggest that "one nurturing and loving parent can produce healthy and productive individuals if society's prejudices do not interfere," and appeal to professionals to "examine some of these [societal] assumptions" (6). In fact, the value of this book lies in this direct appeal, its systematic exploration of the single-parent family system, and the social stereotypes and assumptions underlying what they describe as the "Intact Family Myth." The authors identify four major assumptions that constitute the Intact Family Myth: (i) long-term relationships are good and short-term relationships are bad; in other words, marriage "should be" forever; (ii) a society in which people live to age 75 can operate with the same relationship commitments as a society in which people live to age 45; (iii) the traditional family model of father, mother, and children is the basic social unit and should be strengthened; and (iv) only dysfunctional adults divorce and this results in dysfunctional children (3).

A series of illustrative examples drawn from the authors' practice are intended to help therapists and their clients adopt a healthy attitude toward the single-parent family and explore unconscious, "covert rules that people co-create" to choreograph their interactions and mask their fears (102).

The section that examines the school system is especially valuable and relevant; it reveals that many school officials, guidance counselors, classroom teachers, and single parents themselves assume that any academic problems that children from single-parent families may face are always caused by the absence of one parent. This erroneous assumption is exposed through an examination of the academic scores of children in single-parent families. The results clearly show that "there is no one academic consequence to living in a single-parent family: some children have problems; for some there is no effect; and for others there is an improvement" (191).

Mothers of Heroes, Mothers of Martyrs: World War I and the Politics of Grief

Suzanne Evans.
Montreal: McGill-Queen's University Press, 2007.

Reviewed by Cayo Gamber

As Suzanne Evans explains in her preface, *Mothers of Heroes, Mothers of Martyrs: World War I and the Politics of Grief* focuses on "mothers of the fallen and how their stories have been used and modified in different historical contexts to create a martyrology"; her purpose is to explicate how these stories, of mothers and the fallen, when "used by master propagandists to unite society in the waging of war, still maintain their grip" (x). Evans makes clear there is a long tradition of religious martyrology, focusing on Jewish, Christian, and Muslim martyrologies, including "the Macabean mother" who convinces her seven sons that it is better to die for God and religious practice then give in to King Antiochus's demand to defile their faith by eating pork, Mother Mary who silently watches as her son is sacrificed in order to intercede for all who sin, and Fatima who lived with the foreknowledge that her yet-unborn son's death one day would save his community. Evans demonstrates that the image of the mother sacrificing her child "is so powerful that it is not surprising it should become a touchstone, a measure of love and devotion to a cause and to the divine" (17). Ultimately, she reveals the ways in which this tradition and touchstone was translated into the stories of Canadian mothers of sons who died in World War I.

The stories of Canadian mothers whose sons had died in war were used to unite the country. From the outset, the Canadian mother was instructed to accept the need to sacrifice her son. To that end, early recruitment posters—which posed such questions as "When the War is over and someone asks your husband or your son what he did in the Great War, is he to hang his head because you would not let him go?" (79)—sought to convince women to let their loved ones go to war. Later recruitment posters, which employed slogans such as "Fight for Her," prompted women not only to accept that their husbands and sons must go to war, but that they should encourage them to do so. Moreover, if her son were to die, the Canadian mother was told she must "accept her son's death quietly—when it comes—whether during the war so as not to damage the morale of others, or after the war so as not to damage the peace of amnesty that the state then supports" (8). In her close analysis of the public mourning of individual mothers such as Mrs. Charlotte Susan Wood, public commemoration at monuments such as the Spirit of Canada in Vimy, France, and the ongoing role of the Silver Cross mothers in quietly promoting the support of the state, Evans reveals how "by remembering those fallen soldiers and their mourning mothers, we give their death and pain a purpose and a place in history" (161). Evans also notes, however, that

> [t]he fear in remembering is that the memory will constantly rekindle the desire for revenge. The atrocities of war must be forgotten because peace cannot be built on the memory of hatred. What helped us to forget the atrocities that took us to war in World War I was the post-war knowledge that many of them, said to have been committed by the enemy, never occurred. With this knowledge came a realization that the atrocity was the war itself and how it was conducted. (162)

In the end, as Evans argues, the struggle between remembering and forgetting is balanced, on the one hand, by the knowledge that war itself may be an atrocity and, on the other, that in times of national crisis mothers of martyrs and mothers as martyrs may "be resurrected and polished up" in the name of the nation.

As Evans notes:

> Mothers bereaved in times of conflict have been remembered and honoured by their communities and their leaders in proportion to the perceived need to support and develop a sense of patriotism, and, if necessary, militarism. Commonly, this remembrance is kept in isolation from the stories of mothers of martyrs from other cultures and faiths. This isolation helps to promote a sense of the uniqueness of mothers who are willing to make such a sacrifice. (4)

This study of the role Canadian mothers played during World War I is comprehensive and compelling; it would have been stronger, however, had Evans shown how concurrent acts of martyrology from other cultures and other faiths were kept in isolation, so as to ensure that the mothers of sons who died for Canada should not be confused, for example, with the mothers of sons who had died for Germany or Turkey. How might the words and work of Käthe Schmidt Kollwitz have added to her discussion of how "other" mothers grieve? On 22 October 1914, Kollwitz lost her eighteen-year-old son, Peter, at Diksmuide on the Western Front. In the months and years that followed, she made drawings for a memorial to Peter and his fallen comrades. It was not until eighteen years later, however, that her memorial, entitled *The Grieving Parents*, was finally completed and placed in the Belgian cemetery of Roggevelde. The parents who grieve are modeled on Käthe and her husband, Karl. They are alone, yet together, in their grief, as they kneel side by side, hunched over, each with hands cusped under arms, confronting the rows and rows of crosses for those who died in battle—among them the cross that commemorates Peter. How might Mustafa Kemal Atatürk's speech commemorating the loss of the thousands of Turkish and Anzac soldiers in Gallipoli—words that now are inscribed on a monument at Anzac Cove,

> Those heroes who have shed their blood and lost their lives … you are now lying in the soil of a friendly country. Therefore rest in peace. There is no difference between the Johnnies and the Mehmets to us where they lie side by side here in this country of ours … You, the mothers who sent their sons from far away countries, wipe away your tears. Your sons are now lying in our bosom and are in peace. After having lost their lives on this land, they have become our sons as well.

—have added to Evans's discussion of the ways "other" cultures bountifully and indiscriminately mourn other mothers' sons who have died in battle? Finally, more might have been said of the ways in which memorial sites are constantly being negotiated and renegotiated. Initially, these sites speak nationally, officially, and patriotically for Canadian women who have lost children in war. As Evans notes, albeit briefly, these same sites also come to be used as focal (and vocal) points for Canadian women's efforts for peace. The heteroglossia of these sites of mourning, commemorating, and negotiating would be worth interrogating more fully. While Evans may not have comprehensively analyzed the discursive meaning of these sites, her work prompts the reader to contemplate the various discourses these sites engender and the implications of creating a martyrology of mothers and sons, and for that we can applaud her engaged and engaging study of the mothers of heroes, mothers of martyrs.

Negotiating Motherhood in Nineteenth-Century American Literature

Mary McCartin Wearn.
New York; London: Routledge, 2008.

Reviewed by Roxanne Harde

Negotiating Motherhood in Nineteenth-Century American Literature focuses on the cultural nexus of sentiment and motherhood in nineteenth-century America. Mary McCartin Wearn's project is to consider how the texts under examination—Harriet Beecher Stowe's *Uncle Tom's Cabin*, Harriet Jacobs's personal narrative, Sarah Morgan Bryan Piatt's poetry, and Nathaniel Hawthorne's *The Scarlet Letter*—"calculate the power of sentimental motherhood and weight it against the cultural costs of invoking such ideality" (11).

In the case of *Uncle Tom's Cabin*, Wearn points out how the string of mothers throughout the novel engage in feminine, and successful, acts of civil disobedience within the domestic sphere and through the approved discipline of female self-denial. While she might have made more of Stowe's Eliza, the slave woman "with the natural instincts of motherhood, characteristics at the time deemed 'white,' even in the North" (20), Wearn offers a detailed discussion about how Stowe both used and criticized the regulatory social functions of motherhood to make her political points. Wearn draws interesting conclusions about how Stowe comes close to equating Marie's destructive sentimentalism with the norm for female subjectivity, and discussion of gothic dislocations in relation to Cassie is intriguing, if somewhat disjointed. While Cassie's liberatory movements might seem to contradict her argument that Stowe's political strategies "leave her little room for developing complex feminine subjectivity, for the good mother-figures in her novel must be constrained by the limits of proper, sentimental maternity," Wearn makes the case that Cassie ends up in as constricting a role as the rest of the mothers in the novel (35). Wearn's readings of the novel's depictions of motherhood, particularly those overblown with sentiment, such as mothers mourning children or those whose children are threatened, are first-rate. Overall, Wearn is correct in arguing that even as Stowe offers new agency to women, in no way does she suggest they might transcend their domestic roles or claim autonomy; however, the text might have linked Stowe's success to women's general success as abolitionists, which in turn engendered women's rights movements later in the century.

Wearn's discussions of sentiment and motherhood in Jacobs's narrative and Piatt's poetry also offer insight into nineteenth-century American culture. Wearn examines the political agenda behind Jacobs's maternal narrative, how she exposes the dangers of the maternal role and affection for slave women, negotiates between her sexual life and nineteenth-century expectations, and uses the pseudonym Linda Brent to hide a radical maternal subjectivity under the "unthreatening veneer of sentimental motherhood" (80). Wearn aligns Jacobs with freedom-loving and self-reliant male slaves who escaped more than traditional female values or the behaviour of female slaves who are mothers. Motherly love alone, unlike the case of Stowe's Eliza, is not enough to save Jacobs, Wearn points out as she shows how the text demonstrates the ways in which the social codes of maternity, most often voiced by Jacobs's grandmother, serve as a daunting force of oppression standing in the way of her freedom and autonomy and function to keep her and her children enslaved: "In Jacobs's imagination, as in Hawthorne's, individualist pursuits can never be successfully or completely reconciled with the requirements of home, family, and society" (103). In a series of astute readings, Wearn argues that Piatt's poems about mothering are rooted in, even as they challenge, the "tradition of sentimental motherhood" (108). Wearn takes particular care with Piatt's considerations of the negative aspects of lives too narrowly defined by maternity.

While Wearn's examination of *The Scarlet Letter* offers an equally compelling reading of Hawthorne's refusal to sentimentalize motherhood, her study of Hawthorne's elaborations and critiques of sentimental maternal ideologies seems at cross purposes with the focus of this monograph. Arguing that Hawthorne doubts motherhood's ability to transform a woman, Wearn points out that he complicates "the reigning cultural notions of womanhood that flourished in his time; he will render the 'natural' bonds of motherhood dangerously opaque; for whatever assumptions the Puritan community makes about Hester based on her maternity prove, in the end, to be dangerously in error" (49). For Wearn, Hester's "nature as a woman" is not defined by her motherhood any more than Dimmesdale's soul is defined by his role as a minister, and the chapter centres on Wearn's contention that Hester is driven by her love for Dimmesdale not her affection for her daughter, and that Hawthorne uses this allegiance to complicate maternity as other than simplistic or sentimental. While Wearn makes interesting points about Hawthorne's novel, she seems to struggle with making this discussion serve the purposes of her book, and it seems to me that *The Scarlet Letter* might have been replaced with a text more fully centred in issues of mothering.

Overall, as Wearn makes clear, Stowe, Jacobs, Piatt, and Hawthorne offer innovative representations of maternity as, more or less, cultural critiques and challenges; they question dominant White, middle-class values, and the expectations that constrict women's options and choices. Wearn succeeds in complicating the ways in which we think about sentimental literature and the expectations of motherhood. While the controlling idea of *Negotiating Motherhood* is not groundbreaking, the text makes a solid contribution to considerations of gender and culture in nineteenth-century America.

White Ink:
Poems on Mothers and Motherhood

Rishma Dunlop, ed.
Toronto: Demeter Press, 2007.

Reviewed by Jill Scott

Let me begin by saying that it is a decadent indulgence, almost a guilty pleasure, to review such a sumptuous collection of poems celebrating the maternal —dressed here in her finest garb. Reading such poetry is nourishment on the same scale as mother's milk and I feel mothered by this gorgeous anthology. Beyond the sheer beauty of its contents, *White Ink* is without doubt of historic and political significance. The censure of the maternal in our culture is real and the impediments to mothers who want to write are great. We should not underestimate the courage and determination necessary for mothers to squeeze time out for writing. Editor Rishma Dunlop only hints at her own challenges as a young mother and a poet, stealing away to tap at her keyboard when her daughters were in bed.

The title, *White Ink*, pays homage to the theorists of *écriture feminine*, most notably Hélène Cixous, who inspired a whole generation of women to write their bodies in all their sensuous corporeality. But this anthology goes far beyond any theoretical paradigm of the maternal. It is wide-ranging in its expressions of mothering, inviting men into the conversation and extending the maternal beyond the physical and emotional —birthing, breastfeeding, nurturing, teaching, loving, suffering ("if I defer the grief I will diminish the gift" Eavan Boland)—to include adoption, infertility, abortion, abuse, racism, and queer mothering, but also men and women honouring their mothers ("I touch the deep floor of your heart!" Mahmoud Darwish), mothers at their worst ("My mother, drunk again, her nightgown pulled up to her hips" Patrick Lane), and the mother tongue ("She is shaping a motherland in her mouth" Yerra Sugarman).

Dunlop includes a full spectrum of ethnically diverse voices, some poems in translation, well-known authors, both Canadian (Brandt, Brossard, Carson, Crozier, Godard, Lane, Layton, Marlatt, Musgrave) and American (Ginsberg, Hacker, Plath, Rich, Sexton), and lesser-known poets. Still, the volume does not feel at all forced or driven by either diversity or theme. Instead, the collection soars in the analogic links that thread together the various sections, cryptically and tantalizingly named after lines of verse rather than recognizable categories: "a woman leaning from a painting offering a life" (Nina Bogin), or "all the rivers of her red veins move into the sea" (Irving Layton), or "the sound of your blood crossed into mine" (Minnie Bruce Pratt).

Dunlop cleverly weaves the volume together as if it too were a poem.

But *White Ink* is not just a poem; it is a mothering poem. As such, Dunlop offers her own take on the ineffable oneness of mothering, while at the same time hooking these rhythms and rhymes together through surprising and surreptitious correspondences. Mothering is expanded into a welcoming canvas, indeed a vast landscape—these lovingly gathered verses enable readers to collectively imagine the maternal as a cultural discourse that goes well beyond actual mothers and becomes an attitude or a disposition of compassion that has often been silenced.

One could complain that the quality is uneven, but there is very good reason to include all expressions of the maternal, even the rough ones. Further, one could say that there is in these postwar poems a lack of formal sophistication, and yet the counterargument would be that such creative configurations of maternity cannot be contained within traditional genres (visions of swollen breasts and bellies bulging out from the sonnet's quatrains come to mind). Minnie Bruce Pratt writes of breaking the mould, "all the poets I knew / were men, dads eloquent on their sleeping / babes and the future," but Miranda Pearson reminds us that "this was my true self / emerging." This volume midwives such selves.

There are some institutional issues that deserve to be addressed. For all her importance as a postwar poet who introduced maternal themes, there is only one poem by Sylvia Plath, likely because the citation rights are so expensive. The cost of the volume is another concern. At $39.95, this is a book that will be available for the most part only in academic libraries, away from the very women—mother-poets living on a shoestring—who could revel in these rhythms. One more minor quibble—the book is quite a tome, difficult to tuck into a purse or balance on a pillow. Such a lovely collection ought to be dressed in handier attire. These minor details aside, *White Ink* is a tour de force and a superb contribution to both the politics and the poetry of mothering.

Contributor Notes

Sarah LaChance Adams is a doctoral candidate in the philosophy department at the University of Oregon. She received her MA in psychology from Seattle University and her BA from Mount Holyoke College. She is currently writing a dissertation on motherhood in care ethics and phenomenological ethics.

Sarah Allen, Ph.D., is a research associate in the School of Family Life at Brigham Young University and adjunct faculty member at Montana State University in Bozeman, Montana. Her research interests include work-family relationships, the division of household labour, fathering, and how men and women create a place called home.

Roksana Badruddoja is an Assistant Professor in the Women's Studies Program in California State University-Fresno. Her research on queer South Asian-American women has been published in the peer-reviewed journal *National Women Studies Association Journal.* Currently, she is working on an anthology entitled *Brown Souls: The Voices of Second-Generation South Asian-American Women.*

Linda C. Baker, RN, is a maternal-infant nurse and doctoral candidate at the University of Wisconsin-Milwaukee.

Constance A. Barlow is a professor of Social Work at the University of Calgary and holds an adjunct appointment with the Division of Counselling Psychology at the University of Calgary. One of her research interests is loss after suicide. Additionally she maintains a private counselling practice in Calgary that focuses on issues of loss and grief.

Mary Kay Blakely joined the Journalism School faculty in September, 1997, and teaches Advanced Writing in the magazine sequence. A contributing editor to *Ms.Magazine* since 1981 and former "Hers" columnist for *The New York Times,* she is the author of the critically acclaimed *Wake Me When It's Over* and *American Mom.* Her essays on social and political issues have appeared in *The New York Times, The Washington Post, Mother Jones, LIFE, Vogue, Family Circle, Self, Parents, Newsday, Los Angeles Times Magazine, Lear's, Glamour, Working Woman* as well as other national publications. Her work has been collected in fourteen writing anthologies and published in Australia, Great Britain, the Netherlands, Germany and Japan. Blakely is on the National Advisory Board for *Women's Enew*s, the National Writer's Union and MOMbo, a syndicated radio program. Her television appearances include news commentaries on the *Today Show, Oprah, Larry King Live, CBS This Morning, Charlie Rose, C-SPAN, Good Morning America,* and *CNN*.

Sonja Boon is a Ph.D. candidate in the Department of Women's Studies, Simon Fraser University. Her doctoral research, funded by a SSHRC Graduate Scholarship, explores the performance of maternity and motherhood within the context of the late-eighteenth-century Parisian salon. She is mother to two young and extremely boisterous boys.

Jessica B. Burstrem holds a B.A. in English Language and Literature from the University of Michigan and an M.A. in English and a Graduate Certificate in Women's Studies from the University of Florida. She currently lives in Chandler, Arizona, with her new husband and her five-year-old son. She will begin a Ph.D. program next fall.

Lea Caragata teaches in the areas social policy and community development. Areas of research and specialization include marginalization and oppression, most recently focused on labour market changes and welfare state retrenchment. She is the Principal Investigator of a Community University Research Alliance (CURA) project "Lone Mothers: Building Social Inclusion" funded by the Social Sciences and Humanities Research Council.

Alicia Casey holds an MA in English from Austin Peay State University. She is currently completing her MFA in Poetry at the University of Mississippi, where she is a Grisham fellow and the poetry editor of the Yalobusha Review. Her work has recently appeared and is forthcoming in *Main Channel Voices,* and *Zone 3*. She lives in the pine forests of Water Valley with her husband and their infant daughter.

Tatjana Chorney is Assistant Professor at Saint Mary's University; she is a member of the English Department, and affiliated with the Women's Studies Program. She has published essays on Renaissance literature, hypertext, reading, teaching and learning, and is currently working on a book on Renaissance genres. She is a single parent and has one son.

Lyn Craig is a Research Fellow at the Social Policy Research Centre at the University of New South Wales, Australia. Her research interests include the gendered time impacts of children, work-family balance, the division of domestic labour, and comparative family policy. She is the author of *Contemporary Motherhood: the Impact of Children on Adult Time* (Ashgate, 2007).

Deborah Davidson is a passionate feminist sociologist who recently completed her Ph.D. at York University in Toronto. Her dissertation examines the emergence of hospital protocols for perinatal death and bereavement over the second half of the twentieth century. Her research interests include health, families, diversity, and critical pedagogy.

Paul Delfabbro is an Associate Professor in the School of Psychology at the University of Adelaide and is the author (with Jim Barber) of *Children in Foster Care* (Taylor and Francis, 2004).

Patrice DiQuinzio is Professor of Philosophy and Director of Women's Studies at Muhlenberg College. Before that Patrice served as Assistant Dean of the Undergraduate College at Bryn Mawr College, and Assistant Professor of Philosophy at the University of Scranton. She has published a number of articles on feminism and political philosophy and has edited two collections of work on women, ethics, social theory, and public policy. Patrice has also published a book on the difficulties that feminist thinkers have encountered in their attempts to develop theories of femininity, women's oppression, and women's liberation that adequately address the topic of motherhood. Patrice is also a member of the board of trustees of the National Association of Mothers' Centers, headquartered in Levittown, New York. Her books include: *Women and Children First: Feminism, Rhetoric, and Public Policy; The Impossibility of Motherhood: Feminism, Individualism, and the Problem of Mothering;* and *Feminist Ethics and Social Policy.*

Rishma Dunlop is the author of three acclaimed books of poetry, *Metropolis* (Mansfield Press, 2005), *Reading Like a Girl* (Black Moss Press, 2004), and *The Body of My Garden* (Mansfield Press, 2002). Books as editor include: *White Ink: Poems on Mothers and Motherhood* (Demeter Press, 2007) and *Red Silk: An Anthology of South Asian Canadian Women Poets* (Mansfield Press, 2004). She received the Emily Dickinson Prize for Poetry in 2003, and her radio drama, "The Raj Kumari's Lullaby," was commissioned and produced by CBC Radio in 2005. Her poems have won numerous awards and have appeared in journals including *Blackbird*, *Canadian Literature*, *Descant*, *Event*, *Grain*, *Literary Review of Canada, CV2, Room of One's Own*, and *The Comstock Review*. She is editor of *Studio*, an online international poetry journal, and literary editor of the *Journal of the Association for Research on Mothering.* She is a professor in the Department of English at York University, where she is Coordinator of the Creative Writing Program in English.

Ann Duffy has been a member of the Brock University sociology department since 1986. The co-author of books on part-time employment, women's work, introductory sociology and Canadian perspectives on family violence, her research now focuses primarily on women and paid/unpaid employment and the impact of aging on the Canadian labour force. She is currently co-editing a new book on employment in the "new" economy.

Miriam Edelson is a social activist, mother and writer living in Toronto. *Battle Cries: Justice For Kids with Special Needs* was published in 2005. *My Journey With Jake: A Memoir of Parenting and Disability* appeared in 2000. Her creative non-fiction and commentaries have appeared in *The Globe and Mail, The Toronto Star,* CBC Radio, *This Magazine* as well as other periodicals. Born in New York, Edelson spent her teens in Toronto and completed her undergraduate studies at McMaster and Laval Universities. After joining the staff of a national union based in Ottawa, she completed her Masters in political science at Carleton University. She is fluent in French and is currently pursuing doctoral studies in sociology and bioethics part-time at the University of Toronto. Edelson lives in Toronto with her partner Andy King and her daughter Emma.

Margrit Eichler is Professor of Sociology and Equity Studies in Education at Ontario Institute for Studies in Education of the University of Toronto. Her over 200 publications deal with issues in family policy, feminist methodology, and eco-sociology, among others. She recently completed a study on unpaid household work and lifelong learning and co-produced a DVD for use in schools on the topic.

Sarah Glassford is a SSHRC Postdoctoral Fellow, affiliated with the AMS Nursing History Research Unit at the University of Ottawa. She earned her doctorate in History in 2007 from York University, and she is currently preparing a book on the history of the Canadian Red Cross and its role in Canadian society.

Fiona J. Green, feminist mother and Chair of the Women's and Gender Studies Department at the University of Winnipeg, has published research on feminist mothering in the journals *Socialist Studies* and *Journal for the Association for Research on Mothering*, and in the books *Mother Outlaws* and *Motherhood to Mothering*. More recent work addressing the representation of mothering in reality TV are in the journal *Storytelling* and the forthcoming book, *Mediated Moms: Mothering and Popular Culture.*

Roxanne Harde is an assistant professor of English at the University of Alberta, Augustana. She researches American women's writing using approaches from feminist cultural studies. Her work has appeared in several journals, including *Christianity and Literature, Legacy, Studies in Puritan American Spirituality, Critique, Feminist Theology,* and *Mosaic*, and in several edited collections.

Clarinda Harriss teaches poetry and editing at Towson University, where she chaired the English Department for a decade and advises the award-winning student literary magazine, *Grub Street.* Her most recently published poetry collection is *Dirty Blue Voice* (Half Moon Editions, 2007), and she has another, *Mortmain*, containing several of the poems here, coming out sometime in 2008. Several of her recent short stories can be read on exterminatingangel.com. Longtime editor/director of Maryland's oldest literary press, BrickHouse Books, Inc., she does volunteer work with prison writers both locally and nationally. Her two children, Lisa and Andy, have blessed her with five grandchildren.

E. Jeffrey Hill is associate professor in the School of Family Life at Brigham Young University. His research examines finding harmony between paid work and family life. Before coming to Brigham Young he was a work and family subject matter expert at IBM where he pioneered many flexible work options including paternity leave, part-time employment, and telecommuting.

Alice Home is professor of social work at University of Ottawa. Her research focuses on women with multiple roles, especially mothers combining employment and caring for children with invisible disabilities. She is currently researching groups for parents of these children. She is mother of two adults with ADHD.

Robin G. Isserles is Assistant Professor of Sociology at the Borough of Manhattan Community College, of the City University of New York. Her research areas include feminist theories of Care as well as the Sociology of Teaching and Learning. This article is dedicated to the memory of her mother, Ruth Ann Isserles, and in honor of her children, Lily and Randy, all of whom have taught her so much about motherwork.

Gray Jacobik is a poet and painter who lives in Deep River, Connecticut. Her collections include *Brave Disguises* (AWP Poetry Prize, Pittsburgh University Press); *The Surface of Last Scattering* (X. J. Kennedy Prize, Texas Review Press); and *The Double Task* (Juniper Prize, UMASS Press). She is on the faculty of The Stonecoast MFA and taught poetry for several years at Eastern Connecticut State University.

Shirley R. Klein, Ph.D., is an associate professor and associate director of the School of Family Life at Brigham Young University. Her current teaching and research interests include carework, mothers creating home, family reintegration for incarcerated mothers, and establishing home as a center for individual and family development.

Sharon Lang, Harvard University, Ph.D., is Associate Professor of Anthropology, Chair (2004-2007), Department of Sociology and Anthropology, University of Redlands. After the SIDS death of her daughter, Micaela, in 2003, Sharon became a SIDS activist, serving as President of the Guild for Infant Survival, Riverside and San Bernardino counties (CA).

D. Memee Lavell-Harvard is currently President of the Ontario Native Women's Association, a full time student currently completing her Ph.D. in Education at the University of Western Ontario, and is the first Aboriginal person ever to receive a Trudeau Scholarship. Harvard is also a full-time mother of two little girls, Autumn Sky (eight) and Eva Lillie (two). Ms. Lavell-Harvard's research addresses the epidemic of low academic achievement and high drop out rates among Aboriginal populations in Canada.

Máire Leane is a Senior Lecturer in women and social policy in the Department of Applied Social Studies, University College Cork, Ireland. She is a co-founder (with Dr. Anna Kingston) of The Association for Research on Mothering (ARMI) (Ireland). See <www.armi.ie>.

Kathryn Levine is currently an Assistant Professor with the Faculty of Social Work at the University of Manitoba. Her current research projects include examining the cumulative impact of violence exposure on adolescent girls, career development in educationally at-risk populations, and examining the impact of parental deployment on adolescents of Canadian soldiers.

Margaret MacDonald is an Assistant Professor at Simon Fraser University whose research interests include Intergenerational Programs, Pedagogical Documentation, and Curriculum Development. She is currently working on two projects related to Pedagogical Documentation, one at the Special Care Nursery in Children's Hospital (Vancouver, BC) and the other in Early Elementary Classrooms in New Westminster, BC. Both projects have been designed to investigate the ways that pedagogical documentation can be used to inform teaching and learning and enhance successful interactions.

Colleen Mack-Canty, Ph.D. Political Science, directs the Master of Public Administration Program at the University of Idaho. Her research is in third wave feminism, parenting, and postcolonial feminism. Her publications include articles in the *NWSA Journal* and *The Journal of Family Issues*, together with book chapters with Routledge and Greenwood Press.

Brenda McGadney-Douglass earned degrees from the Universities of Chicago (Ph.D.) and Michigan (MSW and BA). Her career in social work, focused on gerontological practice, research, education, and administration, spans three decades in the U.S., Canada, and Ghana. Issues addressed in her work include cross-cultural gerontology and intergenerational decision-making processes, health care for the poor and underserved, well-being of family caregivers, grandmothers' role in survival of malnourished children, and international, legal, and social issues of refugees and immigration, mostly related to women and mothers. In addition to publications in numerous scholarly journals, she serves on three journal boards in the U.S., Kenya, and Canada.

Nancy Mandell is an Associate Professor in the Sociology Department at York University. Her research has focused on the study of gender in relation to family, research methods and education. She has edited *Feminist Issues: Race, Class and Sexuality,* which is widely used in Canadian women's studies classes. Nancy has recently completed (with Wilson and Duffy) a study of Canadian midlife women.

Andrea O'Reilly, Ph.D., is Associate Professor in the School of Women's Studies at York University (Atkinson Faculty), Toronto. She is co-editor/editor of more than ten books on motherhood, including *Mother Outlaws: Theories and Practices of Empowered Mothering* (Women's Press, 2004), and *Maternal Theory: The Essential Readings* (Demeter Press, 2007). O'Reilly is author of *Toni Morrison and Motherhood: A Politics of the Heart,* (SUNY, 2004) and *Rocking the Cradle: Thoughts on Motherhood, Feminism, and the Possibility of Empowered Mothering,* (Demeter Press, 2006). O'Reilly is founder and director of *The Association for Research on Mothering* (ARM), founder and editor-in-chief of the *Journal of the Association for Research on Mothering*, and founder and editor of Demeter Press, the first feminist press on motherhood. She has received thirteen *Social Science Humanities Research Council of Canada* grants over the last ten years, including one for her current research project on "Being a Mother in the Academe." Dr. O'Reilly has presented her research at more than 50 conferences in over a dozen countries and was a keynote speaker at the *National Women's Studies Conference* in 2006; as well she has been interviewed widely on the topic of motherhood. In 1998 she was the recipient of the University wide "Teacher of the Year" award at York University, and in 2007 she was granted the Atkinson Deans's award for "Outstanding Research." Andrea and her common-law spouse of 25 years are the parents of a 23-year-old son and two daughters, ages 18 and 21.

Magdalena Suarez Ortega has a B.A. in Pedagogy and a Ph.D. in Education from the University of Seville (Spain). She is Assistant Professor at the Department of Methods of Research and Diagnostic in Education, National University of Distance Education, Madrid (Spain), where she teaches Practicum at Social Education Career. Her research is based on women's life and labour project, qualitative methodology and career guidance, and she is Visiting Scholar at CWSE (OISE/UT) in the Fall of 2007. She is the author of *Adult Women Who Re-enter the Labour Force: A Study in the Province of Seville* (2004), and *Discussion Group: A Tool for Qualitative Research* (2005).

Ruth Panofsky is Book Review Editor of *the Journal of the Association for Research on Mothering*. She is Associate Professor of English at Ryerson University in Toronto where she specializes in Canadian literature and culture. Her most recent books are *The Force of Vocation: The Literary Career of Adele Wiseman* (University of Manitoba Press, 2006) and *Laike and Nahum: A Poem* *in Two Voices* (Inanna Publications, 2007). Her new collection of essays, *At Odds in the World: Essays on Jewish Canadian Women Writers*, will be published by Inanna Publications in October 2008.

Lynda Perry lives on a farm in eastern Virginia with her husband and daughter. Her poems have appeared in *New Zoo Review* and *Lumina*.

Paula C. Pinto is a doctoral student in the department of Sociology, York University. She holds an MS in Family Studies from University of Wisconsin, Madison. For over 12 years she worked in the disability field in Portugal and the European Union. Her research interests cover gender and disability, social policy and human rights. With her spouse she is raising three daughters, aged 11, 14, and 16.

Pegeen Reichert Powell is a faculty member in the English Department at Columbia College Chicago, where she teaches in the writing program. She is co-editing with Jocelyn Fenton Stitt a forthcoming collection of essays about mothering, *New Deliveries: Contemporary Mothering Studies* (SUNY Press). In addition to mothering studies, her research interests include pedagogy, critical discourse analysis, and retention in higher education.

Jean Preston holds an M.F.A. in Creative Writing/Poetry from the University of Southern Maine Stonecoast Writing Program. She is the author of *All the Queen's Horses,* a collection of original poetry. Her poems have been published in the literary journals, *Pleiades* and *Centrique*. Preston has worked as a presenter, instructor and tutor for various academic and community organizations including the Kenosha Literacy Council, the Racine Odyssey Project, and Rainbows for All God's Children. She facilitates seminars and workshops on writing poetry, and is the Director of the Carthage College Writing Center and an Adjunct Assistant Professor of English. Ms. Preston lives in Kenosha, Wisconsin, with her husband, and her Scottish terrier, Maggie.

Joanna Radbord is a lesbian feminist mother and a lawyer with the firm of Epstein Cole, LLP. Her practice focuses on family law and gay and lesbian equality rights, and she is particularly interested in the legal regulation of lesbian mothering. Joanna was involved with *M. v. H.*, a Supreme Court of Canada decision resulting in the recognition of same-sex relationships in dozens of federal and provincial statutes. She was counsel to a lesbian father in Forrester v. Saliba, which states that transsexuality is irrelevant to a child's best interests. She has acted for the Women's Legal Education and Action Fund in cases involving the feminization of poverty, particularly the spousal support variation case Boston and the retroactive child support case DBS. She was co-counsel to the Ontario and Quebec same-sex couples who won the freedom to marry in Halpern and on the Reference re Same-Sex

Marriage before the Supreme Court. Joanna also appeared as counsel in Rutherford, achieving immediate legal recognition for lesbian mothers, and represented the Rutherford families as intervener counsel in *A.A. v. B.B. v. C.C.*, the case allowing recognition of three parents in law.

Damien Riggs is an ARC postdoctoral fellow, in the School of Psychology at the University of Adelaide and is the author of *Becoming Parent: Lesbians, Gay Men, and Family* (Post Pressed, 2007).

Sara Ruddick lives in New York City where she taught for many years at New School University. Her most recent collection, *Mother Troubles,* co-edited with Julia Hanigsberg, a legal theorist who lives in Toronto, considers dilemmas of motherhood for which there are no easy answers. This book represents an early attempt too think about institutions and cultures of motherhood that might serve mothers well. In her first collection, *Working It Out,* published in 1976 and co-edited with Pamela Daniels, women wrote personal essays about their struggles doing their chosen work. This was followed by another collection of personal essays, *Between Women* edited with Carol Ascher and Louise de Salvo published in 1984 and later published in a second edition with an introduction by Carolyn Heilbrun. These essays, taken collectively, continued to tell the story of women's struggles doing work of their own, raised the issue of "objective" knowledge, and explored a then unexplored personal relationship between biographer or critic and their subject. During these years she began to think about mothers' thinking and in 1980, published the essay "Maternal Thinking" and, in 1989, the book *Maternal Thinking: Toward a Politics of Peace*, published with a new introduction in 1995. Throughout these years she has written steadily, though not copiously, about war, non-violence, maternal thinking, and the connections and contrasts between them. Two decades after promising that *Maternal Thinking* was at least connected to a politics of peace she is still trying to create transformative understandings of mothering as a resource for non-violent practices, still trying to forge the links that would make thinking maternally a way of thinking against the grain of violence.

Jennifer Runquist is a maternal-infant nurse and assistant professor at the University of Wisconsin-Milwaukee.

Lori Saint-Martin is a professor in the literature department at the Université du Québec à Montréal. She has published two books of short fiction, *Lettre imaginaire à la femme de mon amant* (1991) and *Mon père, la nuit* (1999), French translations of six English-Canadian novels, in collaboration with Paul Gagné, and several books of non-fiction on women's writing in Québec, including *Le nom de la mere: Mères, filles et écriture dans la littérature québécoise au féminin (The Name of the Mother: Mothers, Daughters and Writing* *in Quebec Women's Fiction*), 1999. Her current research project is on fathers and children in contemporary Québec fiction (supported by SSHRC grant). With Paul Gagné, she has two children, Nicolas (15) and Anna (13).

Judith Stadtman Tucker is a writer and activist. She is the founder and editor of the *Mothers Movement Online*, and a member of the NOW Mothers' and Caregivers' Economic Rights Committee. She previously served as co-coordinator for the May 2006 ARM Conference on Caregiving and Carework.

Jill Scott is Associate Professor of German at Queen's University, Kingston, Canada. Scott is the author of Electra after Freud: Myth and Culture (Cornell University Press, 2005). She received the prestigious Canada Council Aurora Prize for her current research project entitled "A Poetics of Forgiveness: Creativity and Conflict Resolution." She has also published widely on German and Austrian Modernism.

Judi Thacker-Magee lives in Toronto with her husband Doug and two children, Graeham and Kaitlyn. Inspiration for her writing comes from living a full life in all of its complexity, joy, and sorrow; an immutable love for her children and family; a passion for nature, and an insatiable curiosity.

Sue Wilson is a Professor in the School of Nutrition at Ryerson University where she teaches Research Methods and Family Studies. Her research interests include midlife women's health and body image, family caregiving and spirituality and health. She has written, co-authored or co-edited a number of Canadian sociology text books.

Gina Wong-Wylie, Ph.D., is an Associate Professor in the Graduate Centre for Applied Psychology at Athabasca University in Alberta, Canada. She is a Registered Psychologist and devotes her counselling practice to focusing on pre and postnatal issues with women. Wong-Wylie's area of research interest also includes prenatal/perinatal psychology, issues related to mothering, and mental health and maternal wellness issues from feminist and cross-cultural perspectives.

Laura Dreuth Zeman is a Licensed Clinical Social Worker in Tennessee and Associate Professor in Social Work and Women Studies at Southern Illinois University, Carbondale. Her research seeks to enhance consumer self-determination across care settings. She has published over 30 papers and has taught graduate and undergraduate social work courses.

DEMETER

THE ASSOCIATION FOR RESEARCH ON MOTHERING (ARM) & DEMETER PRESS *announce*

PRIZES FOR POETRY, CREATIVE NON-FICTION, BLACK AND WHITE PHOTOGRAPHY

Prizes of $500 for 1st place, $300 for 2nd place, and $200 for 3rd place, will be awarded for poems, creative non-fiction, and photography on the theme of Mothers and Daughters. The winning works in all categories, as well as a selection of honourable mention contest entries, will be published in the *Journal of the Association of Research on Mothering*'s special issue on "Mother and Daughters" in October 2008. All works will be considered for publication in the Journal and subsequently in a literary anthology to be published by Demeter Press in honour of Mother's Day, May 2009. Prizes in each category will be announced in August 2008 and awarded at the ARM Conference, October 24-26, 2008. Poets whose works are included in the issue will celebrate the launch of the issue with readings at a Literary Gala Event as part of the conference.

DEADLINE MAY 15, 2008

- ***Poetry:*** Submit up to three unpublished poems with $20.00 CAD entry fee ($3 for each additional poem).
- ***Creative Non-Fiction:*** Entries should be short literary memoir, auto-biography, lyric essay 300-1,000 words max. One submission only with $20.00 CAD entry fee.
- ***Photography:*** Black and white photographs should be submitted as 8" x 10" prints and mailed in hard copy to the ARM/Demeter Press office with $20.00 CAD entry fee ($3 for each additional photo). Contest participants outside of Canada and the U.S may email an electronic photo submission to arm@yorku.ca.

For detailed submission guidelines,
please contact us or visit our website:
Room 726, Atkinson College, York University.
4700 Keele Street, Toronto, Ontario M3J 1P3 Tel. 416.736.2100 x 60366
Email: arm@yorku.ca Website: www.yorku.ca/arm

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Mother
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March 8:
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April 1:
Mothering and Blogging Panel

April 8:
Are the Mommy Wars Real or a Media Invention? The Ongoing Scapegoating of Mothers

April 15:
Mining, Mothering and Mending Women's Bodies: Upholding Women's Rights in the Democratic Republic of Congo

April 26:
(M)Other (a performance)

May 8:
Carework and Caregiving Panel and Launch of ARM Journal
Vol. 10.1 , "Carework and Caregiving"

June 18
Fathering

September 30
Maternal Activism/Activist Mothering Panel

October 23
Mothering, Violence, Militarism, War and Social Justice

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A FESTIVAL FOR
MOMS WHO
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DEMETER

Call for Papers

Demeter Press
is seeking submissions for an edited collection on

Disability and Mothering

Publication Date: Spring 2010
Editors: Cynthia Lewiecki-Wilson and Jen Cellio

We seek papers that explore the histories, practices, theories and lived realities of mothering and disability as they run parallel to, intersect with, complicate, and inform one another. Both disability and mothering are liminal experiences, placing one at a threshold or doorway, a boundary, verge, or margin that marks a potential interval of difference offering an opening to new perspectives. Doorways and thresholds represent spaces for transition and transformation, the possibility for sharing experiences and the fluidity of identity, in the crossing back and forth from one perspective to another. As a liminal experience, "mothering" can be thought of as an attitude or orientation, a set of practices arising out of relationality, rather than a stable identity. New reproductive technologies also expand definitions of "mothering," but also raise questions about the future of the fetus marked "disabled" as well as the lives of people living with disability in an age of genetic screening. A key goal of this volume will be to examine the productive tensions brought to view by pairing mothering and disability.

We welcome varied approaches from across the humanities and social sciences including, but not limited to topics such as—Activism; bioethics, feminist ethics; constructions of identity, changes in identity, hybridity theories of identity; corporate workplace policies, insurance, day care, institutional care; disability/mothering in global and transnational contexts—e.g. immigration, diaspora, citizenship, national identity, homelessness; embodiment theories; feminist philosophies of care, dependency, or interdependency; film, literary, and media representations; ideological and social debates and tensions within discussions of "good" mothering/disability; issues of mothering/disability as they intersect with race, class, gender, nation; legal or scientific histories; medical critiques; navigation of space, movement, access and design of spaces; "normalcy" as a construct that impacts mothering/disability; poetics; politics and public polices; poverty; queer and/or transgender theories; reproduction/ reproductive rights; the role of web communities; the spiritual, emotional or social impact; support services, self-sponsored communities and institutions.

Abstracts/Proposals (250-400 words) due:

June 1, 2008
Acceptances made by June 30, 2008

Accepted and completed papers
(15 pp., double-spaced, MLA format) due: September 30, 2008
Authors with disabilities, or who have family members with
disabilities, are especially encouraged to contribute.
Please send inquiries and abstracts to:
Editors, Cynthia Lewiecki-Wilson at<lewiecc@muohio.edu>
and/or Jen Cellio at <celliojl@muohio.ed>

Association for Research on Mothering
Demeter Press
726 Atkinson, York University,
4700 Keele Street, Toronto, ON, M3J 1P3
Tel: 416-736-2100 x 60366
Fax: 416-736-5766
Email: arm@yorku.ca
Website: www.yorku.ca/arm

——*Call for Papers*——

The editorial board is seeking submissions for Vol. 10.2 of the
Journal of the Association for Research on Mothering (ARM)
to be published in Fall/Winter 2008.

The journal will explore the subject:

Mothers and Daughters

The Association for Resarch on Mothering's first conference in 1997 was on the topic of "Mothers and Daughters." As well, this topic was a central theme at ARM's tenth anniversary conference "The Motherlode" in 2006. The *Journal of the Association for Research on Mothering* has yet to do a journal issue on this important motherhood theme. Consequently, "Mothers and Daughters" is the theme for second issue of the journal's tenth volume. We invite submissions on the topic of "Mothers and Daughters" from a variety of perspectives and on a wide range of themes. Submissions from scholars, students, activists, artists, mothers, and others who work or research in this area are welcome. Cross-cultural, historical and comparative work is encouraged.

Submission guidelines:
Book reviews are to be no more than 2 pages (500 words).
Articles should be 15 pages (3750 words).
All should be MLA style.
Please see our guidelines for details:
http://www.yorku.ca/arm/styleguide.html

Deadline for submissions: May 1, 2008
To submit work, one must be a member of ARM.
http://www.yorku.ca/arm/armmembership.html

Please direct your submissions to:
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726 Atkinson, York University
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Toronto, ON   M3J 1P3
Phone: 416.736.2100 x 60366 Email: arm@yorku.ca
Or visit our website at www.yorku.ca/arm

——Call for Papers——

The editorial board is seeking submissions for Vol. 11.1 of the
Journal of the Association for Research on Mothering (ARM)
to be published in Spring/Summer 2009.

The journal will explore the subject:

Maternal Health and Well-Being

***(Physical, Psychological, Social, Economic,
Sexual, Political and Spiritual Issues)***

The journal will explore the topic of Maternal Health and Well-Being from a variety of perspectives and disciplines. We welcome submissions from scholars, students, activists, health care professionals and other health workers, artists, mothers and others who work or research in this area. Cross-cultural, historical and comparative work is encouraged. We also welcome creative reflections such as poetry, short stories, and artwork on the subject.

Topics can include (but are not limited to):

• maternal health promotion and education; • globalization and maternal health; • maternal health activism; • reproductive justice; • public policy and maternal health; • the environment and maternal health issues; • mothers and healthy living; • maternal health and challenges within Indigenous communities; • mothers with disabilities; • mothers with illnesses; • HIV/AIDS; • breast cancer; • mental health issues; • postpartum depression; • disease prevention; • psychiatry; • psychology; • medicine; • pregnancy; • childbirth; • breastfeeding; • young mothers; • mothers and aging; • work and family balance; • maternal nutrition; • disordered eating; • mothering children with disabilities; • violence against mothers and children; • sexual abuse, healing through the arts; • addictions and recovery; • raising healthy children; • politics of reproduction; • abortion; • sterilization; • maternal sexuality; • maternal health promotion and education; • LBGT maternal health issues; • menstruation; • menopause; • mothers and the health professions; • representations/images of mothers and health/well-being issues.

Submission Guidelines

Book reviews are to be no more than 2 pages (500 words).
Articles should be 15 pages (3750 words).
All should be MLA style.
Please see our guidelines for details:
http://www.yorku.ca/arm/styleguide.html

Deadline for submissions: November 1, 2008

http://www.yorku.ca/arm/armmembership.html

Please direct your submissions to:

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To submit work, one must be a member of the Association for Research on Mothering.

——Call for Papers——

Association for Research on Mothering (ARM)
12th Annual Conference!

Mothering, Violence, Militarism, War and Social Justice

October 24-26, 2008

We welcome submissions from scholars, students, activists, artists, NGOs, community agencies, service providers, journalists, mothers and others who work or research in this area. Cross-cultural, historical, and comparative work is encouraged. We encourage a variety of types of submissions including academic papers from all disciplines, workshops, creative submissions, performances, storytelling, visual arts, and other alternative formats.

Topics can include (but are not limited to):
Nationalism, militarism, and motherhood; violence against mothers and children; mothers and war across history and culture; motherhood and terrorism; mothers and human rights; peace building and peace/anti-militarism activism by mothers; peace keeping strategies of mothers; mothers against militarism; marriage, motherhood, and pregnancy in the military; Maternal Thinking; the Ethics of Care/the Politics of Peace; women writers and the critique of war; rhetoric of masculinity and violence against mothers; teaching social justice in the classroom as mothering for peace; educating children about war; parenting in war; teaching non-violence to children; mothers' roles in post-conflict reconstruction; state violence against mothers; racism, ethnicity, and peace; impact of prolific small arms and light weapons on women; female suicide-bombers; women's contributions to (formal) peace agreements; suffering and survival of mothers in war; mothers and the dismantling of apartheid; mothers as activists in violent conflicts or militarized zones; roles of mothers in conflict; mothers as journalists during wartime; impact of violent conflict on mothers as refugees (asylum seekers and/or internally displaced persons); mothers of sons and/or daughters who serve in the military; gender-based violence of women in war and conflict; mothering and loss (of husbands/children); children and loss of mothers; mothers and children left behind in military communi-

ties; mothers who kill; domestic violence against mothers; the war on mothers; rape and/as terrorism; aboriginal mothers/children and residential schooling; social justice organizations for mothers (from MADD to Mothers Against War); patriotic mothering; activist mothering; representations/images of mothers and violence, war, and social justice issues; public policy and mother activists; legal responses to mother activists; reproductive violence; mother activists within indigenous communities; LBGT mothers and social justice issues; victims of violence in the military.

Confirmed Keynote Speakers

Flavia Cherry
National Chairwoman of the Caribbean Association for
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Gertrude Fester
Commissioner on the Commission of
Gender Equality South Africa
Linda Renney Forcey
author of *Mothers of Sons:*
Toward an Understanding of Responsibility
Sara Ruddick
author of *Maternal Thinking: Toward a Politics of Peace*
Tiisetso Russell
Comparative, International and Development Education,
University of Toronto
Audette Sheppard
Founder, United Mothers Opposing Violence Everywhere
(UMOVE)

For more information, please contact us at:
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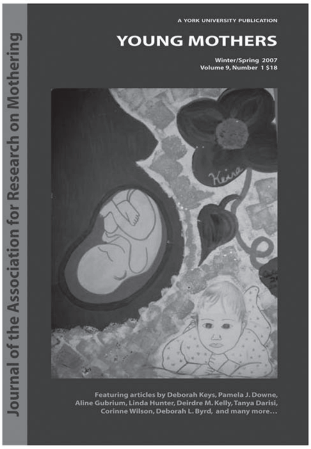
Submissions must be received by November 1, 2008.

To submit work to the journal, one must be a member of ARM.

MOTHERING, RACE, ETHNICITY, CULTURE AND CLASS



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ROCKING THE CRADLE
Thoughts on Motherhood, Feminism and the Possibility of Empowered Mothering
Andrea O'Reilly
"Until Our Hearts Are On the Ground"
Aboriginal Mothering, Oppression, Resistance and Rebirth
D. Memee Lavell-Harvard and Jeannette Corbiere Lavell, Editors
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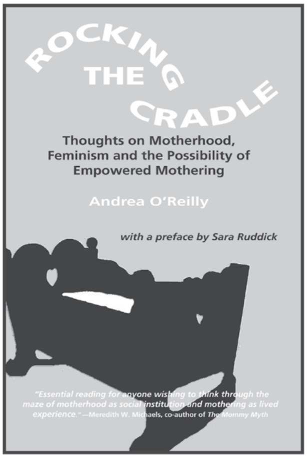
Rocking the Cradle:
Thoughts on Motherhood, Feminism and the Possibility of Empowered Mothering

Andrea O'Reilly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Thoughts on Motherhood, Feminism and the Possibility of Empowered Mothering
Andrea O'Reilly
with a preface by Sara Ruddick
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The oppressive and the empowering dimensions of maternity, as well as the complex relationship between the two, first identified by Adrienne Rich in *Of Woman Born*, has been the focus of feminist scholarship on motherhood over the last three decades. While feminist research on motherhood has focused on many topics, these studies have been informed and shaped by larger inquiries: namely, how do we challenge patriarchal motherhood? How do we create feminist mothering? And finally, how are the two aims interconnected? *Rocking the Cradle*, composed of twelve essays, will explore these questions.

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-SHARON HAYS, Streisand Chair of Gender Studies,
University of Southern California

Andrea O'Reilly is an Associate Professor of Women's Studies, York University, Toronto and Director of the Association for Research on Mothering. She is the author of *Toni Morrison and Motherhood: A Politics of the Heart,* and editor of eight books on mothering including *Mother Outlaws: Theories and Practices of Empowered Mothering.*

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“Until Our Hearts Are On the Ground:”

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OCTOBER 2006
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Ms. Lavell-Harvard is currently President of the Ontario Native Women’s Association, a full time student currently completing her PhD in Education at UWO, and is the first Aboriginal person ever to receive a Trudeau Scholarship. Ms. Harvard is also a full time mother of two little girls, Autumn Sky (8 years) and Eva Lillie (two years). Ms. Lavell-Harvard’s research addresses the epidemic of low academic achievement and high drop out rates among Aboriginal populations in Canada.

Jeanette Corbiere Lavell is Ojibway First Nation, and member of the Wikwemikong Unceded Indian Reserve on Manitoulin Island. In 1970 her marriage resulted in the loss of her rights to membership to her Reserve under the Indian Act. This initiated a three year pursuit to ensure that the rights of Indian women were equal to the rights of Indian men in the Indian Act. Jeannette is one of the primary and founding Board members of: Ontario Native Women’s Organization (ONWA) and Indian Rights for Indian Women Native Women’s Organization of Canada. Currently, Jeannette teaches Fine Arts and Parenting at Wasse-Abin Wikwemikong High School.

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Maternal Theory: Essential Readings May 2007

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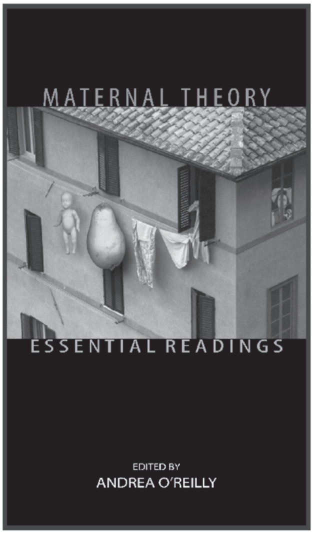

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Andrea O'Reilly is an Associate Professor in the School of Women's Studies at York University. She is author /editor of twelve books on Mothering/Motherhood including *Mother Outlaws: Theories and Practices of Empowered Mothering.* O'Reilly is founder and director of the Association for Research on Mothering.

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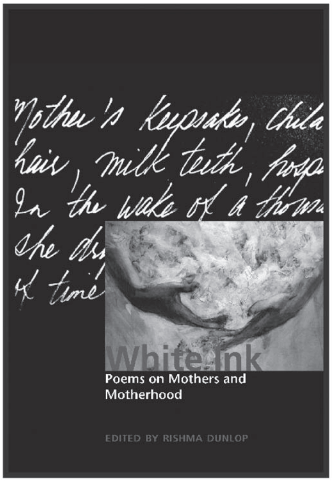

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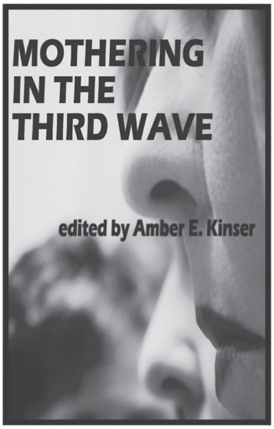

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Amber E. Kinser is Associate Professor of Communication and Director of Women's Studies at East Tennessee State University. Her research and writing interests explore family interaction, sexuality and gender, and feminist theory and activism. She has published articles in the *National Women's Studies Association Journal* and *Women in Language*. She is mother to a daughter and a son.

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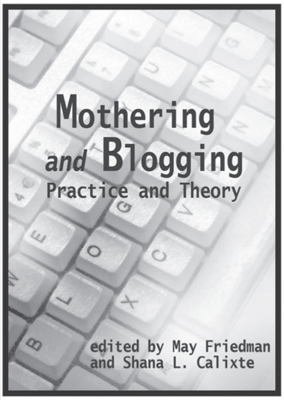
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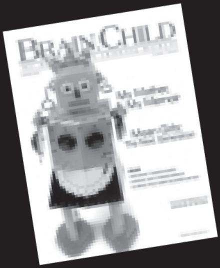


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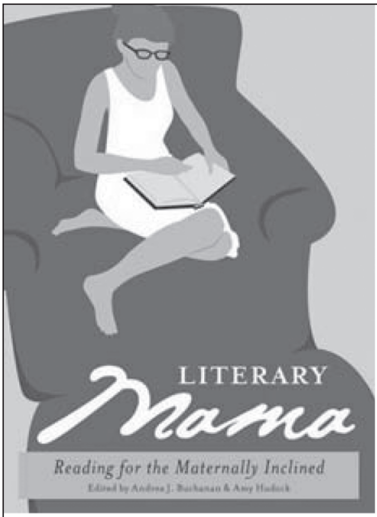
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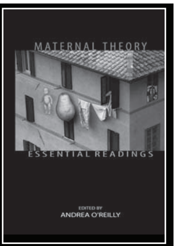

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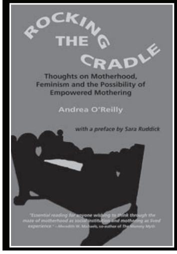

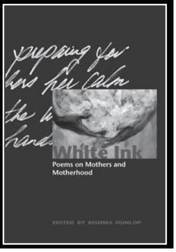

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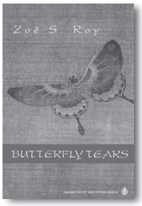
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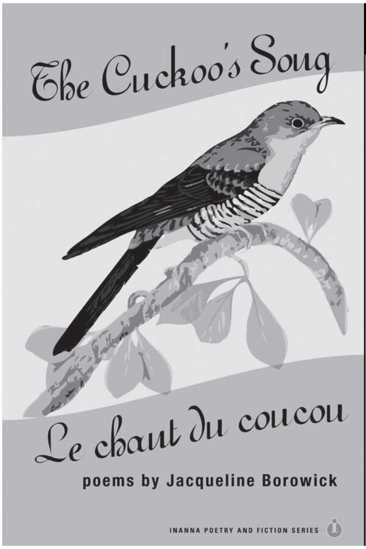
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