Mothers and Mothering in Today's World

Reason drowns in the river's
ridged embankments
my body is water translucent
sliding beneath the dark pool

the poem ripples to the surface, opaline light of unknowing, the mind's flour
be still point of the turning world; the heart's scriptures
thaw
a rain, falling
falling

Featuring articles by Pamela Downe, Chastity Bailey-Fakhoury, Cayo Gamber, Kinga Pozniak, Willow Samara Allen, Andrea O'Reilly, Josephine L. Savarese, and many more...

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Contents

CONTENTS

Folio

CONTENTS

CONTENTS

Book Reviews

Front Cover

Suzanne Northcott, " Vespers," 2002, mixed media on canvas, 24 x 24 inches.
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WILLOW SAMARA ALLEN

Contemplating Antiracist Mothering in the Lives of White Women in Multiracial Families

Although more white women live, love, and mother in multiracial contexts, there remains limited scholarship on them, particularly what role they can play in antiracism efforts. In this article, I consider what antiracist mothering means to white women in multiracial families, and how they practice antiracist mothering in their lives. I draw on data from two participant workshop discussions on antiracism and mothering, held as part of a larger qualitative study of ten white women in multiracial families in Canada. The participant dialogues reveal four key themes: facing fear, developing critical skills, finding "comfort in discomfort," and engaging in self-reflective learning. The research findings demonstrate how white women in multiracial families can be proactive in their negotiation and resistance to dominant discourses of race and racism, especially if they are willing to participate in ongoing learning. The research study suggests using an antiracism framework to explore the perspectives and practices of white mothers in multiracial families is informative to reconceptualizing their mothering roles, and how they can cultivate their own and their children's critical skills. Participant workshops are recommended as a method to engage issues of race and difference with white women in multiracial families.

In Canada, as in other diverse Western societies, more individuals are forming partnerships across multiple forms of difference (Milan and Hamm 2; Milan et al., 70). These partnerships increasingly include white women who are permanently transgressing "colour lines" to live, love, and have a family (Dalmage 9-31; O'Donoghue 126). Although more white women mother in multiracial contexts, there remains limited scholarship on them, particularly what role they can play in antiracism efforts (Twine 91-92).

When white women cross the fixed lines of the white patriarchal world, they

may witness their relationship to whiteness, race, and difference change dramatically. White women in multiracial families are "outsiders within," wherein they remain marked as white, yet they are intimately connected to nonwhite people (Luke 51). Their experiences and relationships with others are distinct from white women in monoracial families, but they do not experience racism in the same way women of colour do. For instance, Ruth Frankenberg argues that racism "rebounds" on white women in multiracial relationships in that it does not have the same level of impact on her as it does on her family, yet it has a distinctly different effect (112). Although white women's encounters with racism are relational, the material, psychological, and social implications it has directly impact her too (e.g., if she and her partner are refused housing, turned down for a financial loan, or her partner is denied employment) (Dalmage 63-64; Deliovsky 64, 124; Frankenberg 112).

White women in multiracial families thus come to occupy a unique positionality within and relationship to ideologies of race. Socialized to become "good white girls" (Moon 181), white women may have never considered themselves to be racialized beings, imagined themselves to be implicated in racial dynamics, or questioned their whiteness and white privilege (O'Donoghue 126; Robinson 171-172). Though certainly not an automatic result of being in a multiracial relationship, new relational experiences with people of colour can create opportunities for white women to cultivate new forms of racial consciousness and develop approaches to navigate racialized discourses (Britton 1315; Harman 191; Hill and Thomas 196-197).

When white women become part of multiracial families, they become responsible for the racial socialization of their multiracial children, even though they have likely never built the experiential skills or possessed the embodied knowledge to confront issues of race and racism in a white supremacist society. A central theme in literature on multiracial families and the limited existing scholarship on white women in multiracial families is the contestable role white women play as mothers to multiracial children (Bratter and King 170; Robinson 172; Verbian 217) Although white women do report concerns regarding their ability to facilitate the racial socialization of their children, they can learn strategies to address racism as part of their mothering work. Several scholars move beyond the focus of white women's maternal competency, but few studies examine the experiences of white mothers in multiracial families through antiracist and critical race frameworks (see Deliovsky; Frankenberg; Twine), and to my knowledge even less use antiracism research methods. In turn, scholars still have a limited understanding of how white women perceive antiracism in relation to their roles as mothers and how they imagine applying antiracism in their mothering labour. My qualitative study of white women in multiracial families in Canada begins to fill this gap.

This article examines how white women conceptualize and undertake antiracist mothering in their lives. I share excerpts from two participant workshop discussions on antiracism and mothering, held as part of a larger qualitative study of ten white women in multiracial families in Canada. The data reveal four key themes: facing fear, developing critical thinking skills and responsive strategies, finding "comfort in discomfort," and engaging in self-reflective learning. The research findings demonstrate white women can be proactive in their negotiation and resistance to dominant ideologies of race and difference, especially if they are willing to participate in ongoing learning. The research study suggests using an antiracism framework to explore the perspectives and practices of white mothers in multiracial families is informative to reconceptualizing their mothering role and how they can cultivate their own and their children's critical skills. Participant workshops are recommended as a method to engage issues of race and difference with white women in multiracial families.

Small Acts in Everyday Spaces: Antiracism

Antiracist scholars, George Dei and Agnes Calliste argue the objective of antiracism is to, "identify, challenge and change the values, structures and behaviours that perpetuate systemic racism and other forms of societal oppressions" (21). The focus of antiracism education is the growth of critical consciousness and capacity so individuals can be agentive in subverting, instead of passively condoning or perpetuating, oppressive conditions. Although antiracism education is generally thought of with respect to formal learning environments, antiracist activism needs to involve "knowledge-generating activities" in the educational spaces of the home and community, and a commitment to fight against oppressive ideologies in all areas of life, including the family (Calliste and Dei 11).

An integrated antiracist approach begins in the informal learning sites of daily life and practices, for it is within individuals' immediate social worlds they can start to make connections between personal experiences, and broader social, political, and economic realities (Dei, *Antiracism Education* 31). Histories of antiracism struggle demonstrate individuals can cultivate antiracist consciousness and be involved in antiracist praxis, but it begins with the self and one's social sphere (Derman-Sparks and Phillips 3). In the spaces of family and community life, white women in multiracial families can have opportunities to bear witness to racism and engage in learning that disrupts their existing worldviews. Most importantly, they can attempt the difficult work of learning tangible strategies to challenge dominant discourses of difference. When we as researchers and educators focus on the everyday as a site to connect personal,

collective, and structural conditions, we can imagine that habitual forms of labour can be politicized, and antiracist "knowledge-generating activities" can take multiple iterations, including mothering in home learning environments (Calliste and Dei 11). Antiracist activism thus needs to be defined in broad conceptual terms, which critically includes envisioning how little daily actions can collectively affect broader social and political change (Dei, *Anti-Racism Education* 31; Fleras 225; Martin et al. 79).

The notion that the practice of mothering is political has been put forth by numerous black and critical race feminists (see Collins; hooks; Fuentes; Naples). Throughout history, women who have been shut down of formal political spaces have been performing significant political and social labour in kitchens, churches, schools, and community centres. Adrien Wing and Laura Weselmann argue that mothering is a form of "critical race feminist praxis" integral to which is the act of nurturing that involves "providing individuals with the emotional and cultural self-esteem to survive in a racist, sexist, homophobic world" (278). As critical race feminists have articulated, white women and nonwhite women experience mothering and the family in very different ways (Dua 238; Thobani 113). Unlike white women who have occupied a strategic position reproducing the colonial order, black women have been responsible for providing maternal love and nurturance for black children, which is a form of political resistance in a white supremacist society (O'Reilly 179). Patricia Collins writes that mothering as political activism can also pertain to women "who care about Black women" (194). She notes white women with mixed-race children can be "politicized in fighting battles confronting their black children," as they gain new insights on mothering while raising their children in a racist world (194).

By attending to how white women in multiracial families perceive their mothering labour in relation to antiracism, we can begin to imagine them as agentive politicized subjects and explore how white women can be involved in resisting racial oppression through the political labour of motherhood (Collins 194; Comeau 27; Twine 263-265). This is part of what I do in my qualitative study, which I describe below.

Methodology

This article draws on two group participant workshops held in 2014 as part of a larger study on the lives of ten white Euro-Canadian women in multiracial families with black African immigrant partners in Saskatoon, Saskatchewan (n = 4) and Vancouver, British Columbia (n = 6). All participants self-identified as white women in, or who had been in, multiracial families with black African partners, and were recruited through third party recruitment. The participants

ranged in age from mid-twenties to late thirties, and were predominantly of lower middle-class and middle-class backgrounds. The women had varied ethnic, cultural, and religious identities, including, Portuguese Catholic, Ashkenazi and Sephardic Jew, and Ukrainian Christian. The women were in relationships with their partners ranging from two to seventeen years, and the majority of women had children under the age of ten.

Two participant workshops were held, one in each research location (Saskatoon, Saskatchewan and Vancouver, British Columbia) and each lasted approximately two and a half to three hours. To maintain confidentiality, each participant signed a confidentiality agreement, and participants are identified by their pseudonym. The workshops were video and audio recorded and transcribed. Critical discourse analysis was used to analyze the transcribed data. To identify emergent and consistent themes and make connections between and across themes, a "high level" (abstract, conceptual, discursive) and "low level" (specific fixed data: geographic location, age, education level) coding process was used (Madison 37). To ensure validity, triangulation of multiple theoretical approaches and mixed methods was employed, and member checks were conducted throughout the research process (Lather 67, 78).

The study was informed by decolonizing, Indigenous, and feminist methodologies, and antiracism research methods. Antiracism research addresses "the nature of local resistance to oppression, and the learning objective is to create healthy spaces in which subjects can collaborate with researchers to understand the nature of social oppression" (Dei, "Critical Issues," 11). To facilitate collaborative learning in the group workshops, I created spaces of critical inquiry in which the participants could openly share personal narratives with one another, and articulate their reflections on race and antiracism; together, the participants and I could then make connections between their individual experiences and broader social, political, and economic conditions of inequity (11; Okolie 242).

The workshop objective was to create a space for the participants to meet one another and discuss three key topics, each of which had a corresponding written or visual text they reviewed prior to the workshop: 1. Whiteness, white privilege, and racial identity (Peggy McIntosh's "White Privilege: Unpacking the Invisible Knapsack"); 2. Immigration and multiculturalism (CBC's "True Love or Marriage Fraud?"); and 3. Mothering and antiracist parenting (Van Kerckhove's *How to be an Anti-Racist Parent*: *Real-Life Parents Share Real-Life Tips*). The focus of this article is on the third topic, mothering and antiracist parenting.

The Van Kerckhove text is an accessible booklet filled with brief vignettes and quotations by parents who reflect on their experiences confronting race with their children, and it also contains key tips and recommendations for

parents. The text facilitated participant dialogue regarding specific ways to confront racialized discourses in daily life, which the women articulated as an immediate concern throughout the study. Using the text as a medium for participant engagement enabled the women to consider what antiracist mothering means to them in practice, and what tools they require to face issues of difference with their children and others in their lives.

Findings

Facing Fear

Mimi has two children, aged eight and ten, with her now ex-husband from Kenya. For Mimi, antiracist mothering involves teaching her children they should not be afraid of differences and participate in avoidance behaviours in response to fear. During the Saskatoon workshop, she stated: "I just keep telling my kids—body shape, body size, body everything, colour, hair. Everyone is different. Why are you afraid to talk to a person who looks different? I always tell the kids not to be afraid of differences and to always ask if they have a question." Mimi overtly identifies the underlying emotion of fear that forms the basis for prejudice and discrimination of "others." Rather than stating ways her children may not speak or behave, she teaches them to name fear and to critically reflect on their own evolving understanding of difference in the social world. Mimi does this in part by recognizing differences (not erasing them) in real and complex ways and by encouraging her children to actively inquire, and thus not assume, about "others." Like Mimi, three other participants emphasized the value of asking questions and of understanding where racism comes from.

Azania has three-year-old twins with her Xhosa partner from South Africa. For her, confronting fear involves exposing her children to multiple forms of difference. In the Vancouver workshop, she said the following:

> *I guess what I feel I need to do as a mom is expose my kids to as many different people and experiences as possible, and answer their questions. Like when they ask … different questions that are related to race, you can kind of sneak around them because they [questions related to race] feel uncomfortable to talk about. Actually, I think bringing them up and talking about them, and even involving other people [is good]. I feel like these are probably the ways that I have to give my kids the experience, because we do have a kind of white colonial past. I don't want them to think white people are bad—it's in their blood too—but I want them to know they should think critically, and ask questions, and never take things for face value. I guess that's how I would approach race.*

Azania identifies several key considerations for antiracist mothering. First, she names her responsibility as a mother to provide opportunities for her children to witness and to question differences, and to directly answer her children's questions. She identifies the fear that exists for parents when she acknowledges evading questions about race can easily take place, since race is "uncomfortable to talk about." Azania also significantly links a "white colonial past" to her children's identity, and she implicates this in her duty not only to teach her children about differences, but to complicate the individualizing, pathological explanations of racism and discrimination (Wetherell and Potter 208). She does this by locating oppression within the historical and social context of "a white colonial past", and ultimately within the children themselves—"it's in their blood too."

Developing Critical Thinking Skills and Responsive Strategies

Azania's conceptualization of antiracist mothering is similar to another participant, Zanadu, who has five children between the ages of four to fifteen, with her Maasai partner from Kenya. Zanadu is committed to disrupting the "prejudice problematic" or the notion that prejudice is isolated to the intentional and sovereign individual actor (Wetherell and Potter 201-20). In her critical literacy reading practices with her children, she wishes to demonstrate to them that everyone is implicated in the reproduction of racial ideologies. During the Saskatoon workshop, she shared her perspectives on teaching her children about differences:

> *I also really want them to understand where the racism comes from, and like put themselves in the shoes of the person who is speaking in a racist way for them to understand why they would possibly think that way; because I think it's easier to identify with the victim of the racism … yet the other person has their own story…that's equally important because our kids and we have our own prejudices—really we're not different, it's just in different ways.*

Like Mimi, Azania, and other participants, Zanadu wants her children to cultivate critical inquiry skills and responsive strategies. She problematizes and complicates the notion that racism and discrimination are individualized acts of prejudice by people who are fundamentally different; rather, she states, "our kids and we have our own prejudices—really we're not different." Most significantly, Zanadu turns the gaze on the perpetuator in order to analyze why they are behaving in the manner they are. In this way, she challenges the binary of perpetuator-victim to suggest people all exist on a continuum; we all

hold "our own prejudices." Zanadu's articulation is a marked distinction from the predominant tendency to adhere to this binary by focusing on the victim and maintaining distance from the perpetuator (Herman 7; Tucker 77-78). Zanadu also discussed how she mentors her children to play a proactive educative role in their interactions with others, largely premised on her assertion that most individuals are "completely ignorant" and do not intend to reproduce racialized discourses.

Maya was pregnant with her first child with her new husband from Nigeria during the Saskatoon workshop. In it, she articulated her concern about how she and her daughter would be perceived in the social world and, in particular, how she would respond to the commonly posed question to white mothers in multiracial families: "So did you adopt?" (Dalmage 115-16). Like other participants, Maya reiterated the instructive role she would be play as part of her responsive strategy.

> *I think, ok this is someone showing me—I don't like using the word—their ignorance, so I'm going to help them, educate them … so I think that would be good to figure out, something to say … instead of, "ok, don't say those questions or something" … I want to help people learn how to be because I know a lot of people are just curious and they don't know how to say it.*

Similar to Zanadu, Maya notes that many people lack awareness about how to pose questions and constructively discuss social differences. Maya's assertions relate to the broader liberal multicultural frameworks within which we learn what differences "are" and how we are meant (and not meant) to discuss such issues. Instead of policing someone's inquiry—"don't say those questions"—Maya chooses to play an educative role as part of her responsive approach. By making the decision to facilitate the possibility for constructive dialogue, Maya resists the "blame and shame" game within liberal multicultural approaches to difference (Wetherell and Potter 211). The group workshop was an informative learning opportunity for Maya in particular; pregnant with her first child, Maya said she gained insight from the other women's experiences, and through her interactions with them, she could reflect on what critical thinking skills and responsive strategies she wants to cultivate.

Finding "Comfort in Discomfort"

The workshop format and the antiracist parenting text created a space for the women to reflect on their limited understanding of racism, the discourses of difference they were socialized into as children, and their discomfort talking about race with their children and others. Certainly not all participants were

aware of their own internalization of racialized discourses; in fact many women constructed racism as something that exists outside of their intimate relationships, and their motivation to face possibly uncomfortable discussions about difference and oppression was driven by their interest in protecting and supporting their children.

A prevalent notion in the conversations about antiracism and mothering was to find some kind of comfort in discomfort as a mother, and as a white mother in particular. As increasingly evidenced by research in early childhood development, children's awareness and reproduction of racial ideologies begins much earlier than previously thought (MacNaughton and Davis 17-30; Matlock and DiAngelo 70-71, 89). Claims to childhood innocence can lead to sheltering children from critical forms of dialogue that must take place as part of early childhood socialization in age-appropriate ways. Parental concerns about discussing racism and oppression with their children can thus, in part, reflect the parents' own unease and in effect serve to protect them, not their children. Shutting down uncomfortable dialogue is counterproductive to antiracism efforts, and acts to reinforce the silencing and erasure practices of white supremacy (Matlock and DiAngelo, 89).

For several women in the study, social differences are regularly discussed in their homes with their young children. For example, Imogen, a woman in her mid-thirties who has a three-year-old son with her Venda partner from South Africa, and Mimi both work in social service professions and express interest in social issues. Their articulations during the workshops demonstrated conversations about race are part of their everyday professional and private discourse. Through frequency and conscious effort, their level of "comfort in discomfort" negotiating racism has grown. This is dissimilar to other participants, such as Miranda, who has two sons (six months and three years old) with her husband from the Democratic Republic of Congo. During the Vancouver workshop, she shared her apprehension about moving beyond multicultural framings of difference.

> *I guess I just feel uncomfortable talking about any sort of—I have no problem having conversations about people's different colour of skin; "Daddy and mommy are different colours, that's why you have this beautiful colour" … I've just had "there are differences in the world" conversations … I would be heartbroken and I don't know how to equip him to deal with that [racism].*

Miranda acknowledges conversations about race and racism will be inevitable as her son interacts with more children when he enters the formal school system. She is uncertain how to provide him with the racial socialization he requires because she has never cultivated these skills. The sense of unease and

unknowing Miranda articulates was echoed by many participants, especially women who had not necessarily contemplated, or who were perhaps avoiding, how racial issues will manifest in their children's lives. Remaining within the relative safety of surface celebrations of difference is comfortable to do, since many children's books and resources that address racial and cultural differences are written within the dominant liberal multicultural paradigm. It is also easy to avoid conversations about race and discrimination because of the prevalence of liberal multicultural policies and social norms within key Canadian institutions, including the education system. Unfortunately, celebrating diversity, promoting tolerance, and adhering to colourblindness do not enable parents, educators, or children to cultivate the skills they require to fight interpersonal and systemic inequity, and exposure to varied cultural activities, artwork, or languages will not create structural change. It is therefore imperative Miranda—like many other white parents and educators who are left to navigate the often insidious manifestations of racism their children will face without experiential knowledge and skills—take responsibility to seek out antiracism resources and support.

In the workshops, the women shared ideas about how to push through "comfortable discomfort" and proactively bring up discrimination with their children. Two participants suggested the topic of bullying as one effective way for mothers to enter into critical conversations about constructions of difference and power, explicitly because bullying is already a familiar topic to children in the school system. The impact of the other women's approaches to uncomfortable conversations during the Vancouver workshop on Miranda's mothering was evident in her follow-up correspondence after the study.

> *Prior to my involvement in your study I hadn't really given much thought to how to approach the subject of race with my kids. I figured I would just answer questions as they arose, but now I am rethinking this approach (or rather lack thereof). Since the workshop I have tried to bring up in a gentle and relaxed way, conversations about different types of families and backgrounds…. Last night I read [my son] a book called "nighttime noises" with all black characters (the book is just about a kid who is scared of going to bed; nothing about race, per se) and I tried to make a learning opportunity of it.*

Miranda is making a conscious shift to cultivate new skills and initiate more critical mothering practices with her child. Her use of a children's literary text enables her to make storybook reading "a learning opportunity." Miranda is finding her 'comfort in discomfort' by practicing calm and casual ways to communicate with her child about social differences; doing so as part

of her daily ritual of reading can make talking about race part of her regular mothering discourse.

Self-Reflective Learning

Countering claims of colourblindness, the workshop participants emphasized the need to "check themselves" by acknowledging their own assumptions and biases, and how these may be playing out in oppressive ways, especially in front of their children. During the Saskatoon workshop, Maya said: "When you do something wrong, say, 'I shouldn't have said that, that totally came from a bad place,' instead of just [brushing it off]." Also in the Saskatoon workshop, Zanadu made herself vulnerable by providing an example of a situation in which she used oppressive language. "I did that with 'gay.' I was like 'that's so gay.' My fourteen-year-old daughter is really big on homophobia and stuff, and I was like, 'Oh I can't believe that!' I haven't said that in so long; we used to say that as teenagers and everything. But I caught myself and admitted it and everything." The women who made themselves vulnerable in the workshop discussions illustrate the necessity of implicating oneself in educative practices as a mother. They demonstrate that antiracist mothering obligates oneself to not only participate in racial consciousness development with children but also be open, engaged in critical self-reflection, and committed to life-long learning and action as a primary educator (Dei et al., 156; Matlock and DiAngelo 90). I observed that Zanadu and other women in the study who were the most active in addressing issues of equity with their children were also the most open and committed to their own continued growth (Allen 249-50).

In the Vancouver workshop, Imogen identified self-reflective learning as part of what it means to be a white mother and antiracist parent in a multi-racial family. Referencing the antiracist parenting text that states "Never stop dismantling your own racist beliefs" (Van Kerckhove 4), Imogen reflected:

> *I feel like it's our responsibility; I mean if you're aware of something it is always your responsibility to be aware or knowledgeable or inform yourself, so I guess [as an] antiracist parent, there's one part: "never stop dismantling your own racist beliefs"; of course just because you're married to a black man, and have children of colour doesn't mean you're not still seeped and embedded in that kind of system ... and you might be more informed ... but you know you just have to be aware or just never think you know everything. If you get challenged by your husband or your children in some way, like take a step back and think about it, continually have conversations; it's really valuable.*

Imogen argues awareness of racism brings responsibility, yet it does not automatically lead one to participate in antiracist action. Being an antiracist mother is not about becoming a nonracist person; it is about remaining aware, gaining knowledge, and always being critically reflective of one's own "racist beliefs." Part of this accountability as the white partner in a multiracial family is to face and challenge oneself about how one reproduces and can possibly resist inequitable racial power relations in one's own family.

Discussion

The women's reflections on mothering and antiracism illustrate how white women in multiracial families can exercise agency in their negotiation of dominant discourses of race by learning skills and strategies to proactively respond to racism as mothers to their children and mentors to others in their lives. Many participants would not necessarily define their mothering as antiracist activism. Yet if we imagine their labour within an integrated antiracist framework, we can consider how white women in multiracial families can actualize "a cooperative and collaborative pedagogy" in which they can cultivate their own and their children's critical tools for political and social activism (Dei et al., 6; Twine 143-44).

Informed by antiracist theory and methods, the workshops provided a space for the participants to examine social differences through dialogue with one another and through engagement with the antiracist parenting text. Meeting other white women in multiracial families, something two participants had never experienced before, allowed the women to discuss contentious issues about race in ways many women stated they could not do with friends with monoracial families. The workshop dialogues, facilitated by the scenarios presented in the text, made antiracism in everyday life more concrete, and enabled the participants to consider their mothering labour within an antiracism framework.

In the workshops, I found the participants were willing to take risks, to varying extents, to share deeply personal stories with one another, and to face challenging conversations about issues of race, difference, and power, even participants who recounted they had not contemplated how racism would affect their children. By doing so, they made the workshops both an intellectual and emotional encounter. As per antiracism pedagogies, this kind of invested engagement is necessary to witness racism and to challenge existing assumptions about social differences (Berlak 135; Kumashiro 7-8). Although the participants expressed concerns about their ability to face racial issues, the women willing to take risks, to learn and to face the limits of their knowing as white women, appeared to be the most involved in the workshop process. After the workshops, four participants articulated they became more aware and interested in issues

of race and difference, and three specifically stated they wanted to take a more proactive approach to addressing racism with their children.

At the same time, I observed that adherence to dominant liberal multicultural discourses was still thematic in the women's articulations. For instance, in both workshops, the participants emphasized the importance of having diverse students in their children's learning environments, and assumed the presence of nonwhite children correlated with the reduction or absence of racial discrimination. Despite the women's unique experiences with racism, many appeared to uphold the idea that exposure to diversity provides the remedy to intolerance, a logic challenged by antiracist scholars (Dei and Calliste 21; Fleras 225, 233; Srivastava 301; Wetherell and Potter 210). I noted many of the participants struggled with how to handle racial discrimination within their natal families, and they were inconsistent with how they labelled racism. It appeared most women felt comfortable identifying the racialized discourses of friends and strangers, but they hesitated to name racist assertions made by family members. For example, four women identified their parents as "ignorant" or "traditional" in attempts to rationalize their parents' racist attitudes and to avoid dissonance in their relationships. On the other hand, the women's natal families, namely their parental relationships, are a site of agency where they can practice resistance to racial ideologies.

I also found that several participants made contradictory statements. They demonstrated racial consciousness and articulated antiracist perspectives, yet within the same conversation, they participated in negative forms of racialization. For instance, J, a mother of a teenage daughter and two sons under ten with her husband from Ghana, remarked how she actively disrupts racism in her natal family, yet she continued to use negatively racialized language and characterizations of racialized groups. In part, J and the other women's statements reflect the contradictory nature of liberal multicultural discourses themselves, as well as the lack of counter-discourses the participants had to challenge their existing conceptual frameworks of race and difference (Dalmage 20-27; Reisigl and Wodak 28; Wetherell and Potter 219). Recognizing and working within these discursive contradictions is central to antiracism pedagogies, and white women in multiracial families require more opportunities (such as the workshops) and more antiracist resources and mentors to support their development of counter-discourses of difference and antiracist approaches.

Conclusion

Although it is necessary to pursue antiracist work in the formal space of the classroom, we must also recognize and examine how antiracist learning and action can and does take place for white mothers in multiracial families in home

learning environments. The workshop dialogues on mothering and antiracism demonstrate how white Euro-Canadian women in multiracial families can possibly be part of antiracist action by learning strategies to resist oppressive ideologies and developing the critical skills the mothers and their children require for political and social activism (Twine 265). As "outsiders within" (Luke 51), white women in multiracial families have a distinct experience of racial ideologies and are increasingly mothering across "colour lines." I argue we need to shift the focus beyond discussing white women's maternal (in) competence in the racial socialization of their multiracial children, and use antiracist frameworks to further explore how they not only conceptualize but actualize antiracist mothering in their lives.

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LAURIE KRUK

Twenty-First Century Moms

She turns on morning radio with coffee-maker
to hear of a depressed German pilot
who, missing his meds
rather than rising above the Alps, on course,
ploughed his unknowing or sleeping passengers into them.

So before the first child comes downstairs, yawning,
she scrabbles through the drawer,
for the edgeless bagel knife
to put beside today's basket of daily bread.

KINGA POZNIAK

Neoliberal Pedagogies of Motherhood at an Ontario Early Years Centre

This article examines how the neoliberal turn is shaping the realm of motherhood in Canada by focusing on the activities of government-funded Ontario Early Years Centres (OEYCs). New mothers are often targets for expert interventions that aim to fulfill particular political, economic, or social objectives. In the province of Ontario, many state-sanctioned messages about raising children are disseminated through OEYCs. I argue that OEYC activities are shaped by, and in turn reproduce, neoliberal values, techniques, and philosophies. Through their activities, OEYCs promote the values of responsibility, reliance on experts, risk management, and a commitment to self-improvement, thus inculcating in the participant mothers a subjectivity that is consistent with neoliberal objectives. This secures the optimal social reproduction of the future generation for the knowledge economy, while placing the entire responsibility for this on the shoulders of mothers. The case of the OEYCs illustrates the way in which the contemporary Canadian state acts on the most intimate areas of life to forge subjectivities that align people with neoliberal agendas.

In parts of the world including Canada, the United States and Britain, the experience of raising children has been subject to state intervention since at least the nineteenth century, although the nature of this intervention has changed over time (Hulbert, Donzelot). Concomitantly, changing values and ideas about mothering have been linked to major political, economic, and social changes in history (Hays). Over the past few decades, countries comprising the so-called Global North have been undergoing a series of political, economic, and social processes often referred to by the catch-all phrase "neoliberalism." These processes have deep-reaching implications for all aspects of social life and social reproduction, including mothering and motherhood. As Melinda

Vandenbeld Giles put it, mothers are "the primary producers, consumers, and reproducers of the neoliberal world" (1). Neoliberally oriented reforms and policies shape mothers' economic possibilities and the kinds of resources available to mothers and their children (Braedley and Luxton). For example, reforms that seek to curb public spending often target areas such as childcare, education, or healthcare, in effect disproportionately affecting children and their mothers. In turn, mothers perform much of the unpaid work of raising future citizens and workers (Braedley and Luxton). Neoliberal processes also influence values and ideas about what it means to be a good mother and what kinds of things children need to develop (Hays; Vandenbeld Giles). These values and ideas are produced, disseminated, and potentially negotiated in a multitude of sites and by numerous agents, including the media, schools, doctors' offices, advice literature, and charity organizations. This article examines how the neoliberal turn is shaping the context of Canadian motherhood by focusing on one particular institution: the Ontario Early Years Centre (OEYC). OEYCs are government-funded umbrella spaces that offer an array of services for caregivers (mostly mothers) and children under the age of five. For many Canadian mothers, they are an important point of contact with state-sanctioned ideologies about what it means to be a mother. In what follows, I examine the messages about motherhood that are disseminated through the OEYCs. I argue that these centres serve as umbrella spaces that bring together particular discourses about raising children. These discourses, in turn, create a particular image of what it means to be a good mother, in effect instilling in the participant mothers a subjectivity consistent with the values promoted by neoliberal political and economic arrangements. Thus, the case of the OEYCs illustrates the way in which state power acts on the gendered sphere of childrearing to promote ways of acting, feeling, and being that are consistent with prevailing political, economic and social objectives.

Ontario Early Years Centres

Early years centres are funded and ran through a partnership between provincial governments and non-for-profit community organizations such as YMCAs, service clubs, or church groups (Vosko). In the province of Ontario, where this research was conducted, the Ministry of Education contributes to funding approximately two hundred Ontario Early Years Centres (OEYCs). OEYCs were created in the year 2001 by Ontario's then-conservative government as the cornerstone of this government's Early Years Plan. Broadly speaking, this plan sought to reconstitute early childhood development as a private affair and thus shift the responsibility for it back to the family sphere (Vosko). The mandate of OEYCs is to "support families," and in what follows, I argue that

they do this in a particular way that is grounded in neoliberal philosophy about personhood and childrearing.

In the town of St. Catharines (population just over 130,000) where I conducted this research, most public health initiatives directed at mothers with young children are offered through and/or housed in, OEYCs. The programs that OEYCs offer include breastfeeding classes, prenatal classes, baby massage classes, and workshops on topics such as early literacy, sleep training, or toddler tantrums. The classes are usually run by an OEYC employee (most of whom come from either a counseling or an early childhood education background), sometimes jointly with a public health nurse, infant development specialist, or literacy consultant. Many OEYCs have a resource centre where one can borrow books on topics, such as breastfeeding or infant sleep, and they offer drop-in sessions where caregivers can talk with a public health nurse or infant development specialist. They also offer child-oriented craft workshops where children can make their own playdough or a holiday keepsake. And last, they are also well equipped with toys and serve as spaces where caregivers can bring their children simply to play.

Not all the OEYC programs target mothers explicitly; however, mothers are clearly their principal target population and constitute the bulk of the attendees. Interestingly, in the prenatal and even breastfeeding classes that I attended, I saw both mothers and fathers. In classes on baby massage or infant brain development, however, I saw a father accompanying the mother only occasionally, and no father ever attended alone. This phenomenon is in line with other studies that show that mothers are more likely than fathers to attend workshops on children's development, read advice literature, and seek advice from experts (Wall).

This research is based on four years of ongoing participant observation at three early years centres in St. Catharines. I first began attending OEYC activities when I was pregnant with my first child. In the course of these workshops, I noticed that they conveyed particular ideas about motherhood, and I began to think about them anthropologically. At the time, I had just wrapped up a research project that looked at the consequences of twenty years of neoliberal reforms in postsocialist Poland. The Polish scenario taught me that implementing a new political and economic arrangement required the creation of new subjectivities and ideas about personhood (Dunn). What struck me is that the values being trumpeted in Poland as the hallmark of the new postsocialist order were also being taught to Canadian mothers in baby classes. This triggered my interest in looking at how particular subjectivities are consciously promoted and constructed through various hegemonic discourses to serve particular political, economic, and social ends. To pursue this thread, I attended prenatal classes, breastfeeding classes, baby massage classes, workshops on positive relationships

and attachment, a support group for new mothers called "Baby Talk," and a support group for mothers of premature babies called "Early Beginnings." I also took my children to OEYCs simply to play as I chatted with other mothers and OEYC employees. As I participated in these activities, I paid attention to the values and ideas about mothering that were conveyed through them, and I attempted to situate these ideas in the larger political and economic context that frames the lives of contemporary Canadian mothers.

Neoliberal Subjectivity

This article approaches neoliberalism as both a political-economic project (Harvey) and as an ideology of governance that shapes subjectivities, the latter drawing in particular on Foucauldian-inspired approaches to governmentality (Rose; Miller and Rose). Neoliberalism is not a homogeneous "thing"; rather, it is a process that is articulated differently in different places and changes over time (Connell; Peck and Tickell). Nonetheless, there are certain common patterns frequently associated with neoliberal arrangements, ways of governing, and rationalities. These arrangements are based on market principles, including individualism, efficiency, flexibility, competition, private property and mobility of capital (Connell; Harvey; Ortner). In the sphere of politics and economics, these values translate into actions such as removing government regulations or business, or privatizing and reducing public goods and institutions (for example, education or childcare). As governments and corporations implement such political and economic programs, they deploy a variety of technologies to legitimize them in popular opinion and mobilize people's participation in them. In effect, people begin to "govern themselves" in accordance with neoliberal principles. This means that these principles are intended to quite literally "get inside us" in order to engender certain personhoods and subjectivities. In short, neoliberalism is not just about governing economies or states; it is about "governing the soul" (Rose).

So what kind of subjectivity is being forged through these governing practices? Since neoliberalism is not a homogeneous "thing," there can be no such thing as a single neoliberal subjectivity. However, existing literature points to a number of values, behaviours, beliefs, and feelings that are promoted and produced by neoliberal-oriented political, economic, and social arrangements. In broad terms, a neoliberal perspective views people as individuals who manage themselves according to the logic of the market (Miller and Rose; Ong). These individuals are independent, responsible for their own wellbeing, and do not rely on the state for support (Miller and Rose). They are free to make choices and take risks; however, they also assume ultimate responsibility for their choices and failures (Gershon 540; Eagleton-Pierce 23). Neoliberal subjects

are guided through the decision-making process by experts, whose job it is to steer or guide people to make particular choices aligned with larger societal objectives. Through adherence to expert knowledge, people are engaged in a constant project of self-improvement, always trying to become a better version of themselves.

These behaviours, beliefs, and feelings are constructed, implemented, and negotiated at a variety of scales and by different actors (see for example Li; Ho; Dunk; Dunn; Matza). I now turn to examine how these subjectivities are constructed, disseminated, and potentially negotiated at Ontario Early Years Centres.

Neoliberal Subjectivities at Ontario Early Years Centres

1. The Mother Assumes Personal Responsibility for Herself and Her Children

The notion that people are independent agents responsible for their own fate is one of the linchpins of neoliberal philosophy (Miller and Rose 28). In contemporary North American society, it is the parents (and most often, the mother) who is deemed responsible for all aspects of children's wellbeing. Indeed, OEYC activities are premised on the idea that mothers will educate themselves on how to raise children and then implement this knowledge in their lives, largely on their own. OEYCs provide resources in the form of information, but they do not help with the implementation. For example, they do not provide childcare (except under certain limited circumstances for mothers who are attending certain workshops). In fact, they actually create more work for mothers, since their primary activity consists of providing workshops that instruct mothers in all the things they should be doing with their babies, such as baby massage techniques or various sensory activities to stimulate babies' brains. Even when mothers bring their children to OEYCs for drop-in play, the onus is on them to supervise their children's play—and of course to clean up after them.

2. The Mother Listens to Expert Advice

Expert intervention into the raising of children (and hence, the conduct of mothers) has a long history in countries such as Canada, United States, Britain and France, dating to at least the mid-nineteenth century (Rose; Hulbert; Smeyers; Donzelot). However, the nature of this intervention evolved over time, in response to changing political, economic. and social conditions, and also varied from place to place (Daly; Hulbert). Although the subjection of parenting to expert gaze is not in itself new, scholars argue that contemporary field of expertise differs from that of the past in certain important ways. First, the degree to which contemporary parenting is colonized by experts

is unprecedented (Furedi; Lee). One phenomenon that illustrates this is the explosion of parent education programs (Gillies). Whereas in the past reliance on experts co-existed with recognition of parents' instincts, nowadays parenting is seen as an acquired skillset that can only be learned from experts (Lee 65). Furthermore, the focus of expertise shifted from describing childhood development to prescribing what parents should be doing (Lee 66-67). The way in which this is carried out, however, reflects the particular role that expertise plays in the neoliberal arrangement. Although experts are charged with the responsibility of teaching people how to manage themselves successfully, they do it through subtle guidance, steering and empowering, rather than through coercion, since people are assumed to be independent individuals capable of making their own decisions (Miller and Rose 35).

The fact that the bulk of OEYC activities consist of providing workshops illustrates that mothers are presumed to need expert guidance to properly raise their children. In fact, expert gaze extends to every minute detail of parenting. For example, mothers are instructed to make eye contact with their babies in order to properly "bond" with them or to imitate any sound their baby makes to encourage speech development. Workshop facilitators present themselves as working with the participants; for example, I often heard them describe their role as "we're not here to tell you what to do; we're here to reinforce the great job that you're already doing." However, the information that follows such disclaimers suggests that mothers are indeed presumed to be in need of being instructed to do things like make eye contact with their babies or smile at them.

3. The Mother Works Hard to Optimize Her Children's Development

Raising a child is no longer seen as something that happens organically; rather, it becomes broken down into a myriad of skills that must be perfected in order to achieve optimal development (Faircloth 22). Thus, many OEYC activities are geared toward teaching mothers about children's cognitive and emotional development, along with activities intended to promote it. For example, one of the first developmental milestones that a baby is supposed to achieve is following an object with their eyes, a phenomenon known as "tracking." In a support group for new mothers, the facilitator, a public health nurse, recommended buying popsicle sticks, painting them black and white (because newborns' vision is not yet fully developed and black-and-white objects stand out the most), and moving them in front of babies' eyes to get them to track.

This focus on fostering and enhancing development reflects the values that characterize the contemporary economy (Nadesan). In her analysis of children's developmental toys, Maija Nadesan argues that these toys purport to develop the same skills that are in demand in North American "knowledge economy,"

such as literacy and communication. Given the profound insecurity that characterizes the contemporary workplace, parents turn to developmental toys in an effort to give their children a "leg up" and prepare them for an uncertain future. If we extend Nadesan's argument to developmental activities more generally, we can see that they serve the same goal: to prepare the next generation of "knowledge workers" for tomorrow's uncertain economy.

4. The Mother Is Always Trying to Be A Better Mother

In a neoliberal society, a person is treated as "a collection of assets that must be continually invested in, nurtured, managed, and developed" (Martin 582). People are expected to be always trying to improve themselves to become better version of themselves. This entails cultivating appropriate skills, behaviours and even feelings—a phenomenon that Michel Foucault has termed "technologies of the self" (18). And indeed, the very motive behind OEYC workshops is to teach women how to be better mothers by teaching them specific skills and behaviours, such as age-appropriate developmental activities to engage their babies or the correct way to respond to a toddler tantrum. Mothers are also taught to adopt certain affective dispositions, such as frequently smiling at their baby in order to foster bonding and positive attachment. Thus, mothers are simultaneously engaging in two development projects: they are optimizing their children's development, and they are also working on themselves so that they can be better mothers. Indeed, one of the messages that women receive is that babies model their caregivers, so in order to optimize her baby's development, a mother has to work on herself. This includes not only learning new skills (such as baby massage) but also working on her personality. For example, in a workshop dealing with separation anxiety, the facilitator explained that since children pick up on their parents' emotions, they may cry during separation because they sense the mother's own anxiety. This argument renders the mother both the cause of, and the solution to, the child's problem, and charges her with the responsibility of managing her own feelings for the sake of being a good role model for her child.

5. The Mother Is Responsible for Her Own (and Her Child's) Failures

As the above example shows, the mother is held responsible for both her own, and her child's failures. In a world where people are seen as independent actors in charge of their destinies, they are also "responsible for their failures…. regardless of their disadvantages and the unequal playing field" (Gershon 540). Through all OEYC activities, it is emphasized that the first five years of a child's life are a critical time of development, and if a mother fails to properly act during this window, she will never get this time back. For example, in a workshop titled "Healthy Baby Healthy Brain," the facilitator, a public health

nurse, explained: "In the first years of life, the baby's brain makes millions of new connections… but if you don't give your baby the proper stimulation, then these connections will die." This type of assertion places an enormous sense of responsibility on the shoulders of mothers, as it suggests that if a mother does not properly and sufficiently stimulate her baby, this will adversely affect the baby's brain development.

6. The Mother Manages Risk

We live in a "risk society" (Beck), characterized by an obsession with creating and managing so-called risks in virtually all domains of life. At the same time, labelling something a "risk" opens up space for developing techniques for measurement and intervention. In this manner, risk becomes a strategy to govern populations (Power 21). The domain of motherhood and childcare is particularly prone to being saturated with risk discourse (Furedi; Faircloth; Wolf), and this phenomenon intensified particularly in the last generation. For example, Rosalind Edwards and Val Gillies note that what would have been considered standard parenting practice a few decades ago (for example, leaving children unsupervised to play) is now considered to be neglect.

The theme of risk permeates many OEYC activities. Prenatal classes emphasize the importance of correctly installing car seats, childproofing one's house, and creating a safe sleeping environment for the baby. At one support group for new mothers, a public health nurse passed around a collection of common household objects, such as paperclips, and asked participant mothers to explain how these objects could pose hazards to their babies. This is not to say that such warnings are not legitimate, and new mothers can certainly benefit from being able to anticipate certain dangers rather than learn them the hard way. However, the risk discourse spills into all areas of life. For example, at one of the workshops, a speech pathologist warned parents about the danger that using a sippy cup for too long can pose to language development. In effect, mothers are seen simultaneously as solely responsible for their child's wellbeing and as being in need of constant expert intervention.

7. And Yet… the Mother ENJOYS Mothering!

Notwithstanding all the difficult emotional, mental, and physical work that a mother is supposed to perform to optimize her child's development, she is supposed to enjoy it (Thornton 409). Mothers are frequently reminded to "enjoy your baby" because "time flies by so fast" and "they won't be this little for long." Many workshops contain more or less direct messages to that effect. For example, by way of icebreakers at various workshops, mothers were asked to share "what do you like the most about being a mother" or "what are you most looking forward to about having a baby." At the same time, OEYC

workers also discuss with new mothers the phenomena of "baby blues" and postpartum depression, and encourage mothers to seek help if they need it. As we can see, maternal happiness is something that mothers are responsible for managing and cultivating in themselves. This concern with happiness illustrates more broadly the types of affective dispositions that are valued by neoliberal arrangements, where "cheerfulness" and "positive attitude" are both a "coping mechanism for dealing with the precariousness of the economy" and a "vital part of the project of enterprising oneself" (Thornton 417; see also Ehrenreich; Ferguson; Kingfisher).

Beyond the Message: The Messengers

Although my focus in this article is on the messages directed at mothers, it is worth remembering that these messages are always disseminated, mediated, and perhaps negotiated by "experts"—that is, the people charged with implementing particular projects and philosophies. And these experts themselves are agents with their own opinions and agendas. All of the experts I have ever met at OEYCs were women, and most of them have at one point or another shared that they were mothers themselves. This put them in an interesting position: on the one hand, these women understand the reality of mothers' lives and quite often empathize with the challenges that frame them. For example, one OEYC employee frequently spoke about her own experiences with postpartum depression and commented on the pressures faced by mothers of young children. Yet the advice these experts have to offer draws from the same repertoire of discourses, in effect reproducing the same values and notions of subjectivity. For example, I frequently heard facilitators advise new mothers to "make time for yourself" and "get help." This suggests that they recognize that the neoliberal philosophies of motherhood place excessive demands on mothers. However well-intentioned their advice may be, it also reproduces the same neoliberal subjectivity that creates a burden on mothers in the first place. This is because being told to "go get yourself help" is actually not very helpful at all; in fact, it places the onus on the mother to work out "help" arrangements for herself, and if for whatever reason the mother is unable to do so, then she herself is to blame.

At times, the experts challenge certain elements of the hegemonic advice to mothers. For example, one public health nurse carefully expressed skepticism about the Canadian Paediatric Association's recommendation that parents should not co-sleep with their babies. On another occasion, another OEYC employee gently critiqued her organization's promotion of breastfeeding, pointing out that it does not work for all mothers. However, although experts may challenge some of the details of the advice given to mothers, I have never

seen any of them challenge the ideologies that underpin this advice.

Navigating Neoliberal Subjectivity

Having looked at the content of the messages disseminated through OEYCs, I now turn to the intended recipients. Do mothers internalize or resist these notions of subjectivity? Can these neoliberal projects or techniques work to serve alternate goals? (Reich). For the most part, it appears that the organization of OEYC spaces precludes alternative interpretations or activities that are not in line with the subjectivities advocated. The workshops do not teach these neoliberal subjectivities explicitly; rather, these lessons are "between the lines," which makes them all the more difficult to even pinpoint, let alone challenge. Although at times certain mothers disagreed with the content of some of the advice (for example, on the issue of co-sleeping or sleep training), I have never heard any of them challenge the principles on which this advice is founded, such as the idea that mothers bear sole responsibility for their children or that it is the mother's job to manage risks. In fact, I noticed the opposite. Mothers reported "feeling bad" for relying on relatives for childcare, which suggests that they internalized the notion that a mother bears sole responsibility for her children. Mothers also adhered to the tenets of attachment parenting prescribed by the OEYCs. They frequently addressed their babies, responded promptly and cheerfully when the babies fussed, and closely attended to their babies' actions, often narrating them. Mothers also expressed subtle (and sometimes not so subtle) critiques of "other parents" who do not adhere to these principles. For example, Brenda, a pregnant mother of a three-year-old boy, once told me about her experience at an indoor playground. As she related it, despite being pregnant, she crawled through tunnels and went down slides with her son only to watch other parents sit at their table drinking coffee. Brenda is one of my close mom-friends, and although I know that she dedicates immense amounts of time and energy to her son, I can also recall instances where she could be accused of the same behaviour that she criticized in other parents. This scenario suggests that mothers internalize the tenets of intensive mothering and use them to judge other mothers (and perhaps themselves), even if these tenets are impossible to live up to at all times. Mothers also make choices that are context dependent and thus not always consistent. At times, they may actively engage with their children, whereas at other times, they may let them play independently while they chat with a friend.

It is also likely that mothers who reject the tenets of mothering prescribed by the OEYCs simply stop visiting. For example, a mother who does not think that she needs experts to teach her how to raise her child will likely not attend workshops. Furthermore, it is also possible that many mothers use

OEYC resources pragmatically, without taking to heart the messages that are disseminated there. OEYCs are stocked with children's toys, and many mothers use them as free indoor playgrounds, bringing their kids to play and using them as a meeting space for playdates with other mothers. However, there is also evidence that OEYC employees attempt to shape these interactions so as to enforce behaviours that are consistent with their ideologies. For example, signs on the walls urge parents to "Be an Unplugged Parent: Turn off Your Cellphone." This suggests that at least some parents must try to use OEYCs as an opportunity to "unplug" from their children, and these signs are a reminder to parents that they are responsible for their children and expected to be engaging with them at all times.

A related, potentially liberating function of OEYCs is that they provide a space for mothers to meet and form a community. This point, however, should not be overstated. On the one hand many mothers certainly benefit from having a network of other mothers at the same life-stage with whom they can share their experiences. In fact, many mothers I know stayed in touch with members of their Baby Talk group (the support group for new mothers) sometimes for years. On the other hand, the emotional support that mothers derive from each other's company does not substitute for tangible hands-on help (for example with childcare or housework) that they also need and that other mothers in the same life-stage as them are usually not equipped to provide.

Problematizing the Good Mother

In this article, I argued that OEYCs are umbrella spaces that bring together, and give legitimacy to, particular discourses relating to parenting and early childhood development. These discourses in turn construct a particular image of what it means to be a good mother. A good mother assumes personal responsibility for herself and her children, uses expert knowledge to manage risk and optimize her children's development, and constantly strives to better herself. Many of these qualities have been discussed in the scholarly literature on motherhood with the term "intensive mothering" (Hays; Vandenbeld Giles). Intensive mothering is "child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive" (Hays 414). Although scholars note that not all mothers adopt all of these principles in their mothering practices, it nonetheless remains an important "cultural script" (Faircloth 31) that informs mothering choices.

The above-listed characteristics of the good mother have been critiqued for their socioeconomic and racial/ethnic bias. Specifically, they reflect white, Anglo-Saxon and middle-class values (Lareau; Dow; Nadesan; Fox; Vincent and Ball). For example, Carol Vincent and Stephen Ball found that middle-class

parents were most likely to pursue "'enrichment' activities, extracurricular sports and creative classes" for their children (1062). Along similar lines, Majia Holmer Nadesan has argued that the skills promoted by developmental activities and toys (such as literacy and communication) reflect middle-class values and stigmatize others. And perhaps most importantly, intensive mothering of the kind promoted by OEYCs requires middle-class resources, including relative financial security, ability to take significant time away from paid labour, and good support networks in the form of partners and/or other help (Fox).

Since OEYCs do not collect demographic data on their clients, it is difficult to accurately report the socioeconomic and ethnic background of the participant mothers. Most of the mothers that I met were between the ages of twenty-five to thirty-five, predominantly white and Canadian born (reflecting the demographic composition of St. Catharines), although I also met some mothers who were newcomers to Canada. Most mothers had been employed prior to having children and had worked in occupations ranging from veterinary technicians to administrative workers and teachers. This finding supports the above claim that the principal consumers of good mothering discourses are relatively well-off mothers. This in turn brings up the question of whether OEYCs appeal to a relatively narrow segment of the population and whether mothers from other walks of life (for example teenage mothers or mothers on welfare) either lack the resources to participate in OYEC activities (for example time or transportation), or else these activities simply do not meet their needs.

Problematic as they are, the childrearing discourses disseminated through OEYCs can also serve liberating ends. For example, the idea that all children have unlimited potential that just needs to be properly tapped suggests that all children, regardless of their socioeconomic, ethnic, or religious background, have the potential to succeed as long as they are given the right opportunities. OEYC employees repeatedly emphasize that one does not need to spend a lot of money on children's toys in order to provide one's child with appropriate stimulation, and OEYCs offer workshops on low-cost enrichment activities, such as creating one's own sensory toys. However, this also makes it seem as though all mothers can choose to provide their children with all the tools they need for future success in life, in effect obfuscating the structural inequalities that prevent some mothers from making what are seen as the "correct" choices.

The case of the OEYCs also illustrates the role that states play in implementing technologies that align subjects with desired political, economic, and social objectives, and the fact that these technologies often target the most intimate areas of life, including bearing and raising children. OEYCs do support families, but this support is shaped by neoliberal philosophies and values. For example, the bulk of their activities consists of providing information rather than concrete assistance (for example with childcare). Furthermore, the information

they provide draws on particular scientific discourses (notably from neuro-science and psychology) that emphasize individual agency and responsibility for one's wellbeing. This suggests that mainstream government-sanctioned discourses tend to support and reproduce those discourses that align with neoliberal policy objectives and focus on individual solutions rather than on the larger social, economic, and political context in which social reproduction takes place (Paterson et al.). The subjectivity that is forged in the participant mothers secures the optimal social reproduction of the future generation of citizen-workers for the knowledge economy, while placing all responsibility for this on the shoulders of the mothers themselves.

The qualities that mothers are supposed to embody—for example, independence and risk management—are associated with a subjectivity that accords with neoliberal values and political-economic arrangements. That is not to say that these traits are inherently "neoliberal." In fact, scholars note that many of the concepts popularly associated with neoliberalism (for example, independence) in fact have a history that goes back for centuries, and can be found in societies with very different forms of government from Western-style neoliberalism (Eagleton-Pierce; Kipnis). What is novel, then, is the way in which these traits are packaged together and put to work to construct the subjectivities that are desirable in the present political, economic, and social climate.

Finally, it is also important to note that the state is not a monolith, but rather is made up of a myriad of institutions, networks, and people, who operate at different scales and may pursue different agendas. Thus, the case of OEYCs needs to be situated alongside studies that look at how various other state institutions, policies, and discourses engage with mothers and affect their lives (Bezanson and Luxton). What this literature reveals is that the case of the OEYCs is part and parcel of a larger process of state outsourcing of social reproduction back to the family and to the private market (Bezanson and Luxton). In areas such as fertility treatments, breastfeeding promotion, or childcare, policies employ the rhetoric of individual autonomy, responsibility, and choice, while obfuscating the fact that women's experiences and choices in these areas are mediated by factors including social class, race, sexual orientation, disability, as well as geographical location (Paterson et al. 359).

The fact that I did not find resistance to the neoliberal ideologies disseminated through the OEYCs suggests that the language and values of neoliberalism have become hegemonic (Harvey; Luxton). By this I mean that they are seen as "common sense," and thus provide the material from which we construct our understandings of the world (Williams). Indeed, studies show that even people who are on the losing side of neoliberal policies—such as laid off industrial workers—often make sense of their experiences using the terms provided by the hegemonic neoliberal discourse (Dunk; Shever). Contemporary mothers

of young children were likely themselves raised in the climate of neoliberal values of independence and self-sufficiency, so it is not surprising that they extend these same values to their experience of motherhood and view it as their personal choice and therefore their personal responsibility. However, we should recall that hegemony is never complete. It is a process that always has to be renewed and defended, and thus may be resisted and changed—although we may have to look for that change outside of the framework of the OEYCs.

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KATHERINE COTTLE

Poem for my unborn daughter

A girl
the technician assures,
and your hands fly in front of your face--
a mess of motion on the blurry grey screen.

You, too, must be afraid
of your own growth each day:
fingernails that sliver out into knives,
a skull that shifts and molds.

I feel your kicks at night,
hunting for something,
though I don't think it is
a way out.

I am the same:
scared, unsure, constantly
searching for something tangible,
for anything to hold onto in this dark.

RIIKKA HOMANEN

(Re)Making Choice and Autonomy in Publicly Provided Maternity Healthcare

This article is concerned with healthcare institutions' principles of choice and autonomy in the care practices of maternity healthcare provided by the Nordic welfare state. The issue is explored through analysis of institutional ethnographic material collected at four different maternity healthcare clinics in one large city in Finland. The analysis shows that nurses remake the medical institutions' demands for choice and autonomy in healthcare. In the nurses' experience-based knowledge of pregnancy, choice is not just a static activity but something that is achieved through a process of coming to know one's choices. Choice as a process involves experiencing pregnancy, and the nurses' respect for this process can be understood as enabling motherhood. The nurses encourage the women to be self-reliant and autonomous. This increasing demand for choice and autonomy may also be interpreted as a demand of consumer capitalism. The welfare service response has been to treat women to an extent as neoliberal reflexive individuals, in effect, responsible for their own motherhood. These nursing approaches to providing choice and autonomy for pregnant women both potentially enable and control motherhood.

There has been a recent shift toward more patient choice and autonomy in social and health care, even in the large redistributive welfare states of the Nordic kind. Scholars on healthcare, maternity, and other issues claim that the state no longer guarantees the good life in general, and good motherhood in particular, for its citizens. Instead, it delivers them indirectly, as responsibility is shared by peer citizens, such as family, friends, communities, and private and third sector agencies (Beck-Gernshein; Sulkunen; Lawler; Homanen, "Enabling and Controlling Parenthood").

It would be an exaggeration to state, however, that becoming a mother in a

Nordic welfare state is nowadays mostly a personal and private achievement. The welfare model can still be characterized, as it has been, as a guarantee of social support and as enabling (as well as controlling) parenthood (Sulkunen; Homanen, "Controlling and Enabling Parenthood"). In this article, I will attend to the everyday work of maternity nurses in negotiating the pressures of providing greater choice and autonomy for mothers-to-be. These pressures have been interpreted in prior studies as a state response to market demands for the welfare state to offer to, and require of, its citizens more choice and autonomy (Sulkunen; Homanen, "Enabling and Controlling Parenthood").

My article draws on an ethnographic research project about the institutional constitution of maternal-fetal relations in nursing. The project was based on ethnographic fieldwork at four different maternity healthcare clinics for three months between 2006 and 2008. I assembled the material through multiple methods of data production, including video recording (sixty-nine videos), observation, interviews (fourteen), and documentary material, including guides and handouts identified by the nurses as being relevant to their work. My analysis is intertwined with the collection of the material as is common in (institutional) ethnography (Smith). Ethnographic research always produces knowledge collaboratively; it is produced through the researcher's constant interaction with the field.

In Finland, maternity healthcare services have historically been provided by midwives and public health nurses in maternity healthcare clinics rather than by doctors in hospitals (Benoit et al.). The clinics are often located in clients' neighbourhoods, and pregnant women meet with their appointed nurse approximately ten to thirteen times during their pregnancies. The care is state funded and involves support in the form of advice and information—for example, guidance on healthy lifestyle and preparing for birth and control over somatic changes experienced by the pregnant woman and the fetus, which include ultrasound screenings. Furthermore, attention is paid to the psychosocial home environment by encouraging the future parents to reflect on and discuss issues of family life, such as home arrangements and parenting choices.

This kind of care—which includes social support alongside medical screenings and long-lasting, client-professional relationships and care that replaces doctors with nurses—corresponds to the suggestions made by many writers about desirable maternity healthcare that supports pregnant women's agency and reproductive freedom (Oakley, *The Captured Womb* and *Social Support*; Wrede). Technology-driven medical professional practice, conversely, has been perceived as undermining women's experience-based knowledge (Martin; Wajckman).

The care work I have studied does not, then, totally rely on medical institutional demands but reworks them with complementary models of experience-based

knowledge and an insistence on trusting professional relationships and treatment decisions established over time. The specific focus of this article is to discuss the possibilities and limitations that the nurses' reworking of demands for choice and autonomy provides for pregnant women's motherhood.

The nursing approaches to choice and autonomy that I have studied can be seen as both enabling and controlling motherhood. In the following, I explain this process by first describing how the nurses balance a commitment to a medical ethical principle of (static) informed choice with a more intuitive perception of choice based on the nurses' experience of working with pregnant women over a long period of time. This understanding of choice recognizes that choice is achieved in a process of coming to know one's own motherhood and maternal choices through experiencing pregnancy. I will also discuss the nurses' respect for this process of coming to know one's own motherhood and their subtle guidance of pregnant women to becoming autonomous and self-reliant as a parent.

Static-Informed Choice and Choice as a Process of Coming to Know Motherhood

The highly valued Western ideal of respect for patient (informed) choice shapes daily care at the maternity healthcare clinics, where staff members are held institutionally accountable to clients for not influencing their decisions. According to my analysis, there are two logics of choice realized in such care practices. They are related but in a frictional way. I will discuss these logics through two example practices: discussing attending fetal screenings and discussing fears of giving birth.

Screenings for fetal abnormalities are discussed as early as the first appointment because the first ultrasound is done between the nurse's and the pregnant woman's first two meetings. During these appointments, the nurses can be reticent about discussing the fetal screenings (Mitchell and Georges). They often refer to the material sent in advance to the future parents, and sometimes simply ask if the pregnant woman has decided whether she will make use of the screening service. If they do give any further elaboration, they usually restrict themselves to "neutral" information about screenings, and are careful about not mixing biological facts with values, virtues, and emotions.

The leaflets sent in advance consist of fairly technical and clinical information in line with local and national nursing standards, norms, and procedures (*Handbook for Maternity Healthcare*; Viisainen). They reveal the probabilities of detecting different structural deformities in screenings (*Foetal Screening I and II*). Furthermore, the leaflets as well as the nurses' choice of approach take patient autonomy as a self-evident good by stressing that the choice to attend

the screenings is and should be voluntary and that the (difficult) decision about further care is one that only the parents have a right to make.

This approach to screenings is framed by a medical ethical repertoire allied to biomedical knowledge of the potential occurrence and mechanisms for the genesis of abnormalities. It is unsurprising that health workers restrain themselves to giving neutral biomedical facts about screening for somatic abnormalities when it comes to making decisions about diagnostic tools or treatment. Biomedical scientific knowledge is a powerful cultural tool for such a purpose of expressing neutrality because it holds such a position of authority (of knowing best) in our times (Foucault, *The History of Sexuality*; Haraway).

However, it seems that a nursing approach that relies on emotionally detached facts and does not take a position in relation to making treatment decisions is not the only one possible. Discussing fears of giving birth at the appointments is a good example of an alternative approach. In Finnish healthcare, in cases of severe fear, a referral to a special outpatient clinic is made, and a Caesarean section is only planned if the pregnant woman and the outpatient clinic staff fail to work out a vaginal birth delivery plan that eases the pregnant woman's anxieties. However, a series of discussions at the maternity healthcare clinic precedes the referral as seen in the following sequence:

> A pregnant woman and a nurse are talking about a birth class arranged at the local hospital maternity ward. The nurse explains the agenda for the class, which is to go over "the normal course of delivery, pain relief, suction cup use and abnormal births." At this point, the pregnant woman first expresses her fear of medical instruments by saying that she has heard criticism about the class and that she cannot stand doctors' equipment. They make her disgusted, and she does not want to be near such things. She further asks the nurses' opinion about whether she should attend at all. The nurse comments that "of course one does not have to go" and then goes on to explain all the "useful and good information" one gets from the classes. She then suggests that the woman could skip the part during which a video of a real birth and instruments involved is shown. "Good stuff that all women wonder about" she concludes. The pregnant woman remains quiet at first and then repeats her worries about the delivery class and instruments. She intensifies her fear and problem by saying that she even hates going to the dentist. At this point the nurse asks her how she thinks she will handle the birth itself if she is so worried about attending the instruction class. It turns out that the pregnant woman does not know if she will be able to handle a vaginal birth because of her fears. All the while, it seems that the nurse is implicitly

striving for the woman to express doubt about wanting a Caesarean section: she uses leading questions and comments, such as "but you don't have this feeling that you absolutely want a section, do you?" The pregnant woman says that she is not sure about vaginal birth and that she has actually thought that she will just have to "survive" it. Here, the nurse seems to reassure the obviously worried woman by telling her that she will certainly refer her to the outpatient clinic and that nowadays it is possible to perform a Caesarean without a purely medical reason. She talks about patient autonomy, and how a birth should be "an active event" so that "nobody is forced into a vaginal delivery." However, the nurse wants the pregnant woman to calmly think through things because "there is still a lot of time before [the estimated birth date]" and because "one might think differently later on [in pregnancy]." It is agreed that they will talk again in a few months about the birth mode." (Videotape of a woman twenty-two weeks of gestation, first pregnancy)

We discussed this video clip with the nurse after the recording. I pointed out to her that she did not really answer the pregnant woman's question about her opinion on whether she should attend the class and that she pushed the decision of referring the pregnant woman to the outpatient clinic into the future. This comment was based on my confusion over the nurses' tendency to push the decision about birth mode into the future and how it showed a reluctance to take the women's concerns into account. It seemed a reluctance to abide by another principle of Western medical ethics: beneficence. Beneficence ensures that the best interests of the patient are taken into account by medical professionals (Held; McLean).

The nurse explained in a frustrated manner that the pregnant woman asked her questions she could not really answer because the official protocol states that women have to make the choice themselves. In this way she, in fact, addressed the medical-ethical logic of doing care that was brought implicitly into our discussion by me but from another angle: the principle of respect for informed choice and autonomy. She then went on to elaborate that in her professional opinion based on her experience, women change their minds about the birth mode, sometimes many times, as the pregnancy proceeds. Thus, it made no sense to her to make any definite decisions about the birth mode at this early stage.

It is possible, then, to interpret the nurses' encounters with women as not just disregarding their concerns or needs. This nurse's argument allows an understanding of care within which choice is not a momentary or static activity but is a process of realization or, as I like to call it, a "coming to know"

one's choice. Care practices and the nurses' experience-based knowledge are constrained by ethical-medical mantras that are realized in terms of "patient autonomy," birth as an "active event," and "parental choice." This is the voice of the institutional order deriving from policy documents and nursing education. However, the nurses' intention and perspective remake it through realities of care that lead to respect for informed choice as a process rather than a static activity (see also Homanen, "Reflecting on Work Practices").

This is how beneficence, to use the medical ethical term, concerning the choice over birth mode in the working lives and experiences of the nurses is realized and that is how it *works* as an institutional standard in my interpretation. The nurses may move the concern about giving birth into the future because "one might think differently later" in pregnancy. Later, they will act if the women feel it necessary. They do not simply deny the women's concerns but encourage them to experience more pregnancy in order to know their preference for birth mode better.

Looking carefully into these practices, then, it turns out that the medical ethical repertoire of static choice sometimes manifests merely as phrases in a dialogue the nurses are required to utter and in cases of certainty to act upon. In maternity healthcare practices, it is realized to a certain degree that choice is a process (Kingdon; Mol) through which respect for motherhood is enabled rather than controlled.

Subtle Support of Women to "Naturally" Become Autonomous and Self-Sufficient as Mothers

A subtle and delicate approach to managing women's feelings toward both medical uncertainty in pregnancy and also toward changes to a family lifestyle is characteristic of this care work. According to my observations, the nurses delicately support and negotiate a (perceived to be) natural process that, to a large extent, is expected to unfold by itself, for women at least. This is observable in the following excerpt from my field notes.

> A family counselling class at a clinic. A nurse is showing transparencies about parenthood on the overhead projector. There are different transparencies for "fatherhood" and "motherhood." The fatherhood transparency describes fathers in terms of "safety," "love for the family," "friends for mothers" and "carers for babies." Then she notes that the father's role is different from the mother's and that women have a nine-month head start on motherhood: women, according to her, "have pregnancy and baby issues on their minds all the time during pregnancy."

It is implied in the ethnographic snapshot above that unlike men, women are expected to acquire parental identity naturally by "having baby issues on their minds." They are also assigned the task of nurturing, which they acquire (mostly) through their "nine-month head start."

The nurses rarely explain how to perform the desired characteristics and roles assigned to desirable motherhood (or fatherhood)—for example, how performing "love" and "safety" is done in the case of fathers or how the "growing of one's own maternal instinct," as often mentioned by the nurses, is done in the case of mothers. On the contrary, the nurses often emphasize the important roles of the parents themselves and their intimates in the work of defining parenting methods and good parenthood, just as the nurse cited above did later in the same class. "She notes that everybody does [parenthood] in their own way. The nurse expresses her personal preference for an upbringing that relies on 'traditions' and 'commitment.' 'Sometimes professional help may be needed, but otherwise parents can trust their own resources,' she concludes.

Nurses' avoidance of taking a strong position on the specificities of motherhood or parenthood in general but to have them "trust to their own resources" (mostly) and to perform parenthood in their own way can be interpreted as supporting women to become self-reliant in family life. This kind of subtle guidance may (also) be seen as empowering and enabling motherhood. However, in effect, as a support and care approach, it configures mothers as rational, self-sufficient neoliberal individuals responsible for their own (good) motherhood.

This is in line with writings on Nordic welfare state services (O'Connor et al.; Julkunen). Prior literature claims that during the last three to four decades the welfare state has had to answer growing demands for risks to be managed without determining how to be a "good citizen" for citizens. In fact, these relatively new approaches to care—subtle persuasion, abstract guidance, seemingly neutral argumentation, and growing insistence on individual choice and autonomy—can be associated with the welfare services' responses to the demands of capitalism (Sulkunen). Above all, they can be seen as services response to the demand for increasing autonomy and choice. Regulating choices regarding lifestyle would interfere with neo-liberal individualist (consumer) freedom, agency, and responsibility and with the attempt to decentralize and privatize responsibility. Therefore, the response has been an "ethics of not taking a stand" that differs from the power techniques of the "nanny" (welfare) state, which has been characterized as infantilizing citizens in the name of progress, universal individualism, and knowing the good life (Sulkunen 27-32; Homanen, "Controlling and Enabling Parenthood").

The faith in individual empowerment and voluntary partnership(s) demon-

strated here is further accompanied by a romantic nostalgia of community-like care in parenting decisions. The problem with practices built on the operating principles of individualism, voluntariness, and empowerment is that they may also allow control to be exercised over pregnant women. If maternity healthcare actors are not willing (anymore) to give specific content to advise on family values and wellbeing, at least officially, other partners—such as different communities and families seeking to support transition to parenthood—may step in instead (Sulkunen 152; Benhabib).

Conclusions

My study shows that in maternity healthcare today, there are two interrelated logics of providing choice and autonomy for pregnant women that both potentially enable and control motherhood. The logics stem from both medical ethical concepts and new institutional market demands, and from the long tradition in nursing of relying on experience-based knowledge gained through working with pregnant women over a long period of time. Giving pregnant women time (when it is possible) seems to be central in maternity nursing work in that it is attuned to women's agency. Supporting choice as a process of coming to knowing one's choices allows women the time and space to creatively build identity and family life, and then make choices accordingly realized in the support of processes of self-reliance.

However, although the method of care—guiding from a distance by not taking a stand—may prove beneficial for some women, it may also allow power to be exercised over some women: those who live in controlling communities or families. Communities may have far stronger constraints on individual choices and freedoms than the welfare state ever had (Sulkunen 152). The method of persuasion by inviting women to freely choose and be self-reliant may also be far more effective in creating constraints on women's choices than more (historical) disciplinary techniques, which also still exist. The emphasis on self-reliance and empowerment in this model of individualism in public services can be interpreted as a state response to the market demand to provide more choice and autonomy for its citizens (Sulkunen; Benhabib; Foucault, *The Birth of Biopolitics*).

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NANCY PELED

Kibbutz Mothering in Transition

Bringing the Children Home

My generation of mothers on Kibbutz Hazorea is in the unique situation of having mothered in two contexts: the "normal" way and the kibbutz way, which involved communal sleeping arrangements for children. This system lasted until the 1991 Gulf War when the children moved home, leading to the de-facto end of collective education for kibbutz children. I investigate how the role of "mother" evolved in this transition from communal childrearing to full-parental responsibility as well as how the mothers felt about the transition. I also address what effect, if any, their own upbringing had on their experiences. I interviewed kibbutz mothers raised in communal education; kibbutz mothers who joined the kibbutz as adults; and a subgroup of women who worked as childcare givers (metaplot). Investigating the experience of mothering on kibbutz in its transition from collective childrearing to the traditional framework of the nuclear family can illuminate alternative perspectives of this unique kibbutz experience, focusing on whether and/or how the kibbutz prescription of mothering defined "mother" for the women who lived it.

More than three decades ago, I became a member of a secular kibbutz whose founders supported kibbutz ideology, which comprised childrearing theories of collective or communal education, including sleeping arrangements; thus, two of my four children were raised from infancy in the kibbutz "children's house" rather than at our home. This means that they *lived* in the children's house and *visited* our home.

My philosophy was that of a "modern woman" coming of age in the 1970s, taking the necessity for gender equality to be a given. At the time, the kibbutz seemed to be a living utopian example of the expression of true gender equality. Indeed, the kibbutz is regarded as one of the few "utopian experiments that

successfully established a radically different way of living and raising children for a period of 80-90 years" (Aviezer et al., "Balancing the Family" 436; Agassi 161). Children were raised by professional childcare workers (called *metaplot* in Hebrew; singular *metapelet*), which would mean the best of both worlds for mothers and children alike. There would be no conflict about being a working mother—a conflict in mothering identity that the kibbutz founders recognized in the 1930s and continues to flourish[1] (Mayer 212; Thurer; Walkerdine and Lucey); mothers were expected to work in the kibbutz lifestyle. Although the idea of gender equality on the kibbutz was included in its founding creed—a collective society whose members lived in complete equality—from its early days that equality precluded feminine tasks from inclusion in the collective productive work, and it was understood that women needed to take on the traditional kitchen and childrearing duties. Only women who worked in agriculture (the mainstay of kibbutz work in its early days) were appreciated, and although theoretically women were allowed to work in whatever spheres men did, very few women did so, and even fewer men worked in areas more suited to women, and when they did, it was considered temporary (Gershon 33-34). I was too ignorant of both language and culture at the time to understand that the very name of the childcare workers hinted that the "equality of the sexes" was more equal for men than for women; Hebrew is a gendered language and *metapelet* is a feminine word.

I embraced the unusual, unique, and extreme practice of collective childrearing for a number of reasons, despite misgivings expressed by my mother and sister, who was already a mother herself. Before I became a mother, I was attracted to the freedom the kibbutz promised me, unaware of what could—and would—change in my priorities after I gave birth. I didn't understand that the kibbutz educational philosophy and lifestyle essentially co-opted my parental rights. The children's houses functioned as the children's home: children spent most of their time there. It was where they slept and played, and were bathed, fed, toilet trained, and basically raised in compliance with the kibbutz philosophy that all children were the kibbutz's children. The parents' role was freed from the domestic labour of cleaning, cooking and other accepted childrearing chores related to their care, allowing them to spend pure quality time with their children, which seemed desirable. Although I worked in children's houses for some time, I did not reflect deeply on the implications—which, in fact, conveyed a basic distrust of the ability of parents to parent and viewed the family unit as competition with the kibbutz as a social entity. I had agreed to become a member of the kibbutz, a ceremonial and legal process—members share in all the kibbutz resources and the kibbutz is a unique legal entity in Israel—that inhered I agreed to live according to the kibbutz rules. And perhaps most significantly, I was not yet a mother.

In order to gain insights through narrating these experiences, for myself and others, I wanted to better understand the historical and theoretical foundations for the kibbutz communal education system and share personal mothering narratives within that system—from the perspectives of those who were raised on the kibbutz pre-1991 and those, like myself, not born into this unique sociological, historical, educational, and cultural environment.

The overall objective of this study is to explore the lived experiences of mothers who raised their children in both the communal education system once prevalent in kibbutzim, in which children slept in children's houses rather than their parents' homes, and after the 1991 Gulf War[2] when their children moved to live in the parents' home. My aim is to understand whether and how the location of their children's sleeping affected these women's sense of their identities as mothers, including how they felt about their mothering experiences "before" and "after." Furthermore, I assumed that if a mother was herself raised in the environment of collective sleeping arrangements, she would find the same circumstances more amenable to her view of what it meant to be a mother. And of course I was interested in discovering whether my own recollections and feelings of mothering in the kibbutz communal framework were shared, which resurfaced as I became a grandmother. An additional goal of this study is the expansion of understanding of the long-term implications of this unique childrearing arrangement for mothers and their relationships with their children.

Investigating the experience of mothering on kibbutz in its transition from collective childrearing to the traditional framework of the nuclear family can illuminate alternative perspectives of this unique kibbutz experience, and can focus on whether and/or how the kibbutz prescription of mothering defined "mother" for the women who lived it.

Description of the Research Methodology

Research in mothering experiences lends itself to a multidisciplinary approach as motherhood can be viewed from a variety of perspectives—including sociological, psychological, and historical— and, as such, is especially suited to narrative inquiry. Furthermore, the inherently personal and unique character of mothering, despite its universality, begs a theoretical approach that can accommodate its complexity, which phenomenological and narrative inquiry can provide. Thus, I employed qualitative phenomenological and narrative inquiry methods as I investigated how women identified themselves as mothers within the shifting landscape of their lives before and after 1991. In my attempt to discover if and in what way the transition from collective to home sleeping shaped mothers' views of their mother identity—and /or the kibbutz

childrearing framework—I prepared a questionnaire covering the following questions for inquiry:

•How did the role of "mother" evolve in this transition from communal childrearing to full parental responsibility?
•How did mothers feel about the transition?
•How was the role of the caregiver perceived by both mothers and the caregivers themselves in the collective educational system?
•Did the transition from communal childrearing to full parental responsibility affect the caregiver's role, and if so, how?
•What effect, if any, did the mothers' own upbringing have on their experiences?
•How might these experiences be used to improve the present kibbutz daycare childrearing framework?

I approached a number of female kibbutz members—who, like me, had raised young children in both kibbutz educational frameworks in the years before and after the outbreak of the Gulf War in 1991—about their willingness to share their mothering experiences with me. They comprised the following:

Five kibbutz women raised in communal education.
Five kibbutz women who joined the kibbutz as adults.

A subgroup of five women among the above who worked as a metaplot; only one was not raised on kibbutz.[3]

In-depth interviews of mothering experiences "before" and "after" 1991 were conducted in the frame of an informal chat in the location the mother preferred: usually her home or mine.

First, background questions were asked to solicit data about the women's families as well as about how they perceived motherhood before and after giving birth. Then, personal narratives prompted by open-ended questions were asked of all participants. For those women who were also caregivers professionally, I asked them to consider their role before and after the children moved home, and if their work in childcare affected their own mother identity.

All the interviews were recorded with the participants' consent and then transcribed verbatim. The interviews that were conducted in Hebrew were also professionally translated into English. The transcribed interviews were categorized first according to the mother's upbringing (raised collectively on kibbutz or in their parents' home) and then by identifying the subgroup of mothers who worked as caregivers at the time of the transition in children's sleeping arrangements with all its attending changes in childcare routines.

The transcriptions were then reviewed to identify recurring themes that arose in the interviews, and these were identified in order to summarize core themes, motifs, and patterns that appeared. In order to contextualize the mother stories some background is useful here.

Historical Background

Kibbutzim in general were founded by idealistic young people who believed in "the justice of economic collectivism and social equality" (Van Ijendoorn 5) and were rebelling against the dominant culture in the ways of their parents, mainly Eastern European Jews. The guiding principle for this new society was Marxian: "from each according to his ability, to each according to his needs."

My kibbutz was founded by members of a German Jewish youth movement, young socialist-oriented liberals who originally sought to find a new alternative to their life in Germany. However, with the rise of the Nazis to power in the winter of 1933, the movement began to prepare to establish a kibbutz in Israel; for many, this meant leaving academic or professional studies to take up agricultural training for their new and very different life as pioneers. In early 1934, the first members arrived and they lived in harsh, primitive conditions in tents while they built their settlement, which was in swampy terrain empty of vegetation. The original group of about eighty suffered from the harsh climate, typhoid, malaria and violence; in this context, the decision to raise children collectively included concern for their health, safety, and protection as well as the belief that this system would protect children from the traumas that accompanied life with tyrannical fathers and hysterical mothers, and other parental shortcomings in general ("Kibbutz Hazorea"). Indeed, one of the founding female members referred disparagingly to the family environment as "pampering." But the guiding principle was an awareness of the role of childrearing in furthering the goals of the collective by discouraging individualism, abolishing inequalities between the sexes, and bringing up a person who was better socialized to communal life (Gerson 7). The kibbutz would be the child's "extended family," children would not be dependent emotionally or economically on their parents as "the socialization and control of the children [is not] a prerogative of the family" (Rabin 8). This was a manifestation of the founding philosophy that sought liberation for women and children alike.

My husband was born and raised in this environment, which was child-centred in every sense of the word, but not to the exclusion of parental needs and rights, but it certainly marginalized them. From the day they were born, children lived in peer groups in houses suited to their needs both physically and psychologically—infant, toddler, kindergarten, grade school, and high

school. By the time our daughter was born in 1981, some of the childrearing restrictions had been relaxed or abandoned altogether, but our children did not call our apartment "home." It was the "parents' home." There was no need for the children to have a bedroom in our home; they came to visit us from 4:00 p.m. to 8:00 p.m. They moved into the "baby house" after three months, and mothers continued to get their children up in the mornings until they were eighteen months old. In the mid-1980s, the baby's living time at home was extended to six months, and that was the standard until 1991, when the Gulf War broke out and suddenly, and at once, the children all moved home.[2] Those arrangements are part of the dramatic changes in the communal system that I and the mothers interviewed for this study lived through.

Pre-1991 Communal Education Norms

When I joined the kibbutz in 1979, babies were allowed to be at home with their mothers for the first six weeks—the length of national maternity leave, and a decision that had been taken by the kibbutz assembly in 1976. Prior to 1976, babies lived in the infant houses from the day they came home from the hospital and mothers were restricted in their visiting times. They freely came to feed the babies, change them, play with them, and bathe them during the first six weeks, but they were not allowed to take them anywhere without special permission. Mothers tell stories of parents and older siblings spending all afternoon in the infant house because the weather was too inclement to take the baby out. A strict feeding schedule was gradually introduced after those first six weeks, and mothers, who had gone back to work part time, were no longer allowed to come in whenever they wished. My sister-in-law remembers standing outside the baby house and listening to her first-born son cry from hunger, but she was unable to go in until feeding time arrived. She cried along with him. These stories shocked me, and I could not (I still cannot) imagine what that must have felt like for a young mother and how anyone could have thought that was good for the baby. Then my mother told me she regulated herself with my older brother's feedings; this was the prevailing belief in the 1950s, when Dr. Spock made mothers feel they could spoil their babies by feeding them on demand. These stories speak directly to a deeply rooted modern concern about being a good mother. New mothers feel inadequate, overwhelmed, uncertain, and worried about how their behaviour may damage their children. As one psychologist put it, in the modern world, "parental anxiety reigns" (Thurer 331). Influenced by these stories, when I became a mother, I was relieved and even delighted to know I would have mature, experienced support from my baby's metapelet as a new mother. My own mother was halfway around the world from me.

Selected Findings

During the interviews with the mothers, I discovered that the descriptions and perceptions of their mother experiences in the two dichotomous experiences of mothering (collective and familial) were coloured by the level of their initial acceptance of the communal sleeping for children. Unsurprisingly, for mothers who believed in the system before and after giving birth, the positive aspects took prominence over the negative. Furthermore, and in contradiction to my assumptions, women who joined the kibbutz as adults were more accepting of the system than mothers raised on the kibbutz. Just as I had, those women appreciated professional support from experienced caregivers in the absence of their own mothers. In addition, they had made the conscious decision to accept the status quo when they applied to join the kibbutz. Women who were raised in the kibbutz did not necessarily make any conscious decisions in that regard.

Of the ten mothers interviewed, five had eagerly looked forward to becoming mothers, three of whom grew up in children's houses. The others had not been particularly excited or simply had not thought about it. Four women held explicitly positive perceptions of the collective sleeping arrangements before giving birth, but only one had been raised that way; none changed their mind after their babies were born. When asked about her feelings regarding the collective sleeping arrangements before and after giving birth, B, who joined the kibbutz as an adult, responded in a way representative of other mothers of her background who were supportive of the system: "I especially enjoyed the professionalism of the care-givers … because after all I didn't have my mother near me." The kibbutz-born mother cited kibbutz ideology, specifically: "children grow up knowing that they are responsible to help other children." The pleasure of being a parent without the need to be an enforcer of rules and having true quality time with the children was one point a majority of the mothers cited as a benefit of the system. Another was the caregivers, whom the mothers trusted. This trust came from the ways in which the metaplot characterized their work: "I was half a mother"; "I was motherly." The following comment by M is characteristic of the professional metaplot I interviewed: "I felt those children were mine. I loved them dearly. I was really attached to them, and there are those to whom I'm attached even today."

The Caregiver

The role of the metapelet in the children's lives was an auxiliary yet core component of the collective system. Children spent more time with their metapelet than their parents, whose time with children was designated to the hours

from after school and work until bedtime. Regarding whether these "mother substitutes" viewed their roles differently after children moved home to sleep, and whether that perception was compatible with that of the mothers of the children in their care, I quote A, who is also certified kindergarten teacher: "I realized that I had to be more of an educator and less of a mother."

These recollections reflect the complexity and potential conflict inherent in the system. The mothers never doubted their mother identity, yet they did not do the work of mothering (I will address this discord shortly); that work was done by the metaplot, who consistently used a variant of "mother" to describe their relationships with their charges as mentioned earlier. Yet they were always aware that they were not, in fact, those children's mother.

Not all the women who had joined the kibbutz as adults were happy with the status quo, but mothers raised on the kibbutz tended to be less forgiving and as a result seemed to suffer more. M described her feelings thus: "It was extremely hard for me to bring my children to the children's house [to sleep] and I wasn't 'okay' with that for a single moment," despite her spontaneous comment during our conversation that "I had a lot of fun in the collective education format in which I grew up, and we had a wonderful social life, and lots of activities."

> I know that I trusted the metaplot—who were recognized by all as the authority on the babies in their care and certainly had more experience than I did in taking care of babies—as well as the women who did night guarding. Night guarding was an annual duty all the kibbutz women shared, comprising a week spent awake from 10:00 p.m. to 6:00 a.m., in a central office, doing hourly rounds to check on all the children. The children's houses were equipped with intercoms, so if a baby cried or a child called out, the guards could hear them.
>
> I knew how responsible I was when I was guarding, and I trusted everyone else was as committed. After all, their children, too, were watched over by others during the night.

From the perspective of mothering theory, because the metaplot did the work of mothering—feeding, bathing, dressing, toilet training infants, and getting the children up in in the morning and putting them to bed at night—this afforded them a de-facto "mother" identity, which they acknowledged in their choice of terminology when describing their role in the lives of the children in their care. Mothers instinctively recognized this dissonance. B, who was not a caregiver, indicated that she became more assertive as a mother after the children moved home to sleep because "the child was legitimately recognized as the parent's child, and not partly the metapelet's child." But J, who

was happy with the communal sleeping arrangements, declared emphatically: "There are no children who are similar in any way to their care workers. They resemble their parents."

Coping with Cognitive Dissonance

Many mothers, however, felt a need to find ways to assert their identity as their child's mother and to subvert in subtle ways the kibbutz proprietorship over their children. This was inclined to occur in unfortunately negative contexts and culminated in the transition to home sleeping as a direct result of the Gulf War, which created paradoxical feelings about the context of the children moving home. B's comment was repeated by others in some form or another when discussing how they felt when the children moved home: "It was only because [of the war] which for me was a blessing in disguise ... and you know, I had to feel bad about the people who suffered and the people who died, yet for me it was bliss."

In fact, before the transition, some mothers found themselves taking guilty pleasure in their children's injuries and illnesses, as A recalled in the following statement:

> My oldest daughter was at home for three months after she broke her leg at fourteen months, because they felt the night guard would not be able to handle a baby in a cast. And I was only happy; I wasn't happy that she had broken her leg, but I was very happy that I had a reason to keep her at home. I was delighted, and I kept thinking, you know, if she hadn't broken her leg then she wouldn't have been at home. I knew that.

Others were reduced to exaggerating their child's health issues. G recalled that "for any excuse whatsoever, I took them home. Even when they weren't really ill I took them home." Another mother lied to her toddler after she began keeping her older son at home. The family all went together to the children's house at bedtime, and the toddler was led to believe that the parents were then taking his brother to the kindergarten, when, in fact, they took him home to sleep. And the five-year-old knew he was not allowed to talk about where he slept. This mother declared, "We had to hide the truth"—for the sake of the child she felt needed to sleep at home.

These seem to be coping acts on the part of mothers who found the demands of the system untenable, but felt they had no legitimate recourse. The official message was "If you want your children at home, you can leave the kibbutz." Often these mothers had acquiesced to their husband's preferences and unambiguous belief that the system was best for the children. Some said

directly "I blame him." Repeatedly, mothers were unable to explain their compliance to a system that caused them such distress during the interview. As for me, thinking about this time in my life, I am often overcome by feelings of guilt and sadness. How could I have left my babies to sleep somewhere other than with me? How did I agree to raise my children in an environment that severely curtailed my contact with them? Simply put, everyone raised their children that way; it was the custom, the way of our world. At that time and in that environment, being a good mother meant mothering according to the kibbutz expectations.

My husband and I were lucky in that our children were good sleepers, and we were seldom contacted in the middle of the night (by walkie-talkie before 1984, then by telephone installed in members' homes) because our child had woken but could not be comforted. When I came in the morning, I rarely read in the guard log that they had awakened. I have a story to console myself: I always told the guard to call me if any of our children woke up, no matter when or why. This comforts me when I read research about children raised communally that concludes in the following way:

> The quality of night care in the infant house has been poor because it has most often been provided by strangers who can offer only a precarious sense of security to the infants. On the other hand, maternal compensation is not very likely, because even sensitive parents may not feel an urgency to compensate for their absence during the night in a situation in which routinely implemented separations are the norm for all of the children in the community. (Aviezer, "Children of the Dream" 99)

Instinctively I had created an environment in which to be a "good mother" to my children as I defined it to myself without having to lie or take pleasure in their ill health.

Caregivers who opposed the communal sleeping system had an additional level of conflict with which to cope. All the caregivers mentioned the tension created by the need to "cast aside" their own children at bedtime in the children's house, as they rushed away to fulfill their bedtime responsibilities in the group where they worked.

Insights Gleaned

In whatever way the mothers valued (or devalued) the communal sleeping on kibbutz, none of the women I interviewed believes today that her relationships with her children suffered.[4] They expressed that faith in various ways, in response

to the question that asked them to consider their mother identity before and after the children moved home to sleep. This comment by J is indicative of all the responses: "I just think as a mother, I love my three kids and I love them all equally, and I love them in different ways because they are very different kids, and I don't feel in any way that I'm a different mother or that I have a different connection with them because my daughter slept in the children's house for three years and the boys didn't. Not at all. Not at all."

And S commented, "I think to a large extent I even have more than if I had brought them up alone, it was a richer background…. I think I was a smart mother that I stayed and didn't leave."

Some women found it difficult to address the questions I asked, particularly in how they viewed themselves as mothers. V confessed: "I try not to think about it too much…. I feel that everybody has lost out here, but I don't think about it." There may seem to be a subtle level of denial in a response that several mothers gave, that "nothing was different" for them as how they mothered between the time they raised their children in the collective system and the time they raised them at home. Such comments, however, affirm a strong core mother identity, despite circumstances that, in effect, required women to abdicate their maternal rights, and certainly were different.

Of the ten women interviewed, four held explicitly positive perceptions of the collective sleeping arrangements before giving birth. The others were unhappy with the system but either accepted this was expected of them, or had not thought seriously about it before giving birth. Growing up in the communal system did not predispose mothers to accept it, although I had expected it would. Rather, the mothers interviewed who were raised on kibbutz expressed their ignorance about "another way to raise children" rather than supporting the system; this insight generally came after the children moved home. Indeed of the four women interviewed who were supportive of the system, only one had been born on the kibbutz. None of the interviewees changed their opinions about the kibbutz system after giving birth or with the birth of subsequent children.

Mothers generally did not change their largely positive views on caregivers after 1991. As it had been in the communal system, the metapelet's role was still crucial in the child's life, but if before 1991 the women clearly demarcated mother and metapelet—"she was not my child's mother"—once the children moved home, there was no longer a need to clarify this.

Caregivers tended to be more critical of mothers after 1991, and this seems reasonable, as they lost their authority but not their responsibility. The initial transition was sudden, without any clarifying guidelines, and the new roles and rules were implemented as a process in response to the altered circumstances.

I was surprised to discover, when reviewing the interview transcripts, that the word "trauma" was used in some form by four of the ten mothers, although it

was not part of the questionnaire, nor did I mention it in our conversations. This speaks to the lingering sense of pain and regret that these mothers acknowledged feeling when revisiting that time. These regrets appeared in remembrance, as L remarked, "It's not like I have spent the last thirty years feeling bad about communal education!" On the other hand, Donald Polkinghorne has written that it is often only in retrospect that we can understand and give meaning to events because memory is selective and complex. I provided these mothers a catalyst for such retrospection.

Many mothers used the word "guilt"—again not a term I presented—but most used it in order to deny it. These negative feelings, however, do not colour these women's relationships with their children or their lives today. As noted earlier, one of the mothers told me she really had not thought about it until I started asking her questions; another said that she simply chose not think about it. This confirms what many narrative researchers posit: "Clear accounts of an experience ... are structures in a story form, constituting a meaningful story, [that are] sometimes not known to the storyteller until it is told" (Kramp108).

None of the mothers interviewed, regardless of their feelings toward the collective childrearing system, felt their mother-child bonding was harmed by the collective sleeping, despite research that indicates otherwise (Aviezer et al., "Balancing the Family"). This may reflect the coping mechanisms mothers used when prevented from fulfilling the expected role of mothering their children, or simply a nonprofessional understanding of "attachment" as defined by John Bowlby after WWII, which cannot be validated as it is beyond the scope of the framework of this research.

All of the mothers who had negative perceptions of the system realized (before 1991) that as long as they remained on the kibbutz they needed to accept the status quo and make the best of the circumstances. For the others, this was not an issue.

Conclusion

All the mothers interviewed affirmed their unambiguous sense of identity as their children's mother, regardless of their attitude toward communal sleeping. They did not feel their mother identity changed before and after home sleeping. They trusted the caregivers to treat their children as if they were their own, and the metaplot conveyed, in their role perception, an approach compatible with the mothers' expectations. This core aspect of kibbutz educational ideology would seem to be a plausible explanation for the perceived prestige of kibbutz daycare institutions in Israel today. However, although mothers' and caretakers' discourses on what makes a good mother in the context of communal

education converged to some extent, there were important differences. For the metaplot, a "good mother" followed the rules, but mothers constructed their "good mother" identities when they privileged their children's needs. This speaks to the weakening of a core kibbutz ideology: putting the good of the community before the individual.

Finally the mothers did not feel their relationships with their children today suffered because of the way the children were raised. However, it may be that mothers who do feel this way chose not to be interviewed.

And what of the gender equality that seemed so appealing when I first came to the kibbutz? With all the ideological intent to liberate women from the bonds of child and house care, why does research consistently point to a reality that is a contradiction of that ideal? This may be an interesting topic for another study, but the fact is, in both the workplace and the level and area of social involvement in kibbutz life, there are clearly gendered spheres that reflect a stereotypical, patriarchal approach to gender equality from the kibbutz's earliest days (Gerson 50). It is apparent most clearly in education; there were very few men working with children, and none with infants thirty years ago. That continues to be the case today.

As I consider my mothering experience, I understand that I am not to blame for mothering as I was expected to by the kibbutz in which I lived. Shari Thurer reminds us "Motherhood—the way we perform mothering—is culturally derived" (334). I know I was not a bad mother, and the kibbutz does not label mothers in that way. Yet today there is an undercurrent of discontent, disbelief, and disappointment in the mother narratives prior to 1991. My female friends, who were mothers with me, tell me their grown children sometimes express disbelief about the sleeping arrangements, or ask "Didn't you ever feel like there was something wrong with the sleeping arrangements?" Whether or not we are actually called "bad mothers" by others, it is clear that we often feel we were.

Today, this conflict is not one experienced by kibbutz mothers. The metaplot do not position themselves as the experts on the children in their care. The role of the metapelet today holds much less authority and is even less regarded than it once was. Kibbutz mothers today "resist patriarchal motherhood" (O'Reilly 799)—that is, motherhood as defined by the kibbutz—by rejecting the profession of childcare giver for themselves, just as we resisted by refusing to return our children to the children's houses after the Gulf War. Occasionally mothers of my daughter's generation express a desire for the system of their childhood that they perceive to have been supportive, but to quote my daughter, who is an exemplary mother of three: "I had a wonderful childhood—but I would never raise my children that way." And in abandoning collective childrearing practices, albeit resisting all the way, it is clear the kibbutz agrees with her.

What remains central to this investigation is that regardless of how they might have felt about the communal system at the time, all the mothers I spoke to affirm an unambiguous sense of identity as their children's mother, which shows how "women's own experiences of mothering can … be a source of power"(O'Reilly794). As M told me at the end our interview, "I was a mother before, a mother after, and I am still a mother." As am I.

Appendix A

Questions and Prompts during Interviews with Mothers
Pre-1991
1. How were you raised on the kibbutz, collectively, or in a nuclear family setting?
2. How many children do you have? How many did you raise in the collective education format—that is, your children slept in children's houses? How many did you raise at home?
3. What did you think becoming a mother would be like? How did you feel about it?
4. How did you feel about having your baby/child sleep in the children's house before you had the baby?
5. What do you remember feeling after you gave birth? Did your feelings change? Please explain.
6. How old was your baby when it went to sleep in the baby house? Do you feel that your bonding with your baby was affected by this? How?
7. What, if anything, do you remember about the first night your baby was not sleeping at home?
8. What was the most positive aspect of the collective childrearing arrangements for you? Did your opinion change over time? How?
9. What was the most difficult aspect of the collective childrearing arrangements for you? Did your opinion change over time? How?
10. If you raised more than one child in the collective education format, was there a difference in your experience with subsequent children? Please explain.
11. There was a time when parents were requested to take turns sleeping in the kindergartens to assuage the developmental night fears of children aged three to six. How did you feel about this?
12. Did your child ever express a desire to sleep at home and/or have difficulties saying good night and letting you leave him or her? If so, how did you respond to this? How did you feel about it?

For metaplot:
13. How did you view your role in the raising of the children in your care? How did you view the child's mother?

14. Did anything about this perception change after 1991, once children began sleeping at their parents' home? Please explain.

For mothers:
15. How did you view the role of your child's metaplet in the raising of your children? How did you view yourself?
16. Did anything about this perception change after 1991, once children began sleeping at their parents' home? Please explain.

Post–1991
1. When your children moved home in 1991, how did you feel about the new arrangements?
2. What was the most positive aspect of the home-sleeping arrangements for you? Did your opinion change over time? If so, how?
3. What was the most difficult aspect of the home-sleeping arrangements for you? Did your opinion change over time? If so, how?
4. Did having your children move home influence the way you feel/felt about the collective childrearing system? Please explain.
5. Have you discussed the collective child-rearing system with your adult children? If so, why did you do so? If not, why not?
6. If you have discussed this subject with your children, what were their responses? How did you feel about those responses?
7. If you have daughters, are any of them mothers? If so, did this influence how they responded? Please explain.
8. When you think of yourself as a mother, does the fact of that you raised some of your children in the communal kibbutz system influence your view of what kind of mother you were/are? Please explain.
9. Is there anything else you would like to add?

Endnotes

[1]In 2012 Katharine Mayer analyzed mothering identities in popular discourse, and she specifically identifies "two dominant mothering categories, the stay at home mother … and the working mother. … roles that exist in a dichotomy" (11). The kibbutz theoretically eradicated that dichotomy in the structure of communal education, but since women were the mainstay of childcare, this issue was merely hiding in plain sight.
[2]When President Bush attacked Baghdad in 1991 for its invasion of Kuwait, Iraq retaliated by firing SCUD missiles at Israel. Israel declared a state of war; gas masks were distributed to all citizens from infants to the elderly, who were expected to stay in shelters during attacks. Kibbutzim with communal sleeping

arrangements sent all the children home to sleep during this time. "The Gulf War" lasted from mid-January till the end of February 1991.

[3]On the kibbutz under discussion mothers were required to work for a year in education, usually in the children's houses, after giving birth. I refer here to women who worked professionally as caregivers.

[4]I will note here that not all the women I approached agreed to talk to me. Later, in informal conversation, it came up that they considered themselves bad mothers, or their children had expressed anger toward them directly related to communal sleeping. One confessed that her adult daughter said she was not "there for her." Another explained she would not have been "a good subject" for me because she was not a successful mother.

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NATALIE JOLLY

Envisioning Mothers

Visualizations and the Invisibility of Motherhood

Women in the U.S. and Canada pay a substantial social and economic penalty for becoming mothers. And though the existence of a "motherhood penalty" has been extensively demonstrated, motherhood itself has not been widely recognized as a marginalized identity. In this article, I review several popular visualizations (graphical representations, imagery, infographics, etc.) used to depict inequality and oppression to propose that—despite mothers paying a motherhood penalty—motherhood remains an invisible category in current representations of social inequity. I suggest that by subsuming mothers under the category of "women," current visualizations obscure how gender discrimination (particularly economic discrimination) results from women's status as "mothers" rather than their status as "women." As a result, we miss the central role that motherhood plays in women's social and economic oppression. Motherhood is rarely recognized as an identity that contributes to women's inequality, and I argue here that this is partially due to its invisibility in popular visualizations of oppression. As a result, I argue that motherhood should appear as an analytic category in our popular visualization of oppression to increase its visibility as a marginalized identity. Such visibility would increase social justice activism around issues of motherhood and would raise public awareness of motherhood as a significant social identity within the context of oppression and inequality.

> "Why then is maternity not understood to be a subject position and, hence, not theorized as with other subject positions in terms of the intersectionality of gendered oppression and resistance?" (O'Reilly 6).

In this article, I explore the ways in which motherhood, as an identity category,

has generally been overlooked in visualizations (graphical representations, imagery, infographics, etc.) of inequality and oppression. Specifically, I consider several popular graphics that visualize conventional wisdom regarding social and economic inequality. I argue that these depictions subsume motherhood into the larger category of gender and in doing so obscure the material ways that gender discrimination (particularly economic discrimination) happens as a result of women's status as mothers. I begin with a review of the literature on the motherhood wage penalty to demonstrate why it is motherhood—not necessarily gender—that largely explains the income inequality women face. I then consider the broader social consequences of the precarious economic situation that mothers face as a result of wage inequality. I review the recent research on the causal relationship between motherhood and poverty to suggest that motherhood should occupy a more visible position in our understanding of social and economic inequality. Finally, I argue that motherhood should appear as an analytic category in popular visualizations of oppression to increase its visibility as a marginalized identity. Doing so would not only increase social justice activism around issues of motherhood but would also foster opportunities for more public recognition of what has, for too long, been seen as an individual rather than a social inequality.

A Picture Is Worth a Thousand Words

Visualizations have become a popular way to rapidly communicate complex information (Gallicano). Visual representations of information can tell a story that would otherwise remain convoluted and can increase comprehension of complex material (Brigham). As a result, graphics that visualize social and economic inequality for a general audience have become more frequent. Figures A, B, and C below represent a sample of these visualizations, which generally include categories such as race, class, sexuality, age, ability, nationality, and sometimes a variety of others to draw attention to the ways that social identities manifest as social and economic inequality. These visualizations have been useful in drawing attention to the ways that inequality operates in Western society and in demonstrating how social identities can intersect in ways that exacerbate social oppression. As a result, they have become widely used as a resource both in educational endeavours and in social justice activism.

   Although the intention of these graphics is to simplify, they can sometimes obscure compelling data points (Brigham). Such is the case with the popular imagery used to denote social and economic inequality, whereby gender is noted as a singular social category of either privilege (if you are male or a man) or oppression (if you are female or a woman). I argue that this categorization misses a key aspect of women's oppression, namely the economic and social
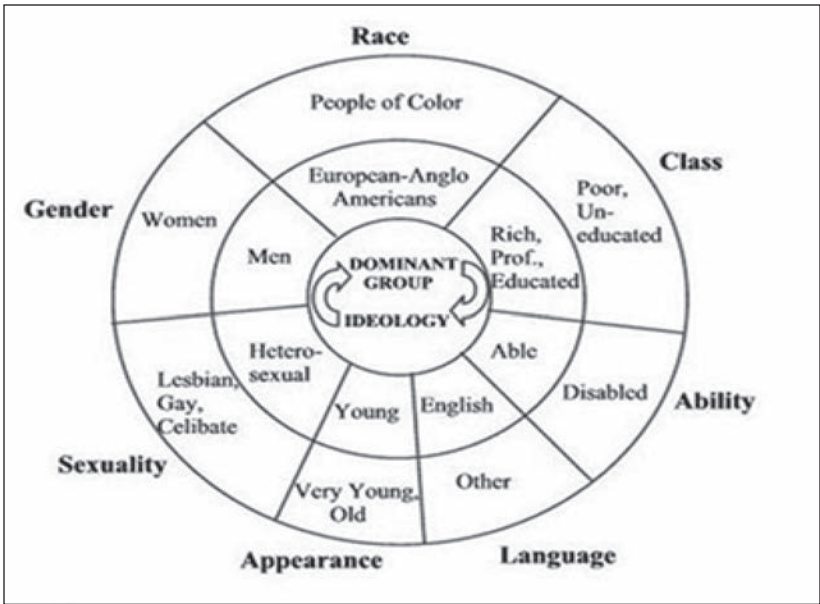
Figure A
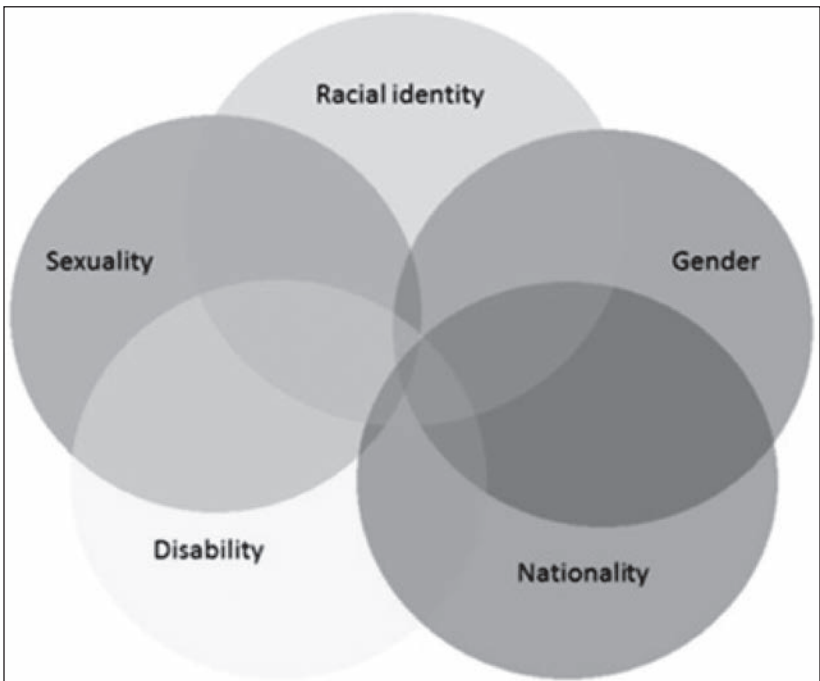
Figure B

Figure C

inequality associated with motherhood. Furthermore, it masks the economic and social benefits that attend fatherhood and renders parental status invisible in the nexus of oppression. As I explore below, much of the economic inequality (and subsequent social vulnerability) women face is connected to their status as mothers, not solely to their status as women.

The Cost of Motherhood

Scholarship in sociology and economics has been unequivocal when it comes to the role of parenthood during employment: mothers pay a penalty and fathers reap a bonus (Hegewisch and Hartmann; Misra and Murray-Close; Viitanen; Zhang, "Earnings of Women," "Can Motherhood"). Progress has been made, and there exists a declining significance of gender over time; in the United States, a woman working fulltime earned 60 percent of what her male colleague earned in 1960, and earned 77 percent of what he earned in 2009 (Hegewisch and Hartmann). In Canada, women have made even greater gains, with the gap between women's and men's wages narrowing to just 17 percent (Zhang, "Can Motherhood"). Research suggests that despite the tendency to use gender to explain this ongoing gap in earnings, the difference in earnings can be better explained by parental status. Economic data

suggest that a significant difference in earnings exits between women with children and women without children across all cohorts and over a woman's entire lifecycle, and those differences persist even thirty years after entering motherhood (Viitanen).

Disagreement exists over the exact amount of wage gap experienced by mothers. Estimates range from less than 10 percent lower wages for mothers (as compared to women with no children) to upwards of 33 percent lower wages for mothers, depending on the country under analysis and the estimating sample (Viitanen). Research on Canadian mothers has demonstrated earnings differences close to 40 percent in the year of childbirth and 30 percent in the first postchildbirth year (Zhang, "Can Motherhood"). Moreover, Xuelin Zhang found that earning difference persisted over a number of postchildbirth years, and "from the second to the ninth postchildbirth years, the annual earnings differences between mothers and the comparison group ranged from 5 percent to 10 percent, with the lower earning penalties occurring in the years farther away after childbirth" ("Can Motherhood" 1678). Similar penalties have been shown in the United States where "mothers appear to alter employment hours, job traits, and tenure in ways similar to fathers (whose wages increase) [yet] mothers experience a substantial wage penalty, whether or not they are married" (Misra and Murray-Close 1286). Much of this research further acknowledges that existing data is often constrained in ways that dampen the true earnings penalties and longer period of earning recovery that most mothers likely encounter (Zhang, "Can Motherhood"). As a result, it is clear that mothers face a pervasive wage penalty.

The wage gap is explicitly tied to childbearing. Joya Misra and Marta Murray-Close found that "While wages among childless men and childless women have been converging, mothers earn substantially less than childless women, while fathers earn somewhat more than childless men" (1286). This was particularly true for white, married men in professional or managerial jobs, whom they show receive the largest fatherhood bonus, and for white women, whom they argue face a larger penalty for motherhood than all other minority groups in the U.S. (1287). Research suggests that mothers are less likely to be hired, are offered lower salaries if they are presented with the job, and are less likely to be evaluated as competent when compared to their childless female counterparts (Correll et al.). Shelley Correll et al. also show that childless women were offered nearly an 8 percent higher salary, and fathers were offered a salary that was 8.6 percent higher than mothers (1333). And finally, mothers are about half as likely as their childless counterparts to even be called back for an interview, which suggests that on a variety of measures, employers tend to see mothers as less desirable employees when compared to childless women and men (with or without children) (Correll et al.).

Motherhood, Poverty, and Social Vulnerability

These data demonstrate that women who become mothers face a set of assumptions that implicitly discount their ability to be both workers and mothers; these assumptions have material consequences for the economic viability of mothers. Motherhood is also costly, both during those first few years of reduced wages and in the subsequent years when those costs continue to compound. The ongoing economic cost of motherhood not only diminishes what a mother is able to earn over her lifetime but also increases her risk of poverty. The "pauperization of motherhood" describes the mechanisms by which parenthood increasingly leaves mothers poorer than fathers (Folbre). In fact, single motherhood is the primary cause of women's persistently high rate of poverty, particularly in countries like the U.S. where an ineffective welfare state does little to compensate mothers for their unpaid work or to facilitate their employment (Christopher). In the U.S., a family headed by a single female faced a poverty risk of 10 percentage points higher than that of male-headed families without a spouse present (Gradín). Such risks are exacerbated for mothers of color, who are more likely (45 percent) to live in a female-headed family without a spouse present than their white counterparts (20 percent) (Gradín). In Canada, single mothers are 2.33 times as likely as their single-father counterparts to live below the poverty line (Christopher et al.). In all developed countries, single mothers are at least five times as likely as married nonparents to live in poverty, and married parents are significantly more likely than married nonparents to live in poverty (Christopher et al.).

Thus the economic costs mothers incur make them more susceptible to poverty and place them in an ongoing position of social and economic vulnerability. Yet despite the substantial economic data to suggest that women face systemic inequality, there exists the pervasive assumption that most mothers occupy a precarious economic position because of the personal choices that they have made. Many people assume that mothers have chosen to reduce hours and/or work part time, have disrupted their time in the labour force with an extended maternity leave, or have moved from the private sector to the public sector to increase job flexibility. Controlling for these factors does not ameliorate the motherhood wage penalty (Zhang, "Earnings of Women"). In developed countries such as the U.S. and Canada, the motherhood pay gap results in mothers facing a systemic social inequality that cannot be explained by the individual choices that mothers make. Relying on such explanations obscures the structural ways that inequality operates to penalize women who become mothers, and implies that their compromised economic situation is the result of personal choice rather than the consequence of social and economic inequality.

Emblematic of this individualist rationale for mothers' economic plight is the *Lean In* doctrine popularized by Sheryl Sandberg, COO of Facebook, in her popular book *Lean In: Women, Work and Will to Lead*. Sandberg encourages women interested to become mothers to focus on the "internal obstacles" (9) that hold them back—a modern-day female Horatio Alger peddling a comforting return to individual responsibility to solve social inequality (60). Such focus reinforces the popular assumption that the motherhood wage penalty results from the individual decisions women make about their reproduction and their employment, and that by "leaning in" women can remedy deeply entrenched patterns of social and economic inequity. The widespread acceptance of this as conventional wisdom has caused motherhood to remain largely invisible within the metrics of social oppression. As a result, motherhood remains subsumed under the larger category of gender inequality, rendering it unseen and largely overlooked as a significant social category in its own right.

Visualizations and the Ideological Limits They Impose

Visualizations impose ideological constraints on our socio-cultural world that have material consequences for how we move through that world (Kelley, "The Emergent," "Urban Experience"). Imagery that collapses the social and economic inequality of motherhood into the larger category of gender renders motherhood invisible. It implies that mothers as a class are not easily recognized as facing oppression as a result of their status as mothers. Within the framework of conventional social justice activism as it is commonly depicted (see Figures D and E), motherhood never appears as an analytic category. Certainly the category "woman" or "female" is a close approximation, since four out of five women will give birth in their lifetime (Livingston and Cohn). But such imprecision means that motherhood does not enter the parlance of our time and does not come to constitute our sociocultural imaginary; mothers are not recognized as oppressed. Thus, motherhood is overlooked as a subjugated status, as a social liability, and as an outsider identity.

If motherhood remains invisible in the imagery used to visualize oppression and inequality, there is little hope for gaining traction to remedy the specific issues facing mothers within the larger project of social justice activism. Graphics such as Figures A through E show up in textbooks, on websites, and in the popular media, and their uniformity normalizes a particular framework for thinking about, talking about, and evaluating social problems. The invisibility of motherhood means that it is rarely featured as a central category within mainstream social justice activism and, indeed, seldom plays a primary role within gender-based activism. Motherhood scholars have observed a striking
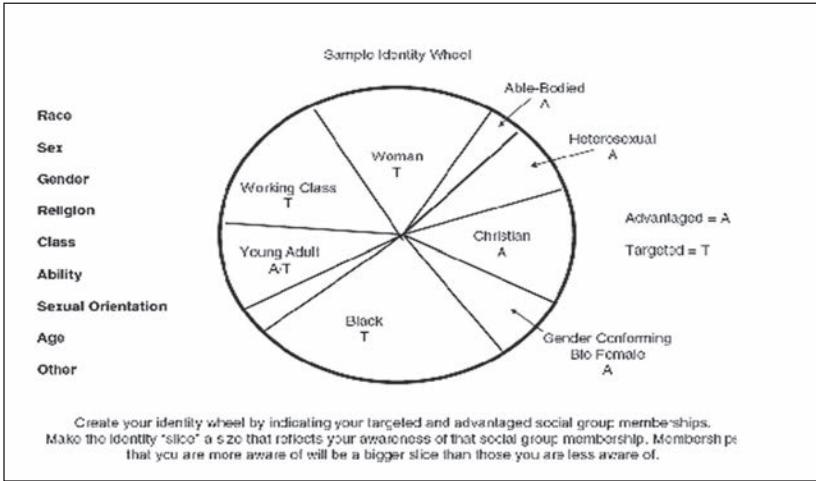
Figure D

Figure E

disconnect between the minimal representation of childbirth and motherhood in feminism and feminist activism, and the more central role that birth and motherhood plays in the actual lives of most women (Rich; Ruddick; Kawash; O'Reilly). Visualizations matter: they shape the way we see the world and how we go about changing it. We cannot expect to address the social and economic inequality facing mothers if we never learn to identify mothers as an oppressed class.

Because we have such little fluency with motherhood as a category of op-
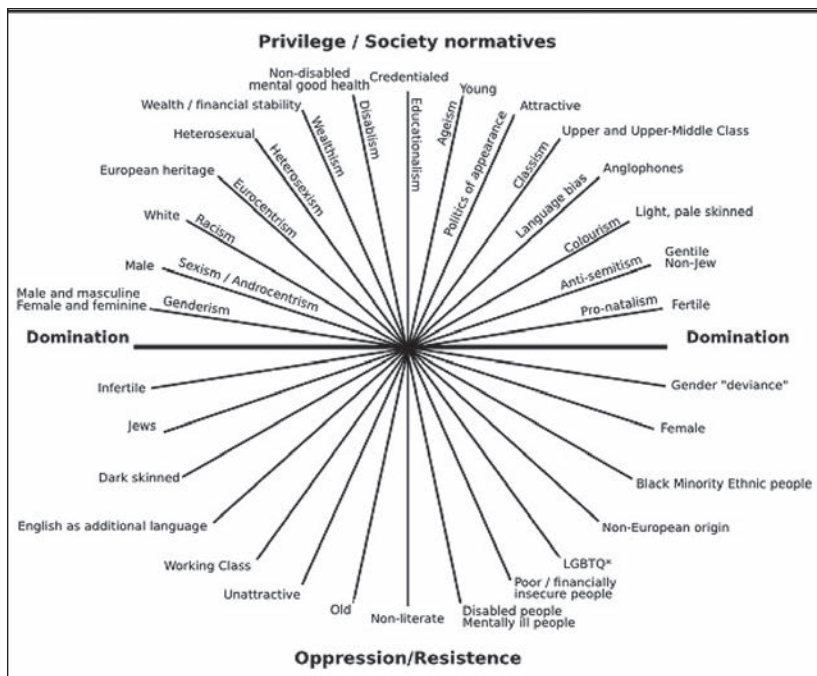
Figure F

pression, we risk mischaracterizing it when it does surface. Figure F depicts yet another popular visualization of privilege-oppression, one in which being fertile is labelled a privilege and being infertile is labelled an oppression. Critiquing this representation is not to dismiss the social sanctions women may incur for not having children (Whiteford and Gonzalez), nor is it to reduce the emotional devastation women may experience with regard to infertility (Cousineau and Domar). Yet the data I present above clearly argues that it is childless women (whether childless by choice or not) who are most likely to enjoy the high economic parity and least likely to slip below the poverty line. Indeed a woman's fertility does not grant her a privileged status, despite the saccharin depictions of motherhood that permeate our pro-natal society. Instead, a woman's successful fertility—her status as a mother in western society—exacts a profound social and economic toll that relegates her to a subjugated position, and this remains overlooked precisely because of motherhood's invisibility in these matrices.

Our averted gaze means that we have little in the way of critical analytic language to discuss the social and economic inequality mothers face: there is no "-ism" for the systemic inequity mothers encounter. Figures G and H offer a linguistic taxonomy of social inequality and include concepts such as
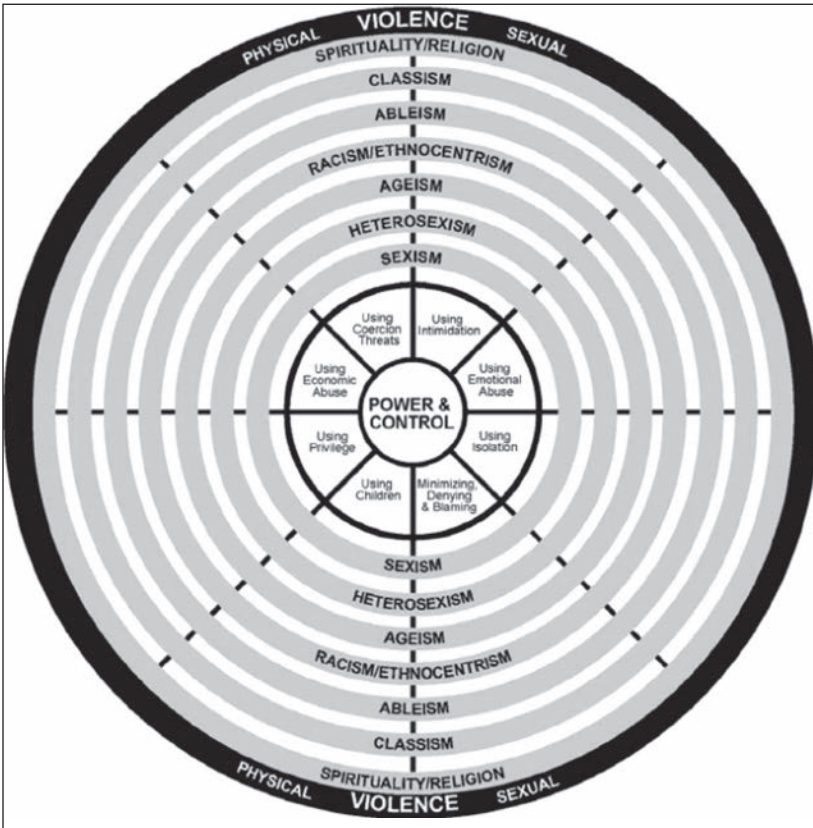
Figure G

racism, sexism, transgender oppression, heterosexism, classism, ableism, religious oppression, ageism/adultism. This inability to precisely articulate mothers' oppression within the existing taxonomy of oppression further exacerbates the tendency to see motherhood discrimination as an individual problem rather than a social one. And because the central role that motherhood plays in women's social and economic oppression remains largely invisible—motherhood is not understood in terms of intersection theory. Social awareness about how motherhood intersects with other social categories—specifically social class, race, and sexuality—remains low, both in the academy and in the wider public. Such invisibility has caused researchers to ponder why then is maternity not understood to be a subject position and, hence, not theorized as with other subject positions in terms of the intersectionality of gendered oppression and resistance? Why do we not recognize mothers' specific perspectives as we do for other women, whether they are queer, working class, radicalized and so forth? Why do mothers and mothering not count or matter (O'Reilly 6)?

Matrix of Oppression

Social Identity Categories	Privileged Social Groups	Border Social Groups ⟷	Targeted Social Groups	Ism
Race	White People	Biracial People (White/Latino, Black, Asian)	Asian, Black, Latino, Native People	Racism
Sex	Bio Men	Transsexual, Intersex People	Bio Women	Sexism
Gender	Gender Conforming Bio Men And Women	Gender Ambiguous Bio Men and Women	Transgender, Genderqueer, Intersex People	Transgender Oppression
Sexual Orientation	Heterosexual People	Bisexual People	Lesbians, Gay Men	Heterosexism
Class	Rich, Upper Class People	Middle Class People	Working Class, Poor People	Classism
Ability/Disability	Temporarily Abled-Bodied People	People with Temporary Disabilities	People with Disabilities	Ableism
Religion	Protestants	Roman Catholic (historically)	Jews, Muslims, Hindus	Religious Oppression
Age	Adults	Young Adults	Elders, Young People	Ageism/Adultism

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Figure H

Making Motherhood Matter

Making motherhood matter is not a mere academic exercise; it has the potential to transform the current social and economic landscape. Social change directed at the social and economic conditions that increase mothers' vulnerability is well within the realm of the possible. We already know that the motherhood pay gap is not inevitable and that "nations differ greatly in how parent-friendly and woman-friendly labor markets and welfare states are, so gender inequality and poverty is much lower in some nations than in others" (Christopher et al. 231). An increase in the visibility of motherhood as a subjugated position would mean that activism around motherhood would be seen to align with other aspects of social justice activism. Activism around poverty may tie campaigns for minimum wage to campaigns for wage equality for mothers and subsidized childcare (Bäckman). Activism addressing racial inequality may incorporate activism around black women's higher rate of maternal mortality (Howell).
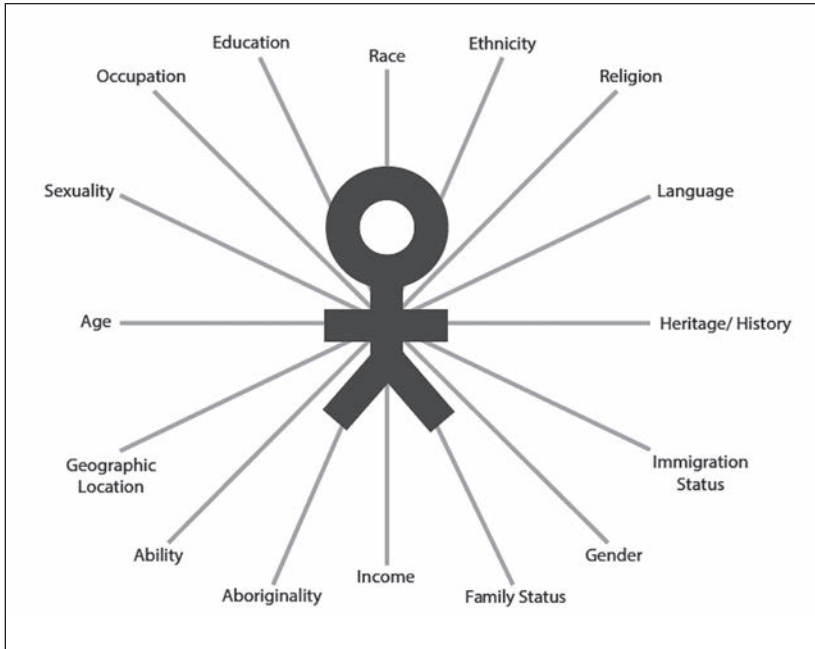
Figure I

The growing interest in sexuality might fuel feminist inquiry into the ways that pregnancy and childbirth are increasingly sexualized (Jolly, "Sexy Birth"). Motherhood status may one day become a valued category in demonstrating workplace diversity; will companies one day tout the number of mothers who work in their C-suites rather than the number of women who work there? That activism around motherhood has the potential to align with many of the social movements going on today is not surprising. What is surprising is that it largely has not, precisely because motherhood remains invisible as a social category.

When creating a compelling visual, Tiffany Derville Gallicano advises that "It's best to prune data based on the story that you want to tell…. That doesn't mean you're spinning something … it's just that you've chosen which elements of the narrative you're trying to punch up" (17). I have argued here that motherhood is a social category that deserves to be "punched up." Figure I[1] depicts the only graphic I was able to find in multiple Google image searches that includes "family status" as an indicator of social privilege or oppression. And while "family status" may still obscure our ability to recognize mothers as an oppressed class (as it may actually refer to marital status or co-habitation), it nonetheless suggests that motherhood has a place at the table.

A focus on motherhood is not meant to reduce women to the reproductive capacity of their bodies, but instead to reveal the central role that mothering

plays in many women's lives (Jolly, "Birthing"). The majority of women will become mothers and, as a result, will face ongoing social and economic consequences that will follow them across their lifespan. Mothers remain invisible within the matrix of oppression, and, thus, motherhood is rarely recognized as a component of social inequity. Visualizing motherhood as a category of social oppression has the potential to sensitize us to not only the inequality that mothers face but also the intersectional nature of motherhood. Because of this, motherhood has the potential to be a rich seam that calls out for fresh scholarly excavation. Motherhood scholars have long mined this terrain, but the time has come for other social justice scholars to join us in the dig.

Endnotes

[1]Fig. A graphic from Ferber et al.
[2]Fig. B graphic from Day of the Girl.
[3]Fig. C graphic from All Booked Up.
[4]The graphics analyzed throughout this article were those that appeared most frequently during Google image searches for terms such as "intersectional identity" and "intersectional identity privilege."
[5]Fig. D graphic from Andrew Joseph Pegoda.
[6]Fig. E graphic from Erica Stout, AAUW Diversity and Inclusion Tool Kit.
[7]O'Reilly finds that the percentage of motherhood content in women studies conferences, journals, textbooks, and syllabi range from less than 1 percent to just under 4 percent.
[8]Fig. F graphic from http://unitevamag.com/connect/checking-your-own-privilege/ Adapted from Kathryn Pauly Morgan.
[9]Fig. G graphic from Maurianne Adams.
[0]Fig. H graphic from "Wheels."
[1]Fig. I graphic from "Our Research Approach."

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ANDREA O'REILLY

"All Those Years, I Kept Him Safe"

Maternal Practice as Redemption and Resistance in Emma Donoghue's *Room*

Philosopher Sara Ruddick argues in Maternal Thinking *that maternal practice is characterized by three demands: preservation, growth, and social acceptance. "To be a mother," Ruddick argues, "is to be committed to meeting these demands by works of preservative love, nurturance, and training" (17). The first duty of mothers is to protect and preserve their children: "to keep safe whatever is vulnerable and valuable in a child" (80). The second demand requires mothers to nurture the child's emotional and intellectual growth. The third demand of training and social acceptability of children, Ruddick emphasizes, "is made not by children's needs but by the social groups of which a mother is a member. Social groups require that mothers shape their children's growth in 'acceptable' ways. What counts as acceptable varies enormously within and among groups and cultures" (21). The article examines how the mother in the novel* Room *performs the three demands of maternal practice in both captivity and freedom. It considers how her strategies of preservation and care—in particular keeping her son with her in Room, her close bond with her son, and her act of extended breastfeeding—are reconstructed as bad mothering upon freedom as the first strategy is read as maternal selfishness and the second two are read as violations of social acceptability, particularly for a male child. The article argues that only when the mother reclaims the maternal authenticity of her maternal practice in Room can she and her son reclaim their connection and achieve healing.*

In a 2010 interview Emily Donoghue comments "*Room* is a universal story of parenthood and childhood, and in Jack and Ma's relationship I wanted to dramatise the full range of extraordinary emotions parents and children feel for each other: to put mothering in a weird spotlight and test it to its

limits" ("On *Room*"). In another interview, she elaborates "I tried to take the common or garden experience of parenting and just by isolating it under a spotlight, I tried to bring out the true, crazy drama of parenting" ("In Donoghue's *Room*"). The novel *Room*, to use Donoghue's words, seeks to examine "an extraordinary act of motherhood" (Ue) through what she terms "a defamiliarisation of ordinary parenthood" (Crown). By using feminist philosopher Sara Ruddick's theory of maternal practice, this article will explore how Donoghue, in making the commonness of motherhood extraordinary, positions Ma's mothering as both redemptive and resistant. More specifically, the article will analyze Ma's performance of the three demands of maternal practice as theorized by Ruddick, in both captivity and freedom, and consider how her strategies of preservation and care—in particular her commitment to keep her son with her in Room, her close bond with her son and her act of extended breastfeeding—are reconstructed as bad mothering upon her escape as the first option is read as maternal selfishness and the latter two are read as violations of social acceptability, particularly for a male child. The paper argues that only when Ma reclaims what Ruddick terms the maternal authenticity of her maternal practice, is she and Jake able to reclaim their connection and achieve healing.

Sara Ruddick argues that maternal practice is characterized by three demands: preservation, growth, and social acceptance. "To be a mother," continues Ruddick, "is to be committed to meeting these demands by works of preservative love, nurturance, and training" (17). The first duty of mothers is to protect and preserve their children: "to keep safe whatever is vulnerable and valuable in a child" (80). "Preserving the lives of children," Ruddick writes, "is the central constitutive, invariant aim of maternal practice: the commitment to achieving that aim is the constitutive maternal act" (19). "To be committed to meeting children's demand for preservation," Ruddick elaborates, "does not require enthusiasm or even love; it simply means to see vulnerability and to respond to it with care rather than abuse, indifference, or flight" (19). "The demand to preserve a child's life is quickly supplemented," Ruddick continues, "by the second demand, to nurture its emotional and intellectual growth" (19). Ruddick explains:

> To foster growth … is to sponsor or nurture a child's unfolding, expanding material spirit. Children demand this nurturance because their development is complex, gradual, and subject to distinctive kinds of distortion or inhibition.… Children's emotional, cognitive, sexual, and social development is sufficiently complex to demand nurturance; this demand is an aspect of maternal work … and it structures maternal thinking. (83)

The third demand of maternal practice is training and social acceptability of children:

> [The demand] is made not by children's needs but by the social groups of which a mother is a member. Social groups require that mothers shape their children's growth in "acceptable" ways. What counts as acceptable varies enormously within and among groups and cultures. The demand for acceptability, however, does not vary, nor does there seem to be much dissent from the belief that children cannot "naturally" develop in socially correct ways but must be "trained." I use the neutral, though somewhat harsh, term "training" to underline a mother's active aims to make her children "acceptable." Her training strategies may be persuasive, manipulative, educative, abusive, seductive, or respectful and are typically a mix of most of these. (21)

"In any mother's day," as Ruddick notes, "the demands of preservation, growth and acceptability are intertwined. Yet a reflective mother, she continues, "can separately identify each demand, partly because they are often in conflict" (23).

The demands of maternal practice—preservation, nurturance and training—are fully enacted and accomplished by Ma, despite her confinement in Room. Ma is, as Emma Donoghue remarks, "a young resourceful mother. She really civilizes and humanizes Jack; he's not a feral child. She passes on her cultural knowledge to him, from religion to tooth-brushing to rules" (Wyrick). Indeed, throughout their five years of captivity, Ma commits to the preservation, nurturance, and training of Jack. She sets time limits on television viewing (11), ensures that Jack gets physical exercise (15), and teaches him reading, spelling, and math through both play (measuring the room, cards, and games) and lessons. She also disciplines and nurtures Jack to foster his social and emotional development. In an interview when Ma is asked about Jack and his childhood in captivity, she explains: "He's just spent his first five years in a strange place, that's all. It wasn't an ordeal to Jack, it was just how things were" (236). However, it is with the first duty of protection and preservation that Ma most fervently enacts maternal practice. It was, as Ma explains later in her media interview, "all about keeping Jack safe" (233). When Ma gives birth to Jack she does not let Old Nick into Room after he refused to help when her first baby died in childbirth. With the birth of Jack, as she explains, "I was ready, this time I wanted it be just me and you" (206). For his first five years in captivity, Jack only sees Old Nick "through the slats (of the wardrobe) some nights but never all of him close up" (26). One night when Jack leaves the wardrobe not knowing Old Nick is in Room and when Old Nick, upon seeing Jack says "Hey sonny" Ma, Jack tells us, "is louder than I ever heard her

even during Scream 'Get away, get away from him!'" (74). When Jack is back in the wardrobe, he hears Ma say to Old Nick, "I can be quiet. You know how quiet I can be, so long as you leave him alone. It's all I've ever asked" (74). Later when the interviewer asks Ma "You must feel an almost pathological need—understandably—to stand guard between your son and the world?" Ma responds with a snarl "Yeah, it's called being a mother" (236). And earlier in the same interview Ma explains "All I did was I survived, and I did a pretty good job of raising Jack. A good enough job" (235). Indeed, as Ma says to Dr. Kendrick, "All those years, I kept him safe" (167).

However, the methods used by Ma in her maternal practice to provide this comfort and security to Jack are then questioned and criticized by characters in, and readers of, the novel, which include Ma's extended breastfeeding of Jack and her close relationship with him. The novel opens with Ma breast-feeding Jack on his fifth birthday, and although Ma suggests that "Maybe we could skip it once in a while, now you're five," Jack responds, "No way Jose" and "[they lie] down on the white of Duvet and [Jack has] lots" (6). Although Ma's breastfeeding of Jack has been commented on in reviews of the novel, commentators have not considered how breastfeeding in the novel functions specifically as an act of both nurturance and preservation. Ma nurses to console and calm Jack when he is distressed or troubled—when he is disturbed by the marks on Ma's neck from Old Nick (56); when he cannot fall asleep after one of Old Nick's visits (66); when he becomes upset as Ma seeks to describe the outside world (85); and when Ma explains their plan to escape and she assures him that he has the superpowers to do it (105, 109). Along with emotional nurturance, breastfeeding also aids and sustains Jack's physical wellbeing. In captivity, the nutritious foods, sunshine, and physical exercise required for a child's health are not available, nor are medicine and doctors. Indeed, Ma's extended breastfeeding, and the nutrients that it provides, has kept Jack healthy throughout his years in captivity; it is a remarkable achievement for a child to have never become ill in their first five years of life. Ma breastfeeds Jack because in captivity that is how she can fulfill the necessary work of nurturance and preservation required for her son's physical survival and emotional wellbeing. So later in the text when her mother asks "You don't mean to say you're still ----" Ma responds before the question is complete and answers, "There was no reason to stop" (215). However, following their escape, Ma's breastfeeding of Jack is seen not as a commendable strategy of emotional and physical care but as a violation of appropriate mothering. Ma initially seeks to counter and contest this interpretation of her breastfeeding. She challenges, for example, a police officer by asking the police Captain, "Is there a problem? ... Then why is she staring at us? …. I'm nursing my son, Is that OK with you, lady?" (161). Later, when the interviewer says, "You breastfed him. In fact, this may startle

some of our viewers, I understand you still do?", Ma responds with a laugh: "In this whole story, that's the shocking detail?" (233). For Ma, breastfeeding her son Jack was the right and appropriate thing to do, but only at the conclusion of the novel, as will be discussed below, can Ma reclaim this act of preservative love from the judgment of others. Until then, in the words of Jack, "In Outside, they don't know about having some, it's a secret" (161).

As Ma's extended breastfeeding is viewed with suspicion, if not outright hostility, by characters and readers alike so too is the close and intimate relationship of Ma and Jack, particularly because he is a male child. In her article, "'Room' is the 'Crash' of Feminism," Sarah Blackwood writes "the metaphor of room/womb … tracks our culture's rose tinted view of the mother/infant bond, while allowing readers the satisfaction of judging the perversity of that bond when it … inches into the excessive" (2). Once outside Room, Blackwood continues "Ma shrivels … because she is no longer the sole nourisher of her son [while] Jack must peel himself from a Ma who can't stop taking baths with him" (2). Although Blackwood concedes that the novel is empathetic to the bond's importance, she goes on to assert "that [the depiction of their bond is] ultimately just reproductive of tired gendered messages about motherly sacrifice and childish narcissism" (2). Confined together in a eleven by eleven foot room for five years together, Jack and Ma's Room may be read metaphorically as a womb to represent, in Blackwood's words "the deep primal bond between mother and child"(2). However, I argue that this bond is not pathological or even restrictive as Blackwood argues, but it is rather a redemptive space and one that creates a reciprocal connection of empowerment for both mother and son.

There are many examples, both in captivity and freedom, of Ma and Jack's symbiotic identification and connection. Thinking about the spider web he has not told his mother about, Jack comments: "It's weird to have something that's mine-not-Ma's. Everything else is both of ours" (10). When Ma tells Jack her name for first time, Jack says "My tummy hurts, I don't like her to have other names that I never even knowed" (117). During his escape, Jack cannot speak because, as he explains "*Ma, Ma, I need you for talking*. She's not in my head anymore" (142, emphasis in original). Later the doctor asks Jack, "'Do you know who you belong to?' and he answers 'yourself.' Jack thinks 'He's wrong, actually, I belong to Ma'" (209). And when Ma asks Jack to be gentle with her present from Paul, her brother, Jack reflects, "I didn't know it was hers-not-mine. In Room everything was ours" (220). However, although Jack and Ma are certainly closely connected, their bond, as portrayed in the novel, is neither disparaged as Blackwood suggests nor is it as romanticized as conveyed by the media coverage in the novel, in which Ma is described as "an angel, a talisman of goodness" (233). As Donoghue comments, "Lots of people have called the book a celebration of mother-child love, but it's really

more of an interrogation. I never had Ma and Jack say 'I love you.' I wanted to conjure up that love but not have big soppy pools of it lying around. Love is what is saving them both, yes, but there are problems to it" (Crown).

Indeed, there are several scenes of disagreements between mother and son in both captivity and freedom. Jack, for example, remembers the three fights they had over three days: "one about the candles and one about Mouse and one about Lucky" (42). One time, Jack remarks, "I wish we got those special boxing gloves for Sundaytreat so I'd be allowed to hit her" (115). However, I argue that it is ultimately and precisely their trust in and familiarity of each other that enables them to plan and execute their successful escape. Ma knows and trusts that Jack can hide in and free himself from Rug because of her confidence and trust in him. Their bond gives them the courage and strength to escape and, ultimately, as will be discussed later, to survive and thrive in freedom. Moreover, as Jack and Ma's connection is reciprocal in the agency it affords each of them, this reciprocity still allows for Ma's authority as mother. As Ma roars to Jack, "I'm your mother. That means sometimes I have to choose for both of us" (115). Ma also asserts, "I brought you here, and tonight I'm going to get you out" (128).

However, the intimacy of their connection becomes pathologized in freedom by characters and readers alike, particularly because Jack is a male child. The assumption in patriarchal culture is that boys, as scripted by the Freudian Oedipal scenario, must gradually withdraw and distance themselves from their mothers as they grow into manhood. A close and caring relationship between a mother and a son is pathologized as aberrant, whereas a relationship structured upon separation is naturalized as the real and normal way to experience mother-son attachment. Olga Silverstein and Beth Rashbaum explain:

> [Our culture believes] that a male child must be removed from his mother's influence in order to escape the contamination of a close relationship with her. The love of a mother—both the son's love for her, and hers for him—is believed to "feminize" a boy, to make him soft, weak, dependent, homebound … only through renunciation of the loving mother, and identification with the aggressor father, does the … boy become a man. (11)

Thus, the central and organizing premise of patriarchally mandated mother-son separation is that separation is both natural and good for our sons. In other words, Western culture sees mother-son separation as both inevitable and desirable.

In *Room*, Jack's long hair is read as a symbol of this femininization, which his close relationship with Ma has engendered. Jack's long hair causes people

to think he is a girl as when the man asks Old Nick "Is your little girl OK? (141). Later when Jack is in the mall with Uncle Paul, a woman asks if Jack is his daughter because of "[his] long hair and Dora bag" (244). According to critics, such as Blackwood, who regard mother and son intimacy as emasculating to sons, Jack thus must, in her words, "cut the hair that feminized him and kept him tied to his mother like an umbilical cord" (2). However, I argue that their closeness is not problematic; rather, how the outside world misreads their connection as restrictive and ruinous *is* problematic, especially since for the two of them, it is both redemptive and resistant.

The third and final that way that both characters and readers misconstrue Ma's maternal practice as deleterious and damaging to Jack is in their interpretation of Ma's decision to keep Jack with her in Room as a selfish and an irresponsible act. On his fifth birthday, Jack says to Ma, "You were sad till I happened in your tummy," to which Ma responds, "I cried till I didn't have any tears left" (3). Later when Ma tells Jack about her abduction and time in Room before he was born she says, "when I was asleep was the only time I wasn't crying, so I slept about sixteen hours a day" (94), and later, she tells him, "I brought you into Room, I didn't mean to but I did it and I've never once been sorry" (128). Ma says something similar in the television interview: "Jack was everything. I was alive again, I mattered" (233). The birth of Jack gives purpose to Ma's life in Room and enables her to endure captivity through his love and their companionship. Indeed as Donoghue comments: "It is a nightmare for Ma, but she's managed to create an idyll for Jack within it, so she benefits too. She gets to escape from her situation by entering into this fantasy that they live in this world of only two people. In a way they are their own society" (Wyrick).

However, when the interviewer asks Ma, "did you ever consider asking your captor to take Jack away?", Ma responds, "Why would I have done that?" The interviewer answers: "Well, so he could be free … It would have been a sacrifice of course—the ultimate sacrifice—but if Jack could have had a normal, happy childhood with a loving family?" (237). Ma responds, "He had a childhood with me, whether you'd call it *normal* or not" (emphasis in original, 237). After this, Jack tells us that "Ma's got tears coming down her face, she puts her hands to catch them … and [Jack] gets to Ma and wrap[s] her all up" (238). In her article "Am I Not OK?," Lucia Lorenzi argues that "by the end of the scene, it becomes clear that it is not necessarily Ma's trauma that pushes her to the point of emotional breakdown, but rather the trauma induced by the interviewer's violent attempts to shape, control, and manipulate Ma's narrative" (11). I suggest, more specifically, that it is the discourse of normative motherhood that distorts and perverts Ma's maternal narrative of reciprocal mother-child love as self-interested and negligent. Normative motherhood assumes and dictates an asymmetrical relationship between mother and child: a mother is for the

child, not the child for the mother. But with Ma and Jack, their relationship is truly reciprocal; Ma needs Jack as much as Jack needs Ma. But because this reciprocity violates the roles and rules of normative motherhood, Ma is deemed a bad mother in her decision to keep Jack with her in captivity. However, Ma's emotional breakdown and suicide attempt are triggered not only by this judgement of her mothering, as Lorenzi argues, but, more accurately by Ma's reassessment of her maternal practice from the perspective of this judgement and the subsequent self-blame and guilt she feels. It is only when Ma reclaims her maternal authenticity as practised and honoured in Room can she heal and reconnect with Jack to form a reciprocal bond of redemption and empowerment in freedom. To this discussion, I now briefly turn.

Sara Ruddick argues that the rival claims of maternal practice become pronounced when they involve the third demand of training. For most mothers, Ruddick writes, "the work of training is confusing and fraught with self-doubt" (104). It is the context of the above discussion that Ruddick introduces the central and pivotal concept of inauthentic mothering: "Out of maternal powerlessness and in response to a society whose values it does not determine, maternal thinking has often and largely opted for inauthenticity and the 'good' of others" (103). She elaborates:

> By inauthenticity I designate a double willingness—first a willingness to travailer pour l'armee [to work for the army] to accept the uses to which others put one's children; and second, a willingness to remain blind to the implications for those uses for the actual lives of women and children. Maternal thought embodies inauthenticity by taking on the values of the dominant culture. (103)

Mothers are then policed by what Sara Ruddick calls the "gaze of others." This gaze causes mothers to "repudiate their own perceptions and values" and "to relinquish authority to others, [and] lose confidence in their own values" (111-112). I argue that Ma in freedom is judged by the gaze of the other, and this causes her to lose the confidence she had as a mother while in Room and to doubt the values and perceptions that sustained her maternal practice while in captivity. When the interviewer suggests to Ma that in freedom, she has lots of help, Ma responds: "It's actually harder. When our world was eleven foot square it was easier to control" (236). Mothering in freedom is indeed harder for Ma because she can no longer control the conditions of her mothering that in captivity gave her confidence and purpose. Ma says to Jack in freedom: "I keep messing up. I know you need me to be your ma but I'm having to remember how to be me as well" (221). And earlier when Jack asks Ma if he is meant to forget Room, Ma can only answer "I don't know" (210).

Ma, I argue, to use Jack words, "is still hurting in Outside" (216) because she has lost her own self-created identity as a mother and the authenticity that guided her maternal practice. As well, what Ma valued and what was valuable in Room—namely the reciprocal and intimate bond with her son—has been tainted and corrupted under the gaze of normative motherhood.

The novel's conclusion, however, promises a reclamation of Ma's maternal authenticity and a rehonouring of their mother-son bond. Authenticity, Elizabeth Butterfield explains, "is an ethical term that denotes being true to oneself, as in making decisions that are consistent with one's own beliefs and values [whereas] inauthenticity is generally understood to be an abdication of one's own authority and a loss of integrity" (701). In the context of mothering, maternal authenticity refers to "independence of mind and the courage to stand up to dominant values" and to "being truthful about motherhood and remaining true to oneself in motherhood" (701). I argue that Ma reclaims her maternal authenticity as enacted in Room by the novel's conclusion. The final section of the novel is titled "Living" and concludes with Ma and Jack moving into an independent living residence and their "[making] a deal, *we're* going to try everything one time so *we* know what *we* like" (311, my emphasis). The connection of their past is also held in reverence. When Ma tells Jack that breastfeeding is all done, "Jack "kiss[es] the right and say 'Bye-bye.' I kiss the left twice because it was always creamier" (303). Ma and Jack have separate rooms for daytime but sleep together in one room for night time" (304). And when Jack says to Ma: "'I could cut [your hair] and then we'd be the same again.' Ma shakes her head. 'I think I'm going to keep mine long'" (303). However, although their relationship has changed in freedom, their close bond remains at its core. Ma's rotten tooth that Jack has carried with him since Room is perhaps not lost but, as Jacks thinks, "maybe I did swallow him by accident. Maybe he's not going to slide out in my poo, maybe he's going to be hiding inside me in a corner forever" (307). Ma's tooth that remains within Jack signifies the depth and endurance of their mother and son connection and love. The novel ends with their visiting Room where Jack "look[s] back one more time. It's like a crater, a hole where something happened" (321). But then "they go out the door" (321), which symbolizes a new beginning, one created from the redemptive and resistant connection of their past.

Conclusion

During the interview, Ma is asked, "Was [giving] birth alone under medieval conditions … the hardest thing you've ever done? Ma shakes her head [and replies] 'The best thing'" (233). For Ma, becoming and being a mother is indeed "the best thing" because it is precisely through her maternal practice and the

reciprocity of her close relationship with Jack that she acquires an authentic selfhood. And because her identity as a mother is self-created and sustained by reciprocal mother-child love, Ma enacts resistance and achieves redemption in motherhood. In its portrayal of motherhood as both resistant and redemptive, *Room* offers a necessary challenge and corrective to normative motherhood. It conveys how mothers may be empowered through maternal authenticity and mother-child reciprocity.

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JOSEPHINE L. SAVARESE

Leaving a Light on for Ash

Explorations into the Activist Mothering of Coralee Smith (Mother of Ashley Smith, 1988-2007)

Over the last decades, scholars have investigated mothers' roles in ensuring their daughters and loved ones unexplained disappearances and deaths by violence are publicized and acknowledged. Here, I draw from previous scholarship to explore whether there are commonalities between a mother's quest for justice after her daughter's death in a Canadian prison and other mothers who similarly demand accountability after a loss. The mother's name is Coralee Smith, the mother of the well-known teenager and deceased prisoner, Ashley Smith. In this text, I work to theorize Coralee Smith's agency by drawing parallels with other mothering actions to demand redress for disappearances and losses. In this text, I offer fresh insights to the mothering literature by focusing on activism by parents of criminalized children, rather than adding to the studies on criminalized mothers. Incarcerated mothers are the subject of recent scholarship, but little research is available on the experience of mothers who provide support to incarcerated daughters and who demand account- ability following deaths in custody.

"When we try to grasp at the cinders, they crumble and burn."
—Hawkes, "Containing the Testimony," 936.

"Wishing I were free, Free like a bird."
—Ashley Smith, "My Life," qtd. in Richard 2.

Over the last decades, scholars have investigated work by mothers to ensure their daughters' unexplained disappearances and deaths by violence are publicized and acknowledged (Bejarano; Burchianti; Baydar and İvegen; Sosa; Wright). The studies explore the construction of motherhood as a

demonstration of political agency. In a 2016 article, "Remember, S/he Was Here Once: Mothers Call for Justice and Peace in Turkey," Emine Rezzan Karaman closely examines the Saturday Mothers, a collective that publicized the disappearances of political dissidents under police custody in İstanbul, and the Peace Mothers, the mothers of the Kurdistan Workers' Party (PKK) fighters (382-410). While citing circumstances where a mothering focus constrained activism, Karaman concludes the women effectively used their collective suffering as a basis for a social movement. In vocalizing their grief, the mothers convincingly argued their loved ones were persons whose loss was deeply felt. Rather than "troublemakers," the mothers asserted the deceased were prized and had names (393). As a result, the disappeared became more than "numbers in human rights reports" whose deaths were inexplicable (693). The mothers forced the realization their children and loved ones were "disappeared and killed" (393). As survivors who refused to be merely victims of tragedy, the protestors capably expressed their political agency by continually searching for the disappeared and by nurturing those who remained alive (390).

While showcasing mothering advocacy in general, this article is particularly inspired by one mother's dedication to publicizing the circumstances surrounding her daughter's passing. The mother's name is Coralee Smith, a former resident of Moncton, New Brunswick. She became a public figure following her daughter's death in a federal prison (Smith, "The Prison System"). Throughout this article, I look into ways Ms. Smith's demands for accountability resulted from her maternal status. I explore whether there are commonalities between a mother's quest for justice after her daughter's carceral death and other mothers who similarly demand accountability after a loss. In this effort to link varied protests, I use the term "disappearances" to describe deaths from varied circumstances—ranging from homicides to forced disappearances and kidnappings to the expiration of a young woman in solitary confinement who was practically as well as symbolically erased (Bromwich).

For many readers, Ashley Smith will be remembered as the teenager who died on October 2007, while detained in solitary confinement at the Grand Valley Institution for Women in Ontario. In December 2013, Ashley Smith's death was ruled a homicide by a coroner's inquest jury. The guards who stood outside the cell videotaping Ashley's last breaths were following orders that prohibited their intervention if she was still breathing. The homicide verdict reinforced the claim the correctional system and its agents caused Ashley Smith's death, ending speculation she committed suicide. Prior to her death, Ashley was held in segregation for prolonged periods, and she was subjected to restraints, tasering, strip searches, full body wrapping, assaults,

surveillance, and constant transfers between institutions. Originally jailed at the New Brunswick Youth Centre, Ashley ultimately spent time in various federal women's prisons including the Regional Psychiatric Centre (RPC) in Saskatoon, Saskatchewan.

Though not directly affiliated with a mothering advocacy group, Coralee's words and actions are juxtaposed with those of other mothers who banded together to denounce silences and erasures after a loved one's disappearance. This article investigates how Coralee's insistence on speaking as a parent, her repetition of Ashley's status as a child when she entered the prison system, her continual references to the safety of the family home, and her refusal to accept mother blaming discourses replicates strategies by other mothering advocates. While waiting for the coroner's inquest to conclude, the elder Ms. Smith argued, for example, it would be "unfair to lay responsibility for the tragedy at her daughter's feet" due to the degree of Ashley's mistreatment (Vincent, "Daughter Died from Homicide"). She explained her views came from her status "as a mother"; in other words, they were based on her perspective as a parent.

In addition to linking various mothering protests, I contribute to the scholarship by showcasing mothering advocacy in response to the unique type of loss mentioned—namely, a daughter's death in custody. The increasing number of incarcerated women in Canada as well as globally indicates that other mothers may experience a daughter's passing while jailed. This study's documentation of a mother's lived experience of a child's criminalization and death in custody may prompt debates about the appropriateness of prisons as a remedy, particularly for women (Bromwich and Kilty). Numerous studies have found that incarcerated women suffer from vulnerabilities, including some of the ones Ashley experienced. Typically, women who are criminalized have backgrounds informed by abuse, addiction, mental health, (inter)personal violence, homelessness, and social marginalization. These traumatic histories mean women are particularly vulnerable to harm within institutions, including self-harm. As a result, parental support and advocacy from the outside may influence imprisoned women's safety and even longevity.

The intense pressure placed on the justice system by Coralee Smith may be needed to prompt full disclosure regarding deaths in prisons. A 2016 study by Howard Sapers, then Correctional Investigator of Canada, found that families confronted institutional resistance from the Correctional Service of Canada when they sought information about a loved one's passing. Given Sapers' findings, the present study theorizing Coralee Smith's demands for accountability within the framework of mothering activism seems timely and significant. As conscripts into the prison experience, family members are often the main support system for persons in custody. Gillian Balfour

states that prisoners' relatives are the "voices of resistance and lived experience from the inside of the carceral state" (111). This article investigates Coralee's effectiveness in transferring responsibility for Ashley's incarceration and her death to correctional policies and programs, rather than internal family dynamics, to glean lessons for other anti-prison and mother activists.

Background Facts

Although Coralee Smith is a recognizable public figure, her advocacy about the injustice experienced by her daughter, Ashley Smith, has not been explored in prior studies. Perhaps understandably, the more prominent story of Ashley's death has overshadowed analysis of Coralee's work for public acknowledgement. After her daughter's death, Coralee Smith became a familiar media spokesperson who demanded information as well as accountability from correctional officials.

The extreme conditions Ashley Smith experienced while incarcerated have been highlighted in numerous media stories, academic articles, and a book-length manuscript (2015). A news story from *The Globe and Mail* carried the kind of provocative headline that surfaced during the inquest: "Inquest Shown Images of Ashley Smith Tranquilized, Duct-Taped by Prison Guards" (Perkel). The latest issue of the *Canadian Journal of Law and Society*—"Law, Vulnerability and Segregation: What have we learned from Ashley Smith's Carceral Death?" edited by Rebecca Bromwich and Jennifer M. Kilty—notes that 2017 marks the tenth anniversary of Ashley's death. The entire journal issue works to ensure Ashley's passing does not fade from public view. In the seven articles, various topics are addressed from a range of disciplines to "theorize how criminalized women and girls might alternatively be understood and approached in and through law, sentencing and corrections" (Bromwich and Kilty, 160). In the introduction, the editors summarize the case and present their critiques of the punitive carceral system (157-64).

Some of the details surfaced because advocacy groups, including the Canadian Association of Elizabeth Fry Societies (CAEFS), and Ashley Smith's family pressed for full information. Kim Pate, then executive director, was originally contacted to intervene on Ashley's behalf by women inmates who urged her to meet with the young girl who was 'hurting herself' (Pate; Smith, "Dying from Improvement"). After being denied access to Ashley, Kim Pate moved to contact an inmate's kin directly for the first time in her career. Pate found Coralee Smith through contacts. With Coralee's assistance, Pate met Ashley Smith through the food slot of her cell door at the Regional Psychiatric Centre in Saskatoon in May 2007. Pate found Ashley younger than her years yet respectful in her demeanour as well as "energetic" and "feisty" (Perkel,

"Ashley Smith Looked 'Hopeless'"). The pair collaborated on a grievance that was only scrutinized several months after Ashley's death. Kim Pate and Coralee Smith conversed again after Ashley's death. Pate summarized her conversations with Ashley because she feared Ashley's version would not be disclosed (Pate; Smith, "Dying From Improvement").

When testifying at the coroner's inquest that was finally convened, Coralee argued her family should not have been forced to push for five years for a "thorough airing" of the factors that went "tragically wrong" for a young woman who spent the last three years of her life in segregation (Perkel, "My Skin Is All Loose"). At the family's insistence, particularly compelling evidence, including the surveillance video known as the "death video" of Ashley's last moments, was made public (Canadian Press). Coralee also sought to counter allegations her daughter was incorrigible and, therefore, the author of her own fate.

Once seen by her family as a relatively content child and youth, Ashley Smith rapidly deteriorated during her incarceration. A psychiatrist, Jeffrey Penn, who interviewed Ashley in her first days in the adult prison system through the slot in her segregation cell, described her as a "large tyrannical child" who was a challenge to manage (qtd. in Perkel, "Ashley Smith"). After Ashley's death, Coralee Smith conveyed other stories, including alarming details on Ashley's treatment. In contrast to institutional accounts, Smith recalled her daughter as a loving and kind girl yearning to return to former comforts. According to Smith, "[Ashley] was very attached to home and that was her biggest wish when she was away, just to come home to her room and get in the bathtub" (Blanch). Coralee also revealed Ashley's kindness, love of drawing, and fondness for collecting stuffed animals and dolls (Smith, "Dying from Improvement"). Through her testimony, Coralee has served as a witness to Ashley's humanity and to her suffering while incarcerated.

Leaving a Light On For Ash

Like other mothers, Coralee grounded her resistance in her standing as a parent to legitimate her grief and to solidify her authority. In a 2009 story, Coralee Smith reported she incorporated her daughter into her routine by saying "good morning" and "good night" to Ashley every day (Zlomislic). *Toronto Star* reporter Diana Zlomislic noted that a stained-glass lamp in the dining room of the Smith's Moncton home remained on since Ashley's passing. It emitted a soft light for the young woman who feared the dark. In the article, Coralee Smith states: "This light we leave on for Ashley and that's not going off until there's some resolution to why the hell Ashley's in the ground and not home" (Zlomislic).

Part I. Analyzing Mothering Activism

In this section, I briefly describe my interest in this paper's topic. I then move on to describe the methodology.

Interest in Activist Mothering

In May 2015, Coralee Smith gave a talk at the conference "A Canadian Crisis: Criminalization & Imprisonment of Indigenous Women & those with Disabling Mental Health Issues" at the University of Saskatchewan, which was organized by Kim Pate, then the Ariel F. Sallows Chair in Human Rights. Hearing Coralee's panel address deepened my interest in analyzing mothering activism in general and on behalf of Ashley Smith, in particular. An earlier event, the 2008 conference titled "Missing Women: Decolonization, Third Wave Feminisms and Indigenous Peoples of Canada and Mexico" at the University of Regina was also instructive and inspiring. Mothers of disappeared young women—including Sylvia Arce, Maria Sagrario Flores, Daleen Kay Bosse and Amber Redman—presented on their work to honour their daughters (Anderson et al.). The heartrending talks by mothers at these two events especially propelled my desire to investigate this topic.

Featuring Coralee Smith's Activism

This article moves beyond the important yet more common analysis of Ashley Smith's mental health issues and of institutional failures to examine the alternative topic of mothering activism.

The troubling details on Ashley's imprisonment are documented in several reports ranging from the 2008 *Ashley Smith Report* prepared by former New Brunswick Ombudsman and Child and Youth Advocate, Bernard Richard; *A Preventable Death* (2008) by Howard Sapers, then the Correctional Investigator of Canada; and *Response to the Coroner's Inquest Touching the Death of Ashley Smith* released by Corrections Canada in 2014. The reports highlight Ashley's years in solitary confinement and her resort to self-injury as a coping strategy. Her resort to the placement of ligatures around her neck or "tying up," for example, began in the youth detention centre in the Miramichi region of New Brunswick (Zlomislic and Vincent). Few details on Coralee's life circumstances and the factors that prompted her to become an outspoken critic of Canadian corrections, beyond her affection for Ashley, have been made public. It is known Coralee Smith contacted the Office of the New Brunswick Ombudsman and Child and Youth Advocate (Richard). In addition, the Smith family unsuccessfully attempted to challenge the transfer to the federal adult prison system.

Toward a Methodology of the Remnants

The background information on Coralee Smith's work used in this text came from new stories primarily in the *Toronto Star* and the *Globe and Mail* as well as the 2010 documentary film *Out of Control*, by the Canadian Broadcasting Corporation's *The Fifth Estate*. These resources were essential to theorizing a mother's experiences in the aftermath of her daughter's death. I listened and relistened to the online version of Coralee Smith's presentation to the 2015 Canadian conference challenging women's imprisonment (Smith, "Dying…").

In contrast to the public information I rely on, other scholars in other contexts have scrutinized extensive data. Cynthia L. Bejarano interviewed writers, scholars, journalists, activists from human rights organizations and mothers of slain daughters in Juarez, Mexico (128). Turkish ethnographer and historian Emine Rezzan Karaman spent three summers in Istanbul completing fieldwork with two protest organizations, the Saturday Mothers and the Peace Mothers. She also conducted qualitative interviews. In *Looking for Ashley: Re-reading What the Smith Case Reveals about the Governance of Girls, Mothers and Families in Canada,* Rebecca Jaremko Bromwich analyzed varied sources including reports, news articles and videos about Ashley (63-64). Even after her exhaustive scrutiny, Bromwich lamented that some texts were not publicly available, including internal reports and Ashley's diaries (58).

Martine Hawkes' 2008 and 2012 scholarship on archiving loss after genocide was helpful in justifying this study based on a data set of news reports. Hawkes draws from Derrida's theories around "the archive and the cinder" to examine what is missing and not recoverable in the aftermath of unimaginable loss. Hawkes's findings can be translated into a methodology that acknowledges and even embraces the fragments of information that suggest at, rather than convey, a complete story ("What Is Recovered"). Her comments support a methodology that analyzes the information bits that result when survivors attempt to recall and describe harmful, often horrific events. The difficulties the Smith family experienced making sense of Ashley's death seem illustrative of Hawkes' points. According to Coralee Smith, the harshness of a prison term was difficult for the Smith family to even fathom prior to Ashley's custody. Once sharing the common societal belief that prisons were "lovely," complete with steak dinners, Coralee changed her mind after Ashley's ordeal. For example, rather than consuming healthy meals with vegetables in a cafeteria, as Coralee assumed, Ashley was handed finger food in a solitary cell through a door slot (Smith, "Dying From Improvement").

Hawkes recommends that scholars acknowledge the limitations of archiving horrific loss while still giving the archive analytical weight. She suggests that information is always missing in the aftermath of tragedy when she states:

"That which eludes the archive is the lived experience of the event and the lived experience of the loss" (942, "Containing Testimony"). Hawkes discourages the quest for a tidy summary of catastrophic events because she believes our "rush to conclude and contain" means that researchers miss details by overlooking what Hawkes describes as "the patient cinder" which has the capacity to be haunting and therefore revealing (943, "Containing Testimony"). Hawkes' scholarship was significant to this effort to listen closely for mothering references in Coralee Smith's motivations for her advocacy work.

Insights from the Literature: Activist Mothering on Behalf of Disappeared Daughters

Scholarship on mothering activism written for over two decades provided rich background material for this study. Admittedly, the circumstances of Ashley's death in a prison differ from losses resulting from enforced disappearances, abductions, and homicides attributed to state impunity. Because Coralee gained considerable access to the record during the inquest, she has greater knowledge than other mothers who may remain in the dark about their sons and daughters disappearances and deaths, even to the present day. In contrast to others who report ongoing turmoil, Coralee described her family as "at peace" once the inquest concluded (Taber). Other mothers studied elsewhere lacked support from advocates or lawyers. Their claims remained "outside the law," as Karaman explains. As a result, they did not seek "any recognition in the existing realms of justice and citizenship" (392). In contrast, the Smith family retained Julian Falconer, a renowned litigator. The Canadian Association of Elizabeth Fry Societies also advocated on behalf of the Smith family. The Smith family's lawsuit against the Correctional Service of Canada for negligence was settled out of court in May 2011.

While acknowledging differences, I analyze Coralee Smith's actions as a component of a diverse international movement formed by mothers to counter state indifference to a disappearance or death. Rezzan Karaman's list of organizations includes the Soldiers' Mothers in Russia, the Tiananmen Mothers in China, the Khavaran Mothers in Iran, the Kenyan Mothers, as well as the Turkish groups she studied. The number of groups listed demonstrates the significance of this international social movement (382). One famous mothering group, the Mothers of Plaza de Mayo, has remained active for over three decades and continues to be of scholarly interest. In *Revolutionizing Motherhood: The Mothers of the Plaza de Mayo*, Marguerite Guzman Bouvard, maintains this group realized new standards for human rights advocacy.

In her 2006 study "Las super madres de Latino America: Transforming motherhood by challenging violence in Mexico, Argentina, and El Salvador,"

Cynthia L. Bejarano examines the Mothers of the Plaza de Mayo to provide context for her main case study, activism by mothers of disappeared young women in Juarez, Mexico. She compares Mexican protests with those mounted in Argentina and El Salvador (126). Overall, Bejarano found the mothers rejected their confinement to domestic rather than political roles. They "threw off [the] gendered standards of citizenship assigned them and transformed their roles as mothers into motherist tools against death and oppression" (143).

Bejarano's findings on the "transformation of gendered citizenship into forms of resistance by Latina mothers of 'disappeared' young women" were helpful in theorizing Coralee's Smith conversion from a Maritime housewife into an anti-prison activist (126). The Latina mothers' motivation for pressing for justice appears to be similar to Coralee Smith's: "All of the desaparecidos [ones who have disappeared], regardless of where they were from were horrifically killed and their voices were silenced. The haunting of their children's lives led the madres of these young women to challenge the actions of governments and their soldiers, police, and collaborating citizens" (130). Smith's persistence and assertiveness undermine a prevailing view that commendable mothers are passive. Arguably, her resistance opened up space for marginalized mothers to challenge and provoke, even if they face barriers seemingly unknown to Coralee Smith—such as poverty, racialization, addiction, educational attainment limitations, physical or mental disability, or bias due to sexual orientation (Landertinger).

You Have to Fight for Your Children

Like the Latina mothers, Coralee used her status as a parent to legitimate her grief and to solidify her authority. In her 2014 publication, *Queering Acts of Mourning in the Aftermath of Argentina's Dictatorship: The Performance of Blood*, Cecilia Sosa dedicates a chapter to the Mothers of the Plaza de Mayo. Sosa criticizes the ways disappearances have been "mainly processed as a family issue" (13). At the same time, Sosa recognized that "the evocation of this community of blood" was "politically fundamental" because the mothers mention of their familial connections to the disappeared made their claims impossible to ignore (14). Findings like these were aids to this quest to identify ways Coralee Smith's outrage as a mother similarly legitimated her quest for justice.

One way that Coralee grounded her activism was by commonly referring to Ashley in domestic contexts, like the family home. Scenes from the 2010 documentary, *Out of Control*, are illustrative. In the documentary, Coralee shows the reporter around the Moncton residence where Ashley once lived. Coralee opens Ashley's bedroom which was refurbished for her return at a much older age. Coralee describes the room as "Ashley's grown-up room," where she would

have lived after prison. Inside one closet is the collection of over four hundred dolls that Ashley collected as a child and youth.

Karaman explains why Smith's insistence on domesticating Ashley by speaking as her mother was crucial. The Turkish mothers in Karaman's study received limited redress from the Turkish state, yet they galvanized local and international concern regarding state disappearances. Drawing on Spivak, Karaman argues, "Women's presentation of themselves as 'mothers' appealed not only to normative assumptions about the political neutrality of motherhood but also functioned as 'strategic essentialism' ... to homogenize members, secure agency, and unite actors in resistance" (388). Coralee's parental connections to Ashley give credence to the depth of her loss. As a tribute to Coralee's persistence, *Globe and Mail* reporter Jane Taber interviewed Smith following the coroner's inquest jury's proclamation that Ashley's death was a homicide (Taber). In the article, Coralee Smith explained her "'girls meant the world to [her]." When Coralee states, "you have to fight for your children," she expresses a viewpoint shared by other protestors in other parts of the world (Taber).

We Are Her Family. We Are Not Perfect

As the above statements reveal, Coralee Smith has worked to ensure that Ashley's death is not viewed in isolation. In news reports, she has connected Ashley's death to others in Canadian jails. In addition, she has chastised Correctional Services of Canada for its failure to act on the recommendations of the coroner's inquest, including those related to solitary confinement. The sympathetic inquest findings and the monetary compensation resulted from the family's persistence. In news reports, Coralee Smith has insisted that "Ashley died because no one in Canada really cared," presumably in contrast to the Smith family who cherished their daughter and sister (CBC, "No One Cared"). Her eloquent remarks as a grieving parent convincingly demonstrate that Ashley was victimized by the various institutions that failed to prevent her death.

At the coroner's inquest, Coralee was afforded considerable respect and deference. Rather than interrogated, she was routinely offered condolences. Like the Turkish mothers described by Karaman, Coralee was, however, subjected to at least some scrutiny as a parent. During the inquest, the jury heard evidence about Ashley's adoption when she was three-days old. It was rumoured the woman known as her sister was in fact her biological mother. Ashley's struggles were sometimes attributed to the secrecy surrounding her birth. On 15 April, 2013, the *Toronto Star* reported on the evidence of prison psychologist Dr. Cindy Presse. Dr. Presse testified she asked Coralee Smith questions about Ashley's biological mother because of the speculation her supposed sister had given birth to her. Coralee responded with a blank look that amounted to a

refusal to answer (Vincent, "Questions Resurface"). Coralee routinely forestalled questioning on Ashley's adoption by redirecting attention to state agencies' failures. The coroner who presided over the inquest into Ashley Smith's death, Dr. John Carlisle, agreed that the issue was "a family matter." The coroner ruled that questions on this topic were inappropriate.

The secrecy surrounding Ashley's biological mother has been attributed to Coralee's desire to uphold family secrecy. While multiple interpretations are possible, I suggest Coralee's insistence on privacy regarding Ashley's parentage can be viewed as a component of her activism as a mother. To reporters, she maintained her silence and stated, "We are her family. We are not perfect. But we will never accept that Ashley should have been treated in this manner" (Perkel, "My Skin is All Loose'").

Recasting the Good Mother

Numerous scholars argue that activist mothers redefine, rather than entrench, notions of proper parenting. Arguably, Coralee's resistance can be better understood if analyzed through the work of scholars like Baydar and İvegen who show that the "exalted, almost sacred" figure of the mother helped Turkish protestors galvanize public and even political support (695). Melissa Wright queries whether contradictions emerge when radical activism is pinned on the typically stereotypical frame of mothering. At the same time, she recognizes that "mother-activism represents a powerful tool for women as they fight for social justice," particularly in settings where women's engagement in the public sphere is viewed as "socially perverse" (421). For Bejarano, Latin women recast the "good mother" to incorporate more radical behaviours. They were adamant that the "very loving and caring manner" they showed "by taking on their struggles against the state" coincided with effective parenting (131). Gülsüm Baydar and Berfin İvegen also present arguments favourable to protesting mothers. For Baydar and İvegen, woman-led political interventions illustrate the international potential of an emergent form of radical, feminist social protest that also seems to have found at least some expression in Coralee Smith's protests, even if her claims were pressed in the media and before a coroner's inquest rather than on the street.

Bromwich raises worrisome concerns that Coralee's depictions made Ashley appear immature, overly-simplistic, and lacking her own personality. This characterization of a childlike Ashley denies the young woman's resistance and agency (Bromwich). Furthermore, the depiction of Coralee Smith as the good mother may leave the racialized social boundaries of white settler society intact (117-57). By presenting Ashley as a child needing rescue, Coralee and others may have strengthened racialized, classed and gendered discourses that justify

violence against marginalized, imprisoned bodies, particularly those of the Indigenous women who are significantly overrepresented in carceral settings. Bromwich argues that Ashley's death may be characterized as exceptional rather than a product of the pervasiveness of necropolitical logics in prisons.

While acknowledging these concerns, I suggest that Coralee's management of the stigma commonly associated with being the parent of an incarcerated child has opened up space for other mothers to resist state injustice (Richie; Aiello and McQueeny). In particular, Coralee's references to Ashley as a child seemed to reinforce her as a victim, and therefore grievable and more compelling. As Coralee has stated, "she was my child. She was not a grown-up. Like, she'd never had sleepovers with her friends and never had gone to the movies by herself—she was just a young girl when she left home" (qtd. in Blanch). In this quote, Coralee seems aware that grounding her outrage in her status as a mother is the most likely way to having her story of injustice heard.

Importantly, Coralee Smith remains adamant her work was not for only Ashley. She voiced disappointment that Correctional Services of Canada failed to change its policies after Ashley's death. For her, the worry was not "just an Ashley story" (Stone). Instead, the concern was more expansive given that it was about "how our prisoners are being treated" or, in her correction, "mistreated." She urged officials to "do something" to address the dire custodial conditions, particularly the overuse of solitary confinement (Stone). In public statements, Coralee continually presents Ashley's death as an act of political violence with systemic implications beyond personal grief. In her 2015 conference presentation, Coralee insisted Canada is "torturing" its own "citizens" in reference to conditions in women's prisons ("Dying From Improvement"). She has used her notoriety to publicize other inmate deaths, including Kinew James, who died behind bars in 2013 from an apparent heart attack after calling for help, and Edward Snowshoe, who killed himself in 2010 after spending 162 days in segregation (Smith, "The Prison System").

Mothering Activism as the Radical Transformation of the Social Imaginary

Throughout her campaign for some measure of justice for her daughter and others incarcerated persons, Coralee modelled some of the power writers attribute to resistant Turkish mothers. Baydar and İvegen's scholarship helps to understand the significance of a mother's activism following Ashley's death in prison. These writers encourage us to "imagine the maternal-feminine" embodied by many mothers, including Coralee Smith, "not as an identity category but as a state of becoming and a line of flight toward the radical transformation of the social imaginary" (713). In her critiques of the prison policies that aided her daughter's demise, Coralee may be engaging in what

Margaret Burchianti describes as a "politics of the present" where the past is used to inform activism in the present (146).

At the 2015 conference, Coralee Smith described Ashley's last drawing in her solitary cell. She stated that "a happy face" Ashley had etched with a yellow crayon prior to her death was left on the cell wall (Smith, "Dying from Improvement"). Arguably, this example shows ways that Coralee draws from the power of love to challenge state injustice and to prompt change to oppressive neoliberalist policies that render some lives less valuable (Burchianti,133-150). By drawing attention to Coralee Smith's experiences, this article may further understanding of mothering in and through the challenge of a fatality within state custody.

Part II. Mothering Activism and Incarceration

In the preceding discussion, I attempted to extricate an account of Coralee Smith's activism from the larger, more prominent story of the mistreatment of Ashley Smith. This section seeks to make plain that the overuse of solitary confinement, worrying cases of deaths in custody, and deteriorating prison conditions are factors that may force more mothers of prisoners into activism to push for reform. Particular alarm is raised regarding women's deaths in custody. This section highlights the importance of mothers who, like Coralee Smith, press for recognition and redress.

A Statistics Canada report *Women and the Criminal Justice System* found that that the majority of provincially and federally incarcerated women were between the ages of eighteen and thirty-five (qtd. in Hotton Mahony 33). The relative youthfulness of the female inmate population means that many inmates have surviving parents, yet the strength of the bonds is unknown. According to the research, families provide vital supports during imprisonment and they are important to reintegration (Valera; O'Brien). Christy Visher's research on prisoner reentry in Maryland revealed that families provide housing, emotional support, financial resources, and stability to returning prisoners.

Writing in 2007, Megan Comfort from the Center for AIDS Prevention Studies, University of California, San Francisco, called for more research on the impact of incarceration on families and the inmate's close, intimate circle. Comfort rejected the view that prisoners were "social isolates" lacking social networks (272). In contrast, she aimed to document "the profound transformative effects" that prison terms have on "families, intimates and neighbors" (272). She praised studies that were "mapping out" the scope of punishment on legally innocent people connected to offenders who were "made to alter their behavior, reorient their expectations, suffer changes in their health, and otherwise experience the social and economic repercussions of punitive sur-

veillance, confinement, and control" (272). In her view, research on the effects of incarceration must extend beyond the individual sentenced person to family, friends, and neighbours. Comfort stresses the need to document ways prisons affect family members, particularly after a death in custody.

Problematizing Women's Incarceration

Given the harms associated with women's imprisonment, it is possible to expand the scholarship on disasters that typically focuses on natural disasters. J.C. Gaillard and Fanny Navizet argue that prisons are social disasters based on their study of three prisons in France. They explore connections between prisons, prisoners, and vulnerability and natural and other hazards based on spatial, social, and political marginalization. Gaillard and Navizet's informants stressed that the prime hazards for prisoners were "neither natural nor technological in nature" (40). The primary threats for incarcerated persons were "everyday in-prison hazards, i.e. health problems, cell fire, and physical violence and assaults" (40).

From a gendered perspective, the growing numbers of imprisoned women and the ongoing challenges they confront suggest that advocacy by mothers and others may by increasingly important. Scholars and advocates document the severe challenges female offenders confront. In 2015, Kim Pate described the rate of psychological, physical, and mental deterioration among female prisoners as astronomical when speaking to CBC reporters investigating women's self-harming behaviour (qtd. in Harris). In a 2016 essay "How Canada's Prisons are Failing Women (and Everyone Else)," Pate elaborated on the ways Canada's prisons were increasingly wedded to punitive agendas (24-30). Pate urgently called for an end to over-incarceration as well as overreliance on segregation and other mentally harmful practices.

Pate's concern seems to have been realized in news reports on recent deaths of women in custody, including the 2015 deaths of Veronica Park and Camille Strickland-Murphy at the Nova Institution for Women in Truro, Nova Scotia. Veronica Park, formerly of Corner Brook, Newfoundland, died after complaining of chest pains for days leading up to her death. Camille Strickland-Murphy was twenty-two years old and also from Newfoundland. She died by suicide in August 2015 while serving a sentence for armed robbery. After Camille's death, her twin brother called for better supports for incarcerated women with mental health issues (CTV Atlantic). The passing of Kinew James at the Regional Psychiatric Centre in Saskatoon, Saskatchewan in 2013 also posed a blow to her family given their hope she would soon be home. They demanded an inquest and full disclosure to discover why staff refused to respond promptly to her calls for help (Noël and Seglins).

The suicide of Terry Baker in 2016 at the Grand Valley Institution for Women in Kitchener also demonstrates the need for greater therapeutic and preventative measures (Bueckert). Baker was a chronic self-harmer known to have suicidal potential. Terry was happier during her involvement in a pet therapy program at a Saskatchewan institution that granted inmates access to animals as supports. Because she repeatedly engaged in self-harming, Baker was evicted from the program, although it was a needed support. Notably, Terry Baker's death has been compared to that of Ashley Smith. Kim Pate stated she was "extremely concerned" about the commonalities between the two women's deaths (qtd in. Flanagan).

Recent Findings on Deaths in Custody

Writing in 2014, Daniel Antonowicz and John Winterdyk concluded that Canadian responses to deaths in custody had "considerable room for improvement" (100). An even more recent investigation further underscores the urgency of supporting families with incarcerated children. Howard Sapers of the Office of the Correctional Investigator released *In the Dark: An Investigation of Death in Custody Information Sharing and Disclosure Practices in Federal Corrections— Final Report* on 2 August 2016. Sapers summarized an investigation into the sixty-five deaths in federal custody that occurred between 2015 and 2016. The correctional investigator concluded families are typically ill-treated when a loved one dies while incarcerated. Next of kin said correctional agencies and staff were unhelpful after a loss, leading them to contact Sapers' office for assistance. Over half or 65 per cent of the deaths were attributed to "natural causes" yet Sapers found that the Correctional Services of Canada's interactions with families failed to display "fairness, openness, transparency, compassion and respect" (35). Sapers outlined reforms to support grieving families who reported further traumatization when a loved one's death in custody was handled callously.

Scrutinizing Coralee Smith's work to ensure her daughter's death was front page news seems particularly worthwhile in the current climate where the incarceration of women is increasing and where women's deaths in custody are news features. Analyzing mothering activism when a child is incarcerated or dies in custody may be helpful to populations generally stigmatized and overlooked, namely criminalized women and their families (Savarese). As her daughter's champion, Coralee Smith has fulfilled an important role, which has the potential to inspire others.

Conclusions

This text was premised on the view that Coralee Smith's activism has theo-

retical relevancy for mothering literature and feminist-oriented criminology. Throughout, I sought to break new ground by extracting Coralee Smith's story of advocacy for her daughter Ashley from the more prominent story of a tortured life and premature death. Effort was made to offer fresh insights to the mothering literature by focusing on activism by parents of criminalized children, rather than adding to the studies on criminalized mothers. Incarcerated mothers are the subject of recent scholarship, but little research is available on the experience of mothers who support their incarcerated daughters.

In this effort to theorize Coralee Smith's advocacy, I have drawn from some of the relevant literature on "motherist activism" on behalf of disappeared daughters in Latin America as well as Turkey. I placed Coralee's work on the spectrum of political acts where mothers used their maternal status and power to mobilize against violence and against the erasures that often followed the disappearances. Scholars writing about mothers' activism when loved ones vanish have shown ways that mothers effectively use the emotional appeal of their familial stature to evoke compassion and to break down spectator indifference. By finding commonality between the political resistance of women and a mother's outcry following a death in custody in Canada, I hoped to further the current understanding of mothering activism and to showcase lessons for mothers of incarcerated children, with a particular focus on activism following a death in custody.

Coralee's resistance makes it possible to have a glimpse of an Ashley Smith beyond the troublesome, troubled inmate. A poem written by Ashley was read by Coralee Smith at a 2015 conference. It reads:

> Life is full of beauty—
> Notice it
> Notice the bumble bee;
> The small child
> And the smiling faces.
> Smell the rain
> And feel the wind
> Live your life to the fullest potential
> And fight for your dreams. (Smith, " Dying for Improvement")

This poem was included in the personal papers given to Ashley's family after her death. Having access to some of Ashley's final and most poetic words is worthy of note as an outcome of a mother's advocacy. This article showcased Coralee Smith's ongoing efforts to commemorate her daughter, Ashley, as a tribute to mothers around the world who have used their parental grief as a platform to demand change.

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SARAH IVENS MOFFETT

Text, Tea, and Sympathy

How Sharing Stories About Child Loss Became an Invaluable Part of the Healing Process for a Pack of Bereaved Mothers

In this article, I explore how losing a much-wanted first pregnancy at fourteen weeks, at the critical age of thirty-five, inspired me to look at the healing opportunities among communities of women who had lost pregnancies or children by the writing and sharing of stories. At the time of my loss, I was studying for a master's in literature and found comfort and encouragement in the texts of Virginia Woolf and Sylvia Plath who, even during the darkest, freshest moments of despair, felt the urge to write. One of the my professors during this period was Suzette Henke, the preeminent voice in female trauma narrative, who had coined the phrase "scripto-therapy." Henke encouraged me to heal how other women had done for centuries—in letters to sisters, diary entries, to do lists—by writing and publishing my work. Sharing pain allowed the tormented to feel part of a collective whole, I realized, and writing allowed women to unload psychological trauma, and reading or listening to it allowed them to form healthy connections. Using my research, I set up a free writing workshop for grieving mothers. Strong, heartbroken, kind women would gather together to cry, share, write and discuss each other's work for three hours once a month from January until May 2016.[1] The results are a remarkable testimony to the power of healing and recovery through scriptotherapy, their hearts written on to every page and in this article.

Six years ago, I went through an experience that left me profoundly depressed. At thirty-five years old, I lost a much-wanted first pregnancy at fourteen weeks, exactly two years after my husband Russell and I had married on an optimistic, abundant spring day in England. We had been desperately trying to conceive since our wedding night and had naturally—miraculously, we felt after months of disappointment—fallen pregnant a week before a scheduled consultation about

IVF. We celebrated. We planned for the future. My husband read to me every night from a baby book, and we picked out names. But then, suddenly, I wasn't pregnant anymore.

To say the loss hit me hard was an understatement. At thirteen weeks, I went for a routine scan, and when the nurse who'd been wielding the ultrasound wand over my cool, jellied belly suddenly backed out of the room, muttering about getting the doctor, my world came crashing down. "The baby has increased fluid behinds its neck," we were informed flatly ten minutes later. "Is that a good thing, doctor?" Russell, my husband, had asked, willing the best, but I remembered from him reading an article about pregnancy problems a few Sundays previously that this meant the very worst. Only if we were extremely blessed would the baby survive, she said, while implying the best thing that could happen to me now was to miscarry naturally, for my own physical and mental health. Nauseous, I shrunk onto the clinic's bed and had to be fed juice while being cooled with a damp flannel. Russ swore under his breath and rushed out into the corridor, asking any medical person he could find what they thought—was this as serious as the doctor was making out, or could she be wrong? Thirty minutes later we were driving home in silence. I sat weeping through stop lights and past favourite cafes, praying that we'd have good news—it had been a mistake!—at our appointment with a fetal specialist a week later.

I spent the next few days online, reading stories written by desperate pregnant women like me. Their fears would resonate so deeply that I'd hyperventilate in agony. Picking me up from the floor countless times, Russ begged me to stop reading but I couldn't. During this liminal time between the first ultrasound and our visit to the specialist, I had never felt so alone. These unknown storytellers gave me the visceral outlet I needed. Russ tried to comfort me, and I was hazily aware he was scared too, but I felt he couldn't understand the physical aspect of my torment: my baby was part of me, living inside me. What had I done to make my baby ill? Why was this happening to me? But these strangers, these women—with their tortured passages about feeling guilty and hollow and depressed—understood me, and their voices dug through my clammy skin and squeezed my heart. I wasn't alone. They couldn't fix the situation, but their words offered me honesty, meaning, and a club to belong to. Their words made me feel less alone.

I had one close friend who I knew had been through the same terrible pain a few years beforehand. At her twelve-week scan, the baby's organs weren't functioning as they should. She ended up delivering the baby, stillborn, at twenty weeks. I rang her to ask for guidance. I couldn't remember the details of her story. At the time, I was heartbroken for her, sent her flowers and offered her a shoulder to cry on but I didn't understand. I was single and career focused and didn't yet understand the powerful pull women could feel toward motherhood. Now all I wanted in life was to become a mother, and I needed the details. I needed to hear her story. "Please, please just promise me," she cried on the phone when I told her my news, "that if your baby is so ill it's going to die, that you let them take care of it. Don't leave it so late that you have to deliver it. That's what happened to me and it was the worst experience of my life. And it was my third pregnancy, after having two healthy babies. Please don't let that be your first experience of childbirth. You may never recover.'

A few days later, we met with the specialist. "Don't worry about dressing things up," Russ said matter-of-factly. "Just tell us, doctor, what is going to happen?"

"There is zero chance this fetus will survive. It will die inside you at some point over the next few days or weeks. For your health and future fertility, I recommend a procedure to end the pregnancy immediately," said the specialist.

"An abortion?" I cried.

"Don't think of it like that," he replied. "This is not an abortion. This pregnancy has no chance of going full term." To the doctor, my baby was already dead. "The quicker you have the procedure, the sooner you can recover and in a few months, you can start trying to conceive again." I have always been prochoice, so the idea of an abortion was not morally unacceptable to me, and the circumstances of my pregnancy made it the only viable option, but as my body was prepared for the surgery—laid down, drugged, pinned to the starchy sheets, wheeled into an operating theatre—my brain was starting to whirl into a different stages of torment. The shock gave way to guilt, sadness, anger, and despair.

That day and the weeks that followed were a blur of soaked pillows, self-pity, and physical pain. My breasts and belly deflated and so did my excitement for the future. There were no explanations to soothe me. It was just bad luck, possibly exacerbated by my dotage, experts wagered. I didn't know how losing something I'd never really had could hurt so badly. But it did.

At the time I was studying for a master's in literature and found that escaping into the stories of other women was the only thing that could get me out of bed in the morning. When I leapt into their lives, my current trauma was encircled into their centuries of pain, longing, and disappointment, and I felt

understood. At night and unable to sleep, I crawled through my bookshelves and clung, brows furrowed, to the slow-beating hearts of Virginia Woolf, Sylvia Plath, and Doris Lessing, a nocturnal habit I hadn't kept since I was a teen in the attic bedroom of my parents' Essex detached house, angst ridden about boys and the future. Those female writers spoke to me then as a lovesick adolescent, but when I lost my baby, they took on a role more significant than imagined sympathizer. During the darkest, freshest moments of their despair, they felt the urge to write. I felt that need too, and they showed me I wasn't going mad. When I couldn't articulate my grief to my family, and I sat mute to the concerns of my husband, pen and paper became my tools of communication. My only tools of survival. I wrote countless poems, ripped them up, or read them over and over again, pages pulled apart, dampened by tears. The self-revelation was powerful, each sentence allowing me to process and clarify my feelings around loss of identity and womanhood. This particular poem, "Mother, Other," offered me a deep autobiographical analysis of my selfdom as a nonpregnant woman. I read it again and again and began to fully appreciate the social and political implications put upon women when they are unable to fulfil the expected occupation of motherhood. Writing it made me angry, reading it made me understand how the trauma of child and pregnancy loss needed discussion and understanding:

> WHOLE: you are full of life
> HOLE: the life is taken away
> MOTHER: a grower, a feeder, a nurturer, a teacher
> OTHER: what should you be called now?
> *
> If you lose your parents = orphan
> If you lose your spouse = widow/widower
> *
> If you lose your child = there are no words.
> Just spaces and silence, glaring gaps and awkward avoidances.

I was lucky enough to be taking a class at this time on trauma narrative with Dr. Suzette A. Henke, a professor I felt comfortable enough to share my personal situation with. She informed me that she had coined a term for the process I and countless other women had gone through, "scriptotherapy." Dr. Henke explained to me how women had been using it to heal for centuries—in letters to sisters, diary entries, and declarations to fathers that no one would ever read. Her book on the subject, *Shattered Subjects: Trauma and Testimony in Women's Life-Writing*, gave validation to what I had assumed was a grief-stricken madness:

> The authorial effort to reconstruct a story of psychological debilitation could offer potential for mental healing and begin to alleviate persistent symptoms of numbing, dysphoria, and uncontrollable flashbacks. Autobiography could so effectively mimic the scene of psychoanalysis that life-writing might provide a therapeutic alternative for victims of sever anxiety and, more seriously, of post-traumatic stress disorder. (xii)

Dr. Henke encouraged me to keep writing and exploring my trauma and healing with texts and so I did, and as my story was published in newspapers and magazines in the U.S. and the UK, not only did I feel better, having cathartically released my inner turmoil onto the page, but other women who'd been through a similar—or far worse—situation came forward to thank me for my honesty. They'd felt as alone or misunderstood as I had, guilty of our resentment toward women whose lives seemed so easily blessed with healthy children, and my writing made them feel less freakish.

I decided to investigate writing as therapy for my final paper in Henke's trauma narrative class, and interviewed a psychologist, Dr. Brian Beckham, about my worryingly, I feared, attention-seeking form of therapy. He assured me that far from being a vain, self-centred approach to healing, scriptotherapy was undergoing something of resurgence—popular within modern psychology thanks to its ability to offer healing without confrontation, to give closure without reproach. "When a patient is writing, and chooses to share it with me, I can pick up many more vivid emotions and details that need to be addressed. Writing unleashes the subconscious even more than the talking cure," he asserted. "Nothing is repressed because the person feels they have control over the ink and paper. I also advise artists to paint their traumas. Creativity is an excellent way of getting yourself toward healing: whether it is a teenage girl keeping a journal, or a recently divorced woman writing a letter to her ex-husband that she will never post. Venting on paper—with a pen or a paintbrush—is a safe haven, a private place."

So what did my overwhelming desire to take my pain out from a private place and into a public arena say about my healing process? "Sharing pain—whether you are the writer or the reader—allows you to feel part of a collective whole. The fact you want to share your story means you have unresolved feelings and that there is grieving you haven't done yet, and maybe you want to help others feel less alone," said Dr. Beckham.

So I wrote on—poems, emails to women who'd been through similar losses, articles for newspaper supplements about the guilt and shame associated with abortion. The fear of anyone who has been through a psychological trauma is that they are unique and no one can help, but writing allows us to unload the burden, I realized, and reading it allows us to form healthy

connections. The trauma is then shared between the writer and the readers who have experienced something similar. A piece of published scriptothera-py—which I am seeing more and more of in mainstream publications and on bookstore shelves—can be kept, reflected on, and studied again in confusing, hard times. This contradiction of visible introspection can offer a lifeline to victims of misfortune.

My depression lifted with each swoosh of my pen so I kept asking myself, "how can we live with our pain but to write it, sing it, or talk about it? How can we cope alone?" I didn't feel I could have, or that anyone should have to, yet losing a baby, as with anything grief related, is still such a taboo and awkward issue that women struggle silently for fear of making others uncomfortable. Depression, too, is not something family and friends find easy to face either, which prompts the toxic pairing of pain and shame, too often leaving the sufferer suppressing rather than discussing ways to feel better, even with a loving partner or supportive friends. Being creative and becoming part of a social group through the sharing of my story offered me an invaluable outlet for my anger and a place to heal. At this point, I truly believed that creativity could offer a safe space toward personal healing, recovery, and resistance to mental illness and depression for all.

Last year, five years after my loss, I was accepted into a PhD program in comparative humanities, and my family, which now included two small children, and I moved to a southern U.S. city. As part of my doctorate, which had a focus on public arts and letters, I was encouraged to do community service. I decided to set up a free writing workshop for women who had lost pregnancies or children, an issue still close to my heart despite my much improved personal situation. I arranged with a friend to borrow the private room in her coffee shop once a month as a safe, neutral place to meet, and designed a flyer that I distributed to the city's grief groups, doulas, and the local newspaper and on social media. Eleven women signed up to meet up the following Sunday afternoon.

Next, I had to carefully compile a lesson plan and handout that would work for all levels of writers with common goals: to share, to inspire, to be healed and to learn. I emailed a PhD colleague, who had created a writing workshop for breast cancer survivors the previous year, for advice on the craft of teaching creative writing and on how she emotionally handled leading a group who had suffered such trauma. My only fear when deciding to do this workshop was that I'd be left mute by their stories, unable to guide them, paralyzed by a useless pity the women didn't want, or deserve to be hampered by, in such a creative environment. She emailed me the following:

When we started the group, I told them that I was interested in how

women with breast cancer use writing to explore and recover their identities, but I never specifically asked them to write about their illness, because I didn't want them to feel exclusively identified by that. I did try to choose writing exercises and prompts that required them to reflect on their identities and relationships. We would analyze poetry, divide into groups for word association games, and be set homework to bring to the next meeting. That balance seemed to work out really well, and some of them did write some really profound things about their illnesses.

With her advice in mind, I drafted a plan for our first three-hour meeting. The most important thing to get across to the women was what was expected and *not* expected of them, so I handed each writer a guide on how the workshop would work:

•This group is a safe place. Everything you write here is for you, and only you decide if you want to share it with the group, or with anyone else.
•We are supportive. No level of skill or proficiency is required, just an eagerness to write or to learn about how to start writing, as a way of healing.
•Your story is your story. Tell it however you wish to tell it knowing that judgments, rules, and labels have been left outside. Write about what you know, or write about the stuff of dreams. It's up to you. I will give you prompts—you can take them wherever you need to.
•We can all learn to be careful, critical readers. Work out your thoughts to another person's writing in a sensitive manner. They should never be personal. Express your thoughts about the tone, story, word choice, message, or feelings you experienced as a reader/audience member. Try to anchor your comments to specific passages or lines or characters in the text. Be honest—good, hearty feedback acts as crucial encouragement to a writer of any level. If something really worked for you and hit home, share it to give the writer more ideas and motivation to continue.

At three p.m. on the day of the first workshop, we twelve gathered. Among us were all ages, from thirty-one to eighty-three, all backgrounds, all races. But we all shared the need to feel understood, to be able to share the grief of losing a pregnancy or a child in a place where we wouldn't be judged or hushed, or wouldn't cause embarrassment. We drank tea and talked about our children; we dispersed to write in silence before coming back together

to share our words. We met once a month over the following four months, communicating via email and Facebook in between meetings, these strong, heartbroken, kind, fierce women bringing in the words they'd poured over at home, and we would cry, share, write, and discuss each other's work. We were all grateful to have friends who understood the daily grief we were shrouded in.

One woman in her late thirties, who had lost a baby at just eighteen days old, had become someone she didn't even recognize. "This loss has made me more out-going. I feel a need to put myself out there and to speak out, explain how I want to be talked to," she told our group after reading her first piece, a prose poem, out loud, as we sobbed in a circle around her:

To The Person Who Thinks Grieving Parents Should Be Over It:

Grieving is more than just sadness and tears. Once you lose a child, there are constant reminders that they are not here.

The medical bill that you get six months to a year after they pass away and the mail that continues to follow afterwards.

The family pictures that always miss just that one person unless you find a way to include them, even still, they are truly not there.

When you meet someone and the common social question of "how many kids do you have" gets asked. If you include them, and they ask ages, then how do you respond about the age of your child that passed away? That can be a conversation stopper.

If you don't include them in your number of children then you may have guilt or feel bad that you "left them out" to spare someone else's feelings. I don't include them for attention because trust me, this is not attention you would want. I include them because they are my child.

Child loss can be socially isolating. Please invite us and let us decide if we can handle it.

People may even avoid us. Maybe people avoid us because our situation makes them sad but this is our lifetime and for you, it's just minutes of dealing with it. Maybe we are not easy to talk to but please be patient as we are learning how to live this new life.

Seeing kids that are the age of our child doing things like going to school, losing their first tooth, graduating from school, getting married, having children of their own. It doesn't stop and the constant reminders keep coming.

A song, smell, sound, name, hospital, street, person can trigger vivid memories and emotions that you may never understand. Hopefully, you will never understand.

Another woman, who had suffered a stillbirth six months earlier, would come and listen in silence, unable to share the scribbles in her notebook, and that was fine. This was a place of no judgement. We felt, sadly, that her pain must be even deeper than ours. We started to worry for her more than we worried about our own grief. For, quickly, we all loved each other. Our children, whether we'd held them or not, came alive when we were together. We were grateful to be able to discuss not only our immense sadness but the joy too—the joy of the thought of them, of plans we'd had, of moments between partners, of smell of the toddlers, the sassiness of the teenagers.

During our third meeting, a former headmistress, the most steely and removed of the group, shared a poem of heartbreaking beauty before breaking down into the deepest sobs that had been a long time coming. Over thirty years had passed since her miscarriages but, as she explained, back then she wasn't allowed to talk about her loss. She had to bottle the pain up, and it had been killing her.

> *The medical history questions always taunt me and haunt me.*
> *Number of Pregnancies?*
> *Three.*
> *Number of live births?*
> *One*
>
> My answers reopen old wounds
> *of heartache, sorrow, and guilt.*
> *Decades later I still mourn.*
> *Yearning for the children I lost*
> *before they were born.*
>
> *There remains a void in my heart.*
> *An emptiness carved out by a grief*
> *that was never allowed to be spoken.*
> *Left alone to deal with my pain in silence*
>
> *Healing begins when I am willing*
> *To speak my truth and honour my sorrow*
> *To finally reach out and say this is what I lost so many years ago*
> *Hoping that sharing my story will help other mothers know they are not alone*
> *Hoping my words help them to repair their broken hearts*
> *And hoping to finally mend my own broken heart as well.*

At each meeting, a grandmother, who had lost her adult daughter to cancer

a few years earlier, shortly after she'd seen her marry the love of her life, wrote tales of her daughter's bridezilla moments and the pesky butterflies that had followed her around since her daughter's passing. We soon learned to laugh at her stories, despite the heavy, headache-inducing themes of the work we were reading. We all looked forward to the light relief her charming anecdotes, jotted down in her flowery notebook, brought to proceedings:

> We took our grandchildren to Gatlinburg last summer, and while playing and eating lunch in the Smokies, a beautiful blue butterfly landed on our table. For quite a long time, no matter where the kids went, the butterfly stayed right with them. They were so excited. They just knew it was their Aunt Lori who had passed away and who they missed so terribly much. Lori loved nature. The butterfly had been gone for an hour or so when my six-year-old granddaughter saw what she thought was the same blue butterfly approaching. She ran with her arms outstretched towards it, hollering "LORI!" When it got closer she realized this butterfly was brown. "Oh I'm sorry," she said, "I thought you were someone else."

At our last meeting, this grandmother brought a cake she'd had made at her local bakery. On it, piped in vibrant blue and grass green icing, were the words "Love always, mom." "I want the children to know we are thinking of them and miss them, that we still celebrate them" she said, as she served up thick, sugary wedges of sponge on to paper plates. We each took a slice, thought of our lost babies, and reflected on our time together. These women, my band of brave friends, had stretched out their hearts across every page they'd been given and between the lines, there were connections made, support given, tears and laughter shared—a start toward healing after the worst pain imaginable.

Sharing pain through words—whether you are the writer or the reader—allows you to feel part of a collective whole. As a grieving mother from England who had heard about the workshops and asked for the handout I'd prepared wrote, "Sometimes you don't want to talk about it because it makes it real, but sometimes you want to shout about your pain from the rooftops; for someone to hear your sadness at losing a pregnancy and to give you a hug and to understand what you've been through." Scriptotherapy and the focus on self-revelation and self-analysis that writing gives can be a powerful method of healing for many. A common fear of someone who has been through a psychological trauma is that they are unique and no one can help, but writing allows us to unload the burden and reading it allows us to form healthy connections, which become a lifeline to victims of misfortune and heartbreak, especially mothers

struggling to articulate their battle to keep living when their heart has been torn from their chest.

Endnote

[1]Pseudonyms have been used for members of the writing workshop in this article.

Work Cited

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KATHERINE COTTLE

For Addison, September 2011

Ten years ago, I held your wobbly neck
while the hospital TV played and replayed
the planes crashing into the towers,
my own stomach a mess of staples and blood,
playing and replaying
the sound of your first cry
and the new life that began for all of us
at that moment.

Today, the entire Humanities building began to shake
and I stopped grading, started to panic before
the news reached us fifteen long minutes later:
an unexpected earthquake.
I couldn't reach you for over an hour.
I was alone, in every way.

I was fine, Mom, you told me later.
Grandma and I just thought a tiger
was crawling under the couch.

In another decade you may be
even further away from me—

living in another state, another country,
any place a mother would worry about her son,
which is anywhere she isn't.

And when disaster strikes again,
which it inevitably will,
in other man-made and natural forms,
and metal, flesh, and ground
meet and enter one another
like angry lovers,
know there was a beginning,
a moment you cannot remember:

a mother looking into her son's eyes,
seeing the upcoming wind and rain,
the forthcoming death and fury.

Know that she did not turn from those dark pupils,
Instead, she promised to continue with you,
through it all, without question.

PAT BRETON, EVA KRATOCHVIL, AND PAULA LANG

Hear Our Collective Voices!

Mother Survivors and Activist Movement to End Violence Against Women with Children

This article examines the experiences of women with children fleeing violence and survivor-activists in Ontario. Mothers are speaking out about systemic barriers and diminishing state support for women and their children fleeing violence within state systems responsible for protecting them. Lack of safe, affordable housing and universal child care supports and policing and child welfare interventions that fail to support women and their children's safety are most harshly realized by Indigenous, racialized, and low-income women with children seeking violence-free lives (Cull; Mann; Greaves et al.; Sinclair). Our aim is to shed light on state systems failing women with children fleeing violence; state policies retrenching race, gender, and class inequalities; and alternative accountability models for survivor-activists organizing to address systemic oppression. We argue that survivor activism in Ontario is crucial both within and outside the state to drive fundamental change and state accountability for violence against women at community and provincial levels.

Mothers are speaking out about systemic barriers and diminishing state support for women and their children fleeing violence, within a context of rising state collaborations and interventions. Lack of safe, affordable housing and universal child care supports; policing and legal systems that fail to support women and their children's safety; and punitive child welfare interventions that hold women responsible for protecting their children are most harshly realized by Indigenous, racialized, and low-income mothers seeking violence-free lives (Cull; Mann; Greaves et al.; Sinclair). The collective organizing by mother survivors of violence is evidence of a growing activist movement that is confronting systemic barriers in shelters, policing, and child welfare. Yet concerns are raised that feminist organizing within the antiviolence movement cannot

deliver transformative change given the state's complicity in gender violence that props up racism, patriarchy, and the colonial project (Smith; Kim).

This article examines the experiences of women with children fleeing violence and survivor-activists in Ontario within the context of race, gender, and class oppressions in state systems responsible for protecting them. Our aim is to shed light on state systems failing women with children fleeing violence; state policies retrenching race, gender, and class inequalities; and alternative accountability models for survivor-activists organizing to address systemic oppression. To begin, Pat draws on her activist-informed doctoral research and a mother's narrative fleeing violence with her children to connect women's experiences of systemic oppression when fleeing violence with the rise of child-centric policies in Ontario that punish women for failing to protect their children. Paula's narrative in the second section highlights her experiences as a mother fleeing violence and as a survivor-activist organizing for social change to end violence against women. Eva's narrative elaborates on her experiences as an activist and frontline worker and witnessing the troubling trend of women with children fleeing violence becoming single mothers as the state removes their children, whom they deem at risk. To conclude, we examine alternative visions to address violence against women and children that include nonstate and hybrid accountability models. We argue that survivor activism in Ontario is crucial both within and outside the state to drive fundamental change and state accountability for violence against women at community and provincial levels. Transformative systemic change is only possible when mother survivor experiences and voices are moved from the margins to the centre of state policymaking.

What Are Mothers Saying? : Activist-Informed Research and State Policies to Address Violence against Women with Children

I had not initially set out to work with activist groups in my doctoral research concerned with violence against women, mother/child welfare and state policy. However, I met two survivor-activists, Eva from Windsor and Paula from Sault Ste. Marie, at the 2014 Ontario Association of Interval and Transition Houses (OAITH) Provincial Training Day in Toronto, Canada. This initial encounter coincided with the early days of my PhD fieldwork in August 2014. To recruit mothers for my research, I displayed "Tell your Story" posters in several Ontario shelters and organizations inviting mothers fleeing violence to participate in confidential interviews and focus groups. Paula's and Eva's leadership in their local communities and their connections to activist groups were instrumental in supporting mothers interested in participating in my research project. For example, as child care was a barrier for many women

wishing to participate, Paula and Eva arranged child care so the mothers could take part in interviews. Many mothers who participated in my research identified as Indigenous, Métis, racialized, and low income, which provided an important analysis of the intersectional oppressions of race, class, and gender for mothers fleeing violence.

In my study, women raised concerns about how state systems such as child welfare, women's shelters and policing were failing them, as this one mother's narrative highlights:

> I kept trying to run away from this man. I kept trying to run and look where I am at. The abuser was charged once and he pled guilty and had his fifty dollar fine and that was it. Your stay in these shelters are so limited; you don't have the time to find stability. The thing you grab onto is probably the worst thing because it is unsafe or you don't have the money to even make it. But shelter staff are going to call CAS [Children's Aid Societies] every time you [the mother] call them [the shelter] and CAS are just going to make your life more difficult, which is exactly why women do not call [the shelter]. It is not worth it. I am not the only one who was in the women's shelter house, whose children were taken away because of the abuse they tried to prevent and get away from. (Low-income, Indigenous mother with three children)

Three state systems involved in providing coordinated services to protect this mother fleeing violence are failing her. Although the police and the criminal justice system were involved with charging and sentencing the abuser, the abuser faced few consequences and was out on the street reabusing the woman, while she continued to seek safety for her family. Women's shelters are no longer considered a safe support for this mother, as Children's Aid Societies were immediately called and as tragically revealed in her case, her children were removed from her care. This woman is less likely to seek safety at the shelter the next time she is abused, as in her words "it is not worth it."

Women's stories of systemic oppression in policing, the criminal justice system, child welfare, and women's shelters expose how state policies introduced over the last several decades to protect women with children from violence have further entrenched racial, gender, and class inequalities. For example, the introduction of Ontario legislation in the late 1990s to protect children from witnessing abuse and violence has ramped up CAS interventions into marginalized mother's lives who, according to the state, fail to protect their children (Strega et. al; Swift and Parada). The disproportionate number of Indigenous, immigrant, and racialized children in Ontario's child welfare systems evidences the racialized and gendered discrimination that women with children

encounter when fleeing violence (Cull; Swift and Parada). Furthermore, the introduction of Ontario's CAS-VAW collaborative agreements in 2004 between Children's Aid Societies and Violence against Women's agencies cemented a collaborative response between shelters, CAS, and police to address violence against women that focused on the at-risk child. As the mother's narrative highlights, child-centric initiatives have increasingly exposed women with children seeking safety and support to child welfare interventions that punish mothers for the gendered violence in their family's lives, often with the removal of their children from their care.

As state interventions in Ontario collaboratively ramp up to address violence against women, survivor-activists are speaking out against the race, class, and gender oppressions they encounter in state systems when seeking violence-free lives. Who then are the survivors in Ontario organizing for change to end violence against women with children? In the next two sections, Paula and Eva, respectively, outline their experiences as survivors and activists in state agencies and the antiviolence movement to reveal the tensions, road blocks, and possibilities in activist movement outside and inside the state.

What Happens after Survival? : Survivor Advocacy and the Freedom Sisters in Sault Ste. Marie, Ontario

When I left my husband nine years ago, my only thought was how could I manage as a single mother on Ontario Works and still provide financially and emotionally for my two daughters when I felt damaged and broken from many years of abuse. Following custody battles, stalking by my abuser and CAS involvement, I had the responsibility to not only heal myself but find counselling services that would help my children cope with what we experienced. After my own healing journey, I was left with a burning need to be able to use my experience to help other women who were leaving a violent situation. My number one question was what can I do?

My need to do something to create change and awareness came in the form of an advocacy group for women survivors of domestic violence in northern Ontario. The group, the Freedom Sisters, Sault Ste. Marie (SSM), began in 2009 with a core membership of three women and has steadily grown to a group of ten women who continue to meet monthly. Our membership includes Métis and First Nations women, students, social workers, homemakers, retirees, and full- and part-time employees, the majority of whom have been or are single mothers who experienced violence. The early beginnings of the survivor group is attributed to Women in Crisis (Algoma), the local women's shelter. The shelter reached out to survivors in the Sault Ste. Marie community and invited them to participate at meetings to brainstorm needed change for survivors of

violence in the local community. A survivor advocacy group originated from these meetings. By 2012, the survivor group moved to a new location with a meeting space and a safe area for childcare. With funding from the Algoma Council of Domestic Violence (ACDV), this survivor advocacy group was able to provide supper and childcare to the women who attended these monthly meetings. In 2013, the survivor group formally became Freedom Sisters (SSM) and created the vision statement "to live in a society where survivors of abuse and violence are a memory" (Freedom Sisters SSM 1). Their goals of raising awareness, advocacy, and empowerment are reflected in the mission statement: "the purpose of Freedom Sisters (SSM) is to create awareness of violence against women; educate all people in the community from the survivor perspective; and to help women become empowered" (Freedom Sisters SSM 1).

Women in the Freedom Sisters have survived. Their survivor voices can share what it is like to sit in the back of a police car as a victim of domestic violence, to face the Children's Aid worker who shows up at the door unannounced to do an investigation, to be stalked by her abuser, and to be so afraid her abuser will take her children that the mother allows the abuser to walk through peace bonds and protection orders. These mother survivors know how it feels to be forced to attend court and sit across from their abuser and feel such terror that they forget how to speak. These women know that sometimes the only reason they held on, the only reason that they made it through, was because of the small arms that hugged them good night and the hope for a better future for their children. The plunge into single parent status furthered the race, gender, and class oppression they faced in multiple state systems. For example, one Métis mother in Freedom Sisters who always worked part time had to turn to Ontario Works and apply for social housing after leaving her abusive partner. While the mother and her child struggled to survive in a new home, school, and community, the abusive partner continued with his usual life, living in their family home and working his full-time job, without providing financial support for his family.

A primary focus of Freedom Sisters SSM is community-based public education and awareness on the topic of violence through the survivors' perspectives and the telling of individual survivor stories. At speaking engagements—such as International Women's Day events and 6 December Day of Remembrance Events—women survivors share their personal stories of surviving abuse and the difficult process of leaving. The group annually participates in the Community Day parade in the summer and hands out positive affirmations to empower women and information about ending violence against women and children. Each November, the Freedom Sisters also organize the local Shine the Light Campaign in Sault Ste. Marie as part of a province-wide initiative to raise awareness about violence against women. The campaign encourages

residents and businesses to turn the community purple as a symbol of standing in solidarity with abused women seeking violence-free lives while it raises awareness of the community agencies supporting abused women (London Abused Women's Centre).

Addressing systemic barriers faced by women and mothers fleeing violence is another priority for the Freedom Sisters SSM, as women with children fleeing violence are encountering barriers within state-funded systems such as criminal justice, Children's Aid Societies, and policing. A major barrier for these women to participate at policy tables is the blame and shame mothers experience in the retelling of their story when accessing state systems. Rather than question where state systems have failed women and their families in keeping them safe, staff members in state systems often ask abused mothers "why did you stay," essentially blaming women for being in an abusive relationship. In telling their stories, women fear Children's Aid workers will apprehend their children and they will not be believed by CAS, particularly as many abusers use the child protection system as a form of terror and control against them. For example, one of the Freedom Sisters shared that her abusive ex-partner had called Children's Aid and made sixty false reports about her over a six-month period. When she tried to involve the police, she was told by police that this did not constitute harassment. When the mother questioned CAS about the harassment, they responded that "their hands were tied."

When Freedom Sisters are invited to policy tables, they often experience barriers for full inclusion, such as tokenism. For example, in 2013, the Freedom Sisters were invited to meet with the local MP to talk about violence against women. The women were excited to share their abuse experiences and have their voices heard by a local politician involved with a bill on domestic violence. However, rather than listen to their experiences of violence as part of the consultation process of his proposed bill, the MP was only interested in sharing the purpose of this bill with the Freedom Sisters. It was his hope to use the name of the group, Freedom Sisters, to provide backing for his bill that advanced his wife's work, not the experiences of survivors.

Financial barriers have also prevented Freedom Sisters from participating in policy development. The withdrawal of provincial funding from grassroots and other violence against women services has negatively impacted survivor-activist participation (Sinclair). For example, Legal Aid Ontario was organizing a 2016 regional meeting with domestic violence survivors, partners in the violence against women community, and other legal and community service providers to develop a strategy to expand and improve legal aid services for domestic violence survivors. Freedom Sisters contacted Legal Aid Ontario asking to participate, and they requested funding for travel expenses for some of the survivor-activists as the nearest locations were either four or eight hours away.

Although travel costs for professionals are typically covered by their respective agencies, women survivors, predominantly low income, were not supported by Legal Aid Ontario. Even though Legal Aid offered to include Freedom Sisters via video conference, and Freedom Sisters were in agreement, Legal Aid failed to follow up.

The Freedom Sisters are driving systemic change by retraining workers in state systems involved with domestic violence. The Freedom Sisters hosted their first conference "Supporting Voices in the North" in June 2016 after securing $10,000 in funds from the Ministry of the Attorney General. The conference extended invitations for "trauma essentials" training to court workers, police services, victim support services, Children's Aid Societies, Ontario Works, social housing workers, and women's shelters. The conference emphasized how these groups' domestic violence services are not meeting the broad and diverse needs of women fleeing violence. A central part of this training was the inclusion of the lived experiences of survivors who had been negatively impacted by many of these state-funded services. This two-day conference brought training on domestic violence and sexual violence to students, survivors, and fifty frontline workers from Indigenous and non-Indigenous women's shelters and mental health services, and community-based criminal justice supports. Although the success of the conference signifies that survivors have the drive and capacity to create social change within state-service systems and through community-based advocacy, the absence of state employees from Children's Aid Societies, court systems, and policing highlights the disconnect within and between state systems to actually listen to women survivors when they address the systemic barriers women encounter when fleeing violence.

Spiralling Out of Control in State Systems: From Single Mother to Single (Mother) … to Survivor Inclusion

As a community activist and frontline worker in VAW and homeless shelters in Windsor, I see a troubling trend. Over the last decade, women with children fleeing violence have had their roles as mothers reduced from "mother" within a family context to "single mother" status when she leaves an abusive partner and finally to "single (mother)" when her children are apprehended by the state. Low-income, racialized, Indigenous women are the most marginalized as they make up the majority of single (mothers) whose children are in state care. Mothers with complex traumas, such as abuse, mental health or addictions issues, are more likely to be deemed unfit to parent, which increases the likelihood of CAS intervention (Swift and Prada). As shelters, CAS, and policing become more collaborative, coordinated, and interventionist, as revealed in Pat's section on policy shift to the at-risk child, shelters are state mandated to

report to CAS when women with children seek safety at the shelter.

During recruitment for Pat's interviews, an Indigenous woman wished to tell me her story as a mother with three young children seeking a violence-free life. This mother wanted it known how quickly things can spiral out of control for her and her children when state systems are involved. As a mother in her late twenties, she identified a lifetime of oppression growing up as a CAS Crown ward. She claimed her troubled childhood within the child welfare system was a major factor that led to her becoming involved in an abusive relationship. As a mother fleeing violence, she was further oppressed by the very state systems that failed her as a child. Accessing police help to escape an abuser no longer seemed a viable option for this mother because police reports only contributed to building a case against her with CAS. So she suffered through further violence without speaking up. Returning to the abuser and being under his control, and in his home, seemed a safer option than remaining separated and enduring further surprise attacks by the abuser. Her situation with CAS became increasingly difficult as the mother's decision to stay with the abuser was negatively viewed as choosing the abuser over her children. Additional attempts to separate from the abuser became more difficult for this mother who encountered a judgmental approach from staff at the shelters. Questions such as "what is going to be different this time?" and "how serious is she about the changes?" blames mothers for staying and returning to abusers, rather than holding the state responsible for the systemic barriers women encounter in leaving abusers. After losing custody of her children to child welfare, she became a single (mother) in state systems that bounced her from domestic violence shelters to homeless shelters with a limited stay period in each. Subsisting on Ontario Works, she could only afford a room for rent, a housing situation that further limited the possibility of her regaining custody of her children.

A single woman's "mother" status is further eroded by systemic barriers that prevent mothers from creating a stable environment to have their children returned to their care. For example, CAS agencies increasingly require marginalized mothers to provide a quality of care that often exceeds the financial capabilities of low-income families (Swift and Parada). A low-income mother, who no longer has her children in her care, will have her social service allotment on Ontario Works cut back to that of a single woman, often deepening her poverty. Additionally, when making applications for social housing, the mother's housing need is based on the number of individuals in her current household. If her children are in temporary CAS care, her choice of housing is often limited to housing for a single person, such as a room rental, not suitable for visits with her children or the return of the children into her care.

Although survivor mothers want to do what is best for their children, they often feel overwhelmed and burdened by CAS' mandatory requirement to attend

numerous parenting programs or are unfairly excluded from them. Parenting programs are important to mothers who have left abusive relationships, as they can help mothers learn new ways to minimize the effect of abuse on the children and to regain and strengthen the parenting role and the mother-child bond undermined in an abusive relationship. However, these state-mandated responsibilities often burden mothers during a time of crisis when they are just trying to survive day-to-day and support their children through this difficult and disruptive period of transitioning to violence-free lives. In cases where the state has apprehended children from the mothers, these single (mothers) are often not entitled to attend mother-child groups offered by the shelter, thereby decreasing the likelihood of their children being returned. These mothers are treated as though they are single women. Their losses are not acknowledged, their needs are not recognized, and their ability to improve on their mothering potentials is curtailed by the systems involved in the apprehension of their children. Parenting programs should be voluntary for all parents and single mothers, with and without children in their care.

Survivor Inclusion

The inclusion of survivor stories is important for systemic change. However, there is a general sense of hopelessness for mother survivors that speaking out against systemic oppressions will bring positive change for mothers and their children. Although single mothers are often the most outspoken and knowledgeable about the changes needed to address the systemic failures, they encounter a number of barriers when engaging in survivor inclusion initiatives. Despite assurances of confidentiality, mothers involved with systems, such as CAS, police, and women's shelters, fear reprisal and judgment when they provide constructive feedback about the systemic barriers they encountered when fleeing violence. For example, one mother survivor who spoke out against CAS was seen as "not focussing on her priorities" of getting her children back, which affected her chances of regaining custody. Highlighting the fear women experience in speaking out against CAS, another women who participated in the research mentioned "Speaking up can come at a cost; we need others to help us speak up, thanks for doing this."

Over the last four decades, there has been a gradual decline of survivors doing work in the antiviolence movement. This loss of survivor participation is in part due to the VAW sector becoming more professionalized. The sector has lost its grassroots approach and has started to emphasize a business model in an effort to increase its legitimacy and obtain better state funding. To address the loss of survivor voices, the Ontario Association of Interval and Transition Houses (OAITH) supported the formation of a Survivor Advisory Committee

in 2012. Since its inception, I have sat as the co-chair and chair on this committee to support the growth of the survivor advocacy group, despite the lack of state funding to support these initiatives, a concern also raised by Paula. In early 2016, survivor group members participated as moderators for an online VAW foundations training for frontline workers offered through OAITH. The survivor-centred training provided opportunities for survivors to create discussion points with frontline staff in shelters, new workers to the VAW sector, and university students pursuing future careers working with victims of violence about the systemic barriers survivors faced in living violence-free lives.

Changes can occur when survivors are included in government decision making. At a recent Building a Bigger Wave Conference, a number of survivors, who sit on their local domestic violence coordinating committees, discussed their initiatives in process and demonstrated how survivor mothers have found a way to work against and within state systems for change. For example, one group of survivor mothers in Ontario identified problems when seeking help about child-support payments from the local family responsibility office (FRO). The survivor group developed an online resource in plain language as an informational guide to help Ontario child-support recipients advocate for their families and better navigate the complex FRO system responsible for child-support collection and enforcement. This guide caught the eye of the Ministry of Community and Social Services and was acknowledged as a valuable resource. Currently, the survivor's group is conducting a follow-up survey where the results will be included in a report to the FRO with recommended changes and improvements to address the barriers women survivors encounter when taking action on their missing child-support payments.

From the Margins to the Centre: Alternative Visions to Address Systemic Colonialism, Racism, and Sexism

U.S.-based alternative intervention and accountability models offer new hope and visions for addressing systemic oppressions in state systems responsible for supporting and protecting mothers and their families fleeing violence. Two alternative visions are considered here: nonstate accountability models and hybrid accountability models.

Nonstate Accountability Models
In the U.S., community groups are developing radical, nonstate community accountability models in conjunction with local organizing efforts as an alternative to oppressive mainstream system responses to VAW (Smith). One example is Creative Interventions in the San Francisco Bay area, a collaborative project with Asian immigrant domestic violence advocacy organizations within

immigrant, queer, and racialized communities. Eschewing the involvement of any state systems in solutions to violence against women, this community-based intervention model instead engages circles of friends, family, and community to build collective responses, map allies, and use resources available and familiar to those affected by violence to construct remedies to end violence (Pennell and Kim 178). The community-based model is particularly relevant in immigrant communities where they are more distrustful of criminal legal systems and are oriented toward problem solving that engages their community networks. They are interested in solutions that hold the possibility of keeping families and community intact (Kim 207).

Hybrid Models of Accountability

Hybrid models of state and nonstate interventions to violence against women offer a range of options to better address women's demands and rights to live violence-free lives within mainstream state systems. A U.S. community-based vision of widening the circle of informal and formal supports involves elevating the leadership of the family and its community while still leveraging legal resources to safeguard women and their children in the home (Pennell and Kim 178). For example, at family-centred forums survivors and perpetrators along with their family members and informal networks of friends and other supportive service agencies are integral to decision making, but they do not relinquish state resources and protections, such as policing and the criminal justice system (Pennell and Kim 183). Family-centred forums are potentially transformative for racialized and immigrant communities and women as they can build a context of cultural safety in which family groups can speak in their own language and access traditional, religious, or spiritual interventions and practices (Pennell & Kim 184).

Ontario Survivors Speaking Out: Activism in Communities and at Policy Tables

U.S. alternative models addressing violence against women are still evolving. More research is needed to fully understand how effective alternative accountability models are in addressing systemic oppressions, holding abusers accountable, and advancing gender, race, and class equalities for women with children seeking violence-free lives. However, the models are helpful in envisioning new ways forward for survivors to drive change outside and inside the state.

In this article, we argue that survivor activism and involvement both within and outside the state is imperative to drive systemic change in Ontario. As Paula's and Eva's narratives reveal, the experiences of Ontario survivor-activists as mothers,

racialized and Indigenous survivors of violence, social workers, community leaders, antiviolence activists, homemakers, researchers, and feminists provide unique opportunities for organizing within and outside the state. Outside the state, women's community-based activism offers informal supports connecting survivors with other mothers fleeing violence and raises community awareness locally and province-wide about racialized and colonialist barriers encountered by abused women with children fleeing violence. The increased involvement of survivors inside the state at staff retraining sessions and at some local and provincial policy tables signals growing support for survivor inclusion at the systemic level. However, more action is urgently needed to move the voices and experiences of survivors from the margins to the centre of policy agendas and decision making. State-funded support is crucial for the full inclusion of survivor-activists at local and provincial policy tables. Voices from northern Ontario must be included at policy tables, as the specific funding and service needs of northern communities, and particularly Indigenous communities, are often ignored or eclipsed by larger southern communities. Furthermore, the state must support the efforts of survivor-activists to confront and disrupt the barriers thwarting survivor inclusion in state-funded systems in light of the troubling absence of policing, criminal justice, and child welfare organizations at survivor-centred initiatives.

As one survivor-activist emphasized:

> Our society must begin to listen to survivors, hear their collective voices, and understand the barriers women face in the systems that are meant to help. Until survivors are welcomed at the tables where policy change occurs, the changes that are needed to help women fleeing violence will not happen. Women who have been there know what the problems are; these women who have survived our justice system can tell you that a piece of paper does not bring protection. These women can tell you that leaving an abusive partner plummets you into a poverty so stark you think you will never find your way out. These women can show you how a little spark of hope can lead to immense change within women, community and country. These women have survived, they have overcome, they are warriors, and they deserve to have their voices heard by the patriarchal systems that have oppressed them. Invite these women to your table and hear their stories. They can tell you more than the statistics ever can.

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PAMELA DOWNE

"Force Fields" of Motherhood and Maternal Empowerment

An Indigenous Mother in Canada Engages the Narratives of African Caribbean Mothers in Barbados

Isabel is a grandmother from a northern Cree community in Saskatchewan. As she copes with temporarily losing custody of her young grandson, she engages with the stories of two mothers from the eastern Caribbean, one who lives a similar life to hers and one from over two hundred years ago. This article presents that narrative engagement and argues that it constitutes a force field of maternal affinity that allows Isabel to recollect her own grandmother's strength and perseverance. This kind of maternal affinity—extending across geographical distance, cultural divides, and historical periods—can be a source for maternal empowerment in three ways. First, it establishes a motherline that is significant in times of distress. Second, it gives rise to redemptive narratives that help mothers living with HIV and addiction navigate and mitigate the intruding forces of marginalization and disruption. Third, it creates a sense of longevity and safety that can be a much needed reprieve from the oppressive surveillance and scrutiny that Indigenous mothers in Canada face.

All mothering occurs amid a force field of relationships. I first encountered this metaphor in Wednesday Martin's book on stepmothers, and it has intrigued me for some time. In science fiction, a force field refers to a protective barrier that is impenetrable to attack. This barrier, however, acts to contain and constrain as well as to protect. Jerrold Marsden and Anthony Tromba explain that, in physics, a force field consists of noncontact forces that act on individual particles. The nature and extent of the forces depend on the position of the particles within the field. And in the social sciences, force field analysis was introduced by psychologist Kurt Lewin in the mid-twentieth century to refer to the helping and hindering forces that shape individual as well as collective motives, values,

needs, goals, anxieties, and ideals. Taken together, these understandings of force fields provide a useful analytical framework for understanding motherhood as an ever-changing social institution, a site of multiple experiences, and the source of personal and collective identities.

In this article, I engage generally with the force field metaphor to explore how the story of two mothers in the eastern Caribbean resonated with an Indigenous mother in prairie Canada, and how a relationship of affinity was temporarily forged across cultural and temporal contexts. Isabel[1] is a Cree grandmother living in Saskatoon, Saskatchewan, who lost custody of her grandson for four months. Her struggle to regain guardianship rights was difficult, and she grew increasingly depressed and discouraged. She found a connection with Delia, an African Caribbean woman in Barbados. Isabel and Delia live very different lives in very different places. There are, however, important parallels that bring them together. Both women are HIV-positive with histories of addiction. They endure similarly intense state surveillance of their mothering and ongoing threats of child apprehension. Yet they both find intergenerational inspiration by recalling stories of strong women who represent individual and cultural survival. I argue that a motherline was created when Isabel drew on memories of her grandmother after engaging with Delia's personal story as well as the story Delia tells of a historical slave mother in Barbados. This provided Isabel with a reflective moment in which she rekindled her fighting spirit and continued her struggle to regain custody of her grandson and to claim her place as a loving and capable grandmother. This reflective moment, then, was one of maternal empowerment.

I draw on two separate ethnographic and community-based projects to explore the affinity between Isabel and Delia. The first was undertaken in Barbados between 1999 and 2004. I worked with twenty-two women in an underserved and poor neighbourhood in the capital city of Bridgetown as well as another eighteen women in a middle-class and well-served community on the west coast of the island. All forty women were of African Caribbean heritage and share an ancestral history marked by slavery and poverty. The objective of the research was to explore how women experience and respond to anxiety and fatigue. Not surprisingly, motherhood was central to the women's narratives of fatigue and fret. Just as unsurprisingly, motherhood was also central to the women's narratives of community and empowerment—narratives that the women insisted be told to balance those of struggle and stress.

The second project that I draw on here was undertaken in partnership with AIDS Saskatoon between 2008 and 2013. I worked with thirty mothers in Saskatchewan who live with or are affected by HIV/AIDS. Although there is a strong body of literature on mother-to-infant HIV transmission, there is far less work being done on what it means to be a mother in the context

of HIV. This project, therefore, aimed to explore how women mother their children (and the children of others) while negotiating a maternal identity amid the addictions, racism, and poverty associated with the HIV epidemic in Saskatchewan. The provincial HIV rates at the time of this research were almost three times higher than the national rates; the number of new infections among women of childbearing age outpaced most other demographic groups (Government of Saskatchewan). As a legacy of the cultural uprootedness wrought by European colonialism, Indigenous communities were, and remain, particularly hard hit by the epidemic, with rates soaring to nine times that of Canada overall. Injection drug use and heterosexual sex account for much of Saskatchewan's HIV transmission, a profile quite distinct from that of most urban centres across the country (Saskatoon District Health). The mothers with whom I worked in this AIDS Saskatoon project, therefore, are often confronted by racism as well as addiction-related stigma in their lives. Twenty-six of the thirty research participants identified as Indigenous: Cree, Dene, and Métis. Across both projects, a total of 161 interviews were conducted, which produced over six thousand pages of transcripts. Inductive and thematic coding were used to identify patterns in expressions and experiences addressing the primary research objectives.[2]

A Telling of Four Mothers: Isabel, Delia, Henrietta, and Kohkum

Isabel was granted custody of her seven-year-old grandson, Mark, when her daughter (and Mark's mother) was undergoing hepatitis C treatment. The harsh side effects of the treatment in combination with antiretroviral therapy (ART) for HIV had proven unbearable. Isabel's daughter returned to injecting opioid drugs. As a result, Mark was removed from her care by the Saskatoon Tribal Council's Child and Family Services (CFS). Isabel saw this as patently unfair. She believed that her daughter was unduly targeted by childcare policies biased against young, Indigenous mothers. However, Isabel also cherished her role as Mark's *kohkum* (grandmother) and embraced the opportunity "to be a Cree family. All of us taking care of each other."

Because of Isabel's own HIV status and history of addiction, CFS conducted regular visits to ensure Mark's safety. On one occasion, the visit came without warning. Knowing that she would be late from work, Isabel confirmed that her cousin, Serena, would be at home directly across the street from Isabel's house. When the case workers arrived, Mark was on Serena's front stoop waiting for her to unlatch the door. He was happy and calm. He knew that Serena had a batch of cookies waiting for him. However, the case workers interpreted the situation as one of neglect. Isabel explained that "They called me, saying, 'you left him alone' and 'he had no place to go.' But none of that

was true. My cousin was there; she was just slow getting to the door." Mark was placed in emergency foster care while CFS arranged a follow-up home assessment.

In the weeks that followed, Isabel was wracked with worry. She was not eating well nor was she sleeping much. She was forgetting to take her ART medications, and her health was deteriorating. As a survivor of Canada's residential school system, Isabel had been one of thousands of Indigenous children taken away from her home community and sent to government and religious educational institutions. Guided by the discriminatory 1876 Indian Act of Canada, these institutions were designed to force assimilation with English and French colonial societies by weakening Indigenous families and communities through the uprooting of children and indoctrinating them into European ways of life. The proceedings of Canada's Truth and Reconciliation Commission document the testimonies of over six thousand witnesses and former residential school students who described heart wrenching occurrences of physical, sexual, and emotional abuse, the suffering from which was exacerbated by forced cultural dislocation.

The rationale for apprehending children and placing them in the schools' care often focused on the Indigenous mothers themselves. Reports that children were left unsupervised, that they were too often left in the care of extended kin, that their families were too large, and that their mothers were fundamentally unfit were as common as they were unfounded. These reports provided the government with the justification to remove children from their home communities. Reports such as these continued into the mid-twentieth century. While residential schools were still in operation, Indigenous children were also taken into state care during "the sixties scoop." Children were apprehended from their homes and placed with Euro-Canadian and Euro-American foster and adoptive families throughout North America. In some cases, accusations of wrongdoing were substantiated by Indigenous and colonial authorities alike. In other cases, however, "the charges of parental abuse and neglect were flimsy at best and reflected long-standing racist biases towards Aboriginal communities and their residents" (Downe, "Intersecting" 23).

It is with this history that Isabel responded to what she saw as the unjustified apprehension of Mark. She withdrew from her friends at AIDS Saskatoon. She grew increasingly distrustful of anyone outside her small group of close confidantes. The weight of what seemed like ever-present surveillance bore down on her as she met with social workers, opened her home to their assessment, and repeatedly explained the diligence she took in caring for Mark. This level of surveillance would be unbearable for any mother, but it is particularly so for women who live with the oppressive history of residential schools, the sixties scoop, and other forms of unwarranted child apprehension. As Randi

Cull explains, "Aboriginal mothers live their lives under a state-controlled microscope and no one's life or behaviours look acceptable under that type of unnatural and unjust scrutiny" (153).

When I ran into Isabel at AIDS Saskatoon and asked how she was doing, she started to cry: "How am I supposed to keep going while I'm getting strangled like this? They're squeezing me so hard, I feel like I can't breathe." I asked if she had a source of hope, a lifeline of sorts, that could help protect her from the foreboding sense of defeat. Could she find inspiration and strength from another mother or grandmother who faced similar adversity? She shook her head, no. Stories of maternal grief and her own mother's suicide were "too loud in my ears," she said. Memories of Delia, a mother of four children who was central in the Barbados research, came quickly to mind. Like Isabel, Delia was living with HIV and had a history of addiction. Also like Isabel, Delia endured the marginalizing forces that rendered her mothering suspect.

When Isabel and I met at her house a few days later, I began talking about Delia. She had been fifteen when her first child was born. Although young mothers in the Caribbean do not face the vilification that Barrie Glassner describes young mothers in Canada and the United States as facing, Delia was still subjected to harsh judgment and social sanction. The increasing cultural criticism of teen mothers in the Caribbean joined the well-established discriminatory forces against HIV and drug use, and it took a toll. Delia explained: "I was crushed. Crushed hard. The pastor be yelling at me. My boyfriend's father be chasing me off. It be a crushing time." Shortly after her first child was born, Delia recalled that at the urging of some of her fellow church goers, representatives from what is now the Barbadian Ministry of Social Care, Constituency Empowerment, and Community Development began to investigate her maternal fitness. "I think the church mothers be worried that I no be good for the baby. That I be too sick with addiction," she explained. It was a terrifying time for Delia, as she worried constantly that she might lose custody of her son. When her second child was born the following year, her sense of vulnerability grew stronger: "Now [Ministry officials] be coming almost every day. I be so fretful. I thought for sure that they be taking my babies. What a terrifying time that be."

Delia's mother, though poor and facing her own struggles with addiction as well as domestic abuse, was a source of great strength. "My mother got a strong spine," Delia proudly explained. "She always be taking care of me and helping with my babies whenever she could." Importantly, Delia's mother also told her stories about the young slave mothers who came to represent maternal strength and perseverance among the research participants. Indeed, as I have argued elsewhere:

> In most accepted historical accounts … the young slave mothers, who endured sexual assault and exploitation, were fundamental in achieving community cohesion, administering care, and creating inter-plantation alliances among slaves. In times of extreme stress, the stories of these young mothers' strength and leadership offer inspiration and consolation to women … who feel disempowered by the desperation of their community. (Downe, "Memorializing" 141)

One of the most consistent stories that Delia's mother would tell, and one that Delia subsequently shared regularly with her own children, was of Henrietta Hutson, a slave mother from the late-nineteenth century Orange Hill plantation. "Henrietta was a survivor," Delia began. She stressed that although the story may be told different ways and details may vary, the story always begins with reference to Henrietta's survival. "Henrietta loved her children and wept when her oldest son died when he not even be a full year. But the tears did not weigh her down. She got up, like all strong Black mothers, she got up. Got up strong." In Delia's telling of it, the story continued to describe Henrietta's tireless work in the sugarcane fields, her subsequent pregnancies, and her sorrow when her children were sold to other plantation owners. Despite her grief, Henrietta would softly sing as she worked in the plantations, comforting those who laboured alongside her. Her beautiful songs would shore up the spirit of the other enslaved women and men. Recognizing that Henrietta was central to the workers' morale, the field manager was particularly violent toward her, but Henrietta's strength prevailed: "He knew it was young Henrietta's song that was going to cause trouble 'cause the spirit of our people just weren't breaking. Night after night, he'd bring Henrietta to the canes, force himself on her and torture her in ways not fitting to recall. But that just made Henrietta love her babies and her fellow workers all the more" (Downe, "Memorializing" 142). Delia concluded the story by emphasizing that "We got lots of Henriettas here. Strong girls finding themselves when they find their mother-right. Young strength is good strength and it makes for a strong future."

This narrative is clearly one that serves an important function in Delia's life and in the lives of other participants in the Barbados research. The veneration of young motherhood and of slave mothers who endure the colonial forces of violence, misogyny, and racism guides the research participants as they summon the voice and strength to claim their "mother-right" and stand up to forces of oppression. Indeed, as Diane Goldstein explains, stories are persuasive and meaningful when readers and listeners see themselves represented in the narrative and, in turn, use that story to influence their own behaviours. Narratives "take truth claims and hegemonic constructions and make them a culture's own (or not), twisting them and turning them in ways that force

them to make cultural sense" (Goldstein 172). The "truth claim" that young mothers are more irresponsible than older mothers was—and in many ways still is—gaining traction in Barbadian society. It is this claim, therefore, that the story of Henrietta Hutson twists so as to illustrate the historical importance of young mothers to the history and power of Black Barbadian motherhood.

I did not intend to go into so much detail about Delia and the Barbados research when I spoke with Isabel, but she was intensely interested in the story. She asked about the relationship between the African slaves and the Indigenous peoples on the island. Because the Indigenous Carib population in Barbados was small when the first colonists arrived in the eighteenth century, there is very little record of contemporary intercultural relations. Today, there is virtually no Indigenous presence on the island. "So the slaves are the ones who worked the land," Isabel concluded. There was a long pause in our conversation. Isabel was clearly lost in thought. Without prompting, she then began to tell me about her grandmother, a talented trapper who was one of the few women who would join the men in the bush during the spring:

> She had to leave her kids with their kohkums in the village and go off with the men, but she'd come home with lots of fur. Her kids were always doing real good when she got home. So far as I know, nobody never accused her of neglect or nothing like that. They just saw a good mother doing good by her children the Cree way, working hard on the trap lines with the men. But the government police came anyways.

Isabel paused and took a deep breath. She went on to describe how her grandmother's children were taken from her care and sent to residential school. "My grandmother fought so hard for her," Isabel explained. "[She] stopped going to the trap lines so she could stay and fight for my mother. She won, too. My mother finally came home, after two and a half years in the school. But I guess she wasn't never the same. The school broke her."

Isabel's grandmother figured frequently in our interviews but never as prominently as on that afternoon. Isabel went on to list all the things that her grandmother had tried to do in order for her daughter to heal from the traumas of residential school. Although Isabel's mother suffered from addiction-related illnesses all her adult life, and she ultimately succumbed to them, she was adamant that her children would know and live with their grandmother. As a child, Isabel was herself sent to residential school after her grandmother's home was deemed to be too crowded and the living conditions unacceptable. Once again, Isabel's grandmother began to fight. "She came to the school every week to argue with the principal to let me go home with her," Isabel recalled. "She was so old but I remember the fire in her eyes!" When Isabel was in grade nine,

she was allowed to leave the school to attend her grandmother's funeral. She never returned. "I just started running, I guess. And nobody never found me."

As Isabel spoke about her grandmother, she often referred back to Delia and her story of Henrietta Hutson. "I don't recall kohkum singing much," she said, having considered Henrietta's gift for inspirational song. "But she sure loved the beat of the drum." Henrietta's resistance to the field manager's sexual assault and abuse reminded Isabel of the ways in which her grandmother tried to mitigate the traumatic effects of residential school with which Isabel's mother struggled. "Kohkum loved all her children, but especially my mother, I think. She tried to love the hate away by keeping her people real close." And Isabel connected with the cultural veneration of youthful motherhood among the Barbadian women by wishing that her grandmother could have received similar appreciation:

> *Kohkum was real young when she had her babies. She said that was a good thing because she was strong when she was young. Her kids had their babies young. And I had my daughter when I was eighteen. She had Mark when she was seventeen. I wish I could tell [my grandmother] that there are places in the world where that's ok, where kids don't get taken away because you're too young, where being a young mom is ok … She'd like to hear that, I think.*

We spoke for over two hours that afternoon. There was great affinity between Delia's story of Henrietta Hutson and Isabel's recollections of her grandmother. In turn, there was a connection, albeit vicarious, between Delia and Isabel. "Does [Delia] ever come visit you here in Saskatoon?" she asked. No, I explained. Delia does not have the money to visit and, as far as I was aware, was not interested in making the journey. "Too bad. I bet she and I would have lots to talk about. I'm not up to meeting anybody new but I'd meet her if she was here." Isabel's engagement with Delia's story was strong enough that she imagined Delia as a friend, someone who even in these times of distrust and anxiety would be a welcomed visitor.

Force Fields and Maternal Empowerment

Delia and Isabel live very different lives in very different places. Yet Delia's story of Henrietta Hutson sparked Isabel's memory of her grandmother's strength and perseverance. Henrietta's youth and loyalty became meaningful for Isabel because it connected to the experiences of women across four generations of Isabel's family. Importantly, the resonance of this narrative is significant because Isabel otherwise felt deafened by stories of grief and loss. It created a reflective moment wherein Isabel drew an intergenerational motherline with

her grandmother. This proved to be a source of strength and inspiration that paralleled what Delia drew from her stories of Henrietta. These intergenerational ties extend not only vertically through time but laterally across cultural and geographic space to connect Isabel and Delia in ways that Isabel found significant.

What are the structural forces that intersect to create the field that renders Delia and her story of Henrietta so meaningful to Isabel? In his work with HIV patients in Haiti, anthropologist and physician Paul Farmer notes that the patients may not "share personal or psychological attributes. They do not share culture or language or a certain race. What they share, rather, is the experience of occupying the bottom rung on the social ladder in inegalitarian societies" (31). Perhaps it is this bottom rung position that despite the different colonial histories, allowed Isabel to seek and find connection with Delia and Henrietta. These stories offered a sense of longevity and survival that, in turn, created a field of safety. Alison Quaggin Harkin conjures a similar sense of longevity and safety through her conversation with a fictional mother who lived a hundred years before her. Both mothers have sons with disabilities. Both women feel the weight of mother-blame for their children's disabilities despite the different historical periods and personal circumstances that separate them. Harkin's work is a beautiful illustration that stories are powerful practice, giving "voice to those who have typically been denied one, and they demonstrate the value of devalued lives. Perhaps they even connect us to those who have had lived experiences more similar to our own than we might first realize" (286-87).

Maternal affinity across geographical distance, cultural divides, and historical periods can provide a catalyst for redemptive narratives that help mothers navigate and mitigate the intruding forces of marginalization and disruption. This kind of affinity may be temporary. After Mark was brought home to Isabel and life in her busy and loving household resumed, we stopped talking about Delia and Henrietta. But the maternal affinity was palpable and important in the moment. In Isabel's case, it created a sense of narrative proximity that emboldened her reflection on a heritage of survival and perseverance. It quietened the stories of loss and grief that were "ringing too loudly in her ears." It brought a sense of comfort.

Andrea O'Reilly argues that maternal empowerment "is best understood as an oppositional stance that seeks to counter and correct the many ways in which patriarchal motherhood causes mothering to be limiting or oppressive to women" (20). The ongoing apprehension of Indigenous children and the casting of Indigenous mothers and grandmothers as unfit are longstanding strategies of patriarchal and racist oppression in Canada. After summoning perseverance and courage through recollections of her grandmother's strength, Isabel continued to fight for her custodial rights as Mark's kohkum. This was

a fight to advance a redemptive narrative in which she held a place of responsibility and cultural significance. In so doing, she enacted a form of maternal empowerment. It may not be the explicitly feminist or rebellious kind of empowerment envisioned by Susan Douglas and Meredith Michaels (331) as they imagine the public exorcism of the "new momism" that demonizes mothers who do not embody social privilege. However, the force field of motherhood that connected Delia's and Isabel's stories gave Isabel a moment of critical and empowering reflection. The stories of maternal strength that Isabel shared in response to Delia's response were, in Isabel's words, "like an energy drink."

There are always risks, of course. Identifying force fields of affinity can run the risk of essentializing motherhood, rendering it as constituted by the same institutional practices regardless of cultural, historical, and political contexts. Feminist scholars have long criticized what Linda Alcoff calls the foolhardy generalizations that assume alliances among women and mothers that may not, in fact, be there. However, there are also risks in not attending to force fields of affinity among mothers. As neoliberal policies erode social welfare nets and increase burdens of individual responsibility and as motherhood across the Americas becomes more ensnared by these policies, there is a very real risk that mothers will be held more to blame for circumstances well beyond their control. Mothers who are marginalized and who struggle to be seen as worthy and fit face the greatest vulnerability. Perhaps identifying force fields of maternal affinity may provide ways for there to be strength in numbers and in longevity.

Wednesday Martin's claim that mothering occurs amid force field of relationships is an evocative one. The affinity that Isabel forged with Delia and Henrietta evinces that these relationships need not be interpersonal. They can also be narrative. In all their forms, the relationships that constitute the force fields of motherhood establish terrains of camaraderie, protection, and connection. They are the grounds on which mothers navigate forces that exacerbate vulnerability and those that provide protection. I have not had the opportunity to share Isabel's story with Delia, although Isabel was anxious that I do so. I cannot therefore draw conclusions regarding the extent to which this field of affinity is truly shared between Delia and Isabel. However, it is possible to say that for the week that Isabel considered the resonance of Delia's and Henrietta's stories with her own, she reached through time and across distance to conclude that "kohkum would have liked Henrietta. She would have taken her to the trap lines."

Endnotes

[1] Names of all participants used in this article are pseudonyms.
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KATHERINE COTTLE

Anesthesia

—for my son at eighteen months

The nurses take your tiny limp body,
place it flat on the operating table
like a fresh and willing kill.

One quickly leads me
out of the cold, sterile room
before I have a chance to look back,

to see the curved, silver needle
pull the first black stitch
through your inner ear.

They are mending a wound,
bringing the skin flaps back together
like two lost siblings.

It will only take a few minutes,
the nurse assures me.

The warm air of the waiting room
hits me, and I cannot breathe.
Your breath is under their control now.

A few minutes is too long
to be without my life.

CHASITY BAILEY-FAKHOURY

Learning Through Collective Testimony

African American Motherwork, Womanism, and Praxis

Focus groups serve as a form of collective testimony empowering women, in this case black mothers, to share their lived experiences and connect with one another. This article discusses how collective testimony revealed black mothers' gendered racial socialization work—or African American motherwork—done on the behalf of their young daughters attending predominantly white schools in suburban Detroit, Michigan. I use womanism as a guiding framework to reflect upon my own positionality and the significance of understanding, explicating, and employing these strategies. As an expression of black women's consciousness, womanism advocates for the empowerment of black women and thus requires me to share, as demonstrable praxis, my own personal testimony of the gendered racial socialization of my daughters.

Kitchen Table Testimonies as Epistemology

As I sat transfixed by the stories the black[1] mothers were sharing, my thinking was divided. The well-trained researcher in me sought to capture the nuances, glean connections, and embed theory; the mother in me made mental notes interlaced with silent shouts of "amen," and considered how all these mothers—my sisters—were schooling me. My thinking may have been divided, but my purpose was not. At the heart of my exploration was praxis, the symbiotic relationship between theory and action (Brown). Around a conference table, these black mothers shared their lived truth, which enveloped each of my queries into their stories about motherhood, black womanhood, multidimensional identity, and life in white U.S. society. The power and revelatory nature of these conversations emanated, in part, from sitting around a conference table—an object that came to represent the family kitchen table, a place where import-

ant conversations occur. In this space, the mothers could connect with one another and share their experiences. Esther Madriz posits that this collective testimony "can be an awakening experience and an important element of a consciousness-raising process because it asserts women's right to substantiate their own experiences" (116). While the conversations unfolded, my presence became increasingly tangential as the collective testimony served as "a vehicle for listening and capturing the socioeconomic, political, and human voices of [these] women" (Madriz 116). While at this table, I listened, made notes, and churned their experiences over in my mind as patterns began to emerge. These patterns led to a profound realization and ultimately to the development of strategies that similarly situated mothers could use—mothers like me.

These women began schooling me in 2011, when I conducted a mixed-methods study to answer the question: what strategies do suburban, middle-class, African American mothers use to promote a positive racial identity in their elementary-age daughters who attend predominantly white schools (Bailey-Fakhoury). The participants were mothers from metropolitan Detroit (comprised of Wayne, Oakland, and Macomb counties, also known as the "tricounty"), a region of the state of Michigan rife with contentious race relations. These women and their families had all left the city of Detroit and moved to surrounding, predominantly white suburban communities. They were part of a historic demographic shift occurring in Detroit. Between 2000 and 2005, Detroit lost ninety thousand of its black residents, whereas the tricounty area's African American population increased (*Census 2000*; *American Community Survey*). This loss marked the first time in fifty years that Detroit's African American population declined because of migration from the city to the surrounding suburbs or to other states.

My interest in this particular topic began with talk around an actual kitchen table. Several of my cousins have also left Detroit for the predominantly white suburbs. At family get-togethers, after helping aunts cook the meal and clean the kitchen, I listened as my cousins—who were mothers of young girls—talked about the transition from city to suburb. They shared their fears and exasperations as they retold the encounters they or their daughters had in the schools and neighbourhoods, these white places (Feagin et al.).

In this black women's collective, as our elders listened to these conversations and offered their wisdom, I was reminded of how the private and the public spheres seem to always overlap and how the so-called divide between the two is usually "negate[d]" for black women (Brown 619). The sociologist in me began to wonder how these white spaces, and the meaning they are imbued with, would affect the racial identity development of these young black girls, my cousins' daughters—particularly considering the white U.S. standard of beauty and the dominant narrative cloaking young black girls as defiant, row-

dy, and oppositional, which gets promulgated ad nauseam in U.S. classrooms (Bailey-Fakhoury and Frierson). More importantly, I wanted to discover the strategies that black mothers use to promote a positive racial identity in their young daughters who attend a predominantly white school. I wanted to help similarly situated mothers and use these strategies as a way to educate school districts experiencing demographic shifts in their student populations.

Uncovering Praxis: African American Mothers and Gendered Racial Socialization

The Process of "Uncovering"

Discovering these strategies meant investigating racial socialization practices (the messages parents transmit to children about racial heritage, the meaning and significance of race, and how to manage interracial and intraracial relationships); racial identity development; and gender identity development, all within a middle-class context. Unfortunately, the majority of studies of racial identity or gender identity development do not consider the simultaneity of these constructs: race as gendered and gender as raced (Bailey-Fakhoury and Frierson). Studies of racial socialization have tended to focus on urban, lower-income African American parents and their adolescent and/or adult children (Suizzo et al.). However, what may work for inner-city African American parents with children attending predominantly black schools may not address the realities faced by suburban parents with children attending predominantly white schools (Bailey-Fakhoury). Moreover, studies that have examined the complexities of a variegated black middle-class identity (Anderson; Lacy) have not evaluated the gender dynamic (Bailey-Fakhoury).

To develop a resource for mothers and predominantly white schools, I conducted a study aimed at countering the reified notion of an African American monolith by broadening our understanding of African American within-group differences. I adopted a sociopsychological orientation (M. White), guided by an intersectional perspective (Dill and Zambrana) and a social-cognitive learning theory (Bussey and Bandura). A sociopsychological orientation requires an understanding of the historic and contemporaneous machinations of race, gender, and class. Such an orientation allowed me to delineate "the dynamic interplay among historical situations, collective ideological interpretations, and individual explanation and analysis" (M. White 159) of a subject matter "situated where meaning meets social structure, where identity frames inequality" (Winant 171). Therefore, a sociopsychological orientation is more expansive and comprehensive than a social psychological approach because it embeds individual-level relations and practices within larger social structures and systems to make visible the tensions between these interacting elements.

The intersectional (race, gender, and class) framework was applied from the design of the study through the analysis phase. It provided a vehicle for examining how race and racial identity are produced and reproduced at the macro- and micro-levels and for explicating why the attempt to facilitate a positive racial identity in children is necessary in contemporary U.S. society. This perspective also promoted the exploration of racial socialization as a gendered practice—one which finds mothers socializing their daughters differently than their sons via the types of messages they transmit. Social-cognitive learning theory offered a guide for delineating the process of gendered racial socialization and for examining how various socialization messages may function when promoting a positive racial-gender identity in children. This theory also permitted an examination of "the kinds of behaviors that black mothers reward and punish in their daughters [which] are seen as key in the socialization process" (Collins, "The Meaning of Motherhood" 270).

The study used surveys[2] and focus groups to examine parental racial social-ization practices, racial identity development, and gender identity development. Initially, personal contacts were used to recruit women who fit the study eligibility criteria. I distributed flyers, recruiting participants, through friends and family members and sent flyers to suburban elementary parent-teacher associations and organizations (PTA/PTO). I personally attended several parent network association meetings to recruit mothers. Also, advertising in church bulletins and visiting Detroit churches allowed me to reach potential participants as religious institutions continue to play an important role in the lives of African Americans (Brown and Brown), and it appears that many Detroiters who move to the suburbs often retain their places of worship. Lastly, I made contact with civic and professional organizations—such as local chapters of the National Association for the Advancement of Colored People (NAACP) and histori-cally black sororities and fraternities who potentially had members fitting the study criteria or outreach programs attracting such persons (Bailey-Fakhoury). Once initial cases were identified, snowball sampling was used as well. The total study participants numbered 106, and the focus group participants were recruited from this pool. The mother-participants were overwhelming middle class and had obtained a BA or graduate degree (see Table 1). Eventually, six focus groups and one telephone interview were conducted for a total of twen-ty-one participants. The majority of the mothers resided in Oakland County, the more affluent of the counties comprising metropolitan Detroit (see Table 2). The focus group discussions lasted anywhere from 60 to 150 minutes (the telephone interview lasted approximately one hour). Kristin Esterberg writes that by "enabling women to speak with others who have had similar experiences, focus groups help empower women" (109). Because I believe empowerment to be an extremely important outcome, especially when applying an intersectional

perspective, the focus groups—and the epistemology they engendered—are the focal point of this article.

Using Barney Glaser's constant comparative method, I initially identified codes based upon concepts that appeared immediately across several focus groups. While I coded, aspects of the work mothers did inside and outside the school setting emerged. I discovered through the focus group sessions—the participants' collective testimony—that as mothers engaged in gendered racial socialization work, they enacted three particular strategies: presence, imaging, and code-switching (Bailey-Fakhoury).

African American Motherwork

Presence consists of the keen awareness of one's aesthetic appearance and the role it plays as mothers advocate for their daughters (aesthetic presence); presence consists of maintaining visibility in the school and at school functions (visible presence); and presence consists of being strategic in interactions with school personnel to gain leverage that will benefit daughters (presence through strategic interactions). When mothers "present" themselves in the predominantly white spaces of their daughters' schools, they are mindful of the negative stereotypes (e.g., uncaring, unloving, authoritarian, violent, etc.) and caricatures (e.g., welfare queens, mammies, Sapphires, etc.) that prevail about black women and mothers in U.S. society. As Lola C. remarked: "I feel like I represent all black women when I'm in a certain circle…my appearance, yes, my articulation of certain words, my demeanor, how I'm sitting in my chair, everything. I feel that it's a scrutiny on [me] and maybe because I'm new to the circle … but I am maybe one of the few African American links that they [whites] have." Taylor agreed with Lola C.: "I carry that in every circle, I mean in every circle where I am the minority, I carry that in every circle. I carry that on my shoulders." The mothers expressed what they believe it means to be a black mother entering into white spaces and the burden they feel to represent black women well as they navigate these spaces. Lola C. stated the following:

> I don't know if it's my non-official, non-scientific theory that for the most part, in my experience, black women's voices have a little bit more bass and are a little bit more heavier than Caucasian women's [voices], and I keep that in mind. They [white women] speak more softer and gentler and whatever. And it's perceived that they're [nonthreatening] … I can talk to you and still convey my point but not have you think I'm a bitter black woman who's a militant.

Hence, aesthetic presentation involves modulation of tone of voice as well as minimizing gestures, neutralizing facial expressions and selecting clothing

symbolizing mothers' middle-class position and professional occupation. Whether simply walking their daughter to the bus stop, dropping them off in the school carline, or walking them to the classroom door; conscientiously and consistently enacting aspects of aesthetic presence is important as mothers engage visible presence. To be in the school building—by walking their daughter to the classroom in the morning, helping out in the classroom, volunteering at the school book fair, or attending a PTA/PTO meeting—evinces that these women are involved parents and therefore, good mothers: black mothers who reflect the white ideals of the mythic, good mother. Aesthetic and visible presence work in tandem to help facilitate presence through strategic interactions. Black mothers who work to intentionally undermine the negative stereotypes and caricatures associated with them use aesthetic and visible presence as points of entry for engineering situations with teachers or school administrators that provide valuable information or resources that will benefit their daughters.

Imaging consists of mothers working hard to teach and show their daughters how to embrace their phenotypic features (imaging through hair) through the use of role models (imaging through role models), and through home décor and consumables (imaging through home décor and consumables). Imaging as a strategy is important to black mothers in supporting the healthy emotional and psychological development of their daughters. Black girls in the U.S. are bombarded with images and messages extolling the virtue, and seemingly inherent superiority, of phenotypic characteristics (e.g., long, straight, blonde hair, blue eyes, and white/light skin) that they do not possess. For black girls attending predominantly white schools, these images and messages are inescapable. Mothers are deliberate in teaching and showing their daughters images that reflect Afrocentric beauty ideals and values, in particular when it comes to hair. For black women, hair is political and has a long, turbulent history in the African American community (Bailey-Fakhoury; Johnson): "Hair is at the heart of many Black women's sense of who they are in the wider world that they navigate daily" (Prince 16). One's hair texture, hair length, hairstyle, and adornments can signify a great deal about the person upon which these are found—numerous African American women have hair stories to tell (Bailey-Fakhoury; Johnson). For the majority of these mothers, it is essential to provide various alternatives to the American standard of beauty, images which reinforce the unique, versatile beauty of African American women. Lola L. demonstrated how mothers help their daughters to recognize and appreciate their beauty:

> *And so I started making changes at home by telling my girls how beautiful they are with their complexions and [that] their hair is beautiful. And I would use God and say, "What happens when God designs us is that we're*

all designed unique… But what happens with our bodies and our hair and our eyes is that it is a uniqueness that is priceless." And I tell them what that priceless is. No one else can duplicate you and you are beautiful. When I started doing that with my children, I'm saying five days out of the week letting them know how beautiful their hair was and how beautiful they were and how unique they were within themselves, that made the change on what they wanted to pick up on the shelves. It helped. It helped. It doesn't solve everything but it helps coming from us to say you are beautiful, and God designed only you.

Imaging also consists of mothers purchasing clothing, book bags, school supplies, books, artwork, posters, and other items that reflect the phenotypic features of their girls. Renee mentioned buying the book *I Love My Hair* to illustrate for her daughter why she should love her hair in its natural state. Another mother, Paris, shared that she went so far as to alter Halloween costumes of Euro-American characters so that it reflected a more Afrocentric aesthetic when her daughter wore the costume. Many mothers reported that whenever they could purchase goods or bring items into the home that reinforced their daughter's image, they did it. Christina spoke of the importance of going to the movie theatre to see *The Princess and the Frog* (the 2009 movie featuring Disney's first black princess, Tiana), which provided her the opportunity to instill pride in her daughter. Christina stated, "But I think for me, I kind of stuff it at her a little bit, for instance, when *The Princess and the Frog* was coming out, I said, 'Oh, a black princess.' Okay, we gotta go…. But [I] just wanted her to be proud at the same time. And I'm like making a big deal of it." For many African American mothers Princess Tiana was a welcome addition to the Disney princess repertoire and merchandising line; for others much of Tiana's creation and storyline was steeped in controversy, and the "princess" construct itself presented its own set of problems. Overall, the gendered racial socialization work that black mothers do involves presenting images of strong, intelligent, beautiful black women and girls as role models for their daughters. These images may be sourced from family, friends, community, popular culture, or consumer goods, and are used to reinforce Afrocentric beauty ideals, foster self-love, empower, and liberate.

Code-switching refers to the ability to move between cultural milieus at will and with fluidity (Bailey-Fakhoury). Mothers teach their daughters the appropriate cultural rules, prescripts, vernaculars, and behaviours unique to each setting and how and when to use them. Taylor shared:

I teach [my daughter] purposely how to flip the script. We call it in our house "flip the script." So you know how to act in one setting and you know how

to act in another setting…. We're intentional with her. Her daddy will say "What up doe?" And she'll say "What's crack-a-lacking." And he'll be like, "It's all good in the neighbourhood." And they do this back and forth greeting…. She knows she'll only do this with her daddy [and her family] but [in public] she'll go, "How are you? How are you doing, my name is …" Just totally [flip it], and we are intentionally teaching that balance.

Code-switching is an important skill for these young girls to acquire, as it provides insights into important domains and builds diverse epistemological orientations. Successfully traversing the white, hegemonic U.S. educational system and society, and the more egalitarian African American community with dexterity, supports not only the daughter's racial-gender identity development but also her academic and social selves.

All three of these strategies reflect one dimension of Patricia Hill Collins's motherwork concept. Motherwork is the "reproductive labor" that women of colour engage in to ensure the survival of family, community, and self (Collins, "Shifting the Center"). Black women, in particular, understand that it is black women who have been socialized to uplift the community with education being the paramount vehicle through which such uplift will occur. Therefore, part of the black mother's responsibility is to work to ensure that the next generation of duty-bound young black women are similarly socialized. This labour is embedded in a womanist tradition (Beauboeuf-Lafontant; Brown; Walker).

Motherwork Strategies as an Expression of Womanism

Presence, imaging, and code-switching are one set of African American motherwork strategies used to promote a positive racial-gender identity in young girls who attend a predominantly white school. This African American motherwork is rooted in the womanist tradition. Womanism is a derivative of the term "womanist," which was coined by Alice Walker in her 1983 book *In Search of Our Mothers' Gardens: Womanist Prose*. Womanism is an expression of black women's consciousness (Brown) or black women's standpoint (Collins, "What's In a Name?"). Essentially, womanism asserts that "Black women exist within an intersectional history of racial and gender oppressions" (Rousseau 196), that "individual empowerment combined with collective action is key to lasting social transformation" (Beauboeuf-Lafontant 72), and that black women are concerned with the liberation of all peoples, but particularly black women and men (Brown; Rousseau; Tsuruta).

The motherwork that the mothers participating in my study engaged in served these womanist ideals. As black women in the U.S., these mothers had to help their young daughters recognize their intellect and beauty, and

develop self-love in the face of racism and sexism (Bailey-Fakhoury). Through the use of visible presence and imaging through hair, role models, and décor and consumables, the mothers helped their daughters understand that systems of interlocking oppression exist, and helped them learn how to survive these systems by rooting them in their heritage and cultivating racial pride. Principally, these mothers were "empower[ing] their daughters by passing on the everyday knowledge essential to survival as African-American women" (Collins, *Black Feminist Thought* 112). As mothers helped their daughters acquire an independent streak in order to engage in collectivist acts that support and nurture their racial community (Bailey-Fakhoury), they were ultimately preparing their daughters to usher in social transformation. The mothers in this study used all three dimensions of the presence strategy, along with the imaging through hair and imaging through role models strategies, to empower their daughters and help them realize that they also need to draw around them other girls and women—their collective or sisterhood—to care for the larger community (Brown).

Collins writes that "Black daughters are raised … to anticipate carrying heavy responsibilities in their families and communities because these skills are essential for their own survival as well as for the survival of those for whom they will eventually be responsible" ("The Meaning of Motherhood" 270). This is the essence of womanism, an ethic of care for self and others. One's liberation is bound up in the liberation of all. Presence, imaging, and code-switching are all strategies that seek to foster the liberation of each young girl—and her mother—so that she may be one link in an unending chain of survival.

What I Learned through Collective Testimony

My Testimony

I employ these motherwork strategies as I navigate, negotiate, and advocate for my own daughters. To do so requires examining my own positionality from a womanist standpoint. I am an African American assistant professor of education at a predominantly white institution; I am also a married, middle-class mother with young, biracial daughters who attend a predominantly white school. Interrogating my own intersubjectivities demands that I take a seat at the table to share my testimonial—that of my experience with the gendered racial socialization of my now five- and eight-year-old biracial daughters. My young daughters who must live and thrive in a white, male, hegemonic U.S. educational system and society while being reared and rooted in the African American and Arab American experience.[3]

What I offer here demonstrates just some of what I learned from my mother-participants. The revelation of the motherwork strategies through the

collective testimony of these women reflects empowerment (Esterberg; Madriz, "Focus Groups"). These women empowered themselves and one another as they responded to questions about their own experiences with socialization and identity development as well as about their roles in the socialization and identity development of their daughters. As a black woman researcher, professor, and academic who experiences life from this vantage point, it is important for me to advocate for the empowerment of black women. An intersectional perspective resonates with me because it values the production of knowledge that emanates from the actors—those whose knowledge claims were once ignored but are now centred and validated (Bailey-Fakhoury). These mother-participants have generated knowledge that will benefit black girls, their mothers, and the larger black community, and I am glad to be but one vessel through which this knowledge is disseminated. Knowledge that surfaced around the kitchen table has been broadened around the focus group table, and it now finds its way into our collective human consciousness.

As a black woman researcher and mother, I feel deeply the importance of naming and situating these strategies in the broader literature. I have benefited from these women's stories personally and professionally. Whenever I present these strategies to local or national audiences, they are received warmly and enthusiastically. Similarly situated black mothers say to me, "You are telling my story." I have been empowered to learn more about motherwork, its various dimensions, and its power as an expression of womanism. It is my womanist lens that compels me to agree with Elsa Brown's dictate that for the womanist, "Her theory and her action are not distinct and separable parts of some whole; they are often synonymous, and it is only through her actions that we clearly hear her theory" (631). Praxis remains essential as I continue to explore and explicate this phenomenon. If these mother-participants have found success with these strategies, praxis requires using this knowledge to develop additional ways by which to dismantle the white, male, hegemonic educational system and society.

Praxis

Personally, I have availed myself of these strategies. My heterosexual, middle-class, professional identity—and the economic, social, and cultural capital associated with it—has provided me with a space to navigate, negotiate, and advocate for my own daughters. Currently, my eight- and five year-old daughters attend a predominantly white school and daycare centre, respectively. However, for one year (when they were five and three), they both attended the same daycare. This facility was the first time they were cared for by an all-white staff with a very diverse population of peers. I approached this new daycare

centre with some apprehension having come from an all-black staffed daycare. Although my husband is Arab American (second-generation Jordanian) and the numbers of persons identifying as biracial are increasing (*Census 2010*), I am well aware of the U.S. obsession with, and history of, codifying the offspring of black women as black, with little or no regard for the father's racial identity. Therefore, generally, when people encounter me with my daughters, my racial identity becomes theirs.

I am sure this was the case when my daughters and I entered the current daycare centre on their first day. I also am sure this was the case when I entered the all-black staffed daycare centre with my eldest daughter on her first day. Yet the apprehension I felt on her first day, sprang from a different source. I entered the all-white staffed daycare with every stereotype and caricature of black women and mothers projected onto me. I remembered what my mother-participants had said about modulating one's tone of voice and being mindful of choice of clothing when entering a predominantly white school and interacting with the teachers and administration. So that day, although I was returning home to prepare course syllabi and materials for the start of a new semester, I dressed business casual, made use of standard vernacular English, and watched the tone and volume of my voice. This use of aesthetic presence was important. It is the gateway for enacting the other aspects of the presence strategy in order to deconstruct mainstream characterizations of black women and mothers (Bailey-Fakhoury). I deliberately informed the daycare's assistant director that I was an assistant professor of education who taught preservice teachers and prepared graduate students to undertake their master's theses or projects. I used my social class and professional position in an attempt to undermine (un)conscious bias on her part and on the part of the other staff. Even though I taught three night classes in a row, I wanted to uphold the mantle of the normative good mother (Dillaway), so I was determined to solely care for my daughters the other two days of the week. On my teaching days, I would drop my daughters off to daycare just hours before I was due to teach my classes. On the other two days, my world revolved around my daughters, my husband, and my household. But when would I have time to research and write? I needed time to produce the scholarship that would lead to tenure and promotion, a goal I wanted to obtain to secure myself and my family. But would I ever find that equilibrium between career expectations and society's mythical good mothering?

Reality soon hit. I realized just what I was up against as I attempted to enact visible presence by hanging around the daycare for fleeting moments—to signal that I am an attentive, concerned mother—after ushering my daughters into their respective daycare rooms. On one of these days a teacher commented to me, "Wow, it must be nice coming in late every day and dropping off your girls."

Coming in late to daycare? I did not realize that there was such a thing. In a matter of seconds, questions flooded my mind. Is she implying I function on CPT (coloured people's time), hence attempting to chastise me for perceived lateness? Does she think I am the popular culture, media-perpetuated, stereotypical "shiftless" black mother on government assistance who sits at home only to drop her daughters to daycare when leisurely activities beckon? How many of the white mothers who drop their children off "late" received this same scrutiny? I had dropped my daughter off in the late morning at the all-black staffed daycare center on several occasions. But at that time, they all knew I was working on my dissertation and held an adjunct university position. No one ever made such a comment, at least not to my face. So I was momentarily taken aback that day, but I quickly quipped (minding my tone and volume): "Yes, I teach from 6:00 to 9:00 p.m. Monday through Wednesday, and with my university being seventy-five minutes away, by the time I get home everyone's asleep. If I didn't bring my girls here in the late morning they'd practically never see me." The teacher blinked wide at me and remarked, "Oh, you poor thing [a term deserving its own sociological analysis], now I understand why they're not here early in the morning." To which I replied, "Yes, it can be difficult balancing this whole 'mommy thing,' not to mention having to find time to write, conduct research, and publish papers outside of the three days that they come here. But that is all part of my job as a professor." Foregrounding my class position, professional status, and mommy-guilt represented the cultural capital needed to navigate and negotiate on my daughters' behalf in this specific social field.

In that moment, I realized I needed to be more strategic about carving out time to research and write; trying to uphold some untenable ideal was not being fair to myself or my family. I also realized that employing motherwork strategies would be a continual, unrelenting process requiring emotional work and reflection. My girls were cared for and treated well by the daycare staff. I believe a mutual respect developed between me and the staff that served my daughters' interests well. I am well aware that my agency (informed by the social currency of my mother-participants) was buttressed by my being a heterosexual black woman who was married, middle class, and who had status as a professor. As a black woman in the U.S., I am well aware of the caricatures and tropes associated with black womanhood and motherhood. As a sociologist and professor, I am privy to the research and theories that provide me a critical disposition and frame my understanding of interracial interactions as well as the language needed to give voice to my experiences so that they reverberate through my community, white spaces, and beyond. As a married, middle-class, gender-conforming heterosexual, I possess a level of privilege that creates access points where similarly identified white women might recognize glimmers of themselves. Had I been gender nonconforming,

bisexual, a lesbian, single, working class, or in a less prestigious occupation, I am certain my actions would have been less efficacious.

Navigating and Negotiating My Daughters' Biracial Identity

Race is a social construct imbued with real meaning that has real-world consequences; therefore, my daughters are biracial and are being raised as such. Some of their phenotypic characteristics reflect their African heritage and others their Levantine heritage. Inevitably, the day will come when someone will ask one or the both of them, "What are you?" I have composed a bevy of sharp-witted retorts for all manner of innocuous and capricious questions they may be asked. I have provided and pointed out images of brown-skinned, curly-haired girls and women being and doing all sorts of things. I have bought Doc McStuffins, Princess Tiana, Lego Friends Andrea and her play sets, and the book *I Love My Hair* (some of these toys are fraught with gender issues). But most of all, I have been a role model for my daughters and have taught them how to love themselves, their intellect, and the skin they are in. My husband speaks and sings to them in Arabic, plays his favorite Arab music to them, and shares with them artifacts from their Jordanian heritage; we even watch *Arab Idol* and other Arab television shows where they occasionally hear their names. Right now it is easy to teach my daughters about Rosa Parks, Martin Luther King, Jr., Kwanzaa, former President Obama and former First Lady Michelle and their daughters Malia, and Sasha; and other subjects easily accessible to eight and five year olds. The tough lessons will come when the intelligent, strong-willed, independent black girl archetype clashes with the intelligent, demure, dutiful Jordanian girl archetype in spaces reifying a white girl ideal. To emerge unscathed, my daughters will have to learn to "do race" and "do gender" subversively (Bentley et al.; Lewis).

The gendered racial socialization of my daughters is at once confounding and profound. My husband and I are not biracial; therefore, our girls do not have a parent with whom they can directly identify (Rockquemore and Laszloffy). Yet I know that as their black mother, it is my duty to racially socialize them so that they develop as whole, psychologically and emotionally healthy young women. I also know the importance given phenotypic characteristics and their use to categorize humankind in ways that seek to simplify a complex reality. I am sensitive to the characteristics that are more valued than others and the resultant differential treatment. One of my daughter's complexion is different than the other, and I am conscious of how she is treated by family, friends, and strangers in comparison to her sister. As they grow and develop, the marginalization or acceptance they encounter will be reinforced by these phenotypic characteristics and the contexts in which they are being assessed and

Table 1.
Select Descriptive Characteristics of Mother-Participants (n = 106)

Characteristic	Category	Valid Percentage
Racial/Ethnic Background	Black/African American	96.2
	Black/African	1.9
	Biracial	0.9
	Other: Black American	0.9
Marital Status	Never Married	10.4
	Married	77.4
	Separated	1.9
	Divorced	10.4
Educational Attainment	High School	7.5
	Vocational/Technical School	4.7
	Community College/Associate's Degree	17.9
	College/Bachelor's Degree	27.4
	Advanced Degree (ex. MA, MD, JD)	42.5
Household Income	Under $15,000	1.9
	$15,001 - $25,000	2.9
	$25,001 - $50,000	18.4
	$50,001 - $75,000	12.6
	$75,001 - $100,000	28.2
	$100,001 - $125,000	10.7
	$125,001 - $200,000	16.5
	$200,001 or above	8.7
County of Residence	Macomb	13.2
	Oakland	71.7
	Wayne	14.2

Table 2.
Focus Group Mother-Participants (n = 21)[4]

Pseudonym	Focus Group	County of Residence
Lola C.	FG #1	Oakland
Taylor	FG #1	Oakland
Kim S.	FG #1	Oakland
Ruth	FG #2	Wayne
Monique	FG #2	Wayne
Rita	FG #2	Macomb
Sherry	FG#3	Macomb
Vicky	FG#3	Oakland
Mac	FG#4	Oakland
Natasha	FG#4	Oakland
Auntie	FG#4	Oakland
Toni	FG#4	Wayne
Kim D.	FG#5	Oakland
Valerie	FG#5	Oakland
Tiffany	FG#5	Oakland
Lola L.	FG#5	Oakland
Renee	FG#6	Oakland
Lola S.	FG#6	Wayne
Christina	FG#6	Wayne
Paris	FG#6	Oakland
Lashawn	Phone Interview	Oakland

categorized. However, this fluidity and dynamism may facilitate personal agency.

The time will soon come when "passing on the everyday knowledge essential to survival as African American women" (Collins, *Black Feminist Thought* 112) via motherwork strategies may not be enough. There will come a time when surviving as biracial women will be essential. And although I will have worked hard to root them in the world as black-biracial women, they inevitably will need to flourish as biracial women. When that day comes, I hope that I have a wider sisterhood to call upon and draw knowledge from. My struggle is to help my daughters recognize their intellect and beauty, develop self-love in the face of oppressive racism and sexism, be proud of their cultures and heritages, be independent minded yet work for the collective good, and "assert themselves in freedom, confidence and creativity" (Tsuruta 3), all while finding their place at three orbiting tables.

Endnotes

[1]The terms "black" and "African American" will be used interchangeably throughout this work to refer to native-born black Americans.
[2]The survey comprised three metrics: the Stevenson and Bentley instrument, which measures parents' and caregivers' cultural and racial experiences of socialization (Parent-CARES); the Vandiver et al. Cross Racial Identity Scale, which measures black racial identity attitudes along six identities (CRIS); and the Ossana et al. Womanist Identity Attitudes Scale (WIAS), which assesses the development of a womanist identity along a four-stage progression.
[3]I do not presume that there is such a thing as a monolithic African American or Arab American experience. When referring to an African American or Arab American experience, I am asserting a reality that is multifaceted but with several commonalities shared by persons identifying or identified as African American or Arab American.
[4]A few mothers choose the name Lola as a result of various trade books and resources that were set-up on a table in the conference room. The book *Lola at the Library* by Anna McQuinn and Rosalind Beardshaw was one such book which many mothers stated they had read with their daughters as they perused the items on the resource table.

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LAURIE KRUK

Mockable Mom, or The Mother Who Laughs Out Loud at McDonalds

"In traditional carnival, Mother Folly is seen as a misrule of sorts...."
—Magdalene Redekop, *Mothers and Other Clowns:*
The Stories of Alice Munro (1992)

Oh, we were nice kids: got good grades, didn't
sneak beer or risk *It*
too often, with our boyfriends, but
as teen daughters we were mockers,
sharp eyes trained on
all lapses in maternal knowledge
or authority, especially
rash risks of sharing with strangers
like grocery cashiers ("I *thought* I had
enough in the bank") or store clerks when shopping for Prom dresses
("she hasn't really *developed* yet—when I was her age, now!")....

Such mother moments would bring down our wrath, doubled by two
relentless magnifying glasses. Ballooning cartoonly huge, Mom became a target
as irresistible as her bending, child-bearing hips
direct bullseye of our family picnic photo, snapped by me
as she cleared the wooden table, uncomplainingly.

Now it is my turn,
caught as I awkwardly am in this doorway between
daughter and mother

by my own expanded center,
where I must intrude on, or define, the limits of acceptability:
like at the McDonald's stop, mid-family vacation, all four craving fuel of
Coke and over-salted fries, London's Summer Olympics
playing on all four screens. There, I was sternly advised
not to "ogle the athletes." Meanwhile, my ethnic-proud cheer
for the grim-faced gymnast from Belarus,
was deemed "Over-the top, Ma!"—
as if I had rudely interrupted
the mute munching of faces glued
to the gyrations of those who
were trained by tired, overweight mothers
who sacrificed health, happiness, sleep
so children could compete (sponsored by
Coke and the golden arches of international
junk food)—

Or, on a ski outing, when I fell behind their
new long-legged strides,
silver tracks that drew me suddenly over
new icy decline,
so that I spilled, skis escaping, to land somewhere else,
like rubbish, dumped, illicit, in the bush. A pratfall registered, caught
in their over-the-shoulder laughter—cold
as the mouthful of snow I clumsily bit down on:

Mother's revenge, a dish
best served cold,
thirty-some years later
(or so I'm told).

LAURA MAJOR

Advance Forward Moms!

A Paradigm for an Online Community of Working Mothers That Actually Works

This article examines a particular Facebook group that aspires to empower and support working mothers, and, through a narrative and anecdotal approach, analyzes the discourse of the group. The struggles of working mothers in the Western world in general, and in Israel in particular, are ever-present. This article aims to show how in the face of these challenges, this group, through a mother-centred approach of empowerment and community, might be a paradigm for how social media not only reflects the lived experience of working mothers, but can also make changes in the way working mothers see themselves and in the way they face challenges in the personal and professional realms. The foundation of this Israeli Facebook group—called IMAKADIMA: Working and Career-Minded Moms in Israel—is that career and motherhood can and should coexist rather than being an overwhelming juggling act or compromise. At its core is the belief that a community of like-minded working mothers can provide practical and moral support in the areas of work-life balance, and equality in the home and workforce. This article examines various categories of interaction in this group—networking and assistance, work-mother balance, personal development, gender roles, and empowerment—to show that the dominant attitude of mutual encouragement and empowerment outweighs the negative aspects of social media groups.

Social networks, particularly Facebook, have long become a dominant part of modern life, often replacing face-to-face interactions, for better and for worse. Mothers are particularly well represented as social media users (Morris 1273; Kaufmann et al 1; DeScare 32), and their motivations for using Facebook and other social networks are numerous and varied. My own membership in a unique Facebook group—called IMAKADIMA: Working and Career-Minded

Moms in Israel—has convinced me that empowerment and community can be achieved through the use of social media and that this particular group is a model for the empowerment of working mothers.

The foundation of the group, motherhood, frames the issues under discussion in the group, which makes the group truly matricentric, as it centres upon mothers and motherhood. This article examines various categories of interaction in this group—networking and assistance, work-mother balance, personal development, gender roles, and empowerment—to show that the dominant attitude of mutual encouragement and empowerment outweighs potentially negative effects of social media interaction.

The word IMAKADIMA is Hebrew for "mother" (*ima*) and "forward" (*kadima*). "*Kadima*," however, is also used as an imperative, to encourage one to go ahead. Thus, the translation "Advance forward Moms!" covers the ethos of the group and its purpose. The group members often describe themselves as IMAKADIMAS, which I would translate as "forward-looking moms." The group's founder, Cori Widen, describes her impetus for creating the group when, on arriving home from work at 4:30 p.m., a neighbour exclaimed: "Wow, you're just getting home from work? That's awful!" (qtd. in Danzinger). The perspective expressed by the neighbour is prevalent, particularly in the highly child-centred Israeli society, and Widen felt that it framed working moms in a "super, tragic overwhelming situation," which did not represent their lived experiences (qtd. in Danzinger). The Facebook group aimed, therefore, to change the discourse and empower working moms in Israel. The closed group, in existence less than three years, has 7500 members.

The concept of empowered mothering has been developed and articulated by Andrea O'Reilly as beginning with "with the recognition that both mothers and children benefit when the mother lives her life and practices mothering from a position of agency, authority, authenticity, and autonomy" (6-7). Empowered mothering, continues O'Reilly, "thus calls into question the dictates of patriarchal motherhood" (7). An important part of empowered mothering involves combining motherhood with paid employment and not seeing this combination as a conflict or struggle. Finally, developing the mother's selfhood is seen "as beneficial to mothering and not antithetical to it" (7). Cori Widen's explanation of her reasons for starting the group takes a page from this empowerment manual:

> No one is talking about the personal fulfillment from professional success, the ability to be a dynamic human being who is both a mother and something else. No one is talking about the beauty of an equal partnership with a spouse and how that benefits both parents and children, and the positive female role model that I'm providing for my

son, who will someday treat his wife according to those expectations.
(qtd. in Danzinger)

This ethos, together with the idea of women pushing each other upwards and forwards, informs the tenor of the group discourse.

The group is comprised of mothers of all ages who live in Israel but who speak English as their primary language; most members are Jewish and have immigrated from English-speaking countries, some recently and some decades ago.[1] There are single moms, grandmothers, mothers of many children and mothers of one. There are left-wing, right-wing members, and religious and secular ones; there are feminists and traditionalists. There are high-powered executives, academics, entrepreneurs; there are artists, sales representatives, administrators, content writers, and unemployed mothers. Every kind of work is represented in this group: from fulltime to part-time "mommy" jobs to high-stakes careers. There are also a few stay-at-home moms, who are less active on the group and who may be on a temporary hiatus from work outside the home. The subtitles of the group—working and career-minded mothers—reveal that the group is not aimed only at career-driven women; it encompasses anyone working in any job. Israeli economic circumstances, which combine a high cost of living with a relatively low median salary, almost dictate the need for two incomes per family (and certainly that the head of single parent families work); thus, the majority of mothers do work, although not all of them see themselves as career minded. The group is local and tackles issues unique to the Israeli work environment, but often the conflicts and victories will resonate with working mothers anywhere.

The opening message of the group states:

the IK Facebook group is a unique space dedicated to empowering working mothers in Israel by providing practical and moral support in the areas of work-life balance and equality in the home and workforce…. The value of this group has been proven anew with each successful negotiation for higher salaries, more family-friendly employment contract terms, self-advocacy for pre and post-natal rights in the workplace, just to name a few…. The internet … is vast, and there is room for innumerable general mommy groups, job boards, and many more supremely important causes. THIS space however, is dedicated to a specific mission, a mission we are achieving and are forever grateful for your role in that success.

The administrators facilitate this mission by strictly removing irrelevant posts. Trolling and nastiness are not tolerated, although polite dissent is; the

"mommy wars" are rarely fought out here. And although the stated goal sounds ambitious, examining the group discussions[2] reveal these goals as being achieved on a daily basis. The group is prolific, and an hour barely passes without a post. It also has an activist arm, which advocates for working mothers' rights in the Israeli Knesset (parliament) and other organizations. This too fits with O'Reilly's definition of empowered motherhood as "a political site wherein women can affect social change through the socialization of children and the world at large through political social activism" (7).

Networking, Job Opportunities, and Practical Assistance

The group discussions can be divided into several categories. The first is networking and job opportunities. Jobs are frequently posted on the group, and jobseekers can post brief resumes and request assistance in acquiring work. Another category includes questions that might be categorized as technical—about pension plans, computer programs, resources, transportation, tax brackets, legalities, etc. In this way, the local complexities and paradoxes of the Israeli system emerge: although Israel has famously been dubbed the "start-up nation" (Senor and Singer)—with tremendous opportunities for growth and development—relatively low salaries (according to the OEDC index), a rather complicated system of tax credits for parents, an underdeveloped public transportation system, and wage inequity make for often unwieldy and frustrating employment situations. The group is peopled by a knowledgeable and diverse crowd who can provide valuable insights and information based on experience and know-how. Facebook groups allow for the immediate attainment of information personalized to the poster's experience, and this kind of information seeking is perceived as superior to information attained in a web search (Holtz et.al 418; Cohen and Raymond 943). The members are very generous with their knowledge, and conversations often carry over into private messaging.

Work-Mother Balance

The work-mother balance is where things get interesting in this group. First, the kind of questions and dilemmas that arise are a reflection of the lived challenges of mothers in society and in the working world, challenges that remain and have even intensified decades after the feminist revolution. One member writes, for example, "Has anyone ever started a new job, then a child decides it's the perfect time to get sick … and you find yourself needing to take sick days right away? Sigh." This is a real issue for working mothers, as although advances have been made, mothers still carry the overwhelming burden of childcare in their homes, and this burden takes a serious toll on their wellbe-

ing (Zimmerman 213; Hochschild and Machung). Michele Kremen Bolton discusses a "third shift," a psychological space in which working mothers experience angst and self-doubt regarding their performance. Here, the poster reveals this kind of inner conflict, clearly calling out for support, and numerous responders encourage her.

Another member posts:

> *I need advice from those of you who go back to work at home after your kids are asleep.*
>
> *I find that while I am actively with my kids, the idea of going back to work is not threatening or unappealing (and can be very appealing on tough nights, I admit!).*
>
> *However, the minute dinner and bedtime are over and I finally have time for me things, I suddenly find myself awash with exhaustion and can't bear the thought of re-entering my office.*
>
> *I'm sure this is normal. My question is, what do you do to combat it? (Don't tell me to go out for a run, please, I don't think I can bear the guilt I will feel hearing that.)*

This poster seems not to be interested in presenting herself as a perfect mother (as if such a construct exists) and openly expresses her occasional yearning for a difficult evening of bed, dinner, and bath routines to be over so that she can return to work. The message is "I'm just doing the best I can to manage" and that is considered not only acceptable in the group but the desired attitude of women trying to do it all—work, home, and then, sometimes, back to work. Resisting the ideologies of the "good mother" and embracing the idea of the "good enough mother" is encouraged here. The poster, in fact, sees her issue as normal and is seeking concrete ideas rather than sympathy. Her closing statement about exercise is tongue-in-cheek, but it also reveals her sense of really not being able to do it all; fulltime working mothers have been found to know that doing it all, all the time, is impossible (Johnston and Swanson 516; Pederson 35). And empowered mothers know it to also be unnecessary (O'Reilly 7). This post garnered fifty-nine responses. One writer writes, "Wow! You … are super-human!!!! When do you sleep?????," which sincerely expresses her admiration. Another member simply writes, "Empathy," whereas others encourage the poster to reassess her need to work late at night. The original poster (OP) responds to some of the comments, and it feels as if a real conversation has taken place. All these messages may not help the OP materially

with her situation, but they surely encourage her and boost her self-esteem.

Some posts about this work-mother balance are simply statements either venting frustration or expressing gratitude. A member writes: "On my way to a conference… and feeling very thankful that my neighbor let me drop off my son before 7:00 a.m. … It seriously takes a village." An example of venting comes from a member who wrote: "Yesterday I bumped into someone who asked me…: Looking to rev back up your career? … I … said I never backed down. But you took a break from it! He said. I didn't take a break from my career, I had a baby!! Grrr." The man's attitude in this post reflects the devaluation of maternity in a working women's life. Having a baby, says the poster, is an activity, essential and significant, in her life and not some kind of hiatus from work. This patriarchal view of maternity and career as mutually exclusive grates this mother, who looks for support from the group. Angry face emojis abound. Although no solutions to this issue can be found, the very existence of a safe space to vent these frustrations and receive encouragement and endorsement is important to the group members.

Some posters dealing with work-mother balance seem to be simply look-ing for commiseration: "I am tired. I have been a mom for twenty months and my only day off was when I was in the hospital... six months ago. I am so tired and my house is so dirty. I really want to be able to take 1 day off every month—to fix the house, watch TV and maybe cook something more complicated than pasta. And I can't. I checked my vacation days…. If I take a day off, it's to take care of a sick child." This struggling mother is overworked and overwhelmed, and her words reveal a hopelessness. The 120 responses to her posts are filled with love and care. Many send virtual hugs; a few people message her privately. Heartfelt offers of assistance and all sorts of suggestions are made, especially that she procure some help. A conversation ensues about the baby's sleeping habits and one member replies: "Even though we are only FB friends, I care about you and am going to be a bossy friend. twenty months is old to still be bed sharing. I can't imagine it isn't affecting your and your husband's sleep and your relationship with each other. Are all three of you honestly happy with this arrangement? If anyone's answer is no, you need to move your son out immediately." They may only be FB friends, but the concern is sincere.

The idea of intensive mothering, thought to be the reigning motherhood ideology in the Western world (Christopher 75; Johnston and Swanson 510-11), as exacting a heavy price for working mothers comes through in the responses. It becomes clear that the husband is also exhausted; the manager is unsym-pathetic, and paid help is too expensive. In this bleak situation, just knowing that people care seems to go a long way. Moreover, the shift in perspective that is encouraged may actually help the OP make a change. The responses

to this post are very Israeli: Israelis, in general, are warm and will freely offer their opinions and assistance (sometimes unsolicited) because of a feeling of togetherness fostered in the society.

The numerous questions on pregnancy, birth, and nursing are often related to this work-mother balance:

> *I really need to talk to my boss about the details of my upcoming maternity leave… I have a rather unique position and I don't think it will be easy for them to cover for me … part of me feels badly for "abandoning ship" … On the other hand, I want to be able to fully focus on my family during the 4.5 months that I plan to be gone, and fear that if I try to accommodate them … it will be really hard for me to not get dragged in to doing more.… How do you show good-will while protecting your own needs?*

The poster is truly conflicted; she wants so much to do the optimum for both her team and her home. This post prompts twenty comments, which unanimously strengthened her instinct to not be involved at work during her maternity leave. One member suggests, "Put together a detailed dummy's guide to being you," referring to the famous "Dummies' Guide" series, which aims to thoroughly guide one through learning any skill. Another member informs her of her legal rights and obligations. The OP, now apprised of her rights and having received anecdotal evidence, decides to confront her boss and conduct the conversation. These questions regarding the revelation of a pregnancy, the ethics of interviewing while pregnant, the technicalities of pumping at work are often filled with the same anxiety expressed in the above post, and the responses, in general, are supportive and helpful, focusing on the mother and her needs.

Personal Development

Another area of posts could be titled personal development, and here members wrestle with issues of professional self-esteem and of professional crossroads and crises. A member writes: "How do you know if something is imposter syndrome or just facing reality? … am I selling myself short because I don't believe in myself enough, or am I being realistic and taking a great offer that'll lead to something even better?" The imposter phenomenon—the secret sense, often among high achievers, that one does not deserve one's success—is a serious and frequent topic in the group (Clance and Imes). Feelings of inadequacy abound in the personal and professional spheres, which is perhaps further evidence of Bolton's "third shift" theory. The group dynamic, however, is always to uplift, push forward (*kadima*!), and encourage agency and confidence; support, val-

idation, awareness, and empowerment are exactly the antidotes to imposter syndrome (Robinson-Walker 13).

Below we read another very telling post in this realm:

> *I recently came to a conclusion: I'm perfectly fine with having a "mom" job that means that most of my life is outside the office/my career. Let my husband base his self-value on what he does… and I'll spend more time playing with the kids and doing fun things, and that one day a week I don't work—heck, I'm going to sleep in, exercise, do some hobby (and also clean, cook, do laundry, do the shopping). Maybe I'd rather it this way. Right? Or am I going to wake up and regret it someday, see how far my husband has advanced in his career and how far I have not?*

This post garnered sixty-five comments, clearly striking a chord with numerous women in the group. This post reveals how work and professional success seem more closely linked to self-esteem and the lack thereof than personal success in the domestic realm. The very language of the poster is unsure—"maybe, I'd rather it this way," "right?"; it sounds as if she has come to a conclusion, but it is a very precarious one. Do others feel the same, she wants to know. The answer is: it's complicated. Someone advises her to make a choice and "own it and enjoy it!"

Another response in the thread states:

> *I used to feel very self-conscious and judged … that I'm not living up to my potential.… I kind of moseyed through college, moseyed through one job and then another, had two kids, and only then started to think about what kind of career I want to build for myself. For a while I felt bad about that, until I … realized: drive and ambition for professional success are not what make me tick. I like working because I like interacting with others, and I want (and need) to be a contributing member of my family's economy. But I like doing other things too, and becoming a top-notch Something in Some Field is not necessarily high on my priority list.*

The above discussion is a manifestation of what Joan Williams calls "choice rhetoric," a discourse of women about whether and how to participate in the work force. Pamela Stone claims that the stories behind this rhetoric of choice actually "reveal a choice gap" (19), created by disparities between (fulltime and part-time and male and female) workers, and that this causes a real ambivalence about the choices made. Many of the replies in this thread reveal the same vacillation between being satisfied with where they are and wanting more at some point. The problem for so many of the women who participated in this

thread is that good jobs do not accommodate motherhood, whereas bad jobs do not confer status and high remuneration (Weber and Williams 772-73). The sense of togetherness in the ambivalence seems to provide some clarity to those participating in the discussion.

Gender Roles

A hot topic in this group deals with gender roles at home and in the workplace. One frustrated mother writes:

> I am so happy that my husband is starting school, found an internship and a part-time job. But it kills me that now I'm responsible for pick up, drop off, and most of bedtimes again solo, and to do it all I have to change my work hours so I can pick the kids up from school on time, and take them to therapy and doctor's appointments etc.
>
> My dh [dear husband] is like, well, you can just go back into work earlier to make up the time. Sure. I'll work 8:00 a.m–2:00 p.m. and 6: 00 p.m–12:00 a.m. … who the #%$ needs to sleep anyways?
>
> Why is it that we women always have to be the flexible parents???

This poster is happy that her husband is being productive, but she is clearly frustrated that the price for his productivity is her ability to maintain a sane work-home balance. Her argument that flexibility is expected of mothers, not fathers, produced many likes (and angry face icons), pieces of advice, and support. More than twenty five years ago Arlie Hochchild discussed the notion of women's second shift in terms of a stalled revolution where women entered the workforce but the institutions of home and marketplace did not catch up (Schulte). This discussion of the frustrations of gender roles and expectations shows that the second shift is still alive and well. People encouraged the OP to communicate her legitimate needs and expectations to her husband, rather than settle into defeat. Interestingly, no husband bashing ensued.

Regarding gender roles in the workplace, the below well-articulated dilemma reveals the shaky place in which mothers sometimes find themselves at work:

> I'm kind of mortified: I had to leave a meeting today at 3:30 p.m. The meeting was … five men, one single woman, the female client who has grown children … and me. I thought I participated well … and excused myself in a classy way… The client looked at me and … said, "go ahead. Go get your kids." I nearly died…. I love being a mom … I just wish I could

be the mom at home and the employee at work and have it be smoother and less conspicuous.

This real concern about the poster's motherhood undermining her professionalism resonated heavily with the community; many respondents encouraged the OP to accept her complicated balancing act and not allow guilt to weigh her down.

Empowerment

The crowning achievement of IMAKADIMA could be the group's "Bragging Wednesday," when members are encouraged to boast about their achievements, big or small, in the professional or word-life balance area. The idea is to empower women to speak out for themselves, recognize and articulate their strengths, and have those feats recognized by others in the group. Every type of brag can be found on Wednesdays, from completing degrees, to winning enormous grants, to negotiating a raise, and to managing to exercise during the week. Below is a brag about carving out some rare personal space (significantly "stealing" time) among the poster's professional and parenting obligations: "so my life is pretty insane right now.… my brag is that I started stealing time … I started painting…. This is the first painting I finished and OMG, look—it isn't bad! See? So once a week for two hours, I go … and paint. I really do!"

Here's another brag: "Here's my ImaKadima brag for last night. My two kids watched me pitch our start-up to five hundred people at the mass challenge awards, and then watched as we won the top prize of eighty thousand dollars. All they could talk about this morning was how cool it was to watch mommy talk to everyone and win. So glad they are on this journey with me." This post garnered almost five hundred likes. The poster could have been more than satisfied with the purely professional achievement, but what makes her so proud and happy is her kids' part in her success. This successful interweaving of the two dominant aspects of the OP's life is what the group found so inspiring.

Below is a brag of a different type. It is a type that reminds the group that bragging is not only about presenting one's perfect and polished achievements but also about being real about the ups and downs of their precarious existence:

My brag is something I keep denying myself … I have been somehow managing on my own for the past ten months, while my husband is not home. Some days, I'm barely holding on … I've somehow managed to keep my kids relatively shielded from the stress and that is my biggest wish…. My husband is unable to provide any financial assistance whatsoever. I have no idea how I make it through each month. So with all the stress I

> *am under, although I often feel like collapsing from the weight of worry,*
> *I have yet to fall apart completely and I'm still functioning each day. And*
> *that is the biggest accomplishment of all.*

An overwhelming outpouring of encouragement and support surely bolstered this woman during a tough period. Posts like these provide an antidote to the "Fakebook" phenomenon, in which people only share positive and very partial and carefully chosen images and updates that reinforce their desired online persona, and encourage others to "keep it real."

Although I could write a separate article focusing purely on the brags, I must point out that not everything is always rosy in this group. A member writes: "Was my rant about being an independent business owner having to pay somebody for a service they will not be providing and how I think it is unfair DELETED? This group is getting weird." Other members had no problem setting the OP straight: "Your post was antagonizing and aggressive—perhaps that's why it was deleted?" Follow the rules of discourse on the group was the overriding message. Another member writes: "I think I shall bid adieu to this group which is … too restrictive for my needs." The poster objected to her posts being removed for advertising. The group is not hierarchical; the administrators execute the mission of the group on a time-consuming volunteer basis, so many commenters defend the administrators' efforts to keep the group on topic. People have complained about the strict administration, but every time this happens, others support the enforcement of group rules, which include no advertising (except on "Crowdsourcing Sundays,"), no breaches in privacy, no irrelevant posts, and no posting for others.

Another member writes: "I have deleted the post in which I received several … negative comments. I am not that sort of person even though my post might have made you think so." It is not easy to receive negative feedback about online content, and the decision to delete the post is the expression of a desire to undo damage to one's online persona and image, as the curation and preservation of a positive online image is a value most users pursue (Mehdizadeh 358). This is true, of course, in its positive and negative manifestation in this group, too. It is a given that social media users only see the parts that others display of themselves—parts that are sometimes too polished, sometimes too hyperbolic, sometimes too attention seeking. This is an integral aspect of social media, and it provokes all sorts of insecurities in its users.

When one member posts a part-time job opportunity in a self-funded start-up, which offers a low wage, the discussion becomes charged. Someone asks: "Are they freaking kidding? X an hour??!! We're worth a lot more than that." Someone else interjects: "That's how much a good babysitter makes." The OP replies: "perhaps this group should rename itself, 'We are support-

ive Imakadimas if you're paying enough/earning enough.'" Others try calm things down. A few women show interest in the position and mention that they are private messaging the OP. The point that another member makes is pertinent: those who need to work and do so at the wage offered are bound to feel inadequate by the comments about the very low salaries. The reminder that everyone starts somewhere and is at a different point in their careers is an important one. But the acrimony felt in this discussion is actually rare in the group. Other negative aspects may be connected to the damaging results of comparing oneself to others perceived as more successful. Sometimes comments about such feelings of comparative inadequacy sneak into the posts. The fear of not garnering sufficient likes and comments may also hold women back from bragging or posting. The likes and emojis can be empowering, but a lack of likes can be disheartening and hurtful.

Conclusion

In a reality where working mothers are challenged on the professional and personal fronts, support is essential to prevent burnout and isolation. The kind of support that uplifts, empowers, and pushes working mothers forward is exemplified in the IMAKADIMA Facebook group. Here, motherhood is at the centre of the discourse—as lived experience, as complicated identity, as institution, and as agency. The ways in which group members balance their motherhood with other parts of their lives, most importantly with employment and career, show that these mothers do not see themselves as victims but rather as trying to fulfill their potential within and outside of the home. Honesty, intelligence, and community are some of the ingredients needed for an authentic source of support and empowerment, and these make for the success of the IMAKADIMA group.

Life in Israel can be intense, certainly for an immigrant population, and nobody is denying the challenges. Social media brings out a tendency to whitewash challenges and present a perfectly curated self-image, a "Fakebook." Yet the examination of a small chunk of interaction within this group has revealed that despite all its pitfalls and deficiencies, given a focused vision and mission, the right tenor and ethos, a Facebook group can be, and in the case of IMAKAD-IMA is used, as a site where real empowerment and support can be achieved.

Endnotes

[1]This demographic of immigrant women from wealthy countries to a relatively new country, where a different language is spoken and different rules of engagement apply professionally, is interesting and warrants separate research. It

bears mentioning, however, that this immigrant group is a relatively privileged group in Israeli society, both in social and economic status. Immigrating out of choice and ideology, mostly with capital and education, is obviously very different to immigrating because of persecution (North African immigration of the 1950s, and Ethiopian immigration and immigration from the former Soviet Union of the 1990s).

[2]Most of the discussions and posts mentioned in this article were taken from the first three months of 2017, although certain posts that I located through the search function are from earlier dates in the group's existence. The posts discussed here are highly representative of the group's discourse. It must be said, however, that although I am a scholar (in literature), this article is not a scholarly social sciences study and evidence is anecdotal rather than empirical. Posts have been reproduced "as is" except for typos and editing for length (indicated by ellipses).

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MANON NIQUETTE

Beyond "Sharenting" a Cute Teething Baby Face

Maternal Agency in the Facebook Page of Ibuprofen-Based Analgesics for Children

Teething is an ordeal for everyone in the family. Mothers are more likely than fathers to look for tips and ideas online for soothing a baby back to sleep. For this purpose, they are also more inclined to use social media that they can access through smartphone applications, such as Facebook. And because women are still the gateway to health-product sales, they are the primary target market for the advertising of pediatric drugs online, including teething pain-relief products. Recent studies have indicated that a large proportion of millennials believe that most marketing campaigns are not tailored to them. These women have trouble both identifying with the nuclear family as well as with recognizing themselves in the usual stereotypes. They find user-generated content more trustworthy and memorable than traditional brand-generated content. In this context, one may wonder how pharmaceutical companies have adapted their advertising discourse in social media in order to get the so-called digital women influencers to participate in the construction of the millennial caring mother. Drawing on recent works in the critical analysis of discourse, I deploy Michael Halliday's systemic functional grammar, and more precisely the transitivity system and its processes, to study the content of a Facebook page dedicated to the promotion of over-the-counter ibuprofen-based analgesics for children. This allows me to identify how the emphasis that has been placed on the efficacy of drugs contributes to overshadowing the nightmarish labour that is necessary to care for a sick child.

Teething raises one of the most dreadful parental fears: not knowing what to do when one's baby is in pain. The crankiness, drooling, and tears keep parents up at night and make them look online for help and medical support. Considering themselves as primary caregiver for their family members, women are particularly prone to seek out information about health issues (Lee 4). Consequently, they

are effective brand advocates, since they constantly demonstrate their interest online (Exponential Advertising Intelligence 6, 21; Weber Shandwick 3). In this context, the question to be asked is how the pharmaceutical industry approaches these women so that they get them to view, like, or share their posts, and hence become ambassadors for their brands? How does it portray mothers, in terms of their own agency, compared to the power given to medication? In order to think about these questions, it is important to understand why millennial mothers go on Facebook, and what they get from it in relation to their children's health.

Why Do Millennial Mothers Use Facebook?

Millennials' usage of social network sites is a sign of the times, and is not just a generational personality trait (Bergman et al. 709). The arrival of a first child seems nonetheless to be a peculiar time for this practice to peak among young adults. The Web has become the most important source of parenting advice for millennial mothers—right after their own mother; infant-care books, which were the top resource for the Baby Boomer generation are today rarely used (Crowdtap 10).[3] Feeling overwhelmed with new responsibilities does not keep new parents away from the social media. On the contrary, their social media consumption is increasing as they use it both for parenting purposes and as a lifeline (Prior 2). Unlike the media usage of baby boomers, which primarily involved watching television and reading magazines, their media consumption is highly interactive, to the point that they feel the pressure to keep pace with what other parents are posting and sharing (Crowdtap 13). Millennials are, above all, content producers, not viewers. On a daily basis, they spend 30 percent of their media time on user-generated content—that is, media content created by their peers including conversations and peer reviews. They find this kind of information more trustworthy and memorable than what is transmitted through traditional media sources (Crowdtap and Ispos Media CT 1, 5-7). Therefore, user-generated content provides pharmaceutical marketers great access to millennial mothers' time, a trusted channel to deliver their message as well as memorable experiences. The challenge for a brand of ibuprofen-based products is to encourage its customers to create and share content in partnership with them and, in the best case, to transform their personal Instagram accounts or Facebook pages into illustrated timelines of their child's teething and tooth loss.

Facebook is particularly attractive to parents both because it allows them to stay in touch with their friends and relatives and because they see it as a source of useful information. In other words, it functions both as a bonding network that helps them to maintain strong emotional support and as a source of bridging social capital (Bartholomew et al. 212). According to a study done

by Pew Research, parents are significantly more likely than nonparents to log onto Facebook daily and to be friends with their own parents and neighbours (Duggan et al. 6).

Turning to social media for parenting-related information and support remains a gendered practice. Eighty-one percent of the mothers participating in the Pew study were using Facebook, compared to 66 percent of fathers (Duggan et al. 5). Although fathers acknowledge that they give and receive support through social media, mothers are still more likely to engage in these activities than they are (Duggan et al. 17). Women are significantly more prone to share, post, or comment with greater frequency, and they are more likely to receive support via social media (Duggan et al. 17, 26). Mothers' need for connecting and interacting with other women that are similar to them in their life situations is intense. Looking for child-health information is an integral part of the invisible caregiving work that rests on the shoulders of women. Not surprisingly, another Pew research study reveals that 52 percent of women doing online searches choose medicine and health among the top three topics that interest them, whereas only 22 percent of online men made that choice (Kennedy and Funk 8). What characterizes millennial health seekers is the multiplication of "cognitive authorities" on which they may rely.[4] Unlike their grandmothers or mothers who used to turn to popular books for guidance— such as Benjamin Spock's *Dr. Spock's Baby and Child Care* or William and Martha Sears's *Baby Book*— millennial mothers do not restrict themselves to a particular model of childcare. This does not necessarily mean that they rely on isolated elements of a fragmented mosaic of knowledge. They would prefer to constantly look for new insights, eagerly anxious to contribute to the creation of an ever-changing parenting subculture (Gutting and Fromm 16). Blogging is still a popular activity for self-expression and identity preservation, but the growing use of mobile phones over computers to go online has changed the dynamic of interaction in the mamasphere. Sites to which mothers can access through smartphone applications offer a better potential for keeping in touch with the world. These platforms make it easier to ask questions and to get responses from the online circle during the night without having to turn on the computer (Gibson and Hanson 320).

Why Big Pharma Creeps into Mothers' Facebook Feed

There are many reasons why symptoms of sick children worsen at night, and this can make everyone in the family miserable. Facebook allows one to ask for help without addressing a demand to any person in particular at the risk of sounding importunate. This does not mean, however, that the answers obtained are comparable to the compassionate advice you would receive directly

from a loved one. As observed by Alexandre Coutant and Thomas Stenger, the social dimension of platforms such as Facebook may be overestimated: what's new with the so-called social media is not the ongoing chatter. These platforms merely reveal social exchanges already taking place in other spheres of daily life that never leave traces. To describe these devices as "social" masks the commercial exploitation of users' participation and the economic interests that are at stake (Coutant and Stenger 84). The data that mothers share on Facebook—along with information about their browsing habits—belong to Facebook; as such, these data can be sold to advertising enterprises, which in turn use them to better target and address potential female consumers on their own newsfeeds. Because this commerce of signs, symbols, and words keeps men out of the picture, it perpetuates inequity in the sexual division of domestic care labour rather than preventing it.

The provision of mutual support in the mamasphere has been studied by a number of scholars,[5] but apart from papers on Johnson & Johnson's Baby-Center forum (Hammond-Rashley; Seigal; Goriss-Hunter), very few have been written on the special twist put in social media by corporate discourse on the construction of contemporary caring mothers. The marketing staff of pharmaceutical companies understand that there are millions of women on Facebook (in a show of solidarity and desire for more agency) who are eager to share ideas about what is best for babies. This is exactly why the health industry has exploited this terrain as well.

Admittedly, mothers' use of social media affects their representations of motherhood as their own content contributions influence, conversely, the understandings of motherhood held by others (Basden-Arnold and Martin 4). Not only do women "do gender" online, but they also "do motherhood" (Schoppe-Sullivan et al. 276). Motherhood is performed in the Web through the repeated displays of modes of interaction with children. Under the pretext that nearly a third of millennial mothers are single parents and have trouble identifying with the nuclear family, the market industry recommends the production of commercials emphasizing, on the one hand, the relationship between the mother and child and, on the other hand, the construction of a personal identity for women (Weber Shandwick 8). If these recommendations have the advantage of encouraging the production of more open messages regarding possible representation of mother-only families, they are not pushing against the existing heteronormative framework and they do not allow the transmission of a fair representation of the household division of labour. The use of social media for advertising purposes can provide an opportunity for the millennial woman to express what she is, but because the public construction of her identity as a mother still takes place in commercial settings that target only women, she still appears as the only one responsible for the care lavished

on her child. This is at odds with other marketers' claim that the millennial mothers have difficulty recognizing themselves in the usual clichés and that they are tired of images of incompetent fathers (Weber Shandwick 8; Dolliver et al. 5; Krashinsky). Henceforth, we can ask how the healthcare industry goes about seducing women online, targeted strictly according to their role as mothers, while it meets the demands expressed on the Web for more realistic and diversified representations of parenthood. One can also question the place given in the messages to the workings of a medication (or its brand), compared to the work of the parent, mother, and father in the performance of care relationships.

Method

The purpose of the study is to highlight how the millennial caregiving mother has been constructed in a discursive context in which identity markers are used to get women to share advertising content for child medication. More specifically, this article focuses on the qualitative grammatical analysis of the content posted on a Facebook page for ibuprofen, a nonsteroidal antiinflammatory drug used for reducing fever and relieving aches and pains. In February 2016, the products were recalled by Health Canada due to clumps in the bottle that could have led to inconsistencies in the dosing. The Facebook page is now closed. For both legal and ethical reasons, the name of the page and the brand will not be disclosed.

Concretely, I have done a detailed and systematic analysis of both the texts and images published in the Facebook page as well as the contributions and commentary of the Facebook page fans themselves. I used a theoretical frame that is familiar to scholars involved in critical discourse analysis, namely the grammar of Michael A.K. Halliday, and more precisely, his study of a system of representation called "transitivity." According to Halliday, transitivity confers on the clause the status of representation; it is the cornerstone of the semantic organization of experience. The task of the researcher is to analyze the types of transformation processes represented by: the verbs as they are used in grammatical clauses to describe processes; the way actors are related to each other through the verbs; and the context in which action represented by the verbs takes place.

This meticulous work allows one to examine the congruence between the sociological roles— that is, those enacted in everyday life practices—and the grammatical roles of subjects and beneficiaries of the action depicted within a textual portrayal of these roles. For instance, the sentence "We started X (name of a brand), trusted by doctors for more than fifty years" is a misrepresentation of how agency is actually distributed in a real-life situation where

a mother, alone, measures and gives her child a dose of oral suspension that has previously been recommended by one physician. One has to wonder, who is actually "we"? Who are the ones that "have started X (the brand)"? What does precisely "to have started" mean? What did "we" start exactly, and what is "trusted by doctors"? Which doctors? All of them?

Mothers may be the prime target of advertising, but that does not mean they are discursively represented as the main actors of caretaking. The main hero of the pharmaceutical narrative of caretaking could be the father in order to please female consumers who like to see caring dedicated fathers at work. It could also be a physician or a nurse, so as to associate the brand with medical figures, or it could be the medication or the brand itself in order to showcase the curative value of the product. Therefore, the first question to be asked is "who are the actors of domestic pharmaceutical care?" This question can be divided into two subquestions: "who is represented as contributing to the recovery of the sick person, and under which conditions?" and "who is shown as the beneficiary of domestic pharmaceutical care, and under which conditions?" The beneficiary could be, of course, the child, but it could also be limited to the suffering part of the child's body or its state of illness. In the case of institutional advertising—that is advertising employed by companies to market themselves rather than their products—the beneficiary can be stakeholders, regulators, prescribers, pharmacists, or committed citizens concerned with a public-health issue.

The discourse analysis of the ibuprofen Facebook posts was conducted in two phases. First, I have sketched a broad characterization of motherhood as portrayed in the messages under analysis. Following this, I have undertaken a microanalysis, sentence by sentence, of how the primary or dominant agents are constructed. To this end, I have looked at the functional relationships between subjects, verbs, and patients or recipients in each clause, and I have examined how they interrelate with one another through transitivity patterns.

In the following section of this article, I will first describe how motherhood is portrayed in the context of a Facebook brand page for teething pain management. I will then present a few sample posts from the corpus to illustrate how, in the corporate discourse and in the comments, agency is distributed among the various agents involved in caretaking.

Analysis

1) The Portrayal of Motherhood in a Context of Teething Management

At first glance on the ibuprofen Facebook page, one can see stereotyped and conservative representations of motherhood. Baby's primary caregiver is the mother. Obviously, women are the primary target market—the segment the

ibuprofen maker believes will give the best chance to sell. The fathers seem completely absent during the teething and biting stage, except for Father's Day. Men are not even considered as a secondary target audience. The women shown are predominantly white, heterosexual, middle-class, joyful, and healthy.

The tone is in line with the humorous confessions-of-unfit-mother trend that is currently taking place in many mommy blogs, whereas the myth of the good mother, paradoxically, still prevails. In response to the invitation addressed to the Facebook fans, the ibuprofen page is dotted with photos and videos of women literally confessing to having done something that is supposed to be unworthy of a good mother. Meant to be funny, some confessions are actually quite sad if not pathetic: "I spend more time than needed in the bathroom so I can get a break"; "I can't wait to get away from my kids sometimes. I need alone time (even away from my husband)"; "I pretend I have to go to the bathroom so my husband and kids have to unload and put away the groceries." Of course, nobody would condemn a mother who needs a little break from her family. The fact that the strategies used to get a bit of rest are framed as sins rather than hints and tips, even with humour, suggests that these women might actually be fundamentally dedicated to their families since they know they should be somehow conflicted about their deceptive behaviour.

Beyond uploading photos and videos, writing comments, or downloading coupons, women's main occupations appear limited to putting away the groceries, freezing fruits (for soothing gums), dipping a clean washcloth in cold water or breast milk, and wiping the floor after bathing time. The domestic spaces in which most activities take place are the kitchen and the washroom, two environments associated with body care, cleaning supplies, and baby toiletries. Giving a bath—conventionally viewed as a soothing and joyful routine—is described in jocular remarks with an emphasis on wet floors: "Swimming in the pool during summer counts as giving the kids a bath. Right?!!"; "How does my bathroom floor stay so clean? It gets washed every time my kids take a bath."; "Do your little ones leave more water outside the tub than inside?"

The last two sentences, both written in a brand's post, illustrate quite clearly a phenomenon that will be discussed in the next part of the article: the efface-ment of the mother's actual domestic work and, concurrently, the effacement of children's misbehaviour. Mothers do not have to clean the floor; the work gets done by itself. The action of cleaning an object is grammatically expressed in what Halliday calls a relational-attributive clause: the floor "stays clean." The cleanliness is simply a circumstantial attribute of the floor. No actor is involved, but only a carrier and an attribute. The floor simply happens to be clean! Similarly, the kids do not splash water outside the tub; they "leave more water outside than inside." The process involved is just physical body movement, without intention to act upon something or someone.

In advertising, maternal gratification and the praise of baby's redemptive innocence go back to the Victorian era (Loeb 139). In a commercial Facebook page dedicated to teething pain management, one cannot resent children's naughty whims and habits, so the discourse on young children's misbehaviour is organized rhetorically in order to put the blame on other agents. Language is the means by which the experience of caretaking is represented. Different syntactic organizations give more or less emphasis to certain actors, or remove them entirely. These actors are linked by various processes, which are realized by verbs. Six different types of processes involved in the construction of agency have been identified by Halliday: material, mental, verbal, existential, relational, and behavioural. All verbs fit into one of the processes. For this study, I focus on three types of processes: the material, the relational, and the verbal processes.

2) Who Are the Actors of Teething Pain Management?
The Material Process

The material process takes place in clauses that describe what an actor is doing to an entity (as in "The gnawing provides pressure that helps ease aching gums") or in clauses that represent the happening of something (as in "Last molar is coming"). In the case of the ibuprofen Facebook page, "teething," "teething pain," and teeth themselves are prominent actors of these clauses, as it is the case in questions such as "Is baby's teething pain making you want to jump overboard?" This metonymic emphasis on the pain conceals the dreadful reality of a suffering and needy child, a strategy that is in line with the images of smiling and happy babies that abound on the page. A post with a crying baby in pain is not likely to get many likes and shares.

Teething pain is framed as the root of many evils. A controversial post that raised the disapproval of breastfeeding groups epitomizes this tendency to blame teething pain for all problems afflicting moms and babies. The post—that had been quickly removed from the ibuprofen Facebook page, with an apology (Kemp)—insinuated that the eruption of the first tooth causes breastfeeding cessation: "Humans breastfeed their babies an average of 3 months. 1st tooth comes in around 4-7 months. Coincidence? We don't think so." In this case, the first tooth itself is represented as the actor responsible for having caused breastfeeding cessation. The brand, represented by "we," and indicated in the lower right corner of the post, is framed as the saviour that could potentially make longer breastfeeding possible. Actually, the idea that giving ibuprofen to a baby encourages continued breastfeeding after four months raises serious concerns, as there is not enough data to support a recommendation for the use of ibuprofen under the age of six months (Sullivan and Farrar 583). As a matter of fact, both the Canadian Paediatric Society and the American Academy of Pediatrics do not recommend ibuprofen to infants under six months without

first having checked with a physician (Canadian Paediatric Society; American Academy of Pediatrics). Moreover, it is worth mentioning that the word "humans" is used in the first clause to designate the breastfeeding parent, and not "mothers" or "women." This allows the brand to distance nursing a baby from maternal role expectations, and as a result, to keep the pharmaceutical company from being accused of putting pressure on women to breastfeed. Such an approach would be at odds with mothers' confessions about how they have wriggled out of household chores.

The mother is definitely not the prime actor of material clauses. She is rarely the one that transforms a situation or makes things happen. In many sentences, her work seems to get done by itself. Not only one can read that (as discussed earlier) "the floor gets washed every time the kids take a bath," but also "Who hasn't had to use *a little 'creativity'* when their children wouldn't clean up after themselves or eat all their veggies?" – as if "using creativity" for dealing with these issues was just a walk in the park– and sentences such as "I get more cleaning done in ten minutes before someone comes over than I do in a week," suggesting incidentally that mothers don't do that much after all. The eclipsing of women's housework in painkiller advertising dates as far back as the 1930s (Baillargeon "Medicine Advertising" 97). The tasks of caring for sick children are not more apparent in the context of a commercial Facebook page. They are merely implied rather than expressly stated.

Women are given orders: "Keep it cool"; "Take a breather"; "Try something different"; and "Download coupons." The use of the imperative as in "Show us your chompers!" does not totally suppress the mother (or the parent), since the possessive "your" is a trace of her involvement, and an expected activity is put forward. However, this representational choice corresponds to what Theodore Van Leeuwen calls a phenomenon of "backgrounding": the excluded actor is not explicitly mentioned, but her identity can easily be inferred. The use of the imperative gives the mother the impression that she plays a central role as a contributor. But in fact, her role as a caregiver in the narrative of her child's relief is minimized in favour of the medication's effectiveness. This is especially the case in sentences such as "Take the teething misery out of Tuesday and turn to the simple, effective solutions of Brand X"; and "Get the irresistible smile back with the simple, effective solutions of Brand X." The concrete task of giving medication to the child is not even mentioned. The advertised products are shown as the number-one actor that can transform the situation, most notably in the brand's tagline—"Brand X soothes at the source"—and in sentences such as "Brand X provides more effective, longer lasting fever relief with less liquid than Brand Y."

In the followers' comments on the ibuprofen Facebook page, children are represented as having a more active role than on the company posts: mothers

upload photos of children explaining that baby "is teething" or "working on a first molar." The child is the one who is at the centre of the story rather than the toothache. Nonetheless, the mothers, in their own words, tend to efface themselves in the same way that they are excluded from the transformative discourse on care in the company's posts: the mothers' discourse is solely focused on the child: "It seems as though he is always teething, good thing he's so cute"; and "My country girl has been teething since she was four months! She's one now and working on her top molars."

Representations include or exclude social actors in order to suit the interests of the writer. It is in the interest of a pharmaceutical company to cast the pain or illness as the villain of its narratives and its drugs as a saviour in the course of action. Because the mother, who is also the reader and a content producer, must feel concerned more than anyone else by the content of the texts, she must be given a special place in the pharmaceutical narrative of caretaking. In a promotional text, sociological agency is not always realized by the grammatical relationship of the subject and the verb. It can also be realized by possessive pronouns as in "so *your* little one can get back to dealing out the fun" (Van Leeuwen). In phrases such as "the chill and the pressure help ease the aching," the mother is excluded, but the exclusion does leave a trace because the relevant action of giving baby a frozen washcloth is included and the caretaker is present in other parts of the text. The mother is not radically excluded from the representation of baby-pain management in the same way that the father is outrageously marginalized. Her sociological agency is not entirely suppressed. However, her participation in the production of commercial representations that rhetorically enhance the agency of others (e.g., medication, chewing devices, or her own child) is a form of discursive exploitation that is consistent with the stereotypical images of maternal abnegation, and, conversely, is in contradiction with the popular portrayal of millennials—jokingly conveyed in the confessions—as being overtly self-absorbed.

The Relational Processes

The relational processes are those of "being" and "having." Their function is to characterize or identify. In attributive relational processes, a carrier is characterized with an indefinite number of attributes, as in "She has been more fussy lately but this little girl is such a trooper" and "Baby teeth are the best and so darn cute." The relational clauses are used to classify, judge, describe, and give information about an entity. They reveal the writer's judgment about someone or something.

Relational processes in the ibuprofen Facebook page are numerous and redundant. It's through this type of clause that the differences in the representational choices concerning fathers and mothers are the most striking.

Whereas mothers are humorously described as being "better under pressure," dads are depicted as being "a son's first hero" and "a daughter's first love." As for the material clauses, the focus is on teething rather than on the suffering or biting child. In the clause "Teething doesn't have to bite," there's no specification that it is the child's teething that is in question, or, more literally, that it is the child himself who bites. Actually, most babies try to bite. Not only does this socially incorrect gesture bruise the parents' sensitive skin, but it also hurts their feelings as it raises doubts about their capacity to discipline kids. Nominalization through the use of gerunds is a representational choice that also has the effect of backgrounding the doer of the clause (Van Leeuwen): "Teething doesn't have to bite" hides the actor that grows a tooth. The person that suffers, or is responsible for making others suffer, is somehow excluded from the clause. The use of hashtags[6] such as "#shark" and "#chompers" is a form of relational process that characterizes the child as having the property of biting people, but without naming explicitly the carrier of this attribute. The proximity of the hashtag to the mother's affectionate words or a cute child's photograph adds an element of comicality to the relation that is established.

Most of the relational clauses in which the child is the carrier of an attribute are found in the women's comments and contributions. The child is always described by the mother as being adorable and adored, no matter how fussy baby gets: "X is about nineteen months old and is showing her pearly whites"; "Soon to be teething … my precious baby"; and "She's not a baby … but she's got all four top adult teeth coming it in at one! And she's the light of my life." Teething or the child's teeth are the most prominent carriers of negative attributes: "My baby isn't a baby, but them (sic) molars are killer!" and "I remember teething to be horrible for her." Very rarely does a mother produce a comment that is less flattering for her child. When one allows herself to do so, she uses words of love, such as "my little," to highlight her attachment to her kid: "X is my little shark. He attacks mommy when I'm not looking." Otherwise, cute babies never bite; only jaws may snap at you.

Finally, the brand and a corporate partner that produces pacifiers and teething toys are literally described as lifesavers: "Ibuprofen brand X and baby-products brand Z have been lifesavers for us" and "You've been a lifesaver."

In sum, relational clauses are mainly used to flaunt the merits of the advertised products, to offer a positive representation of babies, and to reveal with humour and in a soft tone the hassles of domestic life, and all this, while they perpetuate old gender division between mothers' and fathers' attributes.

The Verbal Processes

The verbal processes involve saying things to others. They take place in clauses in which someone says something to someone else or in clauses in

which someone projects indirect speech as a separate clause. They could also be clauses in which someone invites someone else to say something, as it is often the case in corporate Facebook pages that encourage the fans to engage in "the conversation." Most of the verbal processes found in the posts of the ibuprofen Facebook page belong to this type. Mothers are asked to contribute to the corporate discourse on care by "sharenting," that is by uploading photos or videos of their children. They are also invited to confess the harmless lies they had concocted in order to give themselves a break. These confessions have largely taken the form of homemade videos in which women reveal white lies on a piece of paper, such as "If my kids want to go to (sic) playground, I told them that it is (sic) holiday so it's closed." The invitations to confess a lie are done using the imperative form: "Write down your confession, record a video or snap a photo, and upload it in the comments below." This category of verbal processes is called "conative" because it shares the ability of material processes, for a "sayer" to act on another participant, qualified by Halliday as a "target." In a spirit of patronizing benevolence, the drug company kindly gives its seal of approval to women's expression of resistance by inviting them to perform what one may call "bad, but not so bad mommy humour." The kids become in turn the target of their mothers' verbal processes through creative and meant-to-be-funny survival lies: "When I get rid of a toy, I tell my daughter that it ran away"; "I tell my daughter that her favourite cartoon characters go to sleep at night so she can't watch them"; and "I tell my son I will text Santa Claus if he doesn't behave." Using humour to overcome the dichotomy between the good and the bad mother is in tune with how motherhood tends to be depicted in early twenty-first century popular culture (Podnieks 1001; Mendonça 159). Amusing narratives of personal transgressions may help to find relief and to reverse a situation of disempowerment to one of empowerment (Wansick 541). However, the concealment of the sore distress parents are subjected to when a baby is in pain contributes in the ibuprofen Facebook page to maintaining the idea that caring for a sick child is an enjoyable and fulfilling activity; mothers have no reason to complain, as long as they have the proper over-the-counter meds on hand.

Inanimate objects can participate in verbal processes through a figurative language technique called "personification." Advertisers may turn products or body parts into a person by giving them human abilities such as speech, but such was not the case with the ibuprofen campaign. Neither the medication nor the teeth speak to anyone. The brand is the only nonhuman entity that engages in verbal processes, and it does so by urging mothers to produce content, thus converting them into "mombassadors" who spread the narrative that "Brand X soothes at the source" to their own network of friends. One would expect user-generated-content campaigns to be more authentic in expressing

the millennials' parental anxiety related to teething pain management. Actually, the content that users are asked to provide must fit into the framework of the campaign and reflect the brand's personality, not the users' challenging realities.

Conclusion

Social-media marketers claim they understand the changes in millennials' lives and know how to really connect with new mothers. By giving mothers the opportunity to stage themselves as being work-shy, nonchalant, and more self-centred than expected, one may think that commercial Facebook pages allow millennial women to perform motherhood in a way that is breaking free from the previous generations. It is worth recalling that pictures of mothers relieved of domestic tasks were also characteristic of Victorian advertisements (Loeb 181) and that taking analgesics for women in the 1930s was associated in advertising with social life, not work (Baillargeon " Aspirine arrête la douleur vite!" 212-13). The idea that commercial goods increase leisure time is by no means a new one. The novelty in social-media marketing is that women willingly undertake the task—for only free goodies or a chance to win an e-gift card—of producing and sharing content that more closely reflects the image they want to project about who they are as mothers. Knowing that they can only contribute within the framework established by the marketing agency, they encode their experience with the set of options provided by the transitivity patterns of over-the-counter pediatric drug advertising.

Advertising language is representational and imbued with ideology. The study of the transitivity patterns can be used to uncover representational meanings conveyed in the text and the role of actors involved in various transformation processes. In a previous critical discourse analysis of a Facebook page created by pharmaceutical marketers to buy in to the notion of ADHD, I noticed the tendency to portray mothers as heroines of preventive intervention (Niquette, "Marketing pharmaceutique et medias sociaux" 104; Niquette, "The Exploitation of 'Sicko-Chatting'" 299). The content of Facebook pages designed for the promotion of over-the-counter pediatric analgesics seems to offer a much different picture. Issues related to mothers' agentivity are not the same. The goal of disease branding—as for the ADHD Facebook page—is to induce the person bearing responsibility for child health to recognize the signs of "illness" and to take the steps necessary to ensure that medical and school authorities proceed accordingly. The aim of advertising for over-the-counter drugs—as for the ibuprofen Facebook page—is to convince mothers of the product's effectiveness. In the latter context, there is reason to believe that the strategy is one of representing the role of the millennial caregiver as a partner in the fight against a painful body, disentangled from the suffering child it incarnates,

while at the same time leaving entirely the merit of the curative action to the branded medication. In short, this study brings to light how the backgrounding of mothers' agency in the commercial discourse on pharmaceuticals—in favour of the biochemical and physiological effects of the commercial product—is made possible by bringing women to contribute to the production of a friendly and funny portrayal of maternal care, emptied of its haunting and laborious aspects.

Endnotes

[1] I thank William J. Buxton for helping me revise the text.
[2] The Canadian Paediatric Society and American Academy of Pediatrics recommend not giving acetylsalicylic acid (Aspirin) to children or teenagers because in the 1980s, it had been linked to the risk of Reye's syndrome, a rare but serious condition that injures the liver and the brain (Canadian Paediatric Society; American Academy of Pediatrics).
[3] The Crowdtap research team engaged with a total of nearly 1000 U.S. men and women over the course of October 2015. In countries that provide public healthcare, the situation might be different. For instance, in Québec, all new parents are given a free guide titled *From Tiny Tot to Toddler* that is still described by the new generation as an important reference book (INSPQ "Évaluation du guide" 33).
[4] Authorities whose influence is blindly accepted, based on their reputation as experts, and upon which would lay most of people's second hand knowledge (Wilson).
[5] Notably Ley; Friedman; Petersen; McLeod Rogers and Green; Pedersen and Smithson; Van Cleaf; and those cited in Friedman and Calixte; Basden Arnold and Martin.
[6] Marketers use hashtags in social media in order to help make a connection in the consumers' mind between a campaign concept and the brand. These metadata tags allow the brand's followers to keep track of a campaign if it goes viral.

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LAURIE KRUK

Nourishing Your Baby and Child

with apologies to Dr. Spock

At almost eighteen, a Vegan
is born: her kitchen declaration
in pursuit of planetary protection: anti-GMO, anti-agri-business,
anti-cruelty to cows or pigs. Anti-parent, too, it appears,
so proud is she to leave our table, claim her own cupboard,
buy her own earth-friendly
margarine with money from her new job at *Your Independent,*
now selling three kinds of organic apples
(which I wash anyway)
so what can I say?
Vegan, like *Vulcan,* introduces a new alien
into our family enterprise, the newest generation,
and my own ears sharpen for the fullest rejection
of family meals, latest escape
to her room, door closed, carrying a bowl of over-priced brown rice
to take in front of a screen tuned
to PETA profiles.

Daughter, I want to say,
From the moment you arrived
on this planet, a visibly separate being
"well-cooked" (said the midwife) after forty-two weeks

and almost a day's labour, my naked body spread
like meat on the rack,
your father wearily rubbing oil
into my back,
our anxiety to fill that open maw began.
With breasts rising to the occasion,
came the miracle of milk,
which you took greedily for twelve months,
making me—in Baba's words—a "soft cow." But then
turning away, shrugging off the nipple, as if to say,
as you now repeat,
leaving our full table, *Don't worry about me, Maw;*
I'm good.

Is it any wonder I shake a fist at
our pet rabbit
(kept for sentiment rather than stew),
when he sniffs at, then turns away
from your leftover organic greens?

MEAGHAN BRADY NELSON AND JENNIFER COMBE

Mothering-ArtAdemics

Intersecting Identities of Strength

Using personal narratives as a feminist approach to produce knowledge, we explore theoretical positions that acknowledge the interdependency of maternal, artistic, and academic identities. This approach, while critical of societal structures that fail to support working mothers and young children, outlines the benefits of creative practice, teaching, and mothering rather than viewing the experience as a deficit. Through interwoven personal narratives we reflect on our journeys becoming mothers on the tenure-track and reinventing our artmaking practices as academic mothers. Each subtopic outlines individual experiences, offering the reader two different paths toward applying for tenure while creating a family. Through our narratives we illustrate the ways in which our art practices grew when becoming mothers, due in part to time constraints, a desire to work without toxic art materials, and with conceptual shifts that address mothering in our artmaking. In conclusion, we argue for increased structural change to support successful mothering academics that ranges from increasing partner participation around domestic work to federally funded, mandated maternity and paternity leave.

The Interdependence of Mothering Artist-Educators

The three roles of artist, academic, and mother reinforce one another, and make us stronger in each area. These interdependent roles create stability by keeping us better informed, emotionally grounded, and financially secure. Embodying these three identities simultaneously results in a fluency that we would not find if we compartmentalized them. We argue that in order to support these complex and interconnected identities, in which numerous other mothering roles are performed, societal structures need to shift through mandating support

for working mothers by state and federal institutions and partner participation in the domestic sphere. We agree with Andrea O'Reilly that the oppressive patriarchal institution of motherhood, which she defines as "male-defined and controlled," must be dismantled (11). We have chosen to become empowered females by identifying as Mothering-ArtAdemics as "mothering, freed from motherhood, could be experienced as a site of empowerment, a location of social change." In other words, while motherhood, as an institution, is a male-defined site of oppression, women's own experiences of mothering can nonetheless be a source of power (O'Reilly 11).

Together, we come from a platform of unearned privilege as white cisgender women with inherited monetary and social knowledge. We both have advanced degrees and are in married, heterosexual relationships. As women, we climbed the professional ladder with societal support systems put in place by our parents, with the expectation and financial support to attend college. As married women, we benefit from the security of our husbands' incomes; as motherhood is now the single best indicator that unmarried middle-class women will end up bankrupt and that women will wind up in poverty in old age (Crittenden). It is from this platform we approach creating, teaching, and mothering, and together claim that these identities strengthen one another and give us a fullness that would not be obtained if one were missing. Ruth Bader Ginsburg describes this fullness in *My Own Words*:

> *Work-life balance* was a term not yet coined in the years my children were young; it is aptly descriptive of the time distribution I experienced. My success in law school, I have no doubt, was due in large measure to baby Jane. I attended classes and studied diligently until four; the next hours were Jane's time, spent in the park, playing silly games or singing funny songs, reading picture books and A.A. Milne poems, and bathing and feeding her. After Jane's bedtime, I returned to the law books with renewed will. Each part of my life provided respite to the other and gave me a sense of proportion that classmates trained only on law studies lacked. (xvi)

A more visionary title for this article would be "Parenting Artist-Educators," equally including fathers as caretakers. This would assume that males are taking on equal responsibilities in the domestic sphere. Research proves, however, that this is not the case (Schulte). Because working mothers still carry the brunt of the "second shift," this article focuses on the specific experience many mothers face. It also focuses on heterosexual relationships, as research on same-sex couples demonstrates that domestic work is more often split according to preference rather than gender roles (Dunn).

Rachel Hile Bassett argues that first-person narratives "play an important role in changing others' perceptions of parenting in academia and serve as well to broaden academic parents' own understandings of their situations" (12). Maria Castañeda and Kirsten Isgro "are convinced that personal narratives have the potential to serve as critical intervention in the social, political, and cultural life of academia" (9). The following interwoven personal narratives—"Becoming Mothers on the Tenure Track" and "Re-inventing our Artmaking Practices as Academic Mothers"—reflect on both our journeys, and together we assert how the roles of artist, academic and mother reinforce one another making each identity stronger together. In conclusion we argue for societal change in order for structuring successful mothering academics.

Becoming Mothers on the Tenure-Track

Each of us teaches art education in American state university systems; most of our teaching load is devoted to elementary education majors and a small portion to art education majors. Previous to our academic careers, we each spent over ten years teaching in K-12 classrooms. There is substantial data claiming that performing in the combined roles of mother and academic can lead to burn out; therefore, fewer females are awarded tenure (Armenti, "Women Academics"; Drago and Colbeck; Drago and Williams; Mayer and Tikka; Young and Wright). As Carmen Armenti states, "having children before tenure can reduce the likelihood of achieving tenure" ("Women Faculty" 76). The literature clearly states that the academic clockwork of tenure is distinctly male, and that having children while working for tenure has different affects for male and females academics (Grant et al; Armenti, "Women Academics"; Wilson, "Female Scholars"; Wolf-Wendel et al.).

In academe, the strategies of deciding to not become a mother or hiding the fact that you are is disparaging, as male academics do not face these choices when working to succeed (Eversole et al.). Today, there are more female academics then ever before, even so "the structure of the university has not been altered to accommodate their lifestyle; rather women have been assimilated into a pre-existing university life" (Armenti, "Women Faculty" 78). We too, "chose to ignore advice (either given overtly or tacitly by administrators and colleagues) to delay having children until after achieving tenure" (Guyas et al. 68). As two female tenure-track assistant professors of art education, both that have chosen to become and re-become mothers, our biological clocks have been ticking against our academic tenure clocks (Hensel; Armenti, "Women Academics"; O'Laughlin and Bischoff; Wilson; Wolf-Wendel et al.).

Meaghan

I completed my PhD dissertation defense in the summer of 2012. Shortly after, my husband and I moved so I could accept a visiting track position that started in August. My husband and I wanted to have children after I secured employment, and as luck would have it, we became pregnant that September. My journey as a mother and academic have always run parallel to each another. I was six-months pregnant when I was back on the job market for a tenure-track position. I was advised by senior women mentors to tactfully hide my pregnancy in the first round of interviews knowing that once I got the campus visit I could confidently express that the birth of my first baby would not impede my dedication to the job. In her qualitative study of female academics, Armenti claims, "it was commonly thought that women with children were not serious about their careers" ("Women Faculty, 71). I became a mother in early May to my first daughter, Hazel Anne, only a week after courses ended. The timing of the birth was exactly what I had hoped for, and I had unknowingly become part of the "May Baby Phenomenon" (Wilson, "Timing"; Armenti, "Women Academics"; Castañeda and Isgro.). As Robin Wilson states, "it's become an unwritten rule in academe that female professors who can manage it give birth between May and August" (qtd. in Castañeda and Isgro 47). I started my tenure track position while still nursing and mothering my twelve-week-old daughter. When people ask how many years I have been a tenure-track professor, I instantly think of how old my first daughter is, as they produce the same number. In order to move for my job, my husband's job required, and still requires him, to travel weekly, which supports the fact that in our current society, the majority of women are still the primary caregivers (Armenti, "Women Academics"; Drago and Williams).

My husband and I both each have one younger sibling, and we always wanted the same for our family. I was obsessed with getting pregnant at the similar time, so I could have another "May Baby." We became pregnant once again in the fall of 2016. That semester I was under an immense amount of stress at work, as I was teaching a seven-course load while also observing five teacher-canidates in their final residency programs before graduation. My husband was travelling for work (a job he took in order to support my career as an academic) leaving me to the second shift at home with our first daughter. Nature took its course, and I lost my second baby. I believe that the stress and pressure of working fulltime as an academic, and mothering without the structural support we outline in our conclusion, contributed to the miscarriage. This baby would have been born two days after the semester ended. Losing this baby caused me to fall into a depression. I was plagued with guilt that we had missed our window to have a second baby and also worried that perhaps this was nature's way of telling me that motherhood and academe do not support each other

as the literature claims: women who have at least one child within five years after their doctorate are significantly less likely to achieve tenure than men who have had children early in their career (Armenti, "Women Academics"; Bassett; Mason et al.; Wolf-Wendel et al.).

In medical terms, I was considered an advanced maternal age, and if we waited another year to try for a third May Baby, I may not have been successful getting pregnant, but if we tried again sooner this meant I would have a baby mid-semester. I decided to speak with my department's interim chair at the time. I expressed my concern for having a baby mid-semester while working on tenure. I asked if this would cause me delay in promotion, or worse, prejudice from the tenure committee. As Armenti discovered in her qualitative study, "the structure of academic careers silences women's personal lives and creates taboos related to being a parent" ("Women Academics" 235). Though not a mother herself, the interim chair was kind and showed empathy for what I was going through. She looked at me and told me "go make a baby. Family always comes first; we will figure the rest out later." Looking back, without the support of her, I might not have decided to try again for another baby. As Mary Ann Mason and Marc Goulden have found, female faculty members are more than twice as likely as men to report having fewer children than they wanted. With strong structural supports put into place, this challenging decision would not need to be made by mothering academics.

I became pregnant with my third baby later that fall, which caused my second daughter Maribelle to be born in mid-July. I could not take the fall semester off for childrearing, and was also assigned a new, large-scale lecture course requiring many hours of course prep. Pulled in multiple directions and unable to focus fully on either mothering or academe, I experienced what researchers cite as "role conflict theory" (Barnett and Hyde; Barnett and Marshall; Crosby; Fowlkes; Marshall and Barnett; Ward and Wolf-Wendel). Kelly Ward and Lisa Wolf-Wendel explain role conflict theory as the incompatibility of the roles of professor and mother claiming "that individuals have limited time and energy, and adding extra roles and responsibilities necessarily creates tensions between competing demands and a sense of overload and inter-role conflicts" (237).

At my university, teaching has the most weight in the tenure process, then research or service next depending on the tenure-track faculty members strengths and the weakest following close behind. Teaching has always been a strong area for me; my course evaluations are always above the department and university average. Community-based arts is an interest and strength of mine; therefore, I chose to provide service as my second area. I collaborated with a public school art teacher and my local parks department to create and sustain the first free kids arts festival in the state of Tennessee. With over five thousand in attendance in June 2017, the annual Kids Arts Festival of

Tennessee is entering its fourth year and is now on the permanent calendar of the Franklin Parks Department. My university views this service as successful for not only me but also for the university as I make great attempts to involve students as master teachers and volunteers; the university, therefore, gains name recognition at the event.

As a new mother focused on teaching and service, I had no research publications to my name. I received my third-year-review letter a month before Maribelle was born. As expected, research publications were an area I needed to work on in order to gain tenure. With one young child, another on the way, a travelling partner, a 4/4 teaching load, and many hours spent on sustaining the kids arts festival, time for writing was non existant. As Armenti claims, "assistant professors who are in their childbearing years feel that publishing is made more difficult and less feasible when combined with the care of young children" ("Women Faculty" 75).

I spoke with my interim dean at the time about this. A successful academic mother herself, she understood my situation but restated what the letter had said. If I did not publish, I would not gain tenure. She shared with me that our university offered a "stop the clock" policy that would provide me an extra year to work on publishing. I was hesitant to use the policy, as I did not want to appear incapable, since, as Armenti reports, "while some universities now have maternity leave and stop-the-clock policies, many pre-tenure women are reluctant to use existing benefits" ("Women Faculty" 78). Upon further reflection, I understood this policy was put in place to support mothers just like me, and, as the first in my department to use this policy I am helping to set a standard for other tenure-track mothers in the future. My dean also offered me the opportunity to participate in a writing group along with a course release to work on writing. From my dean's support, I was able to gain the time in order to write and therefore have become successful in publishing and expect to be awarded tenure when I apply.

As a mothering academic, I benefit from the support provided from my husband and parents, who live close by and can help with our daughters. With a loving and supportive partner, who is a duel caregiver to our daughters and fulltime chef when home, who has moved four times to support my career and adjusted his career in order for me to be successful in academe, I still need support from society and my university in order for me to succeed as a mothering academic.

Jennifer

I spent fourteen years teaching K-12 before entering higher education at the age of thirty-eight. Like many women in my socioeconomic bracket, I delayed marriage and children until I felt professionally and financially stable.

The choice to work was never a choice for me, but rather an inevitability, as I adhered to my mother's consistent plea to becoming financially independent and self-reliant. She had gone back to school after having three children and consistently urged me to continue my education so I would be paid at the highest level possible when I started to teach. With her guidance, I completed graduate school and was a licensed public teacher paid at the highest possible salary by age twenty-two.

In my thirties, I continued to postpone having children, as I wanted to go back to school to earn an MFA before having kids. At thirty-seven, I was hired at The University of Montana to teach art education and foundations. As a new professor transitioning to higher education from K-12, teaching took all of my energy, with service a close second. I put research on the backburner. Then at thirty-nine, I came up for air, and just two months before turning forty, my husband, who did not want children, agreed to try. We luckily became pregnant in my first cycle, which at thirty-nine and ten months is incredibly rare. Our daughter, Lur, was soon born, and my world was completely changed. I knew on her third day of life that I wanted another child. For two years, we tried for another, but at age forty-three resorted to IVF with a donor egg. It was a high price to pay for putting my career first, both at the financial and emotional level. I gave birth to a son, Emile, at age forty-four, nine months before applying for tenure. Out of fear, I did not stop the tenure clock for our first child, but did for our second.

When I became pregnant the first time, I was terrified at how pregnancy and parenting would affect my profession, and asked to privately meet with a printmaking professor who has two children for advice. She was supportive and urged me to contact the university's faculty development officer, who shared the details of the institution's new, generous modified duties leave program. This program, for tenure-track and tenured faculty only, is available for new parents (through fostering, adoption, or live birth), for professors to care for family, or for professors with personal health issues. My university's leave program supported my transition into motherhood and my husband's into fatherhood. It is the pinnacle of model support for family as described in Anne Marie Slaughter's book *Unfinished Business*. For my first pregnancy, my teaching load was reduced from three classes to one with 98 percent pay. My second pregnancy package was even more generous: 98 percent pay and zero teaching for a semester. And with those semesters often flanked between January and summer break, I was left with a total of six months off for the first child and eight for the second, which is below Europe's standard but is stellar for the United States. Additionally, my husband, also a professor of art, was given reduced teaching loads (from three courses to one) for each child, at the same pay. I did not engage with service while on leave, but my husband did.

Both my husband and I completed some research during the first semester on leave. In our second semesters on leave, neither of was able to complete much research. This shared and egalitarian maternity and paternity leave program set up a successful dynamic in our family, and allowed each of us to experience lead parenting and work fulltime. The relationships my husband developed with our kids when I went back to work set the tone for them to view us both as caregivers. And it also allowed me to work on my career without the weight of 100 percent of the domestic load (at least for that semester, anyway).

When I was hired, the dean informed me that earning tenure at our university is "easy" due to our 3:3 teaching load, which means that tenure does not hinge on research. In my pre-tenure experience, I was able to generate sufficient research, engage in numerous service projects, and strengthen my teaching. My third and fifth-year reviews were positive, and I am confident that I will be awarded tenure.

What I find maddening and discriminatory is that faculty who engage heavily with service and teaching, traditionally women, are penalized for engaging in those areas over research. At our university, we compete with our peers for pay increases, and every year, two $2,500 base-pay increases are awarded to those who excel in one of the three areas. Yet the unwritten rule is that research is valued more than service and teaching, as most merits are given in the area of research. This means that those of us who create relationships with community via service learning, offer extended and personal advising sessions, and design robust and changing curriculum simply do not have time in the day for intensive research on top of specialized, innovative teaching and caring for our children, especially when we are the lead parent at home. Because women still do more domestic work in households (Parker and Wang), quality teaching and service to our community puts us at a financial disadvantage, as research is often the first part of the job to place on the backburner.

Creating, teaching, and mothering are central to my identity. Although there are moments that are challenging, I am grateful that I get to experience mothering after over a decade in the K-12 classroom. Teaching has provided me with skills in setting boundaries, organization, and breaking down complex tasks into small steps—the list goes on and on. Additionally, it provides me financial independence that is central to my emotional health. As my husband and I ensure that our family has medical, life, and home insurance, I am taking steps to protect myself in case my husband dies, is injured, or if we divorce (Bennetts). As a mother, I now understand parents' hesitancy to relinquish control over their children. I have witnessed developmental theory in action in with heightened radar, and I am now deeply empathetic to parents struggling with children who reach milestones developmentally late. I entered motherhood later than average, and became fluent in placing myself first in

order to achieve professional and personal goals. Through mothering, I came to understand selflessness at a deeper level. As an artist I have experienced the fear that emerges with a blank canvas or the disappointment that is experienced when a ceramic piece explodes in the kiln. Because I engage in the creative process, I am more empathetic to the learning process.

Reinventing Our Artmaking Practices as Academic Mothers

With artmaking as our first interest, and the core reason we have sought to join academe, it was detrimental to our feminist beliefs that our artmaking practices had started to take a backseat to our mothering and academic pressures. Andrea O'Reilly states, "empowered mothering begins with the recognition that both mothers and children benefit when the mother lives her life and practices mothering from a position of agency, authority, authenticity, and autonomy" ("Rocking", 18). As empowered academic mothers who challenge and change the current norm, we contend that it has been our most recent artmaking practices that have in turn strengthened each of these identities singularly and as a whole.

Meaghan

   Outside of my academic duties of teaching, research and service, my personal artmaking practices became nonexistent on the tenure track. I have been an artist my whole life, but my two recent identities as mother and academic slammed into each other, which left no time, space, or energy for my first, always-yearning identity as an artist. Before I was an academic mother, I was an artist first, one who joyously and selfishly created for my own pleasure and aesthetic. My first memories of creating and painting are from the same age Hazel Anne is now. Judy Kanis, a Sausalito painter who studied under Richard Diebenkorn, mentored me at a very young age. I remember the smells of the materials, the building where a hundred different artists shared their studios for the sole purpose of making art. Hazel Anne is fortunate to have an amazing art educator at her preschool, whom she makes art with twice a week. Each day when she tells me about her day at school, her story starts with whether or not she got to make art.

   As a mothering academic, somewhere in the process of earning my PhD and tenure-track position, I lost my confidence and desire to simply make art. I have minimal energy left at the end of the day after performing as a nurturing academic mother and mother of my own children, that my ability to embody my identity as an artist has grown dormant. According to Kelly Ward and Lisa Wolf-Wendel, "women faculty themselves bear significant responsibility for achieving their own sense of balance" (234). In order to find balance as an

artist, academic, and mother, I needed to combine these roles, as I could not embody them successfully separately.

Each year, I attend and present at the National Art Education Conference. At the 2016 conference, I co-led a community arts-based caucus field trip throughout some of the sites of the Theaster Gates Rebuild foundation on the Southside of Chicago. It was at the Stony Island Arts Bank that I met a painter by the name of Arthur Wright. Arthur was working on a collaborative painting (see Figure 1).

Figure 1, Arthur Wright Working on a Collaborative Painting, 2016, Acrylic on Canvas

I spoke with him about his process of collaboration. Arthur told me he first grew to love the process of collaboration by painting with his daughter when she was young. I had curated the collaborative creation of multiple community arts-based projects, but I had never considered the power of collaborating with my own daughter.

In the months after the conference, I created opportunities for Hazel Anne and I to paint together. We have worked on large canvases together (see Figure 2) and have also passed smaller works back and forth (see Figure 3). We have collaboratively painted when I was both pregnant, nursing (see Figure 4), and always mothering her, which allowed me to embody the identities of artist and mother together.

Figure 2. Hazel Anne Painting on Our Collaborative Work, 2017, Acrylic on Canvas

Figure 3. Hazel Anne Painting on Our Collaborative Works, 2017, Mixed Media

Figure 4. Meaghan breastfeeding while painting on Our Collaborative Works, 2017, Mixed Media.

Together, we experiment with different media and the conditions in which we use them. Collaborating with my four-year-old has refueled my interest in increasing my studio time. Hazel Anne's raw energy to simply create for creative purpose, with no predetermined outcome or levels of success to intimidate her, has challenged my inhibitions. Her free and purposeful brushstrokes push me to enjoy painting as I did when I first learned how to play with different media. She has lit a fire in my artist identity. If I claim to be an artist, then I must behave and perform as one. I teach her that actions speak louder than words and that truth and integrity make for good qualities in a growing young person; thus, my actions must mirror my claims. Her artistic practice helped me rediscover my own interest in making art.

How serendipitous to have my identities as artist, academic, and mother enforce and collectively strengthen one another into a "Mothering-ArtAdemic." It is my identity as a mother that has brought light to my previous identities and, in turn, has created new venues to perform at higher levels. Each role benefits the other, and probes the best of each individual identity to rise to the top and support the other.

As I have worked hard to achieve this high education and this place among scholars in academe, I had lost the passion that started this journey. It was

the process of painting as a child with Judy that I first experienced love, a love of painting, and desire, a desire to make and create. Now it is the process of painting with my own child that I am rediscovering my love for painting once again. As a Mothering-ArtAdemic, I am influenced by young eyes and by new and innocent experiences of collaborative artmaking. As Andrea O'Reilly claims "we attended too often to what women need from 'mothers' and mentors"; attend too little perhaps to what we who are old need from 'daughters' who create and preserve what we care for and care about, whose energy and sheer determination carry us on" ("Rocking" 5-6).

Jennifer

In my twenties, I thought I had to choose between artmaking and motherhood, which parallels Marina Abramovic's claim that children hold back female artists (qtd. in Cashdan). Alas, her worldview is a romantic, modernist view of an artist—one that allowed men to rise to the upper echelons of the profession on the backs of their wives, who year after year cared for their children and completed unpaid, tedious domestic labour associated with having a family. Numerous contemporary female artists have critiqued Abramovic for this claim, as Tara Donavon states to Marina Cashdan in an interview:

> While I understand the pressures of the art world all too well, the notion that women must sacrifice the pleasures of motherhood for the sake of a "Career" reflects insidious double standards from a bygone era. I think Abramovic has chosen to operate in an art world that reflects the values of this bygone era, where masculinist hierarchies determine what constitutes "value" and "success."

An artistic practice is an asset to my trifold identity of artist, academic, and mother. This article argues that for the two authors, each of these roles builds upon the other, which makes us better informed, emotionally grounded, and financially secure. In essence, working and mothering make us essential, productive members of our democracy. However, there are many obstacles for women who choose to pursue these three areas—and even more if she values self-care and the relationship with her partner. What Abramovic (qtd. in Cashdan) does get right is that the current societal structures in place do not support women to work and care for family. My definition of family includes young children, aging parents, and chosen family members (Slaughter). With ever-increasing demands, carving out studio work and writing time is almost impossible, much less creating the mental state optimal for creative practice that Mihaly Csikszentmihalyi terms as "flow." Female artists who become mothers and do not have supportive partners or who cannot afford to hire out childcare and

domestic labour will find the task daunting, as do women who aim for both in any profession.

In my studio, the impetus of my artworks became more conceptual because due to pregnancy and breastfeeding, I could not rely on my previous toxic oil painting practice. A complete new body of work relating to my new role emerged. The first piece, *Worry Scroll: The First Year*, is a seventy-foot long collection of worries and confessionals I wrote during my first year of motherhood (Figure 5). This artwork is a physical recording of the "emotion work" that married women take on after having children. This additional work, along with the three and a half times as much housework as married fathers, (Pamela Smock qtd. in Dunn 18) sent me into

Figure 5. Jennifer Combe, Worry Scroll: The First Year, 2014, Intaglio, gouache, 70' x 10"

overdrive and exhaustion. The methodical process of writing, printing, painting, and sewing balanced the new, unpredictable life I carved out for myself. The concerns surfaced and dissipated as the months rolled by, and I was surprised at the intensity and volume of the unknown.

To-Do, 2015, is comprised of twelve to-do lists from the 2014-2015 academic year; it is a response to the overwhelming tasks related to working, mothering, and self-care (see Figure 6). After many failed attempts to digitally organize my schedule, I resorted to clipping quarters of 8 ½ x 11 inch paper as a way to organize the mountain of work I faced. These lists make each of twelve collages, one grouping of daily lists per month.

This piece also responds to the value our culture places on what we accomplish rather than who we are as a record of worth. It acts as a reminder that achievement is irrelevant if we are not able to find joy in the mundane. Anne Dillard in *The Writing Life* states, "How we spend our days is, of course, how we spend our lives" (32). I hold her words closely as I find ways to experience contentment in the tedium of the day-to-day. Her words also cause me to pause, evaluate the domestic work division in our household, and reevaluate my situation. I soon was motivated to hire a housecleaner to come once a

Figure 6. Jennifer Combe, To-Do 2014/15, 2015, Screen print, 30" x 26'

month, which is challenging on our modest middle-class income. The *Journal of Marriage and Family* reports that, for working couples who became first-time parents, men did an equal share of housework until they became dads. By the time their baby had reached nine months, the women had picked up an average of thirty-seven hours of childcare and house work per week, whereas the men did twenty-four hours—even as both parents clocked in the same number of hours at work (qtd. in Schutle).
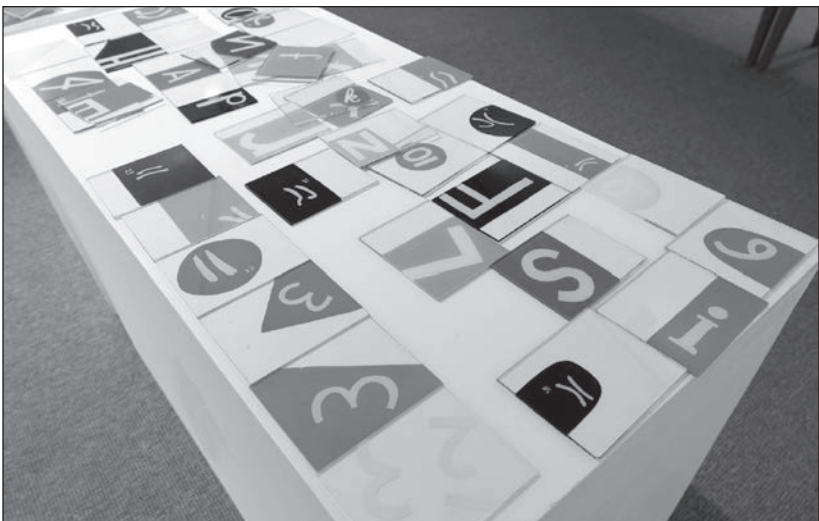
Figure 7. Jennifer Combe, Nature, Nurture, 2016, Acrylic on glass.

Figure 8. Jennifer Combe, Hidden Mother, 2016, Archival pigment print, 37" x 27".

Nature, Nurture, 2016, provided an outlet for grappling with my second pregnancy, which was obtained through a donor egg and IVF (see Figure 7). As an undergraduate student who came of age in the heyday of identity politics, I was surprised at how much I struggled with wrapping my head around carrying and raising a child that would have none of my DNA. This piece contains glass interchangeable glass plates, each containing numbers, letters of the alphabet, and the twenty-three chromosomes. Delaying childbirth, common among Generation X members who pursued graduate degrees, results in abhorrent medical costs, as most states do not require insurance policies to cover infertility (McClure).

Hidden Mother, 2016, was influenced by Linda Fregni Nagler's collection of "hidden mother" portraits. In nineteenth-century portraiture small children were placed in the arms of people, mostly mothers, to keep them still for long exposure times (See Figure 8). Metaphorically, this hiding of the mother speaks volumes to the unpaid domestic labour of the lead parent. For my "hidden mother," I chose to expose my hands, bringing attention to this work.

Conclusion: Structuring Successful Mothering-ArtAdemics

Castañeda and Isgro assert, "a forty-hour work week is simply not enough to produce excellent scholarship, engage in master teaching, and cultivate service and outreach partnerships" (3). Like mothers outside the ivory tower, women scholars, more often than men, shoulder greater household and childcare responsibilities; therefore, they experience more family and work stress (O'Laughlin and Bischoff; Wilson, "Timing"). As universities have awarded higher degrees to more females, the literature exploring the ever-rising glass ceiling of simultaneously becoming a supermom and superemployee has become a theme of discourse (Crittenden; Hewlett; Mason et al; Stone; Castañeda and Isgro). With the current level of support provided by academe and by our government, working mothers are maxed out, and less happy in the twenty-first century than they were in the twentieth. The issue is not that a woman has to choose between her career and mothering; rather, we need structures in place that enable women to enjoy the richness of both without reaching burnout (Alcorn).

Structural social change would allow working mothers to excel in both professional and domestic lives. Structures of support for working mothers we propose are as follows: partners who take on or share the role of lead parent; adequate alimony settlements in divorce cases for women who took on the role of lead parent (with or without a paid job); social security for domestic labour; flexible work schedules; in-workplace, high-quality childcare and preschool; universal preschool; universal college; insurance policies that cover infertility; one year of paid maternity leave minimum, along with paid leave for fathers and/or partners so they may develop their dual caregiver roles; and a culture that values caring for children and elders as much as it values competition (Slaughter). With these structures in place, more women will choose to work outside the home and care for family—resulting in financial security for women and fathers and/or partners who more readily participate in the domestic realm, and in a culture that values care. After all, parents who conscientiously and effectively rear children create workers who, in our modern economy, contribute to "human capital" and are the major wealth producers in our economy (Crittenden). With these structures in place, working mothers

would not be burdened with student loans, the need to delay childbearing that often results in astronomical infertility costs, insufficient pay to cover daycare and preschool, postpartum depression because of returning to work too early, or miscarriages due to work and stress. If their partners participated in both the mental and physical loads of running a household, mothering professionals would have more time to devote to their multiple identities.

As artists, academics, and mothers, we assert that these three roles reinforce one another, and are stronger when performed in unity as Mothering-Art-Ademics. We will continue to explore our constantly evolving identities as artists, academics, and mothers. We call on others to explore and research the ways in which their multiple identities reinforce and strengthen one another. Just as mothering, artmaking, and educating require critical thinking skills, nurturing, prioritizing, and efficiency, so do other identities and professions, and we encourage the continuation of research that will lead to systemic change.

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"I Asked for It"

How Women Experience Stigma in Their Transition from Being Infertile to Being Mothers of Multiples through Assisted Reproductive Technologies

Although researchers agree that infertility is a stigmatizing attribute, scholars are largely divided in their criticism of assisted reproductive technology (ART). Some criticize the increased and invasive medical interventions as disempowering women, whereas others argue that ARTs empower women by protecting their right to reproduce as they see fit. Research on the stigmatization of infertility and ART in the context of mothers of multiples is conspicuously missing from the literature a notable lacuna in knowledge given ARTs are more likely to result in multiple births. Drawing on in-depth semi-structured interviews with twenty-three mothers of multiples, we show how these women interpret the stigma of first being "infertile" to then being "artificially" fertile to becoming mothers of multiples. Interviewees reveal that despite the agential freedom they have in regard to choice in fertility treatments, they feel disempowered, even judged, when undergoing ART. Focusing on women who had twins or triplets after undergoing ART, we show how the alleged "empowerment" bestowed on women by providing the choice to use ART can transform into disempowerment.

Over the past several decades, advances in assisted reproductive technologies (ARTs) have led to a significant increase in incidence of multiple births (Bhattacharya 541; Cook et al.). ART, the technology used to achieve pregnancy, includes any therapy directed toward improving the probability for conception. Technologies range from largely noninvasive interventions (i.e., a pill) to more invasive ones, such as in-vitro fertilization (IVF) (Sundarem et al.). Scientists have documented that ARTs such as IVF, IUI (intrauterine insemination),as well as medicines that stimulate ovulations (i.e., clomid) have an increased likelihood to result in multiple fetuses (Callahan et al. 244; Ellison et al. 1422; Cook et al). Statistics from a decade ago show that, following IVF, the chance

of conceiving twins is twenty times that of higher-order multiples and four hundred times higher than in general population (Bhattacharya 541). Multiple fetus pregnancy increases the health risk posed to the pregnant woman and the fetuses, which is compounded by the fact that most fertility treatments are directed at women; they are themselves gendered technologies with highly specific and differentiated application on men's and women's bodies. ARTs, then, it can be argued, disempower women.

ARTs are applied more invasively to women's than men's bodies; for example women are first given hormone injections or pills to hyperovulate and then invasive procedures are employed to harvest oocytes (i.e., egg cells) and later transfer embryos to the uterus (Bhattacharya; Inhorn). The consequence of such practices is the mistaken view that women bear the responsibility for reproductive problems. Women are then disempowered by their inability to conceive and, even if they are able to conceive but with a partner who cannot reproduce (in a heterosexual relationship), women are still held responsible and viewed as infertile because of their partner's inability (World Health Organization; Dyer et al.; Inhorn).

Much of the earlier (feminist) discourse focuses largely on the use or rejection of ARTs. Many researchers have studied both the use of ARTs and the resulting (dis)empowerment of women with reference to patriarchal control and women's agential freedom (Parry). In our study, we focused solely on the lived experiences of women who became mothers of multiples through ART— representing a lacuna in knowledge and literature—and sought to understand their experiences using ART. Drawing from a larger semistructured interview study of the experiences of forty-one mothers of twins or triplets, we focused on a subset of interviews that was limited to women who underwent fertility treatments that resulted in multiple fetus pregnancies and are now mothering multiples ($n = 23$). To this end, we trace the various social dynamics, particularly stigma, and unpack any interpretations of empowerment or disempowerment described by women who first sought ART and later gave birth to twins or triplets after undergoing ART. We begin the article by discussing the disempowering stigma inferred from being unable to conceive or being infertile and how such a stigma impacts a person's (here, women's) behaviour through exerting stressors in four realms: namely, existential stressors, emotional stressors, physical stressors, and relationship stressors (Gerrity). After presenting our methods, we show how fertility treatment, broadly defined, is perceived as stigma and how women try to overcome the judgment of others through opting a "selective disclosure" approach (King and Botsford). We continue by using attributional theory to explain the stigma women experience when they cannot conceive and how the stigma changes form after having multiples. The article concludes with the discussion of the dichotomous categories of

"artificial-fertility" and "natural-real" mothers of multiples constructed by women for women who undergo fertility treatments and women who do not.

Stigma Mechanisms and Processes

Stigma—defined as deeply discrediting traits that can reduce a "whole and usual person to tainted discredited one" (Goffman 3)—threatens what is at stake in the social world and endangers what is most valued in one's innermost being. According to Bruce Link and Jo Phelan, stigma exists when a number of interrelated components converge (i.e., labelling, stereotyping, separation, status loss, and discrimination). These components include labelling individuals based on human differences, linking labelled individuals to negative stereotypes and the associated status results, and then using this label as justification for discriminating against them (Link and Phelan). A great deal of variability exists around these components. How different individuals experience stigma depends on the degree to which a stigmatizing attribute can be concealed.

Individuals susceptible to being "discredited" bear a stigma that is predominantly visible, such as race, ethnicity, or physical disability. In contrast, individuals deemed to be "discreditable" have a stigma that is predominantly concealable, such as a criminal past or sexually transmitted infection (Goffman). Along similar lines, infertility manifests itself as an acute and unanticipated life crisis: "because it is unanticipated, may be unexplained, and lasts for an indeterminate length of time, infertility creates overwhelming stress and tests normal coping mechanisms" (Forrest and Gilbert 42). Beyond being disempowering, for many women, infertility is a secret stigma; it is distinguished from more obvious examples of stigmatization because it is invisible. Women do not display obvious features that indicate they cannot conceive, only their own knowledge of their condition distinguishes them from others. Some women do feel infertility is a highly visible stigma because they are childless. Thus, being infertile can leave a woman feeling ready to be outed (discreditable), or a woman who does not have any children, in certain scenarios, can feel discredited (Becker; Goffman; Throsby). Furthermore, a woman's status continues to transition as she undergoes ART. For example, if she chooses not to disclose her use of ART, she may feel discreditable. However, if she is forthcoming about her use of ART, she may feel discredited and vulnerable to public evaluations of her fertility status and medical history (Ellison and Hall 412).

What is consistent here, however, is that to be childless in a pronatalist society—one where socialization dictates from early years that motherhood and being a "woman" are nearly synonymous—is to run against the norm, with all its concomitant sanctions (Miall; Parry 208). According to Jean Veevers and Charlene Miall, two dominant norms frame procreation in North American

society: the first is that all married couples should reproduce and the second that all married couples should want to reproduce. These norms—in conjunction with probirth governmental policies, such as income tax deduction or fertility credits, that encourage and reward the image of parenthood—form the basis of a pronatalist society (e.g., public funding provided by Ontario and Quebec[1] to partially cover the cost of one cycle of IVF) (Ferguson).

As members of such a society, many women respond positively to the cultural pressure to have children. To overcome childlessness because of infertility and to achieve biological motherhood, many infertile women take an active role in acquiring an understanding of their medical situation and make informed decisions to undergo fertility treatments. Charlotte Bunch and Samantha Frost posited that this "empowerment" has "enabled women to move from seeing themselves simply as victims to seeing themselves as self-conscious actors" who can make their own decisions (555). In doing so, these women develop and illustrate their right to determine their own choices in life (Parry 205). But this alleged empowerment does not sustain for long for some women, it is quickly transformed into disempowerment, as women succumb to condemnation by others (their friends, family) for going against "the course of nature" (i.e., undergoing fertility treatments); they then take measures to conceal their stigmatized identity (Quinn and Chaudoir 635) of being a "fertility mom," and hide the reality that they underwent fertility treatments.

The stigma-related stressors of infertility are manifest in existential, physical, emotional, and interpersonal realms and may be beyond the average person's usual coping abilities (Gerrity 151). Existential stressors pertain to loss of pride, confidence, self-image, identity, and self-esteem due to the experience of being infertile (Greil; Abbey et al.). Such stressors also refer to feeling of defectiveness, unattractiveness, and unacceptability to others. A major physical stressor of infertility is the diagnostic and medical treatment regimen, which beyond being invasive, interferes with the daily life of the couple, particularly the woman (Blenner 92; Carmeli and Birenbaum-Carmeli). This is likely one reason various scholars have found women tend to be more stressed than men by their infertility, which also leads to such emotional responses as feelings of guilt, anger, and depression (Abbey et al). Over thirty years ago, for example, Linda Forrest and Mary Gilbert found that experiences of infertility can cause marital problems and lead the fertile partner to reevaluate his or her affiliation with their chosen partner. These relationship stressors manifest themselves when the person with the reproductive problem is considered at fault or blamed for the couple's inability to have biological children, and, consequently, the person feels guilty for not fulfilling his or her role as a partner. Linda Burns and Sharon Covington have mentioned shame, guilt, anger, and self-blame as emotions that affect the couple's relationship.

Attributions Translate to Internalized Stigma

Besides the concealability and nonconcealability of stigmatized attributes, controllability and uncontrollability also have a role in determining the intensity of a stigmatizing label. The attributional theory of stigma originates in the finding that people are more likely to help individuals whose distress originated in an uncontrollable rather than controllable manner (Piliavin et al. 289). Bernard Weiner and colleagues have argued that attributes determine reactions to stigmatized individuals and groups. Uncontrollable stigmata elicit pity, sympathy, and helping behaviour, whereas controllable stigmata elicit anger and refusal to extend aid. Attributions of controllability then affect the degree to which stigmatized targets are blamed for their own fate (Weiner). Individuals with addiction or mental illness, for example, are treated better when their stigmatized attribute is understood as having originated in uncontrollable biological factors rather than in personal choices (Hegarty and Golden 1024).

Moreover, "stigma schematicity," the process where people internalize the beliefs associated with their stigma (Jones et al.), may be intensified by the societal pressure exerted on infertile women, a consequence of how most women experience considerable pressure to bear and/or raise children. This pressure may become nearly intolerable at times, as parents and relatives [and society] convey the notion [directly or indirectly] that women 'owe' their family children (Fisher 46). Such interpretations increase the potentiality for women to internalize their feelings of inadequacy and the associated stigma (Fisher 46). Thus, despite the broadening roles available to women in North America, failing to achieve the primary social role of motherhood can have negative effects on self (Jordan and Revenson 341). The interpretation of infertility as a disempowering and stigmatizing attribute is internalized such that a woman who experiences it may view herself as deviant. In response to perceived shortcomings, she may assert her agency and take measures (i.e., ART) to liberate herself from the stigmatizing label.

Disclosure Dilemma

As discussed above, becoming a mother has been considered the fundamental, defining characteristic of femininity. From this perspective, pregnant women or mothers are fulfilling the expectations of their gender and social roles (King and Botsford 315). Yet judgments are associated with how motherhood or pregnancy is achieved. The potentiality for judgment is rather pronounced when a woman has multiples because it is well known that many forms of ART strive for the fertilization of more than one embryo to achieve a viable pregnancy. This may encourage people to view multiple fetal pregnancies or births with

skepticism. Mothers of multiples, who have undergone ART, face a dilemma of disclosure (Kelland and Ricciardelli; King and Botsford 315)—do they reveal or not that they underwent ART to achieve pregnancy? The dilemma of disclosure involves dual (and inherently contrary) motives of authenticity and self-protection. On the one hand, individuals are motivated to be authentic in their interactions to maintain and verify their sense of self and to build open relationships with others (Creed and Scully). On the other hand, concerns about how one is perceived by others and to avoid judgment are particularly salient. Pauline Slade et al., for example, in their study of new attendees at an infertility clinic, found a high perception of stigma associated with reduced disclosure to others, leading to lower social support and higher distress.

Current Study

Although there is a plethora of research on ART and women who undergo fertility treatments, few researchers have focused on the interpretations and experiences of ART among mothers of multiples (e.g., Callahan et al.; Ellison et al.; Cook et al). Mothers of multiples and mothers of singletons who undergo fertility treatments tend to be studied together, which fails to account for the particulars of the multifetus pregnancy—such as the associated higher risk to the woman and fetuses, the resulting more intensive monitoring during pregnancy, and the greater potentiality for people to assume ART was involved in conception. In this study, we recognize the uniqueness of the experience of a multifetus pregnancy and focus on how women who undergo ART to become pregnant with multiples feel. We unpack how mothers of multiples interpret the stigma tied to the association of ART with multiple births, and explore how this stigma may represent another way that women, seemingly empowered by an ability to have some control over reproduction, are instead disempowered, even stigmatized, in society. Drawing on in-depth semistructured interviews with a sub-sample of twenty-three women who had undergone some form of ART to become pregnant with multiple fetuses, we focus on their interpretations of the stigmatization as they experience their transition from being infertile to undergoing ART to being mothers of multiples.

Method

Our study on women with multiples who had undergone fertility treatments is a part of a greater study of forty-one mothers of multiples, in which in-depth, semistructured face-to-face or telephone interviews were conducted. To be eligible to participate, interviewees had to have given birth to twins or triplets, identify as female, and live in southwestern Ontario. In the full

sample, the majority of respondents have twins (95 percent; $n=39$) and two respondents have triplets. A total of 24 percent ($n = 10$) of the interviewees had identical twins, and of these women, 20 percent ($n = 2$) had undergone fertility treatment that resulted in the multiple fetus pregnancy, whereas the other 80 percent ($n = 8$) had not used fertility treatments. The other 76 percent ($n = 31$) respondents had fraternal (nonidentical) twins, of which 68 percent ($n = 21$) had undergone fertility treatments, and the other 32 percent ($n = 10$) had not. In our study, our sample is limited to the two women with identical twins and to the twenty-one women with fraternal twins who had their multiples after undergoing ART ($n = 23$).

Table 1

	Women with identical twins	Women with fraternal twins	Total
ART women	2	21	23*
Non-ART women	8	10	18
Total	10	31	41**

*Our sample; **Original sample

Of this group of women who had undergone fertility treatments, interviewees ranged in age from twenty-six to forty-eight years. (Two respondents were in their twenties while the majority were in their late thirties to mid-forties.) A total of 88 percent of respondents self-reported their race/ethnicity as white and the other 12 percent as nonwhite (i.e., Indian, Asian, black). Most respondents (85 percent) were legally married when interviewed and had also been when they conceived multiples; for some, it was their second marriage.

Participant recruitment occurred at the community level and was made possible by parents of multiples associations in Toronto, ON, and the surrounding area that agreed to circulate an email advertising the study to their members. Given the advertisement was emailed to potential participants through confidential member databases, we cannot state for certain the number of persons who declined to participate. To counter this limitation, we ensured that theme saturation was apparent in all reported findings before ceasing to interview, despite many persons continuing to show interest in participating. No discernible differences were found between the transcripts of persons interviewed

in person and those by telephone. Perhaps this is due to most respondents electing to be interviewed by telephone for the convenience and the flexibility it provided—a choice given to respondents because many suggested it was difficult and costly to find childcare to do the interview in person or preferred to minimize travel time.

Interviews were conducted between February and April. In-person interviews were conducted in private at the home of the participant or interviewer, and sometimes children were present. Interviews ranged in duration from 50 minutes to 150 minutes depending on a variety of factors including the following: depth of family history, multitude of experiences, and general talkativeness—however a short open-ended item guide was available for use. This guide was abandoned once conversation began to flow, which gave the interviewer flexibility to probe emergent conversational paths.

Interviews were voice recorded and followed by a verbally administered demographic survey documenting age, number of children, pregnancy-related medical history, education, income, religion, ethnicity, and occupation. This particular study emerged entirely from the data as our attention was drawn to the ways participants spoke about the topic in question (Charmaz; Glaser and Strauss; Strauss and Corbin). Transcripts were coded based on emergent themes. Select coding followed (e.g., less relevant data was omitted), and central themes—composed of multiple respondents describing similar experiences, views, and feelings regarding a topic of interest—became the focus (Strauss and Corbin; Charmaz). The interviews were coded and the interviewer, with knowledge of the data, reviewed the coding to ensure the responses of the participants were interpreted in context.

Informed consent was obtained. Participants were offered an honorarium for their time. This manuscript uses pseudonyms to protect the identities of the respondents. To stay true to the voices of the respondents, quotes are presented with minimal edits. However, to assist with comprehension and flow, some quotes have been edited for speech fillers and grammar.

Findings

The responses and narratives expressed by interviewees, as they described disempowering and stigmatizing experiences during their transition from "infertility" to motherhood, are analyzed thematically and framed using Link and Phelan's five components of stigma: labelling, stereotyping, separation, status loss, and discrimination. First, the public and self-stigma of infertility, which may motivate women toward motherhood at any cost and to undergo ART, is discussed. Second, we present attribution theory in practice and how it translates into internalized stigma—how most women feel at loss for being

infertile and how after becoming mothers of multiples, some continue to identify as being disempowered and discreditable in their new positioning. Third, the stigma management strategy used to avoid judgment and condemnation from others for being mothers of multiples is examined.

Labelling and Stereotyping: Infertility as Stigma and Stressors

The stress of being infertile, and the associated experience of stigma, is a ubiquitous theme across interviews. Women described emotional vulnerabilities tied to being unable to conceive without ART as disempowering, which created a sense of being less than a biologically sound woman. Jenna, for example, explained: "it really made me feel like a genetic misfit, that how we naturally reproduce and I'd never have children." Jenna, echoing others, perceived herself as inferior; with a deviant body. Many women expressed feeling guilty, depressed, and had reduced self-esteem as they experienced their infertility. Most pronounced here was the view enforced on women, perhaps unintentionally that their purpose as they age and marry is to have children and start a family, not doing so—and being stripped of the ability to choose if or when to start a family—was attributable to personal failure and tied to an inability to acquire, let alone lose, the status of mother. Ivy articulated the difficulties she experienced because of the disempowered position she occupied, unable to control her own body:

> It [being infertile] was very hard on me, I was actually seeing a therapist. I was very depressed. I felt like I prepared my whole life for this moment, got married, bought a house, got good jobs, want to start a family and we [she and her husband] couldn't. It was really hard on me emotionally.

Through socialization, women develop societally imposed expectations that achieving (or not achieving for the matter) may generate stress, a sense of failure and a degree of social exclusion. This social exclusion results from being unable to continue to participate in life transitions—to be a part of the institution of motherhood. It becomes even more pronounced when alongside peers who do have children as well as peers who do not by choice; at least initially or until they come to terms with their infertility and the associated identity, removal of agency, and exclusion from experience.

The stresses of infertility and the forced exclusion from motherhood serve the function of encouraging women to undergo ART. ART represents a woman's journey from being "discreditable" to "discredited." Specifically, the decision to undergo ART transforms a woman's secret and concealed stigma of being infertile into one that can no longer be concealed if medical intervention is to

be sought. During this transformation, the social and societal stigma infertility imposes is internalized and translated into self-stigma.

Separation and Status Loss: Construction of Categories and Attribution Theory

Interviewees constructed categories to define their own positioning in relation to motherhood, their ability to have children, and their own multiples. Most often, women elaborated on the dichotomy of "natural-real" or "fertility-artificial" when explaining their own experiences of becoming mothers. Many women who underwent fertility treatment categorized, at times intentionally and other times unintentionally, all mothers in two categories: "fertiles" and "infertiles." Interviewees, echoing Jill Allison's findings, felt strongly that those in the fertile camp could never understand the isolation, pain, and frustration of those who were infertile. The carving out of a particular social niche for infertile mothers stemmed from the sociological imagination that assumes all men and women are capable of becoming parents (Allison 13). It was something they struggled with repeatedly as they sought motherhood. They felt disempowered by their inability to conceive, disempowered by their detachment from the status of motherhood, and disempowered by a society that suggests they failed to live up to the socialized role expectation attributed to their gender. In a response to persons having multiples but not disclosing the use of ART (i.e., whether or not they had undergone fertility treatments), interviewees sought to constitute those who had *not* shared their experiences with ART as "the others." This was either because they did not understand the pain that drove them to fertility treatment or because the pain was deep enough that it resonated as shame and thus prevented some women from disclosing their use of fertility treatments, which is even more isolating and sad.

The binary identity of fertile-infertile also, at some point, transforms into a hierarchy among women, where fertile women are placed higher on the ladder rungs than those women who identify as infertile. The fact that such a hierarchy exists reveals the shame tied to the inability to conceive, to biology, and to the disempowered position—one that has shaped women over history (World Health Organization; Abbey et al.). For women who cannot conceive, to even try to meet the standards of idealized motherhood is an impossibility in itself. This hierarchy is further intensified when the women in question are mothers of multiples—women who have the less common opportunity to birth more than one baby. Perhaps, the fact that multiple births are more common today because of the use of fertility treatments lends insight into why there is a hierarchy among these mothers. Those who have multiples

after ART may be perceived as making something rare, something special and unique, all the more common.

Contrary to the popular belief that women opting for ARTs represent agential freedom and decision making that gives them empowerment (Parry 206), for many women in our sample, choosing ARTs to alleviate childlessness is perceived as a deviant and unnatural act by others. In resonance with attribution theory, many of our interviewees echoed that being a "fertility mom" is seen by some as a denigrating label in its own—avoidable, by not opting for ART. This position appears further aggravated when fertility mothers of multiples are juxtaposed with natural mothers of multiples. Non-ART conceived multiples are seen to be an uncontrollable reality, unlike multiples conceived through ART; hence, the former evokes more understanding from others than the latter. Most women in our sample, appearing to internalize this position, felt they deserved less support and empathy from family, friends, or support groups because they had "asked for" multiples by opting for ART, and that mothers of multiples who did not undergo ART are more deserving of support. For instance, when talking about how she felt about being in a support group for mothers of multiples, Emma commented:

> So, to me it's almost like they're there to support someone unlike me that went through all of this paid for it... And I don't know sometimes I think that I'm less deserving of a club that we have because of that ... even my dad made a comment one time like 'well this is what you wanted, you know'... But I think that what I said about the whole multiples club, even you know that other moms need the help, need the support, more than me because I'm the one who asked for this, do you know what I mean? And that's just my own issue.

Emma, in her words, reveals the apparent public stigma of being a mother of multiples through ART as well as the public notion that a mother of multiples requires more support and help than a mother of singleton.[2] However, the women in our sample internalize the stigma tied to undergoing ART and hold themselves responsible for having twins. Fertility treatment, of course, does not mean one will have twins or even become pregnant, yet these women feel responsible for getting into it.

Disclosure Dilemma

In addition to infertility as a stigma, the remedy to being unable to conceive without intervention is also stigmatized, which serves to further disempower and injure women by creating shame and destroying pure agency. This inter-

nalized experience is apparent from women's attitudes toward not disclosing or selectively disclosing that they are undergoing (or had undergone) fertility treatment. To avoid judgment from others and to establish themselves as moral and nondeviant individuals, some women did not discuss that they had undergone fertility treatments to anyone. They only disclosed because of the confidentiality tied to the interview experience. (These mothers presented as needing to take the opportunity to talk about this decision and to unbottle their feelings about their experiences.[3]) Lara, in response to our question about her open-ness (of disclosure) with the use of ART, said:

> No! I don't discuss it [fertility treatment] openly. [Because I have multiples] that's the first question everyone asks [if they were conceived through fertility treatment]. People have become more judgmental, and I find it very rude. I mean, it's nobody's business. And I deny it [that I went through fertility treatment], I'm like no!

Lara's decision to not discuss her choice of ART stems from some degree of "stigma schematicity" (Pinel; Jones et al.). She appears to have internalized the social learning that ART use is somehow not right, and in response, she feels the need to resort to complete denial to protect herself from being labelled as a fertility mom. This is a recurrent theme among many interviewees who selectively disclose because they feel the stigma attached to infertility—a stigma with which they seek to disassociate.

Other women choose the more common strategy of selective disclosure to manage the stigma associated with having multiples through ART. Tina, who selectively disclosed her fertility status to only family or close friends, said:

> I did tell, yeah, I took an ovulation stimulation drug. I have PCOS [polycystic ovary syndrome], they [people] didn't really follow. They were like Oh! Fertility, you know. Like there's such judgment.

Tina's words reinstate the strength of the stigma tied to fertility treatments. She not only practices selective disclosure but also makes a point to rationalize to people through her medical condition (PCOS) that she has a qualified medical need for ART. Her syndrome prevented her from becoming pregnant without intervention and rationalized the "need" for ART. She medicalized her inability to conceive as a health problem, an illness, or a symptom of a treatable illness paralleling it to how any illness would be treated, and as such, the natural next step would be to treat her condition as well. Echoing other interviewees, she illustrates that some women felt a need to justify their discrediting choices as normative and nonaberrant, despite the supposed

agential freedoms granted by access to fertility treatments.

Fertility treatments may liberate women from the infertile stigma, but at the same time, they impose on them the stigma of being artificially fertile, the solution to which is a variant of a stigma management strategy that the women themselves employ. As evidenced above, and earlier argued by Slade and colleagues, high levels of fertility-related stress are associated with reduced disclosure, and women take action to mask or hide their infertility (or, here, use ARTs as well)—a form of resistance to or negotiation of stigma and the associated disempowerment.

Discussion and Conclusion

During the past few decades, the enhancement of women's agential freedom should have, theoretically, mitigated stigmata attached to infertility. Instead, such stigma has intensified or has changed form when women exercise their agency and choose ART to alleviate childlessness. Through our interviews, we learned individual women go through a wide variety of experiences as a result of infertility and in taking measures (fertility treatments) to achieve motherhood. Interviewees expressed both stigma and judgment tied to infertility and ART, specifically having multiples after undergoing ART. The stigma of using ART is arguably an extension of the stigma of experiencing infertility, which exerts stressors in different realms of women's lives—the ramifications of which are loss of self-esteem, pride, and confidence that lead to a disempowered position or status loss. Rather than responding to the disempowered position of women who are unable to conceive, our interviewees revealed that women are potentially either discreditable or discredited because of the process they underwent to become mothers. They still were not able to become mothers without intervention. Moreover, the fact that multiple fetus pregnancies have become more common with the use of ART (Sunderam et al. 1) may ignite a new source of stigma, that is tied with fetal reduction—a process of aborting one or more fetuses to reduce their number for medical or non-medical reasons. The essence of this stigma is readily apparent in the shame some interviewees reported when asked about their use of ART; in essence, they feel labelled and separated from mothers of multiples who did not undergo ART to conceive and, for some, judged.

Women who become mothers of multiples after undergoing ARTs see themselves in a socially disadvantaged position (i.e., with a vulnerable or loss of status) because of the societal judgment attached to the unnaturalness of the interventions. They take steps to manage or avoid the anticipated stigma associated with ARTs by denying it completely or by selectively disclosing it to people who are very close to them. The concern that others will look

down upon, shun, or discriminate against them is at the heart of the antici-pated stigma. An interesting and novel finding of our study was that fertility mothers of multiples thought of themselves as less deserving of support or help when compared to other (non-ART) mothers of multiples. They tend to degrade themselves because they think they had "asked for it" deliberately, whereas for other mothers, it had happened naturally. This abasement of self is arguably the result of internalized stigma imposed by the society on fertility moms because they were unable to meet the natural standards of idealized motherhood. In essence, these mothers self-discriminate; they perceive themselves as less eligible for the supports offered to mothers of multiples because of their own use of ART. However, at no point did the discussion centre on if these women actually have a choice in using ART. To fulfill their desire to be a mother, their only option for a biological child was the use ART. Thus, if that is their dream (and society pressures individuals to seek their dream at all costs), what is the actual degree of agency these mothers have? And in light of the apparent expense and time commitment—which we refer to as sacrifice—required to undergo many forms of ART, cannot their sacrifice to become pregnant be interpreted as making these mothers even more entitled to supports?

Overall, mothers of multiples who undergo ART face numerous challenges in every stage of their transition to motherhood. They are, or feel at times, labelled and stereotyped. They feel separated from non-ART mothers of multiples and experience a perceived or real loss of status (Link and Phelan). These mothers either feel, self-discriminate, or are discriminated against in terms of accessibility or deservingness of support. Yet despite the increasing number of mothers of multiples, directly tied to the use of ART, a lack of research in the area remains. Thus, it has become necessary to study moth-ers of multiples as they are gradually growing in number and constituting a significant proportion of the population. It is time that the devaluation and disempowerment of fertility moms be addressed, not only from a biomedical or feminist perspective but also from a holistic psychosocial perspective—one that takes into account the dynamics of the stigma associated with infertility as well as with ART and the resulting multiple births.

Endnotes

[1]Québec dropped the funding in 2016 which has led to dramatic decrease in births due to IVF treatments in the province ever since (Hendry).
[2]The views presented do not represent those of the authors.
[3]Most pronounced among these interviewees was a need for reassurance that their stories were confidential.

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KATHERINE COTTLE

Warnings to New Mothers

First comes the dizziness,
the world tilted
and perspiring
before you try to move forward
through the slow motion
static.

Then your hearing
heightens a thousand fold,
and you will flinch every time
a squirrel taps its feet
along the deck.

The bleeding will continue
and continue
and continue.

Sex will never be the same.
You will prefer a moment alone
on the toilet
to any night of unbridled passion.

Even your breathing
will change.

It will become the spotty gasps
of a chain smoker,
paused before the next emergency.

For awhile,
your partner will fade
into the background.
He will be made
of cardboard.

Crying will be as constant
as doing the dishes.

You will love
like you have never loved
before.

KATHERINE WARDI-ZONNA

Pregnancy Reclaimed

Art Therapy as Intervention for Depression and Anxiety

Depression and related mental health disorders are common during pregnancy and the postpartum. Despite cautions against the use of psychotropic medication during pregnancy, many physicians continue to use medication as a frontline treatment. A number of theories have been put forth in an attempt to explain mental health struggles during pregnancy, yet there is inconclusive evidence that hormones or other physiological changes during pregnancy precipitate this occurrence. Instead, it is theorized that sociocultural factors are at the root of female struggle during pregnancy and into the postpartum. Women find themselves in a culture that sexualizes, commodifies, and medicalizes pregnancy then capriciously and callously evaluates and criticizes the postpregnancy recovery. For these reasons, art therapy is perfectly positioned to support the depression and anxiety symptoms experienced by women during pregnancy. If women during pregnancy are allowed opportunities to use the expressive arts for wellness, it is anticipated that this means of coping will carry over to the period of the postpartum and beyond.

As a licensed psychologist, I have been in practice for over twenty years with two other female practitioners. We pride ourselves on intentionally creating a female-centred therapeutic environment. Yet it was not until I became professionally affiliated with a nurse midwife who referred patients to me that I came to recognize the manifold ways in which misogyny infiltrated the sacred space of pregnancy and motherhood. My clients entered treatment with symptoms of depression and anxiety. As a clinician, I immersed myself in the literature and found that these women were not isolated cases, but, in fact, were illustrative of the larger population of pregnant women suffering from mental health issues.

From a Western cultural viewpoint, a wanted pregnancy with the potential for future progeny is considered a wonderful occurrence, thought to be met with a powerful, positive emotion. It is presumed that the expectant mother and surrounding community will celebrate this most sacred process. Pregnancy is widely regarded as a miracle of sorts. Medically, socially, and spiritually, this process is viewed with wonderment; it is from a single cell that a new life is ultimately created. The myth of pregnancy, largely an idealized view, positions the expectant mother as emotionally happy and well. The belief is that she will experience a greater sense of joyfulness and elation at the prospect of creating new life. It is further presumed that pregnancy and impending motherhood will give her life greater purpose and significance (Solomon).

This idealized perception is then challenged when contrasted with a growing body of research that finds a considerable number of women experience emotional difficulties during and after pregnancy (Bonari et al. 727). A significant number of women experience depression and/or anxiety symptoms during pregnancy and in the twelve months postpartum. It has been found that these symptoms can initially develop during this period of time or worsen in terms of intensity. It is presumed and medically theorized that hormonal changes contribute to the increased risk of depression and anxiety (727). However, precipitating conditions are multifactorial and, thus, require a more nuanced approach addressing relevant social and cultural factors. This is true for the period of pregnancy as well as the postpartum. Stephanie Knaak in her article "Having a Tough Time" discusses the emotional struggles women face during the postpartum period: "Equally as important, socio-cultural and feminist research has shown how cultural factors, such as idealistic 'motherhood mystique' discourses, motherhood's devalued status, and a lack of positive social structuring of the postpartum period all contribute to the proliferation of emotional difficulties after childbirth" (81).

In response to the needs of our clients, my colleagues and I sought to create an affirming female space, antithetical to imposing medical offices; nevertheless, we failed to recognize how even in this feminist environment, our clients were bombarded with narratives and visual imagery of idealized and sexualized pregnancies. A cursory look at the magazines stacked on our waiting room tables showed story after story providing tips on how to keep fit during pregnancy and on how to quickly return to a prepregnant figure; most notably, they contained full page spreads featuring pregnant supermodels and actresses showing off their small "baby bumps." Not only were my clients subjected to these damaging cultural standards and ideals before they entered our practice, but we unwittingly reinforced and normalized these faulty expectations.

This article explores the current struggles that women experience during pregnancy and childbirth. With increased medical surveillance and attendant

intervention, the medical community has stripped pregnancy and childbirth out of the hands of women. The emotional repercussions have been widespread. No longer connected to a knowledgeable and informed female system, women find themselves at the mercy of a medical system whose priority is to evaluate, caution, and intercede in a natural process. With this medicalization, there has been the loss of respect for women's intuitive awareness and the resultant emotional and spiritual changes that this experience engenders.

The Sexualization of Pregnancy

Imogen Tyler in "Pregnant Beauty" argues that the 1991 *Vanity Fair* photograph of Demi Moore, naked and in late-stage pregnancy, "marked the breaking of the powerful cultural taboo around the representation of pregnancy" (23). Provocative, this image, shot by famed photographer Annie Leibovitz, quickly became a media sensation. From this initial experience, the "bump" has ushered in a new wave of sexualized imagery of the pregnant form. On one hand, feminists celebrated that the pregnant body was no longer hidden from public view or draped in modest clothing to hide this physical transformation. Tyler maintains that the maternal is no longer "confined to traditionally domestic or child-oriented spaces, such as private homes, hospitals, parks and playgrounds" (21). However, revealing the pregnant body in such an erotic fashion simultaneously ushered in a glamourized pregnancy aesthetic outside a woman's control and regulated by the media. The intimate experience of pregnancy is now subject to the male gaze; the woman is evaluated and scrutinized based on meeting unachievable cultural ideals, much as nonpregnant girls and women are forced to measure their beauty based on media representations. "Until the 1990s," Tyler remarks, "pregnancy provided even the most famous women with some respite from the scrutiny and documentation of their bodies, clothing and personal lives" (27).

One year later Demi Moore again graced the cover of *Vanity Fair*, donning only body paint. Appearing in an "outfit" complete with a vest and tie, this visual iconography indicates a kind of sexualized yet stereotypically masculinized identity. It appears that pregnancy did not affect her physically or emotionally; this glamorized photograph shows a quick and seamless return to a prepregnancy form. A close reading of the cover reveals that pregnancy had no visible effects on the actress; there are no stretch marks, no breast changes and, notably, no baby. Instead, as the title of the article reveals, this is "Demi Moore's Birthday Suit," a clear play on her nudity, her "wearing" of a suit, and her rebirth as a strong, independent woman. If change occurred to her because of pregnancy, we are not privy to it. Reading these covers intertextually, it is reasonable to conclude that the earlier image celebrated her sexualized pregnant form, not

her newfound identity as mother. In a patriarchal society that still traffics in denying mothers their complex identities, Moore cannot publicly declare her motherhood and still be desirable. It is not sufficient to live well—to eat nutritiously and be active—it is now expected for women, both during and after pregnancy, to conform to standards of media-defined attractiveness.

It would be remiss to ignore the cultural climate, including media culture, that permeates the lived experience of our clients. Understanding the images and cultural messages provide a necessary context to read the worry, sadness, and dissatisfaction that is powerfully felt and expressed in session. Nonetheless, a thorough consideration of the literature on mental health during pregnancy is required to fully appreciate the scope and depth of these mental health challenges.

Pregnancy and Mental Health Challenges

A review of the literature suggests that pregnancy is not a protective factor for the development of depression and anxiety symptoms. In fact, during pregnancy, a significant number of women—some studies indicate up to 25 percent—may meet criteria for mental health disorders (Bonari 727; Swanson et al. 553). Of those, significantly fewer are identified and treated (Vesga-Lopez et al. 805). For some who are afflicted, this symptom profile is a continuation of previous episodes of depression and/or anxiety (Dimidjian et al.135; Hendrick 3). In these cases, pregnancy may increase the risk of a reoccurrence or exacerbate a mental health episode. For some women, pregnancy and the postpartum period usher in depression or anxiety symptoms for the first time (Hendrick et al. 135). Mental health issues affecting this population are of significant concern due to the potential adverse effects that may result (Bonari et al. 727). Studies indicate that depressed women, presumably because of their suffering, are more likely to engage in unhealthy behaviours, which place themselves and the developing fetus and/or newborn at greater risk for harm. It has been found that there is an increased potential for alcohol and drug use, a lack of prenatal and infant medical care, impairment in the attachment bond, and self-harming behaviours (NIHCM 5).

Although greater societal awareness of postpartum depression exists, studies suggest that depression and anxiety are more likely to occur during pregnancy (Figueiredo and Conde 247). It is important to consider that disorders of depression and anxiety are strongly correlated. Some research suggest that the comorbidity of the disorders is as high as 60 percent, which means if diagnosed with a major depressive disorder, the client is more likely to be struggling with an anxiety disorder and conversely as well (Kaufman and Charney, 69). Some experts posit that the symptoms of each specific disorder are, in fact, capturing only select pieces of a larger, multifaceted condition (McGlinchey and

Zimmerman 473). It is, therefore, not surprising for clinicians to see clients, including pregnant women, who are diagnosed and receiving treatment for both psychiatric disorders.

A concern when working with pregnant women is that mental health problems may be unheeded by medical professionals given that select symptoms of depression and/or anxiety resemble the experience of a normal pregnancy (Cohen et al. 275). For example, an anxiety disorder may be difficult to determine because a certain amount of worry is normal in everyday life, especially when pregnant. Additionally, during pregnancy, mood fluctuations and weepiness may occur, fear is commonly experienced, sleep and eating patterns may change, and mental fogginess is often reported. Given the dramatic physical changes that occur, women often report body image issues. If these symptoms persist, intensify, and co-occur with feelings of guilt and worthlessness, a loss of interest in activities, and a withdrawal from social engagement, it may signal that a more significant mental health diagnosis is present (Cohen et al. 275).

Identified Risk Factors

Several potential causes for the development of mental health problems during pregnancy and the postpartum have been postulated. One theory that has gained much interest is the role hormones play in the manifestation of psychiatric symptoms (Bonari et al. 727; Brummelte and Galea 767; Hendrick et. al. 93). This idea is commonsensical and consistent with a medical conceptualization of the female struggle. It is theorized that hormones, which cause the abrupt and dramatic physiological changes during the period of pregnancy, fuel an emotional vulnerability to mental health symptoms (Hendrick et. al. 93). The hormones that have been studied include progesterone, estrogen, prolactin, cortisol, thyroid, oxytocin, and vasopressin. However, after considerable research, there is a lack of consensus regarding the significance these hormonal changes play in influencing psychiatric symptomatology during pregnancy and the postpartum. Victoria Hendrick et al. state that "it may be that despite good theory and rigorous testing, a medical explanation for this occurrence does not exist" (98).

Other risk factors focus squarely on psychological, social, and cultural variables that influence the pregnant woman's quality of life. Exposure to excessive stress, living alone, inadequate social support, partner conflict, financial hardship, and a history of trauma place the pregnant and postpartum woman at increased risk for the development of mental health challenges (NIHCM 5). Taken alone, or in combination, these risk factors can exact a significant toll on the wellbeing of the pregnant woman or new mother.[1]

Conventional Treatment

The medical community's attempt to ameliorate these emotional challenges often includes the prescribing of psychotropic medication (Dalke et al. 385). This can be a complicated proposition when medicating a pregnant or nursing mother. Determining a safe and effective medication for this population has been the subject of considerable debate (Cohen et al. 277). Controlled studies have been limited because of the potential risks for the mother and developing fetus (Dalke et al. 386). Given the traumatic history of medication use with pregnant women, many are reluctant or unwilling to take even those medications deemed to be safe. Those women who eventually relent may suffer fear and worry about the possible negative and unknown side effects, which complicate their treatment and, potentially, render the intervention counterproductive. It is worthy to note that many experts in the field believe the risks of newer, select psychotropic medications are low and potentially less deleterious to the mother and developing fetus than leaving the depressed woman untreated (Bonari, et al.726).

Given the potential risks, recent guidelines by the American Psychiatric Association and the American Congress of Obstetricians and Gynecologists, encourage pregnant women with depressive symptoms to opt for psychotherapeutic treatment instead of psychotropic intervention. Nonetheless, despite these concerns, the use of antidepressant medications continues to be offered as a frontline treatment (Dalke et al. 385). In select and presumably severe cases, the use of psychotropic medication may indeed be necessary and appropriate (Cooper et al. 544). However, despite these institutional warnings, everyday practitioners continue to see psychotropic medication as an acceptable treatment for pregnant and postpartum women. This begs the question that if the struggles of women are not primarily physiological, but created by sociocultural factors, is medication the most appropriate treatment? One could argue that the medical community is treating the symptom but failing to address the true problem. Experts in the field must carefully consider those interventions that effectively address the underlying cause. It could be reasoned that interventions aimed at ameliorating these sociocultural concerns in a woman's life may be costly, time consuming, and beyond the scope of traditional medicine. Nonetheless, a depressed woman may need just that type of social and community-based support to heal her emotional wounds.

The vast research on wellbeing identifies family and community as necessary for optimal health and wellness (Lee and Szinovacz 660). Therefore, it stands to reason that the pregnant woman, too, benefits from this connectivity. Historically, families lived in close physical proximity. Hence, there was a ready system of physical and emotional support for the young to rely on during life

transitions. A demographic trend is for adults seeking education and employment to move from their home communities, resulting in the "nuclearization of families" in which a separation from extended family and close friends occurs (Sathyanarayana and India 296). For women, however, pregnancy and motherhood are important rites of passage. Thus, women at this stage of life benefit from the connection to close allies who are more knowledgeable and experienced. Historically, women provided support to women throughout the process of pregnancy and early motherhood (Cahill 339). Grandmothers, mothers, aunts, and knowledgeable women within the community were the vestiges of wisdom who supplied essential care to the neophyte. This continuous support and attention allayed the young woman's worries while simultaneously honoring the sacred process of pregnancy and motherhood. This ongoing dialogue among females demystified a process that can, at times, be bewildering. Given the significant body changes and emotional upheaval that often accompany pregnancy, this mentorship provided an essential framework for making the experience an organic part of the life cycle. Pregnancy and birthing were regarded as healthy and predictable events in the lives of women.

A natural offshoot of this type of support included doulas and midwives, who, with greater experience and training, were integral players in community support and were available to pregnant women. Although outside of the family circle, these helpers allowed for a seamless entrance into the pregnant woman's life space. Given the profound changes experienced during pregnancy, the expectant mother's questions, worries, and uncertainties would be promptly and meaningfully addressed by knowledgeable helpers (Staneva et al. 570).

Midwives, Feminist Birthing Practices, and the Aftermath

One could argue that the breakdown of female community during pregnancy is not a recent phenomenon, but, in fact, can be traced back to the removal of midwives and other women from birthing chambers (Tamulis 368). Women, for centuries, have worked as midwives: these figures are mentioned in the Bible, and in records throughout Ancient Greece, Rome, and West Africa. As Valerie Lee in *Granny Midwives* explains: "Historical midwives include Socrates' mother. Although many of the women from antiquity, including nuns and ladies of the manor, performed their duties as acts of charity, British history records a tradition of women who delivered babies for pay" (25). Throughout this time, men were barred from delivery rooms. Until the seventeenth century in the United States, "childbirth was firmly located within the domestic arena, an exclusively female domain" (Cahill 337). In fact, there were laws enacted in some American colonies that outlawed a male presence in birth chambers, and in "1522, German physician Wertt, who had camouflaged himself as a

woman so he could study childhood in the lying-in chamber, was burned to death for such a transgression" (Lee 174). Throughout the seventeenth and eighteenth century, men worked to discredit and displace midwives from the sphere of birthing and argued that they did not possess the requisite medical knowledge or intelligence to care for pregnant women (Mitchinson 163). Initially, male involvement in birthing was relegated to the most problematic deliveries with typically devastating outcomes for the newborn and/or mother (Johanson et al. 892). In the nineteenth century, through the use of effective lobbying, physicians positioned themselves as "men of science," capable of creating superior care with safer and healthier delivery, which undermined the power and influence of midwives (Mitchinson 163).

This male takeover of birthing culture extended well beyond the delivery room. Historically, midwives not only served the pregnant woman's physical needs but cared for other children in the home, cooked meals, mended clothes, and generally tended to the family's wellbeing. They created a healthy environment in which to welcome a new child. Beginning in the late eighteenth century, American society moved from a reverence for midwives and midwifery practice to a reliance on a medical model of delivery largely because of the aggressive campaigning of the American Medical Association in the United States and the establishment of all-male medical schools. It was during the late nineteenth century that male doctors fought against midwives (Brodsky 49). This is in contrast to Europe where there was less contention, and the professions negotiated boundaries serving to more effectively co-exist (49). It is with the introduction of physician control that the condition of pregnancy became a "term of pathology," warranting obstetric involvement, and that midwives began taking a more diminished role (Tamulis 365).

In order to enact an ideological shift in female health care, male physicians discredited the midwives: they were charged with being in concert with the devil or, because they possessed no formal obstetrical training, hazardous to the health of the mother and baby.[2] This led to more upper-class women rejecting midwifery and subjecting themselves to male physicians and a new philosophy of birthing practices (Tamulis 369). As male obstetricians took over birthing rooms, surgical procedures and instruments became the norm (Mitchinson 163). No longer was childbirth a female-centred experience with multigenerational women participating (Hutchinson 112). It was now routine for the pregnant women to be alone with a male physician and attendant, who was, more likely than not, also male. Women's labouring bodies became literally open for the male gaze. Women were discouraged from actively participating in their own labour and began delivering babies on their backs, often with the use of forceps—an instrument that was, for some time, kept a secret from the labouring mothers (Brodsky 50; Tamulis 367).

Peter Chamberlen, the British surgeon who in the seventeenth century invented forceps, "blindfolded his women patients so that they would not see his obtrusive and intrusive box" (Lee 28). Forceps are contested sites: "connections between forceps and phallus are not to be ignored. Both are hidden tools used to penetrate women's bodies" (Lee 28). Forceps are an apt metaphor for the treatment of pregnant women, not only during labour and delivery but also throughout their pregnancy. Pregnant women are subjected to patriarchal, violence and their bodies are open for public consumption without true informed consent. Our culture's promotion of an eroticized pregnancy aesthetic and the medicalization of pregnancy are merely other iterations of the forceps; they are outside women's control, intrusive, violent, and, in many cases, we, as women, are blind to our own violation.

Medicalization of Pregnancy

With the medicalization of pregnancy, or what some critics label "modern engineering obstetrics" (Cahill 338) comes a pathologizing of a normal and healthy biological event. Indeed, as Peter Conrad in "Medicalization and Social Control" explains, "medicalization describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders" (225). It follows, then, that pregnancy is regarded as "risky" and requires testing, rigidly scheduled obstetric appointments, and constant monitoring. Questions and concerns in between appointments are triaged and funnelled into a que. Women are left waiting for reassurance by medical experts that they and their unborn are healthy. The medicalized modern birth culture is one founded on obstetric intervention, which can elicit a cycle of medical treatments, or as Heather Cahill in "Male Appropriation and Medicalization of Childbirth" remarks: "It seems the problems occurring as a result of one intervention usually require other interventions for their treatment" (339). This process has potential mental health ramifications for the expectant mother. In fact, "the routine use of 'high tech' interventions such as epidural anesthesia, forceps and caesarean section are closely associated with the incidence of post-natal mood disturbance" (339).

The current mindset around pregnancy is that the condition carries with it significant risks, which legitimize the need for an ever-growing body of prenatal tests (Schaffer). Women may not fully understand the rationale for recommended testing or how to interpret the results (Kukla and Wayne). The perceived threat of potential calamity is omnipresent in this medicalized system, as the obstetrician practises defensive medicine to mitigate the liability of a negative outcome (Johanson 893). With this mindset, pregnant women are subjected to an ever-increasing number of unnecessary tests and interventions

(893). It is the doctor's prominence and authority in this space that bespeaks the inherent peril of this endeavour and the voices of women have essentially been silenced.

Prenatal Diagnosis and Screening

Unfortunately, this prenatal experience has become significantly more confusing with the advent of prenatal genetic testing deemed by its critics to be unreliable and misleading. Although not purported to be mandatory, the American Congress of Obstetricians and Gynecologists now offers all pregnant women, regardless of age, health, and familial risk factors, prenatal genetic screening (McGowan; Soriano). Ushered in by the human genome project over a decade ago, unregulated prenatal screening tests have become mainstream. Insurance companies are now increasingly allotting remittance for this screening, even with low-risk women. The manufacturers' claim that this new, less invasive type of genetic testing—requiring only a simple blood draw to administer—is far superior to traditional methods (McGowan). The pharmaceutical companies advertise their testing products and promise women, simple "clear answers" with catch phrases offering women "peace of mind" with their use (Schaffer). Given the shortcomings and limitations of this process, it has added more stress and uncertainty to an already medicalized pregnancy.

Prenatal testing rests on the assumption that with greater knowledge of the health of the fetus, pregnant women's lives will be meaningfully enhanced. It is presumed that with this so-called essential information, women will be better able to make informed choices about pregnancy outcome. However, the deficiencies associated with this and other testing is not clearly put forth by the manufacturers, which leads to erroneous assumptions that the test results are essentially accurate (McGowan). The error rates of these tests are often not well explained or understood by pregnant women. Of greater concern, the attending physicians may, too, have insufficient understanding of the limitations of these screening instruments generally, and the meaning for their patients, specifically (McGowan: James). One physician, Mark Leach, in "Your MaterniT21 Test is Never Positive," simply states, "NIPS [non-invasive prenatal] tests remain just screening tests. They are never truly positive or truly negative." He further explicates the dubious nature of these outcomes: "NIPS tests are screening tests. They are a recalculation of the probability that your child may—emphasis on MAY—have Down syndrome (or one of the other conditions they test for). Every one of these tests has false positives and false negatives." Leach's comments are particularly important given the fact that one screening company, Panorama, states that the test is "99% Accurate, Simple & Trusted" (Daley).

Errors linked to these screening instruments have been at the centre of high profile exposés. Both false positives and false negatives have been reported in the media. Based upon test results, some patients were assured that the fetus they were carrying was without chromosomal abnormality but found at birth that a disability did indeed exist (James; McGowan). By contrast, others were erroneously informed that they were carrying a fetus with a genetic syndrome. Accounts from those women adversely affected describe the emotional anguish they experienced as they attempted to understand the disabling condition for their offspring. Some of these women opted to terminate their pregnancies based upon this screening data, later to find that the tests results were wrong (McGowan). The New England Center for Investigative Reporting found that "likely hundreds of women are aborting fetuses based on this new generation of testing. One company reported a 6.2% abortion rate based on screening results alone—and without further testing, there is no way to know how many of those may have been due to a false positive" (James). The testing companies continue to state that their products are superior and place the responsibility for accurately deciphering the test results squarely on the physicians, but in many cases, the physicians lack adequate information about the test to provide good counsel to their patients (Daley). Although it is outside the scope of this article to discuss the benefits or lack thereof of any specific prenatal genetic screening, these tests do reveal that the culture of pregnancy is hypermedicalized, which can engender in expectant mothers' feelings of confusion, pain, and sorrow, which can lead to anxiety and depression.

Art Therapy: An Innovative Approach to Treatment

A conceptual framework that appreciates the cultural reality existing for pregnant women should be at the forefront when creating an effective treatment approach. Although nearly absent in the literature, sociocultural factors are fundamental to the pain and struggle faced by women during the antenatal and postnatal periods. Mental health providers should refrain from joining with other systems to pathologize women, but instead critically reflect on the issues faced by women during these most important life events. Women find themselves in a culture that sexualizes, commodifies, and medicalizes pregnancy, and then capriciously and callously evaluates and criticizes the postpregnancy recovery. Through it all, American culture "both underestimates and undervalues vital psychosocial changes occurring within the woman as she undergoes this important transition in her social statues, i.e. from woman to mother" (Cahill 339).

I draw upon the work of Shaun McNiff when I propose that the arts have the potential to heal through creativity (5). Though largely unrecognized,

expressive therapies have been used in the mental health, rehabilitation, and medical arenas for centuries. The expressive arts may involve art, music, dance/movement, drama, play, and creative writing. Within the context of psychotherapy and counselling, the expressive arts then serve a therapeutic function by supporting clients to reconcile emotional conflicts, increase self-awareness, solve problems and increase self-esteem (American Art Therapy Association). It is predicated on the belief that all people have the capacity and the need to express themselves creatively (Malchiodi, "The Art and Science" 1).

Despite the view of art therapy as a "new age" treatment, "uses of the imagination in healing are as old as the most ancient shamanic cultures" (Long 315). Seminal psychotherapeutic theorists have long highlighted the importance of artistic endeavours in the therapy process. In the 1900s, Sigmund Freud, the father of psychoanalysis, recognized the usefulness of artistic expression for those "patients" unable or unwilling to process material verbally. He used the visual arts as a tool to facilitate emotional release and potential catharsis (Rosenzwieg 237). Similarly, Carl Jung has observed that drawing personal mandalas, a graphic symbol depicting the universe in Hindu or Buddhist practice, had a positive and calming influence and engendered psychic integration with his patients (Henderson et al.148). Additionally, Jung saw the benefits of emotional expression through the visual arts generally, and he encouraged his patients to engage in this practice (Hoffmann 199). More recently, psychologists have studied the role of art making in treating conditions as far ranging as post-traumatic stress disorder and traumatic brain injury (Malchiodi, "Handbook of Art Therapy" 2). According to the American Art Therapy Association, employing art in mental health settings (such as psychiatric hospitals, schools, residential treatment, and crisis centres) allows clients to "reduce anxiety and increase self-esteem," while "improv[ing] or restor[ing] a client's functioning and his or her sense of personal well-being."

Psychotherapeutic treatment may be informed by a number of different theoretical orientations, though unique in its philosophy and treatment, each has the potential to facilitate healing (Spooner 163). Moreover, art therapy may be used as an adjunct to a therapeutic approach or a stand-alone treatment (Malchiodi, "Expressive" 7). Many therapies—for example, psychodynamic, CBT and interpersonal—may incorporate expressive modalities into treatment to achieve positive outcomes (7). In this context, expressive therapies are conducted within the context of psychotherapy and counselling by professionals from a variety of backgrounds (Bucciarelli 153). Given its powerful healing potential, many providers not specifically trained as art therapists, naturally call upon expressive therapies in their work. By contrast, art therapists are mental health professionals who additionally have substantial art preparation and may possess a license or certification in this discipline (American Art Therapy

Association). The visual arts, given their accessibility, universal appeal, and low cost, command a primary position in the field of art therapy. When surveyed, art therapists most often report an eclectic counselling approach that draws upon pieces of different theories; the expression of art, however, is the primary treatment modality (Vick 10).

Art making as therapeutic treatment should be explored for pregnant women because, first and foremost, they are in the process of creating. Outside the discourses and institutions that circumscribe and appropriate this experience, women's bodies are engaged in producing new life. In this intensely imaginative time, women can externalize and materialize their physical, psychological, and emotional selves. According to Randy M. Vick in *Handbook of Art Therapy*, "art making is an innate human tendency, so much so it has been argued that, like speech and tool making, this activity could be used to define our species" (6). The definition of innate is "inborn," meaning that which has existed from birth. Read from this context, art returns us to this natural state. Pregnancy and childbirth, which have been transmogrified into a sterile, male-centric realm, have, in many ways, been taken out of women's hands. Thus, it is art making that allows for a realignment of body and self, a restoration of mental and spiritual health (Stuckey and Nobel 254). By literalizing creativity through art, women reclaim agency and wrest control of their reproductive and productive selves.

For these reasons, art therapy is perfectly positioned to support the depression and anxiety symptoms experienced by women during pregnancy and the postpartum period. If during pregnancy, women are allowed opportunities to use the expressive arts for wellness, it is anticipated that this means of coping would be carried over to the period of postpartum and beyond. Aleksandra Staneva et al. in their meta-synthesis of qualitative research describe a number of emotional themes specific to these populations, including inertia, self-silencing, denial, fear, and loss of control (571). Art making is powerful for it permits physical action and experimentation that is material and tangibly felt (Avrahami 6). Through this engagement, there is an increased capacity to contemplate feeling states, make sense of life experiences, and create a potential course of action with the goal being personal growth, self-acceptance, and emotional healing.

The Case of Celeste

The powerful healing potential from this mode of therapy was made real to me in my work with a thirty-one-year-old client, whom I will call Celeste. When referred to therapy by her OB-GYN, Celeste was sixteen weeks into her second pregnancy. Celeste presented as an attractive, well-groomed woman, who was polite and well spoken. She appeared upset and nervous throughout our initial sessions alluding to her fear of increased depression. She described

a difficult postpartum depression after the birth of her first child, Katie, now age three. Celeste had been in a committed relationship with Luke for seven years total, and had been married to him for the last four years. She described this marriage in positive terms and stated that she and Luke had a strong bond and enjoyed a happy and comfortable life together. Her daughter Katie was described as a happy and responsive child, who was physically healthy and was meeting her developmental milestones on time.

Celeste comes from an affluent and well-connected family system. Her parents own a successful business, and Celeste is a beneficiary of this resource. Celeste described enjoying many friendships, including those with extended family members. Celeste, being the only daughter in her family of origin, is well cared for by her parents and brothers, who have taken over the business. She is not obligated to maintain a rigid work schedule, and can work at the business when she desires.

After the birth of her first child, Celeste became depressed within two months. Celeste described much guilt and anguish over her emotional state. From her adolescence, Celeste reported wanting to have a child but after suffering from depression, she questioned if she was indeed "mother material." She was placed on a routinely prescribed antidepressant medication by her OB-GYN, which significantly helped her through her difficulties. In an effort to avoid exposing her baby Katie to the drug, she abruptly stopped breastfeeding, which she described as difficult for both her and the baby. Celeste did not seek mental health support, counselling, or therapy, at that time but instead spent more time with her mother and began an intensive workout schedule. Celeste reported that within a three-month period, she felt much better and was seen by her family as back to herself. She stated that an added benefit of this routine was that she had returned to her prepregnancy weight and physical appearance.

Now that she was pregnant again, she was fearful and sad. When realizing she was pregnant, she abruptly stopped her antidepressant so as not to expose the neonate. The OB-GYN provided research showing the increased potential for depression to reoccur during this pregnancy and into the postpartum. The doctor suggested she consider staying on the medication, since it had few risks, but left the decision to her. After discussion with her husband and family, Celeste decided that she would not stay on the medication and resigned herself to suffering through her pregnancy and returning to the medication immediately after the birth of her child. The doctor, Luke, and her family encouraged her to submit to therapy throughout her pregnancy to ensure her basic wellbeing and safety. Celeste stated in frank terms that therapy was most likely a waste of her time, but since she had committed to this plan, she would attend therapy until her delivery.

Celeste attended therapy faithfully, but her lack of engagement in this process was obvious. After several weeks of rather stagnant discussion, I introduced art materials in an effort to foster increased interest. Immediately, Celeste seized on the water colours, which served to spark an odyssey of emotional exploration and greater self-understanding. At first, Celeste was more involved in the process of experimentation with the paint, without much verbal output. Given her increased enthusiasm, I permitted this period of self-directed exploration.

After several sessions, however, a dialogue developed wherein Celeste expressed her previous idealized beliefs about marriage and motherhood. At this point, she painted images of sunshine, flowers, swings, and baby blankets, which for her exemplified the romanticizing of life as a wife and mother. Through art making, however, she discovered the truth of her experience-- how she actually felt in her life and marriage. Her paintings became rather sketchy and dark with themes of physical ugliness and emotional sadness. Ultimately, Celeste recognized this discrepancy and could discuss her relationship struggles at the time of her first pregnancy and into the postpartum. Her husband, who had always been interested in her physically and was a willing sexual partner, became indifferent and even rejecting. Initially she attributed his lack of sexual interest during pregnancy to his worry about her and the baby's physical safety. But even after the birth of their daughter, he rebuked her sexual advances. Celeste stated he appeared to find her round and full figure unappealing. As she discussed these experiences, she became more verbal and engaged. Soon, thereafter, Celeste experienced reduced depressive symptoms, was more energetic, assertive, and freely discussed her emotional needs. Ultimately, she shared these insights with her husband, and they accepted a referral to a marital therapist.

Celeste stayed in individual therapy throughout the course of her pregnancy and for a year after delivery. During her pregnancy, she got involved in pregnancy fitness classes at the community centre, and enrolled in a painting course at the community college. She no longer met diagnosis for depression and successfully delivered a healthy, full-term baby boy. Celeste did not return to medication after the birth of her son and was able to breastfeed for a period of nine months.

It is interesting to draw upon various psychological theories to explain the emotional struggle and eventual healing that occurred in this case; a number of theories could be effectively applied. However, I practice largely from an Adlerian perspective informed by feminist theory, which easily permits the integration of expressive modalities (Graham and Pehrsson 11; Otting and Prosek 79). From this theoretical orientation, Celeste's experience must be contemplated from a sociocultural perspective. Given the messages that girls, adolescents, and women in the dominant culture receive, Celeste's worthiness was believed to be partly based upon achieving an idealized state of marriage,

family, and motherhood. Celeste was then confronted with the discrepancy between this idealized image and the deficiencies she lived with in her partnership. The failure to secure a safe and satisfying marital relationship at the time of pregnancy and during the postpartum left Celeste feeling alone and undesirable, which was later found to be at the centre of her emotional conflict. Ultimately, the pain was turned inward and a depressive episode resulted. I contend that it was an art therapy intervention—the use of a nonthreatening visual medium—and not the course of psychotropic medication that facilitated Celeste's healing.

Celeste is but one of many examples illustrating the power of expressive therapies to support emotional healing. Pregnant and postpartum women, given sociocultural variables, are at risk for the development of depression and anxiety that pose a true hazard for the mother and child. Despite these cultural and medical exigencies, it is the clinicians' responsibility to attend to and care for their clients. Mental health professionals need to get past the false assumptions that are offered as cause and treatment, and instead prioritize the pregnant woman's emotional and spiritual needs. Art therapy as a clinical intervention offers a particularly resonant treatment for pregnant women. It is a noninvasive and holistic form of therapy that, by its very nature, valorizes the pregnant woman's creative processes while supporting her healing and wellness.

Endnotes

[1]In the United States, women of colour are more likely to be living in poverty. According to 2015 census data, 23.1 percent of African American women and 20 .9 percent of Hispanic women live in poverty (Tucker and Lowell 1). Due to the history of racial and cultural maltreatment and overdiagnosis, there may be less confidence in mental and medical health care systems (Derek et al. 881). [2]This accusation is ironic because the fact is there is "compelling evidence that indicates the involvement of men in childbirth around the turn of this [Eighteenth] century brought new hazards to mothers and babies rather than greater safety; the increased transmission of fever and injuries associated with careless use of technology, especially the forceps are but two" (Cahill 338).

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LINDA HUNTER AND EMERSON LACROIX

Understanding HIV-Related Stigma Experienced by Mothers

The Next Generation and Implications of the New Ontario Health Education Curriculum

There are many sources of stigma for mothers living with HIV in Canada, and these negatively impact their decision about whether or not to disclose their status. Societal norms and values regarding motherhood are generally not compatible with the negative and stigmatizing messages that exist about HIV-positive women becoming mothers. One reason that many HIV-positive mothers are often unwilling to access health supports is because of the stigma and unwelcomed surveillance that accompany their diagnosis. We begin with a brief discussion on sources of stigma for women and mothers living with HIV, and then move into a discussion on the newly revised Ontario Health Education Curriculum in terms of its progress in addressing HIV-related stigma. Although we note there is room for improvement, the new health curriculum has positive implications for reducing HIV-related stigma by promoting greater awareness around the effects of stigma. Additionally, we propose that HIV-awareness poster campaigns may be a useful tool for supplementing the work of the curriculum in reducing and, ultimately, eliminating HIV- related stigma. The new Ontario Health Education Curriculum, as well as more recent HIV-awareness poster campaigns, challenge the dominant perceptions about HIV stigma, and they have the potential to lead to positive change, which could reduce HIV-related stigma for mothers now and in the future.

Women represent approximately 25 percent of reported HIV cases in Canada; the vast majority of those occur in childbearing years (Druzin; Public Health Agency of Canada, "Summary Estimates"). It is often the effects of stigma that influence a woman's decision about whether or not to be tested for HIV and whether or not to disclose her HIV status to family and friends if she tests positive for the virus. Although there have been medical advances to support

women living with HIV during pregnancy, childbirth, and motherhood, these interventions and therapies have not significantly reduced the stigma HIV-positive mothers experience during pregnancy and motherhood. Part of the reason many HIV-positive mothers are often unwilling to access health supports is because of the stigma and unwelcomed surveillance which accompany their diagnosis. Additionally, mothers from culturally diverse backgrounds may be less willing to access treatment and support services if they are not tailored to meet their culturally specific needs. Cultural specificity is important because until diagnosed, many women will not be accessing support, treatment, and other services to help manage illness and prolong life.

It is imperative that accurate information and education be delivered to the public in order to reduce HIV-related stigma, which is often present in families, schools, and communities; the stigma is often targeted toward HIV-positive women who are pregnant and those who are mothers. We begin with a brief discussion on sources of stigma for women and mothers living with HIV, and then move into a discussion on the newly revised Ontario Health Education Curriculum in terms of its progress in addressing HIV-related stigma and in its addressing how stereotypes may precipitate discriminatory views. As well, we note a few areas where the curriculum falls short and needs improvement, regarding HIV and stigma. Additionally, we propose that HIV-awareness poster campaigns may be a useful tool for supplementing the work of the curriculum in reducing and, ultimately, eliminating HIV-related stigma, especially against HIV-positive mothers.

Sources of Stigma for Women and Mothers Living with HIV and the Need for Education

HIV and Stigma

Stigma related to HIV/AIDS has been defined as "prejudice, discounting, discrediting, and discrimination directed at people perceived to have AIDS or HIV, their loved ones and associates, and the groups and communities with which they are affiliated" (Herek and Capitanio, 232). For many women and mothers living with HIV, this stigma adds another component to the myriad of social stigmas they may already face because of their gender, race, and class. Furthermore, the preconception of HIV as a negatively attributed condition justifies what Sergio Rueda et al. note as anticipated stigma, which includes "expectations that [HIV-positive individuals] will experience prejudice and discrimination in the future" (691). Anticipated stigma can be devastating for mothers because they feel they will never be treated in the same way once their diagnosis is known. Not only is anticipated stigma associated with limited community awareness and limited knowledge about HIV, it is also

precipitated by those who lack knowledge about its transmission, impacts, and treatment (Genberg et al.). Therefore, an urgent need exists for the delivery of accurate information around HIV prevention and stigma in health education, particularly directed to young people, as this has the potential to alter future perspectives on those living with HIV. Presenting information about new advances in care and support for HIV-positive pregnant women and mothers will better inform people about the many complex issues facing mothers with HIV.

Mothering, HIV, and Stigma

When it comes to the risk of HIV infection, women are positioned in society as mothers, whether they will have children in the future or not. All women are policed in relation to HIV because of their potential to become mothers and, subsequently, the possibility that they will put their children at risk of HIV. As Sara Ruddick claims, mothers are "policed by … the gaze of others" (111). HIV-positive mothers often believe that members of society view them as "morally and socially irresponsible" (Lawson et al. 676; Lekas et al.) for having or wanting to have children. In other words, HIV-positive women recognize that societal norms and values regarding motherhood are generally not compatible with the negative and stigmatizing messages existing about HIV-positive women, like themselves, becoming mothers.

Feminist mothering theories emphasize the importance of empowering mothers (Green; O'Reilly, "Mother Outlaws," "Feminist Mothering"; Ruddick), as a mother must "live her life and practice mothering from a position of agency, authority, authenticity and autonomy" (O'Reilly, "Feminist Mothering" 802). However, this is difficult for HIV-positive women who are considering pregnancy, are pregnant, or are already mothers, since the negative identity of mothers living with HIV is constructed well before many of these women are even pregnant (Green et al.).

For mothers living with HIV, the combination of social stigma surrounding HIV and the social expectation for them to serve as good mothers creates a "double-bind" (Green et al.). Essentially, social ideals of the good mother are violated, as the social perception dictates that a good mother would never expose her children to illness. This introduces the concept of "informal criminalization," which is defined as "the societal or social perception of a behaviour as criminal" (Huisman, qtd. in Larkin 234). Through social regulation, HIV-positive mothers may then feel informally criminalized while they seek access to health and social supports. As discussed by Joanne Minaker and Bryan Hogeveen, criminalizing mothering includes a "complex process of scrutiny, surveillance, and social sanction," which treats some women as "deviant, dependent, and/ or dangerous mothers" (2). These societal opinions understandably influence

the decisions that women make about whether or not to become pregnant, and further influence their experiences of pregnancy and motherhood.

Moreover, practising mothering from a position of agency may be difficult for mothers who are informally criminalized or policed because of their HIV-positive status, and are deciding whether or not to disclose their status to their partner(s), children, and others. It is important to consider the level of agency, or lack of agency, that mothers experience when they are living with difficult health issues. When life concerns and caring for children are coupled with structural barriers—such as unemployment, low income, and increased health surveillance—it is clear additional circumstances can create and contribute to feelings of stigma for mothers, leading to their feeling policed.

Recent research notes the importance of disclosure for HIV-positive individuals, as those who disclose their positive status are more likely to access HIV-related medical care (Geiger et al.). But stigma is one of the main reasons mothers are hesitant about being tested for HIV and why many HIV-positive mothers are reluctant to discuss their health concerns with their families and medical practitioners (Wagner et al.; Zamberia). Moreover, disclosing one's HIV status to a health provider could lead to unwelcomed surveillance.

Mothers' decisions about disclosure are often based on the impact that stigma will have on their partner(s), their children, and themselves. Not only do mothers fear that disclosure will place an emotional burden on their children, but they also fear that their children will be rejected by their friends (Murphy et al.; Schrimshaw and Siegel). Thus, children themselves may be stigmatized because of the HIV-positive status of their mother. Additionally, older children may at times feel responsible for caring for their mother and the rest of the family, and may engage in family responsibilities beyond what is typically expected for their age (Kavanaugh). Along with the general topic of HIV stigma as related to mothers, the concept of mother-child role reversal for children with HIV-positive mothers is another area to explore in school settings, where children who are living with these experiences may then feel less isolated and reach out for support.

As a result of HIV-related stigma, many mothers often compromise their health for their children and other family members to maintain a favourable status within the broader community (Hunter and Longhurst). These women may ultimately suffer from serious health-related repercussions because they may not receive the treatments necessary for their ongoing healthcare.

Culture and Stigma

HIV affects individuals across all levels of society, yet there has been an uneven response effort addressing the various social and cultural demographics of women and mothers. Moreover, HIV continues to impact mothers who

are visible minorities, particularly black, Caribbean, and Indigenous women at rates well above the national average (Challcombe, "The Epidemiology of HIV in Females"). Despite the overrepresentation of HIV rates among these mothers, they are often expected to make use of programs that do not necessarily address their unique cultural needs. Because mothers of diverse cultural backgrounds are not always represented in the delivery of many community supports and services, they may be less willing to access programs related to testing, treatment, and other health concerns. Thus, the call for culturally specific resources comes from the recognition that health and support service provision cannot assume cultural homogeny.

It has been noted that HIV-positive mothers who are visible minorities often experience negative reactions while accessing health services, including observing physicians and nurses taking extra measures beyond what would normally be required to prevent disease transmission (Wagner et al.). Healthcare and support workers must develop cultural competencies and sensitivity for interacting with clients, and avoid "stereotyping members of a group while still appreciating the importance of culture" (Labra 240). The First Nations Health Authority of Canada, for example, urges healthcare providers to enroll in Indigenous cultural competency training to deliver culturally sensitive health services, and to ensure that HIV testing, follow up, and treatment are provided. Tailoring programs to meet the needs of culturally diverse populations can increase the number of mothers accessing treatment and care services along with empowering them to make informed decisions about their health.

There has been some encouraging progress initiated by health professionals for ensuring an open dialogue regarding treatment and prevention programs for mothers from various cultural backgrounds. Knowing that there is a caring, culturally competent health professional available for consultation will allow these women to feel more comfortable and more confident when approaching agencies for advice, discussion, testing, and support. Educational programs, too, must also continue to advance and develop approaches for addressing HIV, and keep in mind diverse cultural needs.

There are many sources of stigma for mothers living with HIV in Canada, which contributes to the social perception that they are unfit mothers. Informal and formal surveillance, along with stigma, negatively impact a mother's confidence as well as her ability to disclose her status and access the necessary health and social supports to ensure ongoing wellbeing. In this regard, the new Ontario health curriculum as well as more recent HIV-awareness poster campaigns challenge the dominant perceptions about HIV stigma, and they have the potential to lead to positive change, which could reduce HIV-related stigma for mothers now and in the future.

New Ontario Health Education Curriculum: Addressing HIV and Stigma

Curriculum Update: Addressing Stigma

Historically, health education and HIV education have been offered as two separate areas of instruction in the Ontario public school system. However, recent authors have argued that in order for students to benefit from a more holistic sexual health education, these two topics should be incorporated into a more comprehensive curriculum (Kumar et al.; McKay, "Common Questions," "Sexual Health Education"; Ministry of Education). In 2015, the Ontario Ministry of Education implemented a new health and physical education curriculum for elementary and high school levels addressing "a number of key issues related to equity, antidiscrimination, and inclusion" (Ministry of Education 70). Although the new curriculum includes topics of gender, consensual sexual relations, and developing healthy sexuality, we focus on the potential it has for reducing and perhaps eliminating HIV- related stigma.

The curriculum update is a significant step in ensuring that accurate educational instruction addresses issues related to HIV, which had been largely missing in the earlier curriculum. Students' understanding of HIV had been based on misleading facts and misconceptions (Kumar et al.; Larkin et al.). Providing accurate, accessible, and age-appropriate information is critical in addressing stigma, given our previous discussion on its debilitating effect on mothers. Such information would result in better chances for lowering the rate of HIV transmission and HIV stigma, along with dispelling myths, misconceptions, and stereotypes about the virus. As noted in the new Ontario curriculum:

> The Ontario curriculum is designed to help all students reach their full potential through a program of learning that is coherent, relevant, and age-appropriate. It recognizes that, today and in the future, students need to be critically literate in order to synthesize information, make informed decisions, communicate effectively, and thrive in an ever-changing global community. (Ministry of Education 3)

If individuals are not exposed to discussions about HIV transmission, prevention, stigma, and treatment, they are more likely to hold negative attitudes toward people living with the virus (Genberg et al.). Therefore, students who participated in the earlier health curriculum have missed out on crucial information and instruction around HIV prevention and stigma, which may be a factor in the ongoing stigma experienced by HIV-positive mothers. Indeed, the presentation of accurate and age-appropriate information has the potential to challenge the dominant discourse related to HIV and motherhood. Given that the vast majority of Ontario's children attend elementary school, there is a

practical opportunity to address the important topic of stigma, combat negative conceptions about the virus, and present accurate information on HIV prevention in a safe environment for learning (Ministry of Education). Furthermore, the inclusion of both gender and cultural diversity within the new curriculum demonstrates a significant improvement in the way that information is presented to students, as the curriculum no longer lacks specificity and attention to both individual and cultural differences. The new curriculum values the diversity of students from various cultural backgrounds, and advocates that in providing a curriculum where students feel represented and included, they also feel more engaged and empowered in their learning environment (Ministry of Education). Additionally, the inclusion of cultural sensitivity is an important revision, since assumptions of cultural homogeny negatively influence women's ability and willingness to access health resources.

Communicating in an educational setting provides a safe and comfortable atmosphere of familiarity between peers and educators that can make for a more meaningful presentation of information on HIV and stigma. This is critical because Canadians are currently experiencing a decreased knowledge base regarding HIV, and little improvement has been made among rates of stigma toward HIV-positive individuals over the years (Challcombe, "The Epidemiology of HIV in Canada"). In fact, the most recent Interagency Coalition (2012) report states that 54 percent of individuals would be uncomfortable if a close friend or family member were to date someone with HIV, and 18 percent of individuals would be uncomfortable working with someone with HIV. Furthermore, 35 percent of respondents stated that they would be uncomfortable if their children went to school with students who were HIV positive. Recent research has also found that despite medical therapies that prevent vertical transmission from mother to child, there is disapproval of HIV-positive women becoming pregnant, and once mothers, they experience lower approval ratings as parents (Lawson et al.). Additionally, HIV-positive pregnant women, and those in the early stages of motherhood, experience an increased level of surveillance (Green et al). This policing of women's bodies places them in the unique position of having to defend their choice to become mothers. These findings confirm the stigma and prejudicial attitudes often experienced by HIV-positive mothers. Women may, therefore, find themselves in a situation where they must balance positive societal views of motherhood with negative messages about HIV-positive women having children (Ingram and Hutchinson). Through education, we as a society must continue to challenge stereotypes and misconceptions, and improve understanding of not only HIV stigma but the social and cultural factors that affect mothers living with HIV.

Increasing opportunities for discussion about HIV, and the negative impact it has on women and mothers, is also crucial for reducing stigma. One of the

most encouraging additions in the new health curriculum is the discussion directly addressing stigma, specifically "one of the best things you can do to stop HIV is to stop the stigma that is associated with having the infection" (Ministry of Education, 197). However, the curriculum does not explicitly mention mothers, and although the inclusion of these discussions on stigma is undoubtedly better than none at all, more must be done to bring in specific examples of all those who are impacted by HIV, particularly women and mothers. If the curriculum were to emphasize the impact HIV has on mothers, and how stigma impacts their comfort regarding testing and disclosure, it would benefit not only the current student population but also those preadolescent girls who will mature into women and likely motherhood.

The curriculum acknowledges that in its many forms, stigma can be manifested through gossip and avoidance of those with HIV, which makes it difficult for individuals to feel comfortable in getting tested for the virus, disclosing their status, and/or accessing resources. Discrimination, whether intentional or not, "has the effect of preventing or limiting access to opportunities, benefits, or advantages that are available to other members of society" (Ministry of Education 231). The new health curriculum also encourages discussions on challenging stereotypical assumptions while encouraging respect and inclusivity (Ministry of Education). These discussions are critical, as information must be delivered to students around the concept of stigma, how it develops, and how it may vary depending on who is creating the stigma and who is being stigmatized. Drawing on the situation of women and mothers who are HIV positive, these considerations are useful to address in an educational setting, as once students have a sufficient understanding of stigma in relation to HIV further discussion on stigma prevention in general can happen. Additionally, a better understanding of the effects of stigma can generate more meaningful lessons on stigma prevention. Along with the difficulties associated with infection, students will be more likely to understand the emotional and health effects stigma creates, and why it must be eliminated.

Curriculum Update: HIV Awareness and Controversy

The new elementary health education curriculum will help students develop much more awareness around the effects of HIV-related stigma and, it is hoped, reduce stereotypical attitudes directed toward those living with HIV. Specifically, students will be able to better appreciate how "a person's actions … can affect their own and others' feelings, self-concept, emotional well-being, and reputation" (Ministry of Education 160). If such content can relate to the difficult decisions women face regarding stigma and HIV disclosure, the curriculum has the potential to improve the level of comfort and confidence women and mothers have in the future when disclosing their HIV status.

Students will learn about the damaging effects of stigma and will be better prepared to address stigma in the future. Those who take part in the revised curriculum will have up-to-date and accurate information, which will assist in the deconstruction of stigma that may be systemic in their families, schools, and communities. Since lack of knowledge about HIV precipitates negative views, HIV stigma and its negative impacts on health and personal wellbeing must be addressed at the elementary level in order to foster greater awareness and understanding both now and in the future. It is important that these valuable lessons on non-discriminatory behaviours are instilled in students at the elementary school level because high school students in Ontario are only required to take one credit in health and physical education to earn their secondary school diploma (Ministry of Education).

In a few areas, however, the curriculum falls short and needs improvement, with the need for an explicit focus on stigma as it relates to mothers and HIV early in the elementary curriculum. This inclusion will perform three important functions. First, it will reassure children whose mothers are currently infected that their mothers, and other family members, including themselves, should not be stigmatized because of the disease. Second, it will better emotionally prepare children who may have an HIV-positive mother in the future. Third, it will guide those children whose mothers and families that are not directly infected with HIV or affected by HIV to be more compassionate and understanding to those who are living with the virus. It is at this elementary school level where the foundation for stigma prevention needs to begin so that it does not get a foothold in adolescence. It is our contention that a single required course does not equip high school students with the information necessary to continue addressing the topic of HIV and stigma. In their study, June Larkin et al. found that 24 percent of their youth participants had never received sexual health education by age thirteen. Furthermore, HIV was a topic that students were interested in learning more about and a topic in which they wanted to give their input. Although the new elementary curriculum provides students with accurate information on HIV, we believe that the senior level curriculum must be developed beyond the foundation set at the elementary level. Students need to receive age-appropriate information that addresses their expressed interest to learn more about HIV and about those who are affected by the virus.

As peer influence is a significant contributor in understanding how students form their basic views on topics of sexuality, stereotypes, and discrimination, it is crucial that all students receive the same instruction in order to share accurate knowledge, free of stigma. One of the benefits of this new curriculum is that peers will "all be armed with the same basic facts" (Keenan) and will participate in discussions that encourage understanding and empathy. Still, the new curriculum has instigated a great deal of controversy, particularly around

content regarding sexuality and relationships. The intentions of the curriculum are hindered by parental contestations around the omission of values such as self-control, morals, and marriage, and the perception by some that it focuses on loveless-sex, without commitment to a relationship. Although it is important for students to develop an understanding of sexual health in a safe environment, some parents have been withdrawing their children from particular lessons under this new curriculum (CTV; Csanady). This hinders the curriculum's intention of providing an equal distribution of knowledge for all students on sexuality and relationships, as well as stigma, leaving some students without a thorough understanding of interpersonal relationships, sexual consent, HIV prevention, and HIV-related stigma.

The effectiveness of sexual health education in general is often hindered by lack of experience on the part of teachers. Recent literature notes that "the quality of sexual health education is determined not only by the content but also by the way it is taught" (Larkin et al. 16). This points to the need for teachers to approach sexual health content with comfort and confidence. However, many teachers feel uncomfortable or lack the background necessary to deal with topics in the new curriculum (Larkin et al.). One way to support the successful sexual health education of students would be for teachers to collaborate with sexual health educators within the community who possess the specified knowledge necessary to facilitate this instruction.

Along with teacher effectiveness, we contend that more involvement by parents and caregivers in the sexual health education of their children could be of benefit. Recent literature has noted that parents, too, can benefit from participation and involvement in aspects of their children's sexual health education. Specifically, Veronica Dinaj-Koci et al. found that parents should be involved in sexual health programming, since they are one of the few sources of sexual health information for their children. Although the significance of peer influence should not be ignored, authors such as Tina Coffelt have noted the significant and important role mothers play as confidants in sexual health discussions given their lived experiences, experience that their children's peers do not have. Therefore, even though the curriculum creates a space for peer learning, we feel that more must be done to encourage home discussions.

The new Ontario curriculum presents an encouraging initiative to educate young people on sexual health in general and on the damaging effects of HIV-related stigma in particular. It provides up-to-date information and addresses previously identified gaps in knowledge by merging HIV and sexual health education. As noted, more must be done at the senior level to continue the intentions of the elementary curriculum if the messages regarding HIV and stigma are to have an ongoing benefit. Furthermore, as the success of the new health curriculum is dependent on the comfort and confidence of the teachers who

are delivering the material, drawing on the expertise of sexual health educators in the community would be beneficial. Moreover, although the new curriculum is progressive by encouraging parents to take an interest in the content and to make connections around these important issues at home, more could be done to encourage these discussions in the home environment, rather than parents removing their children from educational instruction altogether. Equally as important as introducing and combatting stigma in youth and adolescents is to step up efforts in addressing stigma among adults. Individuals who are not exposed to the new health education curriculum will need to be reached by other means. One avenue for addressing stigma is through HIV-awareness poster campaigns, which have been widely adopted by public health agencies, governmental organizations, and community-based organizations.

Addressing Stigma through HIV-Awareness Posters

Over the years, several posters produced in Canada have depicted HIV-positive individuals as stigmatized, often pointing to the stigma these individuals face rather than depicting support to minimize stigma. One example of this is the poster produced in 2015 by the Canadian AIDS Society, titled "HIV Anonymous." The intention of this poster was to address the stigma associated with being HIV positive and to encourage individuals to speak out and tell their stories, but in its approach, the poster actually reinforced stigma. The image on the poster depicts an outline of an anonymous person's head and a positive symbol (+), which emphasizes the isolation, alienation, and loneliness HIV-positive individuals can experience. Rather than showing HIV-positive individuals in isolation, a more progressive approach to help reduce stigma would be to depict individuals among family and friends, emphasizing inclusiveness. There are indeed many progressive strategies to reduce HIV stigma that could be incorporated into the text and visuals of posters, including "the elimination of stereotypes and misinformation, discussion on HIV rather than avoiding the topic, putting a human face on the virus, and demonstrating that people with HIV are not solely defined by their positive identity" (Hunter and LaCroix, 173). The "HIV Anonymous" poster falls short on creative and informative messages to help reduce or eliminate HIV stigma.

As posters can present complex ideological messages to a wide variety of audiences, they have the potential to supplement the efforts of the new Ontario health curriculum in reducing or eliminating HIV-related stigma. Additionally, the provision of information on support services for mothers living with HIV must also be incorporated into HIV-awareness posters. Recently, a couple of progressive posters focusing on motherhood, pregnancy, and HIV have been produced that may help in this regard. The poster "HIV+? Pregnancy? Yes, You

Can!" (AIDS Coalition of Nova Scotia) depicts a woman's hands cradling her pregnant belly, with the slogan reading "Learn more, share knowledge, take action. Together we can stop HIV stigma." A second innovative poster "HIV and pregnancy Yes, You Can" (Positive Women's Network) shows a pregnant woman imitating "Rosie the Riveter," a strong female icon. This poster presents a great deal of informative text highlighting both medical and care information for the mother and her baby. This is an improvement over earlier campaigns that provided only minimal information on HIV health resources and those earlier campaigns that reinforced stigma and isolation (Hunter and LaCroix).

Because of the limited HIV-awareness posters addressing women and mothers, an excellent opportunity exists to create posters that both educate and encourage mothers to access support services. The social construction or framing of educational health campaigns also requires accessibility for women and mothers of various cultures—incorporating messages of cultural inclusiveness presented in languages specific to the community. Moreover, to reinforce the messaging delivered in the new Ontario health education curriculum, HIV-awareness posters could present positive and healthy portrayals of woman and mothers, offer information on support services, and create powerful messages about the importance of reducing stigma to demonstrate that a woman can be both HIV positive and a mother. Presenting information about new advances in care and support for women and mothers could also assist in motivating women to become better informed about practical services that could aid them with the many complex issues they face.

Conclusion

Although there have been medical advances to support mothers living with HIV during pregnancy, childbirth, and motherhood, negative social constructions of HIV-positive mothers continue. Moreover, there is an urgent need for prevention responses and support services for women and mothers with HIV, as stigma is the main reason some are reluctant to discuss their HIV status with healthcare providers. Widespread education on HIV prevention, testing, and stigma, eliminating barriers to communication, and further developing culturally specific prevention and support services that include cultural competency will help to generate further support for women in terms of their healthcare and in societal efforts to reduce or eliminate stigma.

Sexual health education must include information on the sociocultural factors that precipitate negative social constructions of those with HIV as well as address the formal and informal social surveillance that exists for socially marginalized groups, such as HIV-positive mothers. The implementation of Ontario's new health education curriculum demonstrates progress toward destigmatizing those

with HIV through institutional instruction. Effective sexual health education equips students with the knowledge and skills needed to decrease stigma (Public Health Agency of Canada, "Canadian Guidelines"). Additionally, it is noted that early learning experiences profoundly impact later development (Ministry of Education). Early instruction with accurate information has the potential to modify the views of young people, moving from misconceptions about HIV toward more informed knowledge of the virus, and thus, there is the potential for reducing both HIV transmission and HIV-related stigma. Teaching accurate information will allow students to better understand the current challenges experienced by those with HIV. Students will be more able to appreciate the ways in which stigma has been constructed and will better understand how gaps in accurate knowledge continue to foster stigma.

It is hoped that as today's children who are exposed to the new Ontario curriculum advance into adulthood the incidences and degrees of stigma will decline. This is particularly important for young women, a large percentage of whom will eventually become mothers. We contend that the curriculum must meet the needs of students and go beyond the one credit requirement at the senior level. Further, more support for teachers who deliver the material, and the inclusion of parents in sexual health education would help to create a stronger educational program that has the potential to reduce HIV- related stigma. There needs to be an explicit focus on stigma as it relates to mothers and HIV.

Currently, more concentrated efforts need to be put toward ameliorating the challenges confronting women and mothers who are HIV positive, and reduce stigmatizing views that lead to their surveillance and judgment. Some of these challenges can be addressed with more thoughtful and focused HIV health campaigns—such as recent efforts to more equitably represent pregnant women and mothers in HIV-awareness posters, as these posters undoubtedly add to the efforts of the curriculum in reducing HIV-related stigma. The new Ontario health curriculum along with more recent HIV-awareness poster campaigns have the potential to reduce stigma for mothers living with HIV by challenging the dominant social perceptions that negatively construct their identity. It is our contention that both of these resources have a significant role to play in reducing HIV stigma and in contributing a new narrative in which HIV-positive women can indeed be seen for who they are without judgment and stereotypes.

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LAURIE KRUK

The Chill of Arrival

> *The Triple Goddess* "*corresponds to the three phases of womanhood:*
> *maiden [Persephone], mother [Demeter], and crone [Hecate].*"
> —Johanna H. Stuckey, *Women's Spirituality:*
> *Contemporary Feminist Approaches to Judaism,*
> *Christianity, Islam and Goddess Worship (*2010).

—or, the chill of a
rival: when I arrive, mid-century, at this place
where as Lady of the House, keeper of the hearth,
source of Life, I am dis-
placed —for while my moon time wanes
my girl's will rise, until it washes out all other lights,
placing mine   in shadow
as her younger sister watches, worries, waits
her turn: we three
suddenly become lunar phases, or faces
of the female trinity.
Now, doing laundry is like reading
tea leaves or playing Tarot, checking their underpants
for Eve's sin. Or a game of Bridge: Ace of Hearts,
turned face up on the table, trumping all others—

As my cells have instinctively made room for
new cells
to stand alone, flourish, shaping newest female curves,
harp of hips, rising tide of breasts
long rounded legs, estrogen-glowing skin—

As the woman, bearing beauty
who built them, with their father's help, I have
pushed forth   the next wave, reaching far into the future
leaving me gasping behind
caught in this bitter back-spray,
the cold wake of it,
our success.

CAYO GAMBER

Lung Time

The Letter My Mother Never Wrote Me

Almost every night, I wake at three a.m. I am restless when I awake and I don't find it easy to fall back asleep. I started going to an acupuncturist to see if Chinese medicine would help. Each time I would meet with Mary she would look at my tongue, take my pulses, and then ask me what I was experiencing with my body. In our initial meetings, I explained to her that it would take me a long while to fall asleep and then I would wake up after only two or three hours of sleep, exhausted but also restless. She asked me what time I woke up, and I told her that it always was around three in the morning. Traditional Chinese Medicine practitioners use a body clock to help them determine which organ may be overburdened. During a specific set of hours, individual organs are seen as primarily in control of the ebb and flow of Qi (energy) through the body, such as the large intestine, bladder, stomach, heart, gall bladder, liver, and kidneys. Mary looked at me as if I had confirmed something for her; she explained that according to the body clock, three to five a.m. is lung time.

She also explained, "lung time is about longing to fill the lung, the longing to fill space. It is about the body's natural rhythms." Before electricity, when the world went dark, that darkness called for people to turn to the comfort of their beds as the day waned. Waking at three a.m. in those conditions would have been part of the rhythm of sleeping and waking. "At three, you would wake to fill your lungs, to fill in the space of yourself, to awake to the day," she noted. However waking at three, when you only have been asleep for a few hours, might signify something else; it might signify a longing to fill absence, to fill a space that is bereft. Mary put it quite simply: "at three a.m., you may be experiencing a deep, unresolved grief. What is called to mind when I say 'grief'?"

And then the tears came.

It has been forty-five years since I lost my mother and yet the tears still come. It isn't only tears, it is an unrelieved longing. What I am longing for, what I am grieving, is my mother's affirmation.

When I was eight, we were in an elevator leaving our family doctor's office when my mother turned to me and said, "Dr. Varwig says I will not be with you much longer." I remember looking at her, stunned, in order to make sure that I had understood her euphemism.

Seven years later she died.

So I have wondered, with seven years to come to terms with the fact that she was going to die, might she have done something to leave each of her children with some sense of who we were to her? Why didn't she didn't leave a letter, leave some marker that I mattered, that my brothers and sister mattered?

During those seven years of her dying, my mother tried to teach each of us to own our accomplishments. I remember her telling me that she wouldn't be attending the award ceremony where I was to be honoured for my grades. She said, "that award is yours and you should own it on your own." I realize now that she was both pulling away and pushing us away because she believed that removing herself from our lives in those last years would make it easier when she was truly gone.

During the years when my mother dedicated herself to living she was a tour de force. She earned a master's degree and a doctorate during the 1940s. However, she never really used those degrees. When she married my father and moved to the Philippines with him, she lost the opportunity to follow her own career path. She spent her life pursuing my father's dreams and ambitions. She became a hostess of cocktail and dinner parties.

Even after Dr. Varwig gave her his diagnosis, when all was working well, she illuminated space. She would twinkle and twirl, moving among the guests, with a witty comment or a droll story. I learned that my mother was a constant variable. She could be a dissembler. She was a dramatist. She was *suis generis*. She was a woman of the moment, who made the moment, always in her own making. I was captivated by her. However, in the last few years of her life when she burrowed away, she eclipsed time and space; she was gone before she was gone.

My acupuncturist asked me if I could write the letter that I hoped my mother would have written to me.

I tried. I tried to imagine her composing a letter when she would have seen me with great compassion. I also struggled with the fact that I kept wondering, had she known me now, would she wish me well or would she resent me; given the limitations she faced, what would she have wished for me? My answer to that question is a bit chary. In the letter I finally composed, I struggled as I

tried imagining what she really would have written to me while also wrestling with my desires for what I hoped she might have written.

My dearest daughter,
   What might I offer you at fifteen when you have so much life ahead of you?
   I would like to tell you what not to suffer.
   Do not suffer my loss. I wanted you and have watched you lovingly as you have grown.
   Do not suffer the fact that you always will be zaftig. You will be. It won't be to your detriment.
   Do not suffer your perfectionism. When possible, try to find ways to curb it. Try not to visit it upon others. And also know that it is your skill; it is your weakness.
   Do not waste time worrying about who you have failed or what you have failed. In leaving you, I have failed you. We all are destined to fail.
   I would like to tell you what to enjoy.
   Enjoy your love of books. Read indiscriminately. Write in the margins, if you want. Look up the words you don't know. Remember to use a new word three times that day in order to make the word your own.
   Enjoy your love of learning. Your father and I laughed when you packed your blackboard and chalk when we made that last trip to Africa. They clearly are tools you value. Use those tools.
   Enjoy companionship. You have excellent friends. I hope you will find one you will marry.
   Enjoy the big things and the little things. If you receive an award, love that moment. Also remember to love the flower that comes early; the dinner party where everyone was at ease, happy, and forthcoming; the day when your partner (she would have said husband, but in this imagined space, I like to think perhaps she might have known my partner wouldn't be a man) *turns and, spontaneously and quite rightly, kisses you.*

And here I stopped, unsure of what I had written. When I woke up, yet again, at what I now have come to call the hour of the ghost, I tried to fashion this letter and then was unable to continue.

The mother I have created here is so self-absorbed; so unavailable to the grief she caused my brothers, my sister, my father, and me; so intent on sidestepping the haunting hole she left in our lives. To some degree that is who she was, but only to some degree.

What I am sure of is that as a mother, she would have wanted me to be fulfilled. Perhaps she would have had to swallow hard to keep down some bitterness, were she here now, witnessing my life as an academic with a loving partner and daughter. However, I cannot doubt that as my mother she would

have said, in the end, "be, and, please be available to wonder, to contemplation, to your pulse, and, because loss matters, be available, *sometimes*, at lung time, be available to me, your mother who is gone."

Folio

**In Memoriam
Rishma Dunlop, 1956-2016**

Rishma Dunlop and Suzanne Northcott

Editor's Notes

Rishma Dunlop, author of *Lover Through Departure: New and Selected Poems* (Mansfield Press, 2011), received many honours for her work, including the Canada-U.S. Fulbright Research Chair in Creative Writing and the Emily Dickinson Prize for Poetry. Born in India, Dunlop grew up in Beaconsfield, Quebec and was named a Fellow of the Royal Society of Canada in 2011. Editor of the groundbreaking anthology, *White Ink: Poems on Mothers and Motherhood* (Demeter, 2007), Dunlop was a beloved professor of English and Creative Writing at York University, Toronto. A prolific talent whose work spanned multiple genres, Dunlop's poems, essays and translations appeared in numerous national and international anthologies and journals. Her books of poetry include *White Album* (Inanna, 2008), *Metropolis* (Mansfield Press, 2005*), Reading Like a Girl (Black Moss Press, 2004)*, and *The Body of My Garden* (Mansfield Press, 2002). Her radio play, *The Raj Kumari's Lullaby*, was commissioned by CBC Radio in 2005.

Dunlop's strong literary commitment and humanitarian vision shaped the anthologies she edited, among them, *An Ecopoetics Reader: Art, Literature and Place* (*Canadian Journal of Environmental Education*, 2008) and the critically acclaimed *Red Silk: An Anthology of South Asian Canadian Women Poets* (Mansfield Press, 2004). From 2004 to 2009, Dunlop was literary editor of the *Journal of the Association for Research on Mothering* (*JARM*), introducing its readership to some of the most distinguished voices in contemporary poetry. Dunlop died after a long battle with cancer in April 2016. She will be remembered as a bright star in the literary firmament; her poetry was a force to be reckoned with. As Molly Peacock observed, her poetry possesses "crystalline power" and "fearlessly focuses on the contradictions of her time."

***

Somewhere around 2006, a call for poems on mothers and mothering caught my eye. *White Ink*, the proposed anthology, would gather a chorus of voices to reflect the fullest range of maternal poetries and poetics. With Rishma Dunlop as editor, it would be, I guessed, singular and spectacular: ambitious, politically engaging, international in scope, and comprehensive in its vision. Several years before, on an early autumn evening at an Association for Research on Mothering Conference held at York University, I'd heard Rishma read; I was struck by the elegance of her lyrically rich and fiercely intelligent poems—poems that were deeply attuned to the challenges that contemporary women face as they balance the varying roles of their private lives as mothers, daughters, wives, lovers, and friends with the artistic ambition of committed professionals. Though I didn't know it at the time, the kind note I received, via email, in response to my submission, was not the last time we'd be in touch.

Published in 2007, *White Ink* collects an astonishing array of work by award-winning late-twentieth and early twenty-first century writers. As Rishma explained in her critical introduction, "Writing the Mother: Notes on White Writing," "the world's social and political changes, as well as the imaginative pulse of the past three decades, are uniquely reflected in poetry on motherhood." Acknowledging, too, that the "the mother is written again and again across cultures, ethnicities, languages, genders, across geographies, politics, and histories," Rishma's selections included "more international poets, more male voices"—voices left at (or outside) the margins of similar collections. In *White Ink*, poems by Gabeda Baderoon, Mimi Khalvati, Gwendolyn Brooks, Claudia Rankine, and Sylvia Plath find counterparts in work by Philip Levine, Samuel Menashe, and Mahmoud Darwish—a reflection of Rishma's own expansive thinking about the connections between motherhood and writing, theory and practice, as she put it,

> a more expansive taking up of white ink, moving beyond
> *l'ecriture feminine*, post-structural feminist theory, and a limited
> gendered literary lens, toward a more inclusive connection of
> all writers to the mother. (4)

White Ink was only one of countless editorial projects that reflected Rishma's genius for shaping conversations and bringing attention to the work of fellow writers; her observation that an anthology "is never a finite thing," but that its "collection of voices offers us points of departure for thinking, writing, reading" is also reflected in her own artistic practice. *Studio*, the on-line journal she founded in 2007, reflected a similarly capacious vision, publishing lyrically rich and globally engaged up-to-the minute creative writing along

with hybrid forms, translations, visual art, and reviews, as well as essays about arts education. The project is an outstanding example of Rishma's work as a deeply committed literary citizen and global ambassador for the arts.

In 2009, Rishma stepped down from her role as literary editor at *JARM,* and I was honored to serve as her successor. For five years, as founding editor Andrea O'Reilly observed, Rishma had invited distinguished poets to "serve as each issue's resident poet and included a range of his/her poetry," a feature that became a "treasured gem" of the journal. At Andrea's request, Rishma collected a folio of poetry from her first four books, and passed these along to me—it was a welcome chance to pay tribute to her own compelling body of work. We'd talked by phone and via email a few times in the previous months over edits Rishma had offered on my then-forthcoming memoir, and I was delighted to be caught in the cinematic sweep of her work. Here's some of what I wrote about Rishma's poetry at the time:

> A poet who writes "through the taste of fear/and rage and fury" with "milk and blood" and "ink fierce and iridescent," Dunlop possesses a memorist's eye for telling detail. And like the best memoirists, Dunlop ranges far beyond nostalgic recollection of the past and plunges headlong into the deepest ontological layers of human experience. Whether she is writing about first love, a father's death and a mother's grief, the passions of young motherhood, the interplay of *eros* and *caritas,* or the violence of city streets across the globe (the metropolis become necropolis), Dunlop's is a poetic that deftly connects the literal and autobiographical to the larger currents of history.… (*JARM* 11.1, 306)

Eventually, I'd meet Rishma in person, on her home ground in Toronto. I enjoyed a lively Q&A with her energetic and fiercely loyal students who offered high praise for the quirky writing prompts she gave, the strict word limit that seemed impossible, confining (imagine 99 words about shoes), but then always expanded their range; we sipped wine near the open window of her balcony loft, shared pots of tea, and wandered around a fashion exhibit at the Art Gallery downtown. She was full of laughter, witty asides, plans and projects—poetry, prose, and travel—connected to, but always traveling far beyond the local. That energy shines, too, in her later work—the poems that open *Lover Through Departure: New and Selected Poems* (2011) and two compelling prose projects, *Love and Cancer in the Candy Factory* (selections appeared in *The National Post)* and *Dangerous Words: The Poetry of Witness*, an investigation of poets whose work emerges in response to state-sponsored oppression and plays a role in the search for justice and reconciliation.

In the pages that follow, some of Rishma's closest familiars—friends, colleagues, fellow writers—pay tribute to her memory, literary legacy, the sense of inestimable loss felt by so many who admired the strength of her example in life and art. I'm grateful to Rishma's daughters, Cara and Rachel, for adding a special perspective on their mother's life and indelible influence. David Sobelman, Rishma's widowed husband and literary executor, has generously provided an afterword that includes the text of Rishma's final poem, "Rock Me."

The poetry collected in this Folio offers, of course, only a glimpse of Rishma's life's work. In the newer poems selected from *Lover Through Departure*, we encounter a poet of unflinching measures, one whose selection and arrangement of details reveal unsettling connections to social and political spheres, one who looks unsparingly at love, mortality, and all the decentering gifts of travel, paying witness to the beauty and violence of our contemporary moment. Her work insists on art's resistance to destructive forces, on elegy's power to humanize and foster healing. "I'm endlessly fascinated," I remember her once saying, "in the process of learning, how people learn"—and we readers are the beneficiaries.

At the time, we were sitting kitty-corner from a vintage Coke cooler in a boho diner somewhere in Queen Street neighborhood where she lived. As our salads and sandwiches arrived, Rishma was talking about the South African poets she was writing about and the dance classes she was taking—a happy alternative to going to the gym—and I remember how much I wished that she lived across the street, not over the border, that the distance between our lives was less. Her love of music equaled her love of poetry; she always found something to love in the quirky cds my husband and I sent through the mail. Over the years Rishma sent me reading recommendations, descriptions of her travels, and gorgeous snapshots taken on the day she married David. I remember how we walked along the street one Toronto spring afternoon: Rishma was picking up a bouquet of flowers before heading home; I was asking for directions back to my hotel. I can still hear her voice, resonant and generous amid the city traffic—an artist with an unerring compass.

–Jane Satterfield, August 2017

RISHMA DUNLOP

Primer

The girl reads neighbourhoods of
dog, cat, sister, brother, mother, father,
houses lit with yellow sunshine and once
upon a time glass slippers,
and long-toothed wolves.

* * *

The girl does not know yet
                    the broken world,
that there will be pages for *consequence, coercion, fraudulence.*

Outside her room
the sky is an X-Ray pinned to light
armies of birds lifting into skeletal shadows.
Softness vanishes in the city
                    deformed by *contagion, fear, vanity.*

News stories convulse
palsied in the laws of speech.
Planes pass over the skyline.
Traffic lights change voltage.

Damage is quiet
                  oil slick pools in city parkades
fissured winds, smudge of newsprint.
Elegant hands read the book of lost entries
      trace the red glares of exit signs, writing on tenement walls
                            the veined arms of junkies.

* * *

The girl reads her picture books.
A child's garden of verses.
The alphabet sifts into her ribcage
                       opens her to stars, grass, abcs
whole sentences whispering dark.

In the open doorway
                something cold and distant
even adult hands are small against it.

The book left on the lectern
brittle yellow pages without context
                     lexicons of disclosure
soft imprisonment.

The girl does not know yet how words will
                    hiss

tremble on fuller pages
an imagined wilderness
an insomniac's tale
seductions
remembrances—
forgettings—

a wrecked lullaby—
fiercely beautiful
a deep song of mouth
unnaming the known.

* * *

My hands close on empty testimonies
                    until I find that girl—a pocket of held light
ripped corner of one illuminated manuscript.

In my dreams I see her
the pages blowing with dormant
                              terror
as she gathers moon and sky
in her small hands like a mouth-lovely language
that has no word for *harm*.

RISHMA DUNLOP

The Education of Girls

We learn to recite the Girl Guide promise:

I promise, on my honour, to do my best:
To do my duty to God, the Queen, and my country,
To help other people at all times,
To obey the Guide Law.

We learn the language of semaphore, how to
build campfires and lean-tos and latrines.
We earn badges, pitch tents, learn how to
use an axe and chop wood,
how to tie knots and how to survive
the wilderness.
We learn to *Be Prepared* and to *Lend a Hand*.

We learn the Guide Law.

A Guide is obedient. You obey orders given you by those
in authority, willingly and quickly. Learn to understand that
orders are given for a reason, and must be carried out without question.

A Guide smiles and sings even under difficulty. You are
cheerful and willing even when things seem to be going wrong.

A Guide is pure in thought, word and deed. You look for

what is beautiful and good in everything, and try to become strong
enough to discard the ugly and unpleasant.

We become capable girls, soldiers in our uniforms,
with our companies and patrols and salutes.
We learn to build nations and
at the close of the day,
we sing Taps, the soldiers' bugle call to
extinguish the lights.

Day is done, gone the sun
From the hills, from the lake
From the sky
All is well, safely rest
God is nigh.

And our mothers kept house,
did laundry and
cooking and ironing,
did volunteer work, refinished furniture,
watched *The Edge of Night* and *Another World*
took Valium when their lives did
not resemble the glamorous adventures of Rachel
and Mac Corey, had hysterectomies at forty.
At the close of every day, they had supper ready when
their husbands returned from the city, fresh and slick,
briefcases in hand, polished shoes passing
manicured lawns along the asphalt driveways.

RISHMA DUNLOP

Cherries in the Snow

When my parents go out,
I reach into mother's
bureau drawer,
the top one

as tall as me,
and wind myself in the white
silk scarf father bought her in Paris,
and roll on her Revlon Cherries

in the Snow lipstick.
Then, I dab perfume on strap lines
that cut across my brown skin

like trails of Voodoo fighters
curving away from the cauterized part of Viet Nam
firebombed on the news
on the TV
in the family room.

RISHMA DUNLOP

Choreography

In the library, among the stacks and card catalogues
with tiny wooden drawers of secret worlds,
I'm in love with transport, the gilt pages
of runaway children, women in heavy silks.

At home in my room, the stacks of overdue books
beside my bed harden into steppes.
My eyes cross them like locomotives carrying
Lara and Yuri through the Urals of *Dr. Zhivago,*
ice crystals on windows. Nabokov's blue butterflies
flit across the room as I read Montaigne,
the poems of Verlaine, mother's *Chatelaine.*

Outside, the sounds of traffic flow
into the night and in my mind
the rivers of the St. Lawrence, and the Volga
intermingle their waters. I waltz
the waltz from *War and Peace* amidst the clang
of closed lockers in the hallways of Beaconsfield High.

In the kitchen, mother hums through a clatter of dishes
and reports of massacres in Cambodia.
In the sharp smell of Chekhov's cherry orchards I turn
the pages, volume by volume, to stay my departure.

RISHMA DUNLOP

Soundtracks

Summers I lifeguard at the pool,
blue as a canvas by Hockney.
Weekends I iron my hair
like Ali McGraw in *Love Story,*
dab Eau de Love or Love's Baby Soft
on my temples, between my breasts.
My California boy and I
in his father's Buick.
Above his heart, a scar I bless
with my mouth,
as hands reach through the radio
strumming us to divas in long white gloves,
singing *baby love oh baby love.*

I learn more
as I lie with my first love
in our first room,
his other scars,
his knees and palms,
while Clapton sings
in a white room with black curtains
where shadows run from themselves.

I like to imagine it was like this
for mother and father—
making me in a cool room,
in a bed of heat.

RISHMA DUNLOP

Hush

All winter in stucco on 65th I learned to love
what couldn't speak: what began in milk and

blood. Baby, cat, the man who worked long weeks
away from home. Forty below.

Snow stiff trees burlapped against processions of
storms. I shoveled walks, nursed the baby, fed the cat.
Waited for the man I was slow to love.

Sometimes I'd ride the bus to the bistro,
only place in town that served espresso—
let it flow bitter down my throat—

the owners were Czech brothers in white shirts and black
trousers. They knew all about the baby, the cat, the man
I was slow to love.

At home, in silence, I folded laundry, changed diapers,
fed the cat, watched backyards fill with snow.

In spring, I woke, my mouth pressed to your back—
you—whom I was slow to love.

I never wrote about us, your arms around the baby,
around me, sealed into cracked plaster with a kiss.

RISHMA DUNLOP

Adagio

When father dies,
mother packs up the moon and stars.
She commits to the task of grief,
paces the half-dreamt rooms,
continues to punch the clock at the public library
lost in books and sounds
of silence.

Outside in the garden of flowers
father named, spring's plaque of blooms,
maimed birches.
I clip rain-battered stalks
of white lilacs and iris.
I climb a tree like I did as a girl.
Perched in the weeping willow,
I dream of waking
in the wood of true stories.

Meanwhile, in the rubble
of the burned library in Sarajevo,
the cellist plays Albinoni's "Adagio in G Minor"
for twenty-two days, for twenty-two
killed waiting in a breadline.

The scroll of his cello
is a fist shaken in the face
of death.

RISHMA DUNLOP

Small things

You believe small things keep you safe:
prayers like the Japanese tie to trees,
clasp of your child's hand,
angels at the gates of your city,
schedules of commuter trains.

Until the blasted church,
machete massacres,
the rush hour bombs on subways,
carnage that is the failure of love.
Clothed in our convictions,
we feel our brains slip,
in every bone the fossil of murder,
illness we cannot vomit up,
a hurt so fierce it takes more than
all human grief to beat it down.

We see the exact perspective of
loss as a fading pencil study,
loved one's features blur, smudged detail,
clouds of centuries pass over the image,
through cross-hatched strokes
only a wrist in forced memory remains,
a hand caressing.

In the archives of accusations,
vengeance and the unforgiven,
we are nailed together, flying the black
flag of ourselves.

The farmer continues to till his fields.
In the city we awaken, turn off alarm clocks,
drink our coffee, kiss our lovers and children,
begin again at the train stations, at bus stops,
briefcases in hand.

In deafness to political speech
the eye permits change.
You imagine words fit for a newborn.

Touch me. In the burned city,
we have become beautiful.

Love's no secret now.

RISHMA DUNLOP

Reading Amy Lowell

Summer and I have returned to the town where
                                I was a young wife
where we raised our daughters.
The name of the place means *a place to live forever.*
Mythology and daily life. Legends of sea serpents,
ghosts of horses lost swimming in from the island, tangled with
slow-pitch tournaments, ballplayers and Winnebago campers,
tourists on the beaches and lunching at wineries.

Today I am marking freshman English papers in the backyard.
The air is sweet and fugitive. In the garden, wild strew of roses,
pink blooms amidst the silver foliage of planted pathways
                                fragrance spilling from their thorn beds,
the morning stillness stung by the
screeching of Steller's jays and flocks of crows
                                singing a crude chorale.

In the distance, the sound of ducks landing on the swimming pool,
                                splashing and flapping their wings.
My daughters laugh and I am struck by that particular radiance
                                again and again   how the laughter of girls
                                        cuts through blue air.

How did I come to this place,
                          the professor circling sentence fragments,
the occasional leap of the heart when a student writes a beautiful phrase.
My student has written an essay on Amy Lowell.
And suddenly I am transported, back to 1972 at Beaconsfield High
in Mr. Whitman's North American Literature class, yes
                                    that was his name.

Fifteen years old, sitting in those straight-backed wooden chairs,
my legs cramped under the tiny desk with my huge Norton anthology
                            open at Amy Lowell's "Patterns."
There have been so many words I have committed to heart.
      This poem was one of them.
I could taste poetry, feel the rhythms of it beating in my eyelids.
For the first time, reading Amy Lowell,
              I understood that burnt cadence of sense,
                      the quickstep of syllables in my throat.

I wrote an essay on Amy Lowell's "Patterns,"
something about the Imagist movement, the poet's use of figurative
                              language and form
in a consideration of how societal expectations
                    may inhibit a woman's actions in society.

Mr. Whitman gave me an A on my essay.

I promptly forgot what I knew about patterns
                    in the wisdom of my sixteenth year.

I must have known then, something about the effect of patterns,
knowing Lowell's narrator, the feel of her corset, her pink and silver
brocade gown, how she grieves for her dead lover
                              how a heavy-booted lover would have loosened
                              the stays of her stiff correct brocade
in the pink and silver garden,
                                        the bruise and swoon of it.

I too am a rare
Pattern.

In dreams I see the husband of my girlhood,
                                                        my pink and silver time,
his arms around me like a familiar blanket.

He is holding something out to me, places it in my palm
                              a scroll, a tablet, some lost history inscribed
                                                                unreadable.

And centuries pass and we are still *gorgeously arrayed*
                                              trousseaus of pink and silver,
mouths stuffed with bone china
pink and silver, boned and stayed.

Christ! What are patterns for?

At sixteen I used to mouth the words
                                        swords springing from the repetitions
from the ribs of consonants.

Today, I reread the poem and the body flies apart,

remembering how a grown woman can brush back her hair in moonlight,
watch her husband and daughters inside her house as if in a dream.

Remembering days when the woman wakes up and she understands her skin
doesn't fit her anymore.

What she does inside that skin leaves
                                    her outside her house in long nights of crickets
                                                singing and the lake whispering.

Sometimes, she longs to be like characters in a novel or a poem,
                                                the relief of flatness on paper.

The heart is literate.
                        It wants to read the pages it has unfurled.
It wants the grip of roses on love-ridden afternoons,

                                    the ordinary TV, chair, table, plate, sneakers
entangled through a sky of blood tracery swept innocent by rain.

I want conversation that is like the stripped truth of the poem,
the way I felt when I first read Amy Lowell's "Patterns."
Over the years I wondered what kind of shelter
                                                I could make with words.
I search for the color of home in the extravagance of reading.
I am looking for it still.

This town is not a place for introspection. Such beauty.
The lake, the blue air, the sun, all defy me
                                    to find some fault in this horizon.

Over the years I weaned my babies, got ready to walk
                                    into the pink and silver light.

RISHMA DUNLOP

Slow Burn

<div style="text-align:center">1</div>

One of my students brings her infant son to class.
As I hold him I am reminded how sweet it feels to
                    carry a child who still hasn't lost the smell of the newly born.

How the body longs to decay.
                Springtime seeps out of me, relentless
                        terminal pull. My life, this garment
                                    which is on fire.

<div style="text-align:center">*   *   *</div>

The song keeps turning over and over again,
                                lullaby and fugue
Nothing changes through the decades.
                                Each time, we adjust our hearts.

Prosodies come and go
                    move in and out of fashion.
And every spring is a scorched season
                                of slow fire,
                                    new buds stung by rain
Droplets on the cowls of crocuses announce
                                reluctance.

How we harden and burn
         as the sun rises and night shrugs.

<div align="center">* * *</div>

You still move me
        in this hard season.

I still find redemption in your mouth, in your hands.

<div align="center">* * *</div>

Word-drunk. *Memento scrivi.*

There is no secret contingency. We rearrange, describe anew the
                  small, mortal things.

This single body making a tiny garment, my flesh-dress
          gathering the past against itself.
Making an otherwise.

We are our final vocabulary
        and how we use it.

What we have learned in the dark: lovemaking that is a form of prayer.
The simple truth of it. The sounds in our throats when we are most alive.

<div align="center">* * *</div>

In the end the world is a language we never quite understand.
Poets jot down the alphabets of everyday.
                                    All speech pulls us toward the infinite.
History threatens to swallow us
                    year after year.

                    *   *   *

                    2

Springtime along the wetlands of Iraq, on the banks of the Tigris and
    Euphrates rivers.
Thousands of white storks migrate in the path of F15 bombers,
                                        their nesting grounds blasted apart.

By the roadside, a five-year-old girl in her gold and orange dress.
                                    Her dead body beside the bridge.
A young American soldier holds her in his arms,
                    tries to bury her in the shallow grave of Iraqi dirt.

Leave her he is told by his superior *There is no time for this.*

And so she is left there, the earth beginning to ripen into the meaning of
    murder
                        sweet girl in her perfect dress.

On these days when something monstrous flashes across the eyes—
                    newspaper headline, snapshot, nightmare of a child dying

Listen to your own deepest breath. Go down on your knees. Taste everything.

Give us this day the slant of sunlight. Hold the rain in your hands.

Hold still   hold still.

* * *

3

Take off your traveling clothes.
                    Set down your bags.

Lay your head upon me. You are home.
My robe is lined with crimson silk for you. Love will kill us. Love will save us.
                    Love and the words from beneath the earth

When we are kneed to the ground
                    tempted to stop-out

Remember   battle of the red cells   shattered fragments of hell
                    prayer smoke wreckage   starred flesh

Whir of monarch butterflies, orange-gold dust of thousands of wings.

Listen to the earth's prayer which has the perfume of newborns.

The right word can send you breathless.

Everything is speaking and singing. We are here.

                    This life. Long, slow burn of a struck match.

RISHMA DUNLOP

Psalm

In the city where I live
A man is arrested for abducting and
Butchering a ten-year-old girl.

Tonight it rains and I walk
On streets that reek
Of rust and pitch.

Petitions to any god are uncertain.
The sky is spread with vast wings of lead.
No oracular assurance from the pulpits.

Still I pray
Words coming like blood on the mouth.
That the sweet taste be taken from the violent thought
That in the birdless hours
The mother and father of the twelve-year-old girl
Will be granted dreamless sleep
That the lachrymal salt of this rain
Will become original milk.

RISHMA DUNLOP

Metropolis Redux (excerpt)

In gunfire streets children are burned instead of fuel. She recites their names. Children of Sharpeville, Sarajevo, Kigali, Beslan—infinite list of cities.

Something turned loose in a child's sorrow. November with graves. Infancy white turns to roan and black. Her words hold the scent of madness as her daughter disappears into a woman. Eyes peer through the windows of ruined houses. Visions of apothecary glass, christening gowns in armoires.

Necropolis. Burnt sorrow in tank-rutted fields. Gangrenous stench. Bed soaked with music.

Scorched we are cherrying the brain.
Gothaming the mind.

At the city's edge   cooling towers.

RISHMA DUNLOP

Psalm

Estelle unbuttons her blouse, lays my
hand on the jagged scar where her breast
used to be. She wants me to tell her she is
still beautiful.

I feel her heart beneath the ribbed wall
milk-veined softness knifed into a cavern.
She tells me her husband has not been able
to look at it yet, this place on a woman's body,
nuzzled and suckled and cupped by infants
and lovers.

Her gesture recalls my
first lover, his teenage body, long six-foot
stretch, lean limbs, every rib visible, the
surgical scar after the mending of a collapsed
lung. I used to breathe into that curved mark
above his heart, lay my head against its pulse.

Three decades later, I realize my lover
has that same six-foot stretch of bones, that
tender ribcage.

How we return, full cycle, to first love.
While ashes that rise meet ashes that fall
we become the world for a while, the rose
of each lung blooming inside.

All this contained in the memory of my hand
on Estelle's heart, her absent breast, sweet flesh
excised into terrible beauty. I tell her she is beautiful,
despite her husband's averted gaze, that she will continue
to be loved.

It can not be otherwise.
For her mother has named her with human faith.
Estelle, her name a star.

RISHMA DUNLOP

Film Noir

At the Gare Centrale
She fingers the blue
Of her Canadian passport.

Wears the shoes she bought
From the *marché aux puces.*

Crimson, strapped at her ankles
They once belonged to a dancer
At the Moulin Rouge.

At each city limit
A border to be crossed.
Every language a new currency.

At the hotel
She befriends the night porter.
Tells him secrets,
Intimate stories of her life.

She is conscious of the weight
Of inheritance.
The heft of her mother's rubies
Sewn into the hem
Of her skirt.

Insured
She knows there is always
Someone willing to bargain for the past.

RISHMA DUNLOP

Postscript

for my daughter who would be my eulogist

Last night you had a dream. It was my funeral.
You were reading my eulogy. You spoke of my
perpetual claim that any day was a good day to die.

There is nothing definitive to be said of the dead.
But I have some requests for your future script, my darling.

Tell those who are gathered that I have loved and
I have been beloved.

You do not need to speak to virtue or morals. You may
wish to say I endured suffering but I believed
my bruises to be pale beside the wounds of history.

Tell them that I loved my companions most of all.
Tell them you were one of them who gave me
a better way to journey alone.

Spread my ashes into the blue waters of the bay I have loved,
for there, on the wings of cranes, in the embrace of the delta
and its wetlands, it is always morning.

P.S.

You may have:
my black dress
my red shoes
my pearls
my hats and suitcases
my books and manuscripts.
Make of these things a breathing archive.
Write yourself into every century.
Find me again and again as one with whom
faith could be kept.

RISHMA DUNLOP

July 18

for Rachel

I heard the lifting of eyelids,
Saw the blue of your temples,
And reached out at dawn—

when I saw you torn from me
I saw you in your own death
and in mine,

and that moment of your birth
unsealed the house of memory
and became all our remembered hours.

They go with me in the endless, measured light,
like the songs I sang to you—songs heard in the
winds and lakes and rivers of your childhood,

heard in the days I walked you to school,
syncopated by your skipping and singing—
red-ribboned ponytail slapping the morning air

and the slap, slap of sockeyed salmon
swimming upstream to spawning beds,
heard in your mother's voice

that delivers you to the possible
everywhere
like a cross above your bed.

RISHMA DUNLOP

Beauty

for Cara

Yes, we were young and beautiful
with our noble exhaustion

pushing our strollers and our futures
to school in orchard country, the season

clocked forward by harvests of cherries,
in the arms of the valley,

roads crackling with sagebrush and desert drought.

And the days were also beautiful:
the old steam paddle ship moored in the lake,

the vineyard tours and Happy Hours
at the beachside diner and bar.

Ours was a small town—a summer town—
traffic stopped to let Canada Geese and families

of quail bob across the road.

The high school advertised the prom band—
The Peachland Rollers.

Summer and the living was easy—
your father and I were in love,

hungry for the plum kisses among the Ponderosa pines,
sealing the hours under our roof of stars,

where light reads like a fable.

And you were my beauty, my daughter—
you and your sister bikinied poolside,

laughing with your cans of Coke
about how things were—

Ferris wheel turning in the Conklin fair,
your long limbs running for the lake,

hitting the water to cool the heat
of your body chasing beauty

for which we had no words.

RISHMA DUNLOP

The Language of Birds

This morning I woke to blackbirds singing
A multitude waiting for me to bless.

This morning I wonder if St. Francis was right—
if Perfect Joy can only be found nailed to the Cross.

This morning I know the love we cling to—
and the constant fear we'll lose our grip.

This morning, if I could preach to birds
I'd tell them—fly and kiss, lives depend on this.

RISHMA DUNLOP

Lisbon

Waiting for you in the square—a singer beckoned me.
I followed her shadow along the stone walls
of the deserted abbey near the Tejo River,
as she sang her *fado*. I took my religion from the city,
on a night when I was poured out like water.

We slept holding each other's hands
in Stevens' paradise of imperfections, hot with
flawed and stubborn sounds, replete with dreams
of miracles—like a scene from *The Godfather*—
you tore off my feathered dress, releasing a flock of doves.

RISHMA DUNLOP

Sleep

Think of the body's last years—the cage of pain it can be.
Fisted soft as felt in the gloam and hush of cabinet dust,
We're never free of history, the soured ghosts of blood

click and cuff the night, the city's howl coils in us, scrapes
the circuitry of seam-split love. Outside—the world is
gutted and stuffed, gust-tangled.

I fear the cold slab, but you believe the earth has a taste for us,
ridge of gum and bone splinter—you want our bodies there,
close, close—all things open here as you sleep, ears drummed

in your skull's kilter and sag, recall of molar grind in your mouth.
My dream strains to reach you, to lay itself along the length of us.
The body's tether is tenuous—a frail strip of hide.

This—our last stretch of cherried days, my love, and it burns me—
this flamed threnody under the skin, clear and muscular like the flow
of water, bearing us up to a new country, the sky taking us—lifting us

home to one more sleep. Think of it—what has been between
lovers—fire we didn't see coming. To ask for more is an impossible
proposal. I plead for nothing.

RISHMA DUNLOP

Dream

I'm playing piano in an empty room
Even though I never learned to play well—
It's a heavy love, not a soft solo
This music, and I can't stop playing
For the broken bones of Victor Jara—
a kind of madness brought home,
dreamt, until his hands are cut off.

RISHMA DUNLOP

Somewhere, a Woman is Writing a Poem

Somewhere, a woman is writing a poem
as she tucks her child into bed,
bends over her desk in the yellow lamplight, frees her hand
to write, breaking through the page like that Dorothea Tanning

painting where the artist's hand gashes through the canvas,
fingers and wrist plunged to the bone.
She writes a dark, erotic psalm, an elegy,
a poem to grow old in, a poem to die in.

Somewhere, a woman is writing a poem,
as she gives away the clothes of her dead loved ones,
as her words rise in her mind, rosaries of prayer for the dying children,
for the ones who have disappeared, the *desaparecido*.

Somewhere, a woman is writing through the taste
of fear and rage and fury. She writes in milk and blood.
Somewhere, a woman who thought she could say nothing
is writing a poem.

Notes

"Metropolis Redux (section 8 of a longer prose poem)," "Postscript," "July 18," "Beauty," "The Language of Birds," "Lisbon," "Sleep," and "Dream" were published in *Lover Through Departure: New and Selected Poems*, Toronto: Mansfield Press, 2011. Copyright © Rishma Dunlop.

"Primer," "The Education of Girls," "Slow Dancing: Beaconsfield 1973," "Reading Amy Lowell," "Memento Mori," and "Slow Burn" were published in *Reading Like a Girl*, Windsor: Black Moss Press, 2004. Copyright © Rishma Dunlop.

"Cherries in the Snow," "Choreography," "Soundtracks," "Hush," "Adagio," were published in *White Album*, Toronto: Inanna Publications, 2008. Copyright © Rishma Dunlop.

"Small things," "Psalm," and "Film Noir," were published in *Metropolis*, Toronto: Mansfield Press, 2005, Copyright © Rishma Dunlop.

"Psalm," was written in response to the abduction and murder of Holly Jones, May 12, 2003, in Toronto.

"Dream": Victor Jara (1932-1973) was a Chilean theatre director, poet, singer-songwriter and political activist during the regime of Salvador Allende. Shortly after the Chilean coup of September 11, 1973, he was arrested and tortured; the bones in his hands and wrists were broken. Defiantly, he sang part of "Venceremos" (We Will Win). He was machine-gunned to death with forty-four bullets.

DAVID B. GOLDSTEIN

In Remembrance: Rishma Dunlop

"Talk of death unhinges me," Rishma writes in the opening line of her poem "Lover Through Departure." Whom does it not unhinge? Sometimes I find it hard to remember her in the prime of her energies. When I arrived at York, where we taught together for several years, Rishma seemed the sure captain of the strange and unwieldy vessel of the university's creative writing program. I constantly marveled at her competence regarding everything from the inner workings of the school and its staff, to our students with their talents and anxieties, to the best way to pilot a classroom so as to draw out those talents while quelling the anxieties. Even when navigating our byzantine bureaucracy, she remained artful and generous. Of course she was tough as nails when she needed to be. You didn't want her occasional steely stare to be aimed at you. But she was at her most natural when exercising a poet's alchemical intelligence, the ability to draw love and beauty out of the world's given materials—which is how all her poetry tends.

Once she became sick, her circle of confidants began to shrink, and by the time she died, she was communicating only with her deepest intimates. But in the in-between time—the twilight in which the disease was formidable but not unbeatable, in which one might talk of living as if it were a processual struggle rather than a flat impossibility—Rishma and I had great conversations. She always chose to see me over lunch, and each time chose the venue with care. Our meals occurred at culinary islands of calm and propriety, from the hidden restaurant of a posh department store, to a stately museum café, to a minimalist temple of good taste and good French wine in the heart of Toronto's most properly attired neighborhood. She curated the spaces in which she circulated to achieve maximum civility.

Our conversations during those languid meals often revolved around the mundane—her medical victories and setbacks, administrative problem-solving, teaching strategies for students we shared—and to my irritation I remember more of those exchanges than the ones about our emotional and literary lives. Usually I'm grateful my life isn't being recorded, and that my memory is far from photographic. But I wish I remembered the precise phrasing of those exchanges that turned to love and language. Every time Rishma's elegant hand lifted a glass of wine, I could see that her skin was turning blacker and more papery, as if she were turning into the paper that she inked with her words. But her spirits remained high. During our last lunch, she talked about when she would return to teaching, and about the memoir she was writing of her illness.

Rishma's poetry keeps returning, as all poetry does, to the subject of loss. On one point she is adamant: loss is not a terminal state. An early poem, "Montreal," observes, "The heart is buried at frequent intervals." The heart is buried—this is unavoidable. But it keeps on unearthing itself, starting up to beat again. In "Retablos," another early work, the speaker insists, "Nothing is lost unless we make it so." "Metropolis Redux" has the speaker pulling into Union Station, which is every Union Station, searching for the spot "where all things lost are recovered." And finally, in the late poem "August Wedding: Anand Karaj," a tenuous hope is transformed into simple certainty: "Nothing is really lost."

Rishma's early death was an impossible loss—there's no way around it. But her poetry knows and reminds us that "nothing is lost unless we make it so." Nothing is lost unless. Nothing is lost. No.

JASON GURIEL

Rishma Dunlop

For a couple of years as a graduate student, I worked for Rishma Dunlop. Overflowing with projects—this was her natural mode—she needed something like an assistant. Mildly impoverished, I needed the income. Another professor put us in touch.

Our arrangement would have to be unofficial, of course; I already had my teaching assignment. Grad programs tend to discourage their students from taking on extra work. Read, teach, thesis—repeat.

But right here was the sort of policy that Rishma would've rolled her eyes at. (She rolled them often.) Even at our first meeting, I sensed we shared a truth: it's the extracurricular work, the work no one asks a writer to do, that matters most. Her own grad thesis—a creative piece—had been a first for her program. She would continue to probe the edges of what was possible, in any given situation, for the rest of her career as a poet and educator.

I helped Rishma with a couple things during that brief, abbreviated career: editing poems for some journal or project; administrative stuff. I didn't share her taste, exactly; she had patience for poets I couldn't quite admire. But she possessed the right kind of impatience—for bureaucracy, for a certain self-defeating strain of Canadian reticence. Her scrappy energy rubbed off easily. Students adored her.

We tended to meet over a lovely meal at some restaurant I couldn't really afford. Rishma tended to foot the bill. An impresario at heart, she always had several things on the go, which put a conspiratorial edge on our meetings. It's still hard to believe she's no longer around, no longer hatching some beautiful, stylish project.

SUZANNE NORTHCOTT

Rishma

My introduction to Rishma was through her writing, not published work but rather a distinctive strong loopy signature on the mailing list at a café where my work was hung two decades ago.

Asking at the café on her next visit she discovered I was there, introduced herself, and we had a brief exchange. Some months later she appeared at a crowded opening of an exhibition of my work and came up to say hello. I surprised us both when I recognized her and remembered her name, that signature.

She asked if I was interested in collaborating on a project, responding to a new collection of poems. We arranged a time and she came out to see me in my tiny loft apartment. I remember being a little intimidated by this beautiful, intelligent and intense woman but she was charming and loved the cozy book filled space. Perusing the piles on the coffee table she declared that I was reading all the same things she was. Self taught, I had always grieved the absence of connection to the academic world. Rishma pronounced me an "independent scholar" and I felt a kind of entry to that world.

Responding to "The Body of my Garden" collection proved extraordinarily challenging. In the arc of my own work in the studio, I had begun dropping narrative from my paintings, exploring the power of ambiguity, space and emptiness. Rishma's thick sheaf of poems, annotated in her now familiar hand, was narrative rich, laden with imagery, painterly. I tried to shoehorn her work into my own with awkward, distressing results. How to avoid illustrating, to go deeper and make an authentic response? I read and reread the poems and kept working away while our exhibition deadline loomed.

As a guilty distraction, I started to play with a small piece just for myself. Image transfer, a tree line, crows flying. I added a tiny bird skeleton and began a second one: a nest, one egg and the words *Baby Boy*. Four pieces in all

and then a long fence line. In a rush of recognition, I realized I was painting "Copper Moon," Rishma's poem about the death of Matthew Shepard, told from the point of view of his mother. I saw immediately how the process had been working, how Rishma's words had found a home in me. The dam burst, the paintings flooded out, entirely mine, entirely inspired by her words. True collaboration.

Throughout, we grappled with ego and trust, finding the places where the work rose up to become more than either of us. Rishma had to contend with me using fragments of her work, overriding line breaks, obscuring and revealing passages. I had to contend with Rishma wanting to work directly on canvasses bearing my signature. I remember asking Rish - "Would you want me to write a poem for your book?" In the end, she wrote into the paintings, her expressive script the mark that bridged the two media.

My portrait of her [on the front cover of this issue], head flung back, throat exposed, was our invitation piece. Later, her poem, "Esperanza" was, in first draft, for me. We witnessed each other, our love and mutual regard and our struggles.

Our collaboration began and continued in various ways for over fourteen years. Rishma, my beloved friend, deepened and broadened my life. She cared about women and art, lived surrounded by books, white flowers, black silk. She was brave, beautiful, and extraordinary.

MOLLY PEACOCK

Lunch with Rishma, 2009

We ate salads, of course. What else would a stylish beauty like Rishma Dunlop have ordered for lunch? On a quiet weekday in early spring, 2009, we finally sat down face to face for the very first time, about a year after the remarkable anthology of poems about motherhood she edited, *White Ink*, was published. Lake Ontario glittered its steely blue, but we were cozy inside Il Fornello on Queens Quay in Toronto. Rishma had the lake view. I had a view of Rishma: sophisticated, deliberate, her sweep of rich, long hair carefully in place, her clothes soft yet precise. All of those adjectives also described her poetry, which I had read and admired. It, too, is rich, sophisticated, deliberate, soft yet precise.

The practice of poetry is lonely. Oh yes, there are myriad social events for poets, and both of us had attended more than our share, but quiet intimacy between two sensibilities there seems little time for. We had an instant rapport, punctuating this leisurely couple of hours with amazement that it had taken us this long to find them. After all, we had circled around each other for years. We discussed our desires to write and also to edit, and the difficulties of poets editing poets. Suddenly the editor isn't a poet at all, but another writer's career steppingstone. *White Ink* (in which I was included) required Rishma's strong but delicate editorial labor to secure the permissions for a powerful array of Canadian and American verse.

How lucky we were to have stolen the time. It turned out to be a golden afternoon we shared—our only one. We gossiped. It was unabashed, unfiltered, and delicious. We were delighted to share similar opinions and career questions. Poor so-and-so, we lamented, brilliant but ignored. Then, outraged, and whispering, *How did so-and-so get such-and-such an award, position, coup*? There really was no need for sotto voce; Il Fornello, midweek on that chilly afternoon, was nearly empty.

We talked about the necessity for time to write, and how difficult securing that time was for her, then based both in British Columbia and Toronto. We talked about her children—Rishma felt a genuine delight at the support of her children for her writing life.

So it turned out by the end of those salads and the bringing of the pots of tea that our lunch together had a topic: Ambition. A nearly forbidden word for two women poets to utter. No wonder we had spent a couple of hours lowering our voices. We had conspired together: like two well-dressed spies from poetryland, sharing veneers of confidence and tentative hearts, seeking, from very different cultural points of view but very similar inner desires, to shape the ineffable in language that seemed to well up in us quite independently of the larger testosteroned world.

We had made one of those literary bonds that wasn't to grow very much, it turned out, but which remained solid, and faceted by this occasion. Later, Rishma invited me to York University to speak to her students. There must have been sixty of them chatting and lounging about on metal chairs. Suddenly she brought them all to attention with her quiet authority. Thinking of her now reminds me that the word "author" resides in "authority," and that is what I remember of Rishma Dunlop personally and always feel as I encounter her poetry. A resolute authority. Assured, yet tapped into an inner emotional palette of all the colors of her feelings, well chosen and complete.

But back to the almost ineffable: Rishma smelled great on those occasions. Was it her luxuriant shampoo? Or the accumulated scent on a scarf? She was a poet who knew how to drape a metaphor across a line.

MICHAEL HELM

On Rishma Dunlop's Poetry

Rishma's life and intellectual scope were felt presences inside her poetry and gave dimension to her considerable expressive talent. In *Metropolis* and *The Body of My Garden* the lines ply back and forth between the personal and the social. In each book, the most common speaking voice, and the most intimate, builds poem to poem into a character whose past and present we know almost novelistically. The character is drawn sharply —and Rishma was especially good at this — from both actuality and dream. Rishma finds unbroken territories even in the well-trod landscapes of cities and love. The work feels new, brought up from great depths and surfacing with brightly original intelligence. Among the thirteen sections of "Inauguratio," (alluding to Wallace Stevens, we assume), we read that "The blackbird is what we know./Brains in wings and hands./Lessons of scriptures and physics./Lucid, inescapable. The mind is an/Old crow seeking universal laws/Wheeling and swarming at/The edge of the world." Rishma's writing knows to do this, to travel upon knowing to the edge of the world and, once there, extend it.

In her work we sense a great intuition for balancing ground and abstraction so as to get the most of each. At the end of "Gardens of Paradise," dream, loss, and desire are particularized with great power: "harem mothers dream of sons/hearts steeled against/the tiny fists/hammering in their brains." This poem sequence is inflected beautifully with what we know of the book's main speaker, the locus of experience and thought who registers, so often at the same time, both the long inheritances of history and the new findings of a desiring, venturing mind.

Rishma was comfortable working in different creative genres and both within and against traditions. These traditions are literary and historical. *White Album* animates personal and cultural pasts, not only political and religious

cultures, but popular ones. The writings remind us, in the best sense, that the contradictions, frictions, and strangenesses caused by global migrations are old; and they played out even more acutely in past decades, when North American commercial culture largely succeeded in creating a kind of shared, single consciousness, and when difference or perceived difference was not so easily accommodated. In this way, thematically, Rishma's work is both resonant with the past and very much of the moment.

None of this would matter, of course, if the writing weren't so sharp. Again, Rishma's work stands out word to word, line to line, sentence to sentence. From "Driving Home With Chet" we find the jazz musician's "eighth notes slurring past slate roofs" and, later, we're fixed about five different ways when "someone hisses a white rage for the song gone out of their bones." Such imagery, such language, is partly what makes Rishma's work stand above that of many other writers who write from the position of the insider perceived as outsider. She never leans too easily upon worn dualities or makes too-familiar gestures. The poems bring all of us her world and our own into the same wholeness, as if to say they are of the same substance.

CARA DUNLOP

Tribute

When I was a little girl my mother was my idol. While my sister would always be out playing, I loved being at home reading books with her. One of my favourite memories of her is walking into her room and catching her reading a book. With a look of guilt on her face, I realized it was the dictionary, she'd read it as though it were a bible. Her love of words continues to inspire me. She always challenged us to do better and try more, yet, no matter the path chosen her love and support were never doubted. She is missed every day.

It's hard for me to speak about her during her time of illness, as it was only four years in a lifetime, yet the strength and grace she showed while enduring such suffering still fills me with pride.

Tenderness, our best gesture in the face of death — words she wrote and lived by.

RACHEL DUNLOP

"Bloodlines"

When I was young my mother wasn't a writer, she was simply my mother. She would walk me to school, pack my lunches and never failed to tie pink ribbons in my hair. As I grew, so did her love of poetry and writing. Eventually, I realized that I had inadvertently become her muse—every story, heartbreak, achievement or nightmare could become inspiration.

One night, I had a dream that I was the eulogist at her funeral. She turned my nightmare into beauty, she called it "Postscript" (included here, page 325-326). When your mother is an artist and a poet, her lessons and wishes for you become a breathing archive in her work. I'm still finding myself learning about her as I reread her words. We may have been denied her *inks and pens*, her *books and manuscripts* but I will always be able to hand pick lines to comfort me through mourning.

Shortly before she was diagnosed, I had tried to write a response to *Postscript* for her. As I am my mother's daughter, it was time to finish…

RISHMA DUNLOP

Bloodlines

I believe I heard language through my mother's
belly both violent and sweet

                         —Robin Blaser

As the clock ticks
too fast and too slow
your words guide me—
the need to write myself
into every century

The years have taught me
how you have lived and loved.
How you have hope
for my dance—
fleet footed through
the corridors of dreams.

You have taught me to
Let the poet have her red shoes.
Let her have her liturgy of
wet vowels and syllables.
Let her be the throat of these hours.

My mother, my companion,
my necessary lullaby—
Make me the last poem in your book.

Crib to coffin,
baby bracelet to toe-tag.

Your body turned to ashes—
spread in the blue waters of
the bay that you loved.
You've left me
with your ink stains
on white sheets.

You told me—
Child, you are my hymn
my anthem
my bloodline calling

I find you, your permanence
and presence imprinted
on the places you have loved,
you sign your name to it.

Read me, my pages inked
by inherited hands—

I will hold you in stillness.
Do not let go of my hand.

DAVID SOBELMAN

Afterword — Immortality of the Unfinished

Rishma died in my arms at home on Sunday, April 17th, 2016, at 7:44 p.m., leaving the bulk of her promising work unfinished. Talented as she was, there's no way around the cancer that brought her to the idea of "the immortality of the unfinished," as she called it.

Matinée Girl, her second novel, — unfinished; *Chasing Beauty*, her collected essays, — unfinished; *Dangerous Words: the Poetry of Witness,* an investigation of poetics as pedagogy, — unfinished; *City of Madness and Love*, the new poems she was working on, — unfinished.

Six years earlier, we had fallen in love deeply, quickly. We met on a rainy Monday in October at a literary supper held in honor of a Quebec novelist we both liked to read, Marie-Claire Blais. Neither of us was looking for love, but tenderness, laughter, and astonishing conversations left us inseparable within a week. Three weeks into our encounter, she told me I was her destiny, her homecoming, her *Bashert*. From that day on I asked her, every morning, to marry me.

My beloved wife was a luminous, arresting beauty, a vivifying, sensual poet, and a much-loved professor at York University. In life, as in love, timing is everything. She had just been awarded a one-year research grant to work on *Dangerous Words: The Poetry of Witness*, and I had just been contracted to write a feature docudrama on the painter William Kurelek. But then, just like that, the diagnosis arrived…

A small, sore lump on her left side, just below her ribcage….

In the next four years we would have to learn how to cope with the cellular madness of metastatic cancer. She'd endure three radical surgeries, survive the last one against the odds and suffer through thirty-nine chemo infusions. And, if that weren't enough, to alleviate more pain, she went through ten

radiation sessions to the brain.

Looking back, I see how she helped me face her forthcoming end. She became a *Divine Whisperer*, calling me with her bright-dark eyes to come closer, so she could whisper her thoughts and last wishes to me. It was her unique way of expressing her pain, tenderly, softly, and making it her own.

One night in the winter of 2015, we were watching *Only Lovers Left Alive*, Jim Jarmusch's highly symbolic vampire film. Its premise is that we live in toxic times. To survive, even vampires have to search for and find pure, un-contaminated blood.

Rishma loved that movie, we had seen it twice before. Its opening scene put a smile on her face, as a needle drops on an old 45" vinyl single and we hear Wanda Jackson belt out her rockabilly hit, "*Funnel of Love.*"

"*Here I go,*
Falling down, down, down,
My mind is a blank,
My head is spinning around and around."

She recognized the corollary between her own oncological search for pure, non-metastasized blood and the vampire's hunger for pure uncontaminated blood. But that night was an epiphany of sorts for her, a kind of acceptance of the inevitable, when she turned to me and said, "No more endings. From now on, I only want beginnings and middles, let the rest be part of the immortality of my unfinished life."

We stopped paying attention to endings, to clock time, and started living in infinitude.

I even began to tell her stories about a world in which our bodies survive in eternity. She liked those stories, because they had no endings, and she said they took her back to childhood.

Three months later, the last words she spoke to me were, "David, I'm falling, falling into another world."

I took my darling in my arms and said, "Don't worry, my love, I'll be there to catch you."

That was a Friday, and by Sunday evening she was gone, at peace, having left me behind, alive.

Alive here behind, alive with her pain, still dreaming her, still hearing her rehearse and sing "Rock Me," the last poem Rishma worked on, her final *cri de coeur* for the immortality of a life unfinished.

—David Sobelman, Oakville, July 26, 2017

RISHMA DUNLOP

Rock Me

Come, my daughters, come to my bedside of white sheets,
to the bindings of crib to coffin, baby bracelet to toe-tag.

Rock me through this picked-to-the-bone-dry world.
Feel the objects of our lives animated by our desires.

Rock me through cities of satellites and constellations,
through the high beams of lighthouses, and trains.

Rock me through bars and coffee shops, atriums, and parks,
and through lavender and rose gardens and rot and decay.

Rock me in the comfort of clean linens.
Just as I have crawled inside of you.

Sing. Sing to your mother. Sing my name … Rishma, Rishma
And make me a moonbeam girl, — a star-child.

Rock me, so I feel myself beloved on this earth, despite
the live burial of my dreams. While broken trees

drip their leaves into my five-alarm fire — take
a filament of my hair to light your ways.

Rock me, — and see how I shine through your organs
like a radiation beam.

Tribute Contributor Biographies

David B. Goldstein is a poet, critic, and food writer. His first monograph, *Eating and Ethics in Shakespeare's England*, shared the 2014 biennial Shakespeare's Globe Book Award. He has also published two books of poetry and has co-edited two essay collections devoted to Shakespeare. His essays on early modern literature, Emmanuel Levinas, food studies, ecology, and contemporary poetry have appeared in *Studies in English Literature*, *Shakespeare Studies*, *Gastronomica*, and numerous other journals and collections. David teaches at York University in Toronto, where he is Associate Professor of English and Creative Writing Program Coordinator.

Jason Guriel's writing has recently appeared in *ELLE, The Atlantic, The Walrus*, and *Slate*. He is the author of a book of essays and several collections of poetry. He lives in Toronto.

Michael Helm's novels are *After James*, *Cities of Refuge, In the Place of Last Things*, and *The Projectionist.* All have been national or international prize finalists. He is an editor at *Brick* magazine and the Coordinator of the Creative Writing program at York University.

Suzanne Northcott is an interdisciplinary artist whose explorations have crossed into the worlds of poetry, video, photography, and textile. Her subject matter over thirty years of work has included the human body, crow migration, butterfly cycles and bog wetlands. Northcott's work is held in numerous private and public collections.

Poet, essayist, short fiction writer, and biographer **Molly Peacock** was born in Buffalo, New York and earned her BA from Harpur College (Binghamton University) and her MA from the Johns Hopkins University. She has taught at many universities and served as the president of the Poetry Society of America, where she began the Poetry in Motion program, which places poetry placards on subway cars and buses throughout American cities. She is the author of seven books of poetry, including *Analyst* (2017), *The Second Blush* (2008), and *Cornucopia: New and Selected Poems 1975-2002*. Her prose works

include the story collection *Alphabetique: 26 Characteristic Fictions* (2014), the biography *Paper Garden: Mrs. Delany Begins Her Life's Work at 72* (2012), the guide *How to Read a Poem & Start a Poetry Circle* (1999), and the memoir *Paradise, Piece by Piece* (1998).

Jane Satterfield's books are *Apocalypse Mix* (Autumn House, 2017), *Her Familiars, Assignation at Vanishing Point*, and *Shepherdess with an Automatic*, as well as *Daughters of Empire: A Memoir of a Year in Britain and Beyond*. With Laurie Kruk, she co-edited *Borderlands and Crossroads: Writing the Motherland* (Demeter, 2016). She lives in Baltimore and teaches at Loyola University Maryland.

David Sobelman is a screenplay writer living in Oakville. His book of short stories, *Stand Storms in an Hourglass*, will be published in the spring of 2018.

Book Reviews

Taking the Village Online:
Mothers, Motherhood, and Social Media

Lorin Basden Arnold and BettyAnn Martin, Editors
Bradford, Ontario: Demeter Press, 2016

REVIEWED BY MARYN BELLING

Assembled in three main sections, *Taking the Village Online*'s focal points include: Constructing Motherhood and Social Media, Supporting Mothers Through Social Media, and Mothers, Resistance, and Social Media. This progression of categories mirrors the development of individual and community mothers: self-identity, connecting with others, and working to improve the world.

The chapters in the first section, Constructing Motherhood and Social Media, are concurrently scholarly and illustrative of the dynamic growth of today's mothers and their elements of self-identity. "Digitally Mediated Motherhood" is a savvy evaluation of the layered literacies of reading motherhood in the Information Age. Advocating mothers' online domain and its importance for the work of mothers and communication functions as both a stand-alone chapter and as a foundation for other chapters. "The 'Wicked Stepmother' Online" has a rich analytical understanding and explanation of Kenneth Burke's philosophy as a lens for the nuances (and less subtle elements) of mothering another's child(ren) as manifested in the Digital Do-

main. "Confession in 140 Characters" finds humorous, salient, and emotionally charged elements of motherhood appearing in Tweets. Socially constructed ideals for motherhood create a challenging environment for mothers. The norms of motherhood are at odds with the normative ideals. Finding an outlet in Twitter creates a variety of points for compassion, comparison, and tongue-in-cheek collusion—#BadMom is definitely a "first world problem" yet mothers continue to feel afflicted by its identity.

Supporting Mothers Through Social Media offers four different perspectives on mothering and the strengths of mothers. Starting with supporting breastfeeding mothers in military service in "Boots, Babes, and Boots," then continuing into "Mothering in the Digital Diaspora," we are able to see the importance of digital connectivity for breastfeeding and migrant mothers in keeping their support system close. "Mothers of Honor" starts with the emotionally charged experience of cesarean delivery, which is often marked as a mother's first fear of failure, and ends with the importance of intentionally fostering online support communities for new mothers so they may find both emotional and intellectual connection with other mothers. "Mothering is NOT a Game" walks us through the experiences of mothers in Maine and their need for sufficient infrastructure to foster online parenting education; we see an unfortunate stigma associated with parenting classes as being state-mandated. Building on the author's experience of teaching her child consistency through a preventative perspective, the knowledge and message of this chapter is a wonderful reminder that parenting is not entirely instinctive. Having the courage to seek resources is a sign of strength, not weakness.

The third section, Mothers, Resistance, and Social Media, shows that mothers have a distaste for the old days of the internet and are demanding a space of change while rebelling against the do-it-all-without-complaint that is expected of mothers. In "From 'Fakebooking' and 'Flaming' to a 'Moms' Support Network,'" the ideology of perfection is deconstructed into its contributing elements. Momstown, as spotlighted in this chapter, offers a resistance to contemporary child-centered, intensive mothering expectations. Fostering the intrinsic belief that all mothers are intelligent and thoughtful, Momstown frees motherhood from the false binary of right and wrong ways to parent. An inspiring follow-up is "Hip Mama: Mother Outlaws in Cyberspaces" that emphasizes the individuality of motherhood as an embodied and lived experience. By further dismantling the ideologies of perfection into unique and even subversive discourses, "Hip Mama" takes the supportive yet largely normative experience of Momstown to a new level and allows us to see a freer perspective.

The collection concludes with two chapters focused on Feminist Motherhood and Feminist Parenting. By saving the best for last, we arrive at what we

are hungering for—whether we arrived at this chapter as mothers, scholars, or both, the analyses of the first nine chapters may leave us wondering what the future of motherhood looks like in our post-post-modern world and Information Age. How refreshing to work toward a fully-actualized social reckoning in the circles of motherhood online. While we see migrant mothers in chapter 5 as heroes, we do not otherwise see a discussion and reconciliation of racial and class issues. The importance of inclusive feminism in motherhood is especially highlighted here by pointing to specific hashtags. By the end, we venture beyond our own embodied experience as scholars and mothers and enter into the capacity to espouse feminist thought, practices, and ideologies in the larger world.

Twice in a Blue Moon

Joyce Harries
Edmonton, Alberta: Spotted Cow Press, 2007

REVIEWED BY LIZBETT BENGE

The blue moon: a literal phenomenon of the moon appearing blue because of specific particles in the atmosphere, and the rare occurrence of two full moons during a calendar month, with the second full moon being referred to as a "blue moon." *Twice in a Blue Moon:* a book of poetry that is blue, like the depths of the sky and sea, blue like the throat chakra that corresponds to communication and connection. The blue of trust, loyalty, and wisdom.

Like a moon, the journey of this collection is spherical and illuminating. We build the world from a simple inquiry, "What If," and follow its *Beginnings, Middles, Endings, and Goings On,* and *Beginnings Again.* This sphere encompasses love, lingerie, arthritis, butter, taffeta, canaries, shrimp salad, geraniums, and names that elude memory.

Readers will be quick to pick up on the recurrent themes of the aging body-mind, cooking, creating, knowledge, relationships, death, and motherhood. Humor bubbles from the pages as the author meticulously weaves together a tapestry of the quotidian, the sensational, and the peripheral. The texture of this tapestry is thick, rough, and strong. It is smooth and polished as a final product.

Harries' writing is accessible, poignant, pedestrian, and thoughtful. Each word is deliberate, the measure of the stanza calculated, and the rise and fall of the reader's breath becomes syncopated and in tune with the cycle of Harries' poetic form.

Tender touches and care permeate this writing. In first person narration, Harries welcomes us to the wonders of her world where moon meets men, parrots, ponies, and peonies. Part of this tapestry is woven with shards of sounds slipping in and out of adolescent mouths, reeling the reading into 1935, relishing relics of tasty toffee that seep into society's imaginary (7). Contemporary reverberations are felt in the ripples of the slanted rhymes, free verses, rotund ruminations, and recognizable references.

Beginnings bears the marks of a childhood come and gone, glittered with intimacies and dissipating innocence. Finding one's life partner marks the beginnings of *middles,* moments of intimacy, and experiences of tumultuousness, together—always together.

Endings is the non-finality of finality. Body memories gesture to the hands of time coming together to lay a hand on death. We are presented with the endings that begin at our hands: grabbing hands, hands that rub, hands that signal stopping, the hand that wears the ring, hands that place that ring, clasped hands, holding hands, and swinging those clasped hands that hold our endings and touch our souls.

And Goings On signals our will to carry on for what seems like an eternity. In the goings on, one gathers wisdom, the crumbs of knowledge that thread together the hap-ness of happenings. It is these happenings that make Harries who she is: the dancer, mother, cook, author, lover, widow, bride, grandmother, gardener who would not change a thing in the hap-ness of happenings. Her aging bodymind slips, wanders, spaces, and travels into seniority. There is less intimacy in her intimate spaces, they are now speckled with violence and the gallops of the cat whose heavy hooved gait wakes Harries from her dream of her long-departed husband.

Beginnings Again bring us back to the top. Here Harries asks who she has been, her mother? Her father? Is the lifecycle really a cycle? It is a circle, a circuitous end with only beginnings again.

Motherhood and Single-Lone Parenting
A Twenty-First Century Perspective

Maki Motapanyane, Editor
Bradford, Ontario: Demeter Press, 2016

REVIEWED BY PAT BRETON

This thought-provoking collection of essays lays bare the discursive and material realities shaping single-lone parenting and motherhood in a contempo-

rary context. *Motherhood and Single-Lone Parenting: A Twenty-First Century Perspective* critically explores the myths, stereotypes, and inherent paradoxes of single parenthood within gendered notions of good/bad mothers, absent fathers, and hetero-normative, two-parent families. The experiences of single lesbian moms, intentional single mothers, activist mothers, and migrant mothers broaden our understanding of the complexities of labour-intensive single parenting, as growing numbers of women become single mothers and increasingly, choose single motherhood. State policy and its negative impact on single mothers raising children and performing waged work in precarious economic situations are common threads running through the topic of single mother families in countries, such as Australia, Spain, Germany, and the U.S. Single mother activism and accounts of the well-being of children and mothers in single parent families resist and disrupt neo-liberal, conservative, and postfeminist discourses of single motherhood as irresponsible and incomplete.

The anthology is divided into three sections: discourse, media, and representation; the experiential; and policy, resistance, and activism. In the first section, many essays challenge dominant representations of single mothers as bad, vulnerable, and poor who fail to measure up to deserving and responsible mothers in father-led, heteronormative families. For example, Mack and Avery, in separate articles, are critical of the postfeminist turn in popular media where cultural representations of single motherhood and fatherhood contribute to specific tropes such as the child's need for a father, the problem of absent daddy, and the legitimacy of the patriarchal nuclear family. Chapters in the second section center the diverse experiences of single mothers, such as adoptive moms, young moms, and lesbian moms, flagging how exclusion, alienation, 'invisible insanity,' and wellbeing define their single motherhood. While Descartes explores how single lesbian moms often experience exclusion in straight and LGBTQ spaces, Burns shares her experiences of well-being as an adoptive, white, single mother raising a bi-racial child. In section three, authors are focused on the resistance and activism of single mothers and the state response to single mother families. Nakagawa and Quirk, writing about the U.S. and Australia respectively, raise important concerns about low-income and racialized single mothers unfairly targeted by the welfare state and child welfare policies. Shining a bright light on single mother resistance in classrooms and beyond, Byrd and Piatt's chapter reveals the power of forum theatre as a pedagogical tool to engage actors and spectators in recognizing and addressing discrimination against single parents in U.S. state systems and practices.

This edited work is an invaluable contribution to the topic of single motherhood. In taking an interdisciplinary approach, it reaches a broad and di-

verse community of writers, readers, academics, and activists in multiple disciplines, such as political science, film/fine arts, nursing, gender, feminist and women's studies, humanities, and sociology. Stories of resilience, invisibility, oppression, and well-being in parent/child relationships resonate for single mother/parent readers. A highlight of this edition is the broad range of research methodologies, such as discourse analysis, auto-ethnography, participatory action research (PAR), theatre of the oppressed, oral history, and qualitative interviews. The methods make visible single mothers' struggles, fears, and triumphs within the contemporary contexts of pop culture, psychology, work/family balance, policy, classroom, and community. These accounts remind policy-makers, researchers, and academics of the importance to listen carefully to women's voices and the textured reality of their lives, as single mothers raising their children.

Click and Kin:
Transnational Identity and Quick Media

May Friedman and Silvia Schultermandl, Editors
Toronto: University of Toronto Press, 2016

REVIEWED BY DREW DAKKESIAN

Click and Kin: Transnational Identity and Quick Media, edited by May Friedman and Silvia Schultermandl, is thoroughly postmodern. A ten-chapter anthology, it concerns "the implications of an era of rapidly increasing transnationalism and multimedia exposure as a means of negotiating kinship and connection," and explores "the interstices between coherent national and cultural identities and … the ways that technology … simultaneously disembodies and re-embodies our experiences of connection over distance, with implications for our singular and collective identity formation" (3). It centers on a 21st-century phenomenon, namely, that new communications technologies are alternately facilitating and redefining kinship, which in the past geography alone dictated. This phenomenon may take the form of immigrants or their children maintaining contact and in some cases forging new connections with blood relatives in other parts of the world via messaging platforms such as Skype and social media outlets such as Facebook (chapters 1 and 9); it may also take the form of people who have no biological relationship together finding a new community, a new type of family, in the comment section of a web series or on a members-only message board (chapters 4 and 6) based on some otherwise isolating shared experience.

The volume is divided into four sections, one for each of its thematic strands: "quick media and the connections between the individual and an imagined community" (section 1); "quick media and emergent, established, and alternative views of identity" (section 2); "re/envisioning the self in cyberspace as an alternative to lived identity" (section 3); and "quick media as a substitute for transnational encounters when embodied encounters are not possible" (section 4). The chapters are laid out according to which thematic strand each best evokes. One of the overarching lessons of *Click and Kin* is that in this post-Web 2.0-ization world, definitions are changing and borders are shifting, so it feels somewhat contradictory to divide up its chapters. Indeed, chapter 1, "'I Talk to my Family in Mexico but I Don't *Know* Them': Undocumented Young Adults Negotiate Belonging in the United States through Conversations with Mexico" by Laura E. Enriquez obviously appears in section 1, but its subject matter is equally appropriate for sections two and four. Likewise, although chapter 5, "Literary Letters and IMs: American Epistolary Novels as Regulatory Fictions," a contribution from Schultermandl, is presented in section 2, its content also dovetails with that of both section 3 and section 4, and as such could easily have been included in either of those sections.

Editorial architecture aside, *Click and Kin* has many high points, especially its ninth chapter, "Love Knows No Bounds: (Re)Defining Ambivalent Physical Boundaries and Kinship in the World of ICTs" by Isabella Ng. This is autoethnography at its finest. Using examples from the author's own life, the essay provides the most comprehensive discussion of *Click and Kin*'s *raison d'être*—the burgeoning phenomenon of quick media facilitating and redefining kinship.

Though not its focal point, *Click and Kin* does contain references to motherhood; there is a brief discussion of feminist motherhood studies in the introduction, framed in the context of theoretical influence on the volume's contributing authors (page 9). However, the most comprehensive examination of motherhood in *Click and Kin* is in a greater examination of the idea of transnational families, which happens to take place in "Love Knows No Bounds."

Schultermandl and Friedman make sure in their introduction to go on record that *Click and Kin*, as an extension of its editors' academic worldview, is not a liberal feminist, blindly cyberfeminist, Western-centric volume, noting, "The constraints and uneven access to quick media technologies—their role in extending surveillance, reproducing power relations, and generating new modes of exclusion … mirror and in part amplify prevalent social inequalities, especially in a globalized context" (11) making it particularly transnationally feminist in focus and result.

Click and Kin has traceable academic underpinnings in many disciplines, including and especially anthropology, media studies, and philosophy. Inasmuch, it may also be useful as an introductory humanities studies text for liberal-arts undergraduates—particularly those who have yet to choose a major. It also has inherent potential benefits for longtime academics seeking an updated, more complete understanding of what is happening in our world —this increasingly networked, transnational world—today.

Doulas and Intimate Labor: Boundaries, Bodies and Birth

Angela N. Casteñeda and Julie Johnson Searcy, Editors
Bradford, Ontario: Demeter Press, 2015

REVIEWED BY ARA FRANCIS

This edited collection is the most comprehensive account of birth doulas in the academic literature to date. Looking closely at the relational and intimate dimensions of doulas' labor, the chapters cover a broad spectrum of experiences, including those of abortion, adoption, and radical doulas. The book is rare in its depth. Editors Angela N. Casteñeda and Julie Johnson Searcy are practicing doulas, as well as anthropologists, and most of the contributing authors have similarly impressive, multifaceted backgrounds as scholars, doulas, midwives, labor and delivery nurses, childbirth educators, and lactation consultants. Informed by so much lived experience, the volume offers an insider's perspective and allows the reader to glimpse into spaces that are so often closed to scholars. This volume thus makes an invaluable contribution to our understanding of doulas' work.

Organized into three sections, the book begins with an exploration of doulas and the mothers they serve. Here authors review and unpack the evidence that doulas improve birth outcomes; reiterate how a doula's role is to follow the mother, rather than guide her; discuss how doulas can help women, and themselves, reclaim their bodies from dominant cultural narratives of thinness and worth; and considers how doulas assist adolescent mothers and mothers relinquishing babies for adoption. The sixth chapter by Amy L. Gilliland, "Doulas as Facilitators of Transformation and Grief," is a particularly strong contribution, offering lengthy excerpts from the author's interviews with forty-three doulas and thirty-three parents.

The volume's second section considers doulas in the broader context of

their communities. Two analytically sharp chapters, Nicole C. Gallicchio's "What Kind of Doula Are You? Birth Doulas, Multiple Moralities, and the Processes and Politics of Ethical Becoming" and the volume editors' "'My Role is to Walk the Tightrope': Doulas and Intimacy," render this segment particularly appealing for scholars in anthropology and sociology. Gallicchio explores how communities of doulas informally regulate newcomers, encouraging them to master and set aside their own strong emotions and ideological commitments in order to prioritize the needs of birthing women. Casteñeda and Searcy use the metaphor of the "tightrope" to address the delicacy of doulas' boundary work as they seek to establish intimacy (but not too much intimacy) with their clients and to balance their intimate labor with the demands of professionalism and the marketplace.

Focusing on doulas and institutions, the volume's third section includes Annie Robinson and Lauren Mitchell's excellent chapter on The Doula Project, a full-spectrum doula organization in New York City. Here the reader gains an appreciation for the more revolutionary possibilities embedded in the doula orientation to care. The Doula Project partners with institutions, rather than working for individual clients, and their volunteer doulas work with women "across the spectrum of pregnancy choices, including during abortions, miscarriages, stillbirth inductions, adoption planning, and births for low-income individuals" (188). Part of a reproductive justice movement —distinct, in important ways, from the natural birth movement—The Doula Project advocates for a woman's right to birth alternatives, no matter her social location or pregnancy outcome. Monica Basile further explores this ethos in her chapter "Reimagining the Birthing Body: Reproductive Justice and New Directions in Doula Care." She explains how reproductive justice doulas go beyond addressing the medicalization of childbirth to recognize the structural forces that profoundly limit some women's ability to control "when and if they have children, how they give birth, the extent to which they are able to provide for their children, and even their children's survival" (227-28).

These rich, often first-hand accounts might leave some scholars wanting a more distanced, critical analysis of doulas' work, particularly vis-à-vis bigger questions about post-modern life, semi-professional caregiving, and the historically- and culturally-specific meanings of doula's emotional labor. Nonetheless, *Doulas and Intimate Labor* is a pivotal text for anyone doing research in this area. The volume is also of tremendous value to doulas, doula educators, reproductive rights advocates, and pregnant women who are seeking a deep but varied look at doulas' work and its transformative potential.

Mothers and Food:
Negotiating Foodways from Maternal Perspectives

Florence Pasche Guignard and Tanya M. Cassidy, Editors
Bradford, Ontario: Demeter Press, 2016

REVIEWED BY CAYO GAMBER

When I read the "Introduction" to *Mothers and Food: Negotiating Foodways from Maternal Perspectives,* I was saddened to read that the editors, Florence Pasche Guignard and Tanya M. Cassidy had divided their submissions into two separate volumes. This second volume focuses on what researchers have learned from analyzing women's roles in choosing recipes and planning meals; creating shopping lists; comparing prices; choosing organic, local, or the least expensive; cooking, serving, and cleaning up; growing food (from planting gardens to housing chickens or bees); struggling with limited budgets as well as severe food scarcity; being held responsible for the family's health, and, in particular, their children's health; struggling with local and (perceived) national scrutiny that would mark them as good mothers or bad mothers. There are no personal narratives or autoethnographies in this volume; those are found in first volume. One of the attributes I most admire about Demeter Press is the (rare for academic publishers) belief that the personal and the academic are and should be intermingled. I also was perplexed by the fact that the studies, on the whole, address heterosexuals—or individuals presumed to be heterosexual by default—and mothering. I found myself wondering how addressing lesbian, gay, bisexual, transgender, queer, two-spirit, questioning, intersex, asexual, ally, and/or pansexual (LGBTQ2QIAAP) mothering and food would have added to this collection. That said, as the list above indicates, *Mothers and Foods* offers readers a rich array of insights.

The volume is divided into four sections: Domestic Food Work and the Family Meal; Health, Medicine, and Nutrition; Food Security in Insecure Circumstances; and Representations, Communication, and Media. They "invite readers to pick and choose, to discover other themes that we did not highlight through the organizational structure of this book" (6). It is easy to do so. I wanted the mothers in the Mount Airy neighbourhood of Philadelphia (studied by de Kramer) to meet the women in the rural southwestern community in Uganda (studied by Kyomugisha, Atugabirwe, and Nshemerirwe). I had such sympathy for both groups of women and imagined how they could learn from one another. De Kramer focuses "specifically on the contradictions that emerge for a group of mothers who are trying to run their households on

the most limited budgets while, at the same time, fully subscribing to local, demanding, and expensive class norms around food, body size, and parenting" (30). Initially, the women in Uganda wanted to focus on improving the yield of their banana crop; however, they learned through the intervention of Gender and Development (GAD), as well as through personal interactions with three members of GAD and the authors of the piece, that their families, and their children specifically, would benefit from adding sweet potatoes to their crops. The women of Mount Airy have taken on an exhausting "third shift" in order to meet the food norms of their neighbours while the women in rural Uganda learned "new and innovative farming methods" (198) that not only improved their crop yield, but also improved their health.

At the end of each essay, I thought, "Wow! What next?" For example, Tanya M. Cassidy's, "PumpMoms: Technology, Stigma, and Support," addresses the difficulties faced by mothers with premature infants. The thirty-five women she interviewed all "described the alienation they felt when confronted with the medical necessity associated with producing maternal milk for their infants who were in the NICU" (123). In cases of inadequate milk supply, Cassidy points out, "'[o]ther mothers' milk' becomes an option based on generosity and support" (129) as mothers donate their breastmilk in order that "all infants have the opportunity to be given the health benefits associated with maternal milk" (129). In "Secrets of a Food Storage Mom: Mormonism, Motherhood, and the Mainstreaming of Emergency Preparedness," Deborah Whitehead explores the ways in which survivalists, and more specifically, survival moms, have turned to Mormons to learn best practices in terms of storing emergency water supplies and food, as well as in terms of rotating their storehouse.

Each author/set of authors offers a perceptive, thought-provoking, sympathetic study of a set of texts (e.g., Barilla Pasta advertisements and commercials) or a specific subset/group of mothers (e.g., femivores). Not only is this collection meaningful to anyone interested in Food Studies and/or Motherhood, but it also would make a wonderful addition to an undergraduate or graduate course on Food or Mother Studies. These authors repeatedly and eloquently clarify how and why "the maternal figure is always defined by what she does for other people—namely feeding them and responding to their expectations and desires" (Stano 267).

In Our Hands
The Struggle for U.S. Child Care Policy

Elizabeth Palley and Corey S Shdaimah
New York: New York University Press, 2014

REVIEWED BY KATIE B. GARNER

In the volume, *In Our Hands: The Struggle for U.S. Child Care Policy*, Palley and Shdaimah methodically explore the political, legislative, and historical reasons why child care policies in the U.S. remain scant in comparison to other developed nations, focusing largely on the period surrounding the last major push for child care reform (during the Nixon Administration), until 2014 (the year of publication). For those familiar with the options in more progressive nation-states, questions arise regarding the U.S.'s reticence to adopt more family-friendly policies. Palley and Shdaimah address how differences in political landscapes permitted more progressive childcare policies to take shape in Scandinavian countries as well as through much of the European Union, United Kingdom, and Canada. While modest gains have been achieved in the U.S. through the Family Medical Leave Act, government funding and/or policy reform have not materialized in any substantial way during this time period, with one interesting exception: the U.S. military.

According to the authors, U.S. families frequently pay for care that is beyond their financial means, rely on substandard care, or cope with the difficulties of one parent—often the mother—opting out of paid labor altogether, at least temporarily. Palley and Shdaimah pull from multiple fields, focusing largely but far from exclusively, on politics and law for the majority of the text in order to identify the most glaring issues that prevent cohesive, universal childcare policies. Highlighting the lack of grassroots, co-ordinated advocacy, the authors argue that little will be accomplished without the political will from more voters.

Palley and Shdaimah accurately posit that many middle-class Americans hold negative attitudes regarding subsidized childcare, viewing it as substandard and primarily intended for lower-income families. They also suggest that child care may not actually be a pressing problem for as many active voters as one might imagine since many parents of older children turn away from child care concerns and those who have not yet had children remain unaware of the challenges they will face. The authors reference the Republican/Democrat divide, highlighting conservative voters' concerns alongside the lack of organized effort to resist childcare reform.

While the aforementioned subjects are certainly handled adeptly, *In Our*

Hands is most successful in its endeavor to ascertain more nuanced reasons for the lack of political will as well as the delay in securing reform that would directly benefit many U.S. families, particularly those already struggling financially. Two of the authors' more astute observations involve the challenges of successfully bringing together non-profits already working to secure more robust childcare support as well as the importance of framing issues appropriately. In the book's latter chapters, which interweave interviews with women on the front lines of non-profit organizations' efforts to secure better care options, Palley and Shdaimah offer careful but pointed criticism to the ways in which many perpetually underfunded non-profits are at cross purposes in their efforts and may actually hamper the overall goal of unified message building and framing as they attempt to maintain their own standing and financial backing.

Framing is a theme that the authors return to throughout *In Our Hands*, and Palley and Shdaimah are convincing in their argument that how an issue is packaged and disseminated is one of the more important aspects of securing progressive change. For example, policies that have been passed, such as Head Start, obtained support through successful framing, namely the importance of education and long-term gains that could lead to lower overall financial commitment for at-risk children. They argue similar work must be done in order to institute care policies for ages birth through three, noting that **how** a problem is defined shapes what policy ultimately gets passed.

Palley and Shdaimah's success in synthesizing hundreds of sources is to be commended and they provide useful, current analyses of problems, and more importantly, offer solutions that could ultimately help working families, the economy, and children. While *In Our Hands* offers deep research and astute examination, its tight focus on U.S. childcare policy may mean that many of its readers will already be personally or professionally aligned with the subject matter. Regardless, one would be hard-pressed to find a more thorough, well-cited, and well-organized book on what remains an under-analyzed topic and for that reason it is a book that academic as well as public libraries should add to their collections. (Texts that examine the cultural issues that impact this topic would be beneficial companions as this area of analysis remains outside the scope of *In Our Hands*.)

Finally, while published in 2014, it is important to keep in mind that *In Our Hands* was released before Trump took office. Palley and Shdaimah suggest that we may not be ready for a childcare revolution; however, large-scale organizing and the concept of being "woke" are gaining momentum in ways that would have been unexpected two years ago. Let's hope that some of the effort toward reform will be given to the needs of families with young children.

Listening to the Beat of Our Drum:
Indigenous Parenting in Contemporary Society

Carrie Bourassa, Elder Betty McKenna and Darlene Juschka, Editors
Bradford, Ontario: Demeter Press, 2017

REVIEWED BY MARGARET MACDONALD

The book, *Listening to the Beat of Our Drum: Indigenous Parenting in Contemporary Society*, edited by Carrie Bourassa, Elder Betty McKenna and Darlene Juschka, opens with a powerful discussion by Elder Betty McKenna on indigenous epistemology and practices. She provides the reader with a reminder of protocols that are necessary when conducting research and generating knowledge, and she likens research practices to ceremony. This first chapter sets a tone around understanding an enduring world view and reminds us (as researchers and inquirers) of the harm that has been done in the exploitation of ideas in the name of research.

In a detailed recounting of the laws, policies, and governance that systematically altered parenting practices and cultural traditions, Darlene Juschka in Chapter 2, discusses the ways that traditional parenting practices have been extinguished by religious authorities during the residential school era through white domination, discrimination against Indigenous women, and the eugenics movement. Juschka discusses how our government robbed indigenous women of their identities and rights and disrupted their traditional ways of parenting and caring for the earth. This powerful chapter further reminds us of the travesties that Indigenous families have faced and are continuing to face in North America and leaves the reader lamenting the deep cultural and sacred traditions that were stripped from these families and the scarring of First Nations communities.

In Chapter 3, "Reclaiming Indigenous Practices in a Modern World," Carrie Bourassa dialogues about her lived experiences reclaiming her use of and understanding of Anishinaabe and Metis traditions with Elder Betty McKenna. In this chapter Bourassa shares her journey with traditional practices such as her daughter's berry fasts, tobacco offerings, as well as moon and other ceremonies. In her description, she shares how she has come to know these traditions through Elder Betty McKenna and her own daughters; her daughters claiming them first hand while she re-claims them through her children and learning alongside them.

In Chapter 4 Janet Smylie and Nancy Cooper each share their experiences and connections as Nîso-okâwimâwak (two mothers) gifted with twin boys from a "two spirited" Indigenous physician and friend. The chapter walks

the reader through the many ways that the pregnancy and birth process has brought this family together across extended family relationships, across time (generations) and place (Northern Ontario, Toronto, Saskatchewan and British Columbia) through nurturing, love, and healing. Throughout the chapter the reader gets a sense of the strength of these mothers and the power of the community to receive the gift of these children who are welcomed by both biological and non-biological kin over and over again through ceremonies, visits, conversations, and love.

In Chapter 5 we hear from Sacred Voice Woman Paulete Poitras about her journey as an Auntie. She begins with her early experiences growing up in the traditional ways of the Dakota and Cree with a strong connection to her father and her *mushum* Calvin and the Dakota traditions. Paulete's writing like the other authors in the book is captivating as moves the reader from story to story as she traces her youth, early adulthood and later career and relationships as an Auntie and youth worker. She articulates generously her world view and the ways of indigenous people who believe they have a responsibility for all members of the community. This world view and sense of community is sadly lacking in many peoples' lives in North America and shows the strength of these teachings and ways of being and becoming in the world.

A deeper look at parenting is provided from Metis Mother, Tara Turner in Chapter 6. Here Tara shares her journey as a PhD student trying to understand her own identity as Metis and as a Metis mother as she interviews members of her father's family and tries to piece together their experiences of being separated after the sudden and tragic deaths of her grandparents and other key family members. She remarks about the good fortune she experienced growing up with memories of a stable family and strong sense of place. Later she discusses coming to better understand her Métis background through her studies and the experiences of talking to other role models like Maria Campbell, a mentor and indigenous scholar who took the time to contribute to Tara's understanding of her Metis identity.

Finally, Chapter 7 closes with some memories of traditions and ceremonies by Elder Betty Mekenna as she recounts ways of being in her community. Overall, this book provides a powerful account of the events that have shaped the lives of these indigenous scholars and gives generously to other mothers, fathers, and academics (indigenous and non-indigenous) by demonstrating a sense of the beauty of community when strengthened by Elders, family, and role models.

Do Babies Matter:
Gender and Family in the Ivory Tower

Mary Ann Mason, Nicholas H. Wolfinger, and Marc Goulden
New Brunswick, NJ: Rutgers University Press, 2013

REVIEWED BY KRISTIN MARSH

In *Do Babies Matter? Gender and Family in the Ivory Tower*, Mary Ann Mason, Nicholas Wolfinger, and Marc Goulden provide the most comprehensive evidence to date that both gender and family status do matter—a lot—for career prospects of aspiring academics in the U.S. Moreover, the relationship is reciprocal: career achievement, in turn, affects family formation for both women and men. The findings in this volume are the result of over ten years of research. The authors analyze available data from the Survey of Doctorate Recipients and survey over 8,000 tenure-track faculty in the University of California (UC) System. The result is conclusive evidence that academe is not structured to accommodate family, particularly for mothers.

Who is impacted most, and at what point in their career and life trajectories? The authors organize their study around various career stages: graduate school, getting a job, achieving tenure, and post-tenure years. Their overall findings are that family impacts career in various ways: new motherhood exacts a career penalty on women in their early careers, while fatherhood does not deleteriously affect men's careers. In comparison with all men and women without children, mothers are much less likely to land a tenure-track job to achieve tenure, and to be promoted to full professor. They are also more likely to find employment as contingent faculty or fall out of academe altogether. Regarding family formation, Mason, et al, establish empirically what is observable in many of our local workplaces: Women who achieve career success are less likely than men to marry and have children. While professional-aspiring women may prefer to opt against motherhood, the additional factor of a historically rigid career trajectory renders the choice moot for many. That is, even with the most strictly-adhered to time-line, a new hire will not likely earn tenure before the age of 35, and many find themselves 40 or older before their careers are secure enough to start a family. Our career and biological clocks are in direct conflict, to the extent that a successful career impacts family formation for women academics to a greater extent than for women lawyers or doctors.

Mason, et al, call on universities to accommodate an increasingly diverse graduate student and faculty body. Today's graduate students are just as likely to be women as men and are more likely to be in dual-earner families than in

the past; therefore, graduate students increasingly "desire flexibility and balance between their careers and their other goals" (8-9). Academe remains an institution with expectations for complete career commitment and marginalization of family needs. This affects women more than men, and women doctoral students know it. Women put off having children at higher rates than do men. And women in their study were much more likely than men to cite concerns about work-family balance and the incompatibility of career and parenthood. They fear that, as mothers, they would be seen as less committed academics. Graduate students report wanting women faculty mentors to role model "how to" effectively balance family and career. This is tricky: if women pay a career penalty for parenthood, they are unlikely to visibly perform their motherhood at work.

Beyond establishing these patterns in academe, the authors' goal was to facilitate change. They worked with the UC system to implement more flexible career-trajectory policies. Mason, et al, dedicate their final chapter to overviewing which policies are increasingly common and which are rarer but important for family-status equity, from paid maternity leave, health insurance, and "stop the clock" tenure policies, to part-time tenure-track appointments, emergency child care on campus, and childcare grants for conferences. Additionally, faculty should be aware of their options and feel supported in those options by departmental colleagues and administrators. Finally, the authors call for the accommodation of diverse pathways into, out of, and back into academe. As the authors state, "[t]rue parity could only be achieved when men and women realized the same professional **and** familial goals" (3).

The contributions of this small volume are seminal, as the authors pull together otherwise disparate pieces of a larger puzzle. Moreover, the authors differentiate effects of gender from those of motherhood. They neither find nor claim that gender discrimination no longer exists; but motherhood is the most salient factor in activating gendered career inequities. Readers of the **Journal of Motherhood Research** already know this (Volume 6.2, for example, is on motherhood in academe). What broader scholarly discourse has yet to fully accept, however, is that motherhood matters as a distinct category of analysis and identity, and as a key factor in understanding inequality at work.

A Bun in the Oven: How the Food and Birth Movements Resist Industrialization

Barbara Katz Rothman
New York and London: New York University Press, 2016

REVIEWED BY FLORENCE PASCHE GUIGNARD

Barbara Katz Rothman offers a relevant and detailed comparison of two social movements, their origins, their aims and their most recent developments and potential: the food movement and the birth movement. The latter has been a central focus in her work as a sociologist throughout the last decades, whereas her explorations in food studies are more recent. This book reminds us that the ways in which we, as humans, are born, give birth, and eat have consequences reaching much further than the domestic or private sphere, or the notion of personal experience.

Katz Rothman is not, however, the first author to consider such issues through an illuminating comparative perspective. Already in 2004, in his essay *Le fermier et l'accoucheur*, Michel Odent, a French obstetrician and yet an advocate for a less interventionist approach to birth, had pointed out this parallel between the industrialization of agriculture and of childbirth. Katz Rothman does not refer to Odent (except for her brief criticism of Odent's figure of the "ridiculous knitting midwife," 44). While Odent mainly considered the technological developments and social changes through which such an industrialization became a norm, Katz Rothman places more emphasis on resistance to the latter. In addition to providing some historical background to her "tale of two social movements" (1), she highlights both similarities and discrepancies in advocacy and activism aimed at changing the ways we feed ourselves and give birth in the 20th and early 21st centuries. Emerged as forms of resistance to neoliberal imperatives of profit above people, both movements aim at bringing back to the center values, authenticity, meaning, personal experience, and individuals. Both aim at changing mentalities and battle against powerful corporations, whether the food industry or the medical industry. The author examines how both movements fight for another vision of various actors, including mothers, in a culture where the leading role has become that of "consumer" (101). Though the author recognizes that globalization is an issue in both instances, her analysis rarely ventures outside of the cultural settings of North America.

According to Katz Rothman's assessment, the food movement has been altogether more successful, over the last decades, than what she calls throughout the book "the birth movement." One of her main arguments is that the

latter should learn from how the former gained some influence in changing systems of food production and preparation that lead to social and economic injustice, with plenty of other unsustainable aspects, and that do not result in healthy diets. Indeed, the impact of the mostly consumer-based social movement to change the food system (in the U.S., but also globally) is greater, or, at least, more visible than what birth activists have achieved so far.

In her conclusion, she calls for an evolution of the birth movement, beyond second wave feminism, to address the needs, worldviews, and expectations of a new generation of (future) mothers who live in a different world where "information is no longer a scarce resource" (204), but choice remains a contentious issue. Katz Rothman underlines such changes within the feminist movements themselves, especially around issues that concern embodiment, sexuality, and childbirth.

Food studies scholars might remain perplexed as to why Katz Rothman writes about "the" food movement as a unified one (in spite of giving many concrete case studies and examples), whereas diverse trends coexist within it, with emphases that sometimes even contradict each other. In contrast, she correctly points out that the "strange community that we brought together in the home-birth movement" (126) is diverse, with actors holding values ranging from traditional or even conservative (religious), to more liberal ones: "There's a lot that we will never agree on, but this matters to us" (127). Katz Rothman lays much emphasis on home-birth, within "the birth movement," whereas other types of midwifery-attended childbirth are developing, too, as a result from activism.

From a perspective of motherhood studies, readers will appreciate Katz Rothman's attention to bringing back to the center the stories and experiences of mothers themselves. The author pays close attention to authority, power, and gender and acknowledges issues around race and class, as well as the contentious notion of "choice" within and around feminist debates (see, for instance, 167-172). In this book, she also uses a personal voice and offers moving accounts of some of her own experiences with pregnancy, birth, death, grieving, food, and with dealing with many trends and ideas around motherhood within and outside of feminism.

Enter the Chrysanthemum

Fiona Tinwei Lam
Half Moon Bay, BC: Caitlin Press, 2015

REVIEWED BY LORINDA PETERSON

The essence of Fiona Tinwei Lam's poetry in *Enter the Chrysanthemum* is distilled in an ever-present tension between the speaker, and the world that moves around her, tentative and timeless. It is a tension between cultures; between daily rituals and changing traditions; between the speaker and her intimate others; between life and death. It is a tension between bodies and their geographical places, as they define, and are defined by one another. The tension is revealed in rich imagery that turns in on itself, often repeats, slightly altered to make connections between poems, and create a spiral rhythm of life within the text. What place has history in Lam's cyclical recreation of mothering experiences? History is a patriarchal construct, demanding static connections, linear movement; Lam's mother-images disrupt history and its necessity for closure.

Enter the Chrysanthemum frames in graceful, yet pointed language, both motherhood bestowed through the act of bearing children, and mothering defined by the day-to-day practice of raising children. The text is divided into four sections reflecting the speaker's journey from childhood, to motherhood, to mothering her own dementia-gripped mother. That is not to say the poems offer a linear progression. Instead they meander back and forth between time remembered and time present, often pressing both into the same image. For instance, Lam writes, "Suddenly my son's face became mine as a child, frozen/ before the contortions of my mother's fury. / My own face stiffened into its inheritance, / the familiar mask that was my mother's" (34). Past and present are fused in a single portrait rocking between innocence and experience, a ritual of inevitable time and tradition that spirals within its linear progression.

The text's four sections carry a conscious awareness of the body as mediator of time, space and geography. Metaphorically, the collection symbolizes maternity. What goes into the womb must come out into the world, vulnerable and in need of protection. In "Waiting" the child-speaker "push[es] the car door ajar;/ dangle[s her] feet outside to measure/ the world against [her] shoes'" (13). Symbolically, the child's body tests the world that confines her. In a later image bodies dissolve against life's hard surfaces "like hair in the drain. / Bodies unravel (57). They become failed vessels for resisting the inevitably of change, and must release their contents. Finally in a tangle of bodies,

the speaker's arms act as a seat belt for her child on a city bus, protecting him from the world outside, "seams of telephone and power lines, / worlds held within, beyond" (77). This image reinforces the sense of time frozen in motion, symbolizing the inevitable release of the child into the world.

The speaker in Lam's collection comes of age in a violent home where Cantonese culture meets Western culture amid her mother's "… indecipherable/ torrents of Cantonese punctuated/ by pots and plates flung at linoleum" (14). Only once a year, at New Year's Eve, her mother skilfully creates what her children crave from her, "real food—what came from her hands" (15). As an adult, the speaker starts holiday traditions of her own based in Western culture. The falling gingerbread house she makes with her son is juxtaposed to the successful food her mother created. The gingerbread house becomes a metaphor for change, for movement between cultures, and between personal life stories. "No matter how I iced it or propped it up," she says, "the roof slid down. Then broke" (41). The speaker attempts to move forward within the messiness of change, her relationships with both her mother and her son pivoting around her.

The body in **Enter the Chrysanthemum** is generally untethered, longing to be nurtured, connected. This longing is described explicitly in the book's opening poem and symbolically in the poem "Dream." Throughout the poems in Lam's collection, the child-speaker longs for her mother's care, and similarly the adult/mother-speaker longs for a lover's care. Both speakers collide in a single body attempting to navigate a complex world where neither is ever requited. The final image of the collection brings her to the present, reconciling time and tradition in "[a] plate of simple food. Beside us, / the ones we love" (81). In mothering terms, Lam seems to be saying mothering is seldom a perfect act, but most of the time, it is good enough. It gets us to where we need to be.

Brown Bodies, White Babies: The Politics of Cross-Racial Surrogacy

Laura Harrison
New York: New York University Press, 2016

REVIEWED BY JOANNA RADBORD

Are we headed for a dystopian future in which poor racialized women bear white children for economically-privileged white families? Or does assisted reproduction offer new ways of family building that challenge patriarchal

and racist norms? Laura Harrison's *Brown Bodies, White Babies: The Politics of Cross-Racial Surrogacy* interrogates discourses of gestational surrogacy to explore the themes of race, kinship, and gender. It includes an interesting survey of contested surrogacy cases, racialized reproductive labour, databases of egg donors versus surrogate databases, and reproductive tourism. Harrison argues that cross-racial surrogacy, and the idea of race itself, furthers white privilege. While Harrison claims to adopt an intersectional feminist framework that considers the potential of assisted reproduction to destabilize normative ideologies, Harrison's approach is, from my perspective, too abstracted from the complexities and diversity of lived experiences.

The book's lack of context begins with the failure of the author to situate herself in relation to the subject matter. In her Acknowledgments (and p. 14), Harrison tells us she was pregnant with her first child when she started to write and pregnant with her second while revising the manuscript. She does not identify her skin colour or whether she participated in assisted reproduction. She does announce she herself was pregnant and gave birth to two daughters, and she thanks her partner, who has a traditionally male name. It appears that the author may have reproductive and heteronormative privilege.

From this largely decontextualized vantage point, **Brown Bodies** disconnects race from lived realities and essentializes its meaning. Harrison's arguments are not always well-linked to evidence. The literature suggests that most surrogates are white women (33) but Harrison claims there is a "growing trend of cross-racial gestational surrogacy" (90). This is not definitively established, but in any case, her project is a theoretical, not empirical, one.

Harrison seeks to problematize intended parents' selection of gamete donors based on race, contrasting it with the willingness of white intended parents to use gestational surrogates from racialized communities. Her discussion is again kept at the level of abstraction, with negative judgment ascribed to infertile families who consider the skin tone of the egg donor. In contrast, Harrison does not interrogate the race-related decision-making of those who have fertility privilege and whose reproductive choices are deemed natural and private.

Harrison dismisses and implicitly criticizes the often profoundly-felt desire to have children who are/look the same as oneself, without context or further exploration. The reality is that many people who rely on assisted reproduction want to have children who "look like them," just like other (fertile heterosexual cisgendered) people. Family resemblance is largely imagined—my brown spouse and I have been seen as biological sisters because race disappeared in the face of the unintelligibility of a lesbian relationship—but when a significant majority of people see "race," the imagined becomes real.

Yes, race is a social construction rather than a biological reality, but it mat-

ters very much in our current social and political context and has lived effects; we can not challenge racism by abolition of the idea of race altogether. Harrison is so invested in the idea that race is not real that she questions marketing a drug specifically to African Americans when research showed improved outcomes for that group (136-137). Why criticize the use of race to save lives? While it can be used for evil, where possible, it seems to me that race should be strategically deployed for good.

Harrison ignores that race is not only experienced as oppression; it is also a marker of community and kinship. For some, perhaps particularly Jewish, indigenous, and Black parents, preservation of race is a means of resistance. Race creates not just exclusion but also serves as a means of inclusion and a potential tool of anti-racist struggle. In our current social and political context, skin tone has lived impacts that may be reasonably considered by intended parents.

My family was created through cross-racial assisted reproduction. I am a white lesbian who chose a brown sperm donor with the hope of having brown children. We wanted mixed race children so they could "look like" my spouse, so she could collect them after school without being assumed to be the nanny. The children's brown skin visibly links them to their co-mother, to her heritage, her extended family and community, to which I also feel better linked as the mother of brown children. As my family attests, cross-racial assisted reproduction sometimes challenges white privilege and the traditional heteronormative family. I would have liked Harrison to better explore alternative possibilities that expand our imaginary, but instead felt confined by her essentialist approach.

From my perspective, then, Harrison insufficiently fails to acknowledge and explore that cross-racial assisted reproduction can assist in radically challenging essentialized conceptions of race and family. The 2017 legislative amendments to parentage in Ontario illustrate that, insofar as assisted reproduction separates parentage from genetic connection, it assists LGBTQ families to be better recognized as equal. Similarly, I would suggest that race itself is not only a social construction that furthers racism and must be abolished; it too can be strategically deployed for beneficial, even transformative, purposes.

Revolutionary Mothering: Love on the Front Lines

Alexis Pauline Gumbs, China Martens, and Mai'a Williams, editors
Oakland, California: PM Press, 2016

REVIEWED BY REENA SHADAAN

Revolutionary Mothering: Love on the Front Lines is a powerful and deeply personal collection that illuminates the challenges and revolutionary practice that is mothering in the context of capitalism, white supremacy, hetero-patriarchy, and imperialism. The editors—Alexis Pauline Gumbs, China Martens, and Mai'a Williams—dedicate the collection "to all the revolutionary mothers and all the revolutions they've created, because mothering is love by any means necessary." This theme is echoed throughout the collection. In poignant narratives, the contributors share their stories, as they reveal the diversity that is mothering—an important challenge to the overstated narrative of white, middle-class motherhood.

Gumbs, Martens, and Williams pay homage to the mothering praxis of feminists of colour decades prior, as *Revolutionary Mothering* is a reflection of and builds upon this foundational work. Likewise, Malkia A. Cyril and Esteli Juarez open the collection by recollecting the embodied resistance passed down to them. In fact, Loretta J. Ross, co-founder of SisterSong Women of Color Reproductive Justice Collective, writes the preface to the collection. Ross discusses the revolutionary work of Black women, who founded the reproductive justice movement—the fundamentals of which are present throughout the anthology. As Gumbs writes, "Those of us who nurture the lives of those children who are not supposed to exist, who are not supposed to grow up, who are revolutionary in their very beings are doing some of the most subversive work in the world. If we don't know it, the establishment does" (20).

The second section, "From the Shorelines to the Front Lines" looks at mothering as bridgework – between divided communities, between activist theory and activist practice, and between oppressions and radical futures. Alongside other poignant essays and poems, this section includes Cynthia Dewi Oka's "Mothering as Revolutionary Praxis," which declares the "Manifesto for Revolutionary Homemaking" – a call for justice, decolonization, healing, and collective responsibility. In addition, Victoria Law reflects on the transformation of her political work through motherhood, and Tara Villalba and Lola Mondragón reflect on the radical labour of mothering, which creates "seeds of … radical work" (77)—the children who will continue the cycle of resistance.

"The Bottom Line" is the third section of *Revolutionary Mothering*. Here,

the contributors discuss the violence of mothering in neoliberalism including the diminishing narrative of scarcity (Autumn Brown), the difficult choices that are made (Norma Angelica Marrun, Rachel Broadwater), and the pain that this system can inflict (Vivian Chin, Layne Russell). But underlying these narratives are themes of strength, relationship, and hope (Christy Na-Mee Eriksen, Noemi Martinez). As China Martens writes in the introduction to "The Bottom Line," "Children are Hope. Hope is the current, changing, moment, living, rising, being born, and resisting" (84).

The fourth section, "Out (of) Lines," is introduced by Gumbs, who reminds us that motherhood is systematically denied to Black mothers, immigrant mothers, and LGBTQ mothers. However, the practice of mothering is a different matter: "Mothering is a queer practice of transforming the world through our desire for each other and another way to be" (116). In addition to other powerful pieces, "Out (of) Lines" reflects on LGBTQ mothering. This includes Katie Kaput's reflections as a trans mama, and Ariel Gore's resistance to the American nuclear family. As Gore writes, "I find it amusing that to be a threat to the nuclear family, all one has to do is live happily (or in honest depression) outside of it" (143).

"Out (of) Line" is followed by "Two Pink Lines," which includes several pieces that explore transformation via mothering. For instance, Lisa Factora-Borchers reflects on childbirth facilitating a new feminist praxis. Likewise, H. Bindy K. Kang writes as a "radical mama" (177), transformed by the birth of a daughter in a complex dynamic of patriarchy in aspects of Kang's culture, alongside cultural racism and patriarchy embedded in the state. The collection ends with further pieces that explore themes of transformation, as well as resilient, hopeful futures rooted in love ("Between the Lines"). Ultimately, *Revolutionary Mothering* is a powerful collection of stories that affirm mothering as the bridge to radical futures.

Mothers and Sons: Centering Mother Knowledge

Besi Brillian Muhonja and Wanda Thomas Bernard, Editors
Bradford, Ontario: Demeter Press, 2016

REVIEWED BY DONNA COPLON SHARP

Mothers and daughters, fathers and sons, daddy's girl, mama's boy, all familiar phrases. Same-sex dyads are exhaustively studied, and opposite-sex parent-child relationships equally examined. Affection for the opposite-sex parent is a gendered territory; "daddy's girl" is an acceptable appellation, yet

mommy's boy is pejorative. Muhonja's introductory chapter states the need to "de-gender the framing and study of parental legacy." In **Mothers and Sons: Centering Mother Knowledge,** twenty chapters delve into a subject seldom contemplated, the first-hand knowledge of mothers and sons. A collection of ethnographic mother-son narratives centers the mother, and mother knowledge, "not knowledge about mothers."

What is mother knowledge? Mostly experiential knowledge, resulting from "interaction with and understanding of the connections between specific individual(s) and the mother cosmos." Complete mother knowledge resides in "familial, cultural, societal, political, and economic realities and structures" (1). Mother knowledge, framed in phenomenology, guided the selection of each chapter.

Love, pride, confusion, dread, and perplexity of mother knowledge are examined. Queer women wonder why their son's affinity for Ariel in *The Little Mermaid* is mentioned by his first-grade teacher. The women also wonder why the teacher's discomfort causes their own discomfort. Chapter topics offer personal recollections, from the poetry of *My Mother Tells Me Her Dream* (Nils Peterson), to *Letter to My Son* in which Renata Ferdinand notes several studies of black mothers and daughters. Ferdinand asks, "What about black sons?" Feminist mothering is explored by Dara J. Silberstein in, "But I am a Feminist! Masculinity, Privilege, and Mothering" as she recalls her confusion at the prospect of raising a white, economically privileged male.

Pamela Courtney describes mothering with illness and disability in a culture that "others" the disabled. She details years of pain, exhaustion, and muscle atrophy. Friends asked her how she had "brought such illness upon herself." Eventually her undiagnosed meningitis and thyroid cancer were discovered. Later Courtney learned to mother in a new fashion when her twenty-year-old son became disabled from encephalitis.

The mother of two sons myself, I reflected on my past experiences, and imagined the lives detailed in *Mothers and Sons*. Muhonja and Bernard collected accounts of relationships and the questions mothers ask of ourselves and our sons. What do we know, what are our dreams, what are our realities? Bi-racial sons, black sons, white sons, transgender sons, disabled sons; how do we raise our sons? As the best ethnographies do, *Mothers and Sons* draws the reader into the lived experience of the authors. In *Mothers and Sons*, editors Muhonia and Bernard succeed in bringing to light stories that expose the complexity of relationships. The writings would be useful studies of gender, race, development, and education. A worthwhile read for both scholars and a popular audience, I admire and respect the authors of these chapters. The book presents a new light on mothering and the implicit knowledge and unique insight of mothers.

Leaving Now

Arleen Paré
Halfmoon Bay, British Columbia: Caitlin Press, 2012

REVIEWED BY DORSÍA SMITH SILVA

Told with poignant candor through an unnamed protagonist, Paré unfolds
Leaving Now with a fluid rich mixture of poetry, prose, fairytales, and dra-
matic monologues. As the words pour onto the page, readers are drawn to the
narrator's journey as she leaves her marriage and children to live with another
woman. This painful unraveling of the narrator's family highlights her feel-
ings of guilt, denial, sadness, anger, frustration, and love. By fully reflecting on
these emotions, Paré bares the protagonist's deepest self and offers to readers
a touching story of how we transform life and restore love.

Paré begins the narrator's journey with her leaving her husband and sons.
When she announces that she will depart the household, she centers on her
sons' faces and witnesses how their countenances become broken, split, and
cracked—reminders that she is the catalyst for their pivotal shift of unhap-
piness. This opening scene sets the stage for a tender examination of how we
navigate through the many dimensions of hurt and affection. Consequently,
it perfectly lends to the following section, which focuses on the history of
the protagonist's marriage. Instead, of writing a fairytale of romance, Paré
addresses the narrator's pushed initiation into marriage because she was preg-
nant during the 1970s. Recalling how she sensed the marriage would not
last, the narrator reveals how her husband oddly compared her knuckles to
Polaris missiles: "That he thought my fingers looked like Polaris missiles was
not a good sign" (15). Other tensions haunt their union, especially when the
protagonist wants to work and her husband flaunts his medical career. The
protagonist feels unfulfilled, until she falls in love with another woman. This
pivotal moment brings her to the precipice: "First principle: how could I stay?
Second Principle: how could I not?" (36). Paré invites readers to explore the
constraints within the multiple constructions of mothering and motherhood.
In doing so, she presents a detailed picture of how some modes of mothering
and motherhood may have to be reconfigured for mothers to achieve personal
empowerment and agency.

The next sections grapple with the difficult decisions of whether the narra-
tor should stay in her marriage and household. As she contemplates leaving,
the narrator sharply reminds readers that mothers are missing in fairytales.
With her own forecast for her blissful fairytale ending in doubt, the narrator
ponders, "What happens to the gone mothers? Do they live inside their own

fairytales?" (58). The answer is not clear as the narrator feels revitalized when she divorces her husband and embraces her lesbian identity. However, she also finds herself becoming the dreaded guilty, shameful, and grieving mother for not staying with her children and being more emotionally involved with their lives. The narrator begs the question about how she can pardon her choices: "How to forgive each one by one by one?" (147).

By the end of the text, the narrator's fairytale comes to an end and she closes the book. By reconciling her definition of mothering, she has assuaged her guilt and anguish for dismantling her familial dynamics and leaving her sons. The narrator also finds forgiveness from her children and the opportunity to recover their close relationship when one of her children calls her. This parting scene is vividly heartfelt; it is a moving reminder that Paré's work is a powerful read that will leave readers looking forward to her subsequent texts.

A Pomegranate and the Maiden

Tamara Agha-Jaffar
Augusta, Georgia: Anaphora Literary Press, 2015

REVIEWED BY CASSIE PREMO STEELE

This is an engaging novel in which the characters from the myth of Demeter and Persephone come alive in ways that speak to current relations between mothers and daughters and between men and women. In chapters narrated by such figures as Demeter, Zeus, Hades, Hekate, and Persephone, readers are given diverse—and opposing—points of view about the abduction of Demeter's daughter by the god of the underworld. Perhaps the most interesting and innovative part of the novel is the way human society is woven into the narrative. By incorporating characters from the palace at Eleusis, such as Queen Metaneira and King Keleos, we are given an opportunity to see the allegorical nature of the abduction parable as something that is strikingly closer to reality than myth, even today.

From the very first chapter, Demeter tells her daughter, "Listen to me, my child….[Y]our father, your uncles, all the gods—they are capable of doing terrible things, especially to women" (17). And in the next chapter, Persephone admits to Hekate that she finds her maturing body "awful" (21). Thus the young woman is portrayed as refusing to eat as a way of both rebelling against her mother and attempting to ward off puberty.

This is bookended when, near the end of the story, Metaneira tells her hus-

band, "You don't know what we go through as women. We are denied access to the public life outside our homes. So the only source of meaning available to us comes from our personal relationships. And when those are gone, we have nothing" (156). So once puberty and marriage can be resisted no longer, motherhood is set up as patriarchy's consolation prize for women who hold no other power.

While most narratives about Demeter focus on her mourning the loss of her daughter, what makes this novel unique is the vision revealed to readers about Persephone's time in the underworld. In the midst of this critique of motherhood, we learn that Persephone, although at first resentful and rebellious, ends up having a choice to make. As Hades says to her, "Understand that your power comes from being here. If you deny yourself access to the Land of the Dead, you would be denying yourself access to your power."

Persephone, then, is portrayed as providing an alternative path for women. Rather than gaining affection and a semblance of power through motherhood, Persephone chooses to retain her own power by maintaining an alliance with Hades and a separation from her mother. As she says, "Our roles had been reversed; our relationship had changed. Or perhaps it was just me who had changed. For the first time in my life, I found myself talking to mother as her equal and not her subordinate. Gone was my feeling of inadequacy in her presence. Gone was my fear of making her angry. Gone was my resentment at her attempts to stunt my development. Gone was the power she once wielded over me" (138).

This would be a thought-provoking novel to teach at the undergraduate level when students are contending with many of the same issues that Persephone faces. An even more interesting discussion might occur among women from different backgrounds and generations, however, as the problem of whether women today are able to wield true power outside of motherhood is still an open question.

Contributor Notes

Willow Samara Allen holds a bachelor of arts in political science and East Asian studies (McGill University), a master of arts in political science (Concordia University), and a PhD in education (Simon Fraser University). Her research interests include antiracism and decolonizing pedagogies, white women and white femininity, multiracial families, multiculturalism and immigration, feminisms, and Indigenous education.

Chasity Bailey-Fakhoury, PhD, teaches graduate and undergraduate students in the College of Education at Grand Valley State University. Her research interests are academic achievement, gendered racial socialization, and racial-gender identity development of young children of colour; African American motherwork in predominantly white schools; intersectional analysis of U.S. education; sociology of education; and mixed methods research.

Maryn Belling is a distance PhD student at Texas Tech University studying technical communication and rhetoric. A transplant from New York to Detroit to Rural Arizona, her scholarly interests include teen pregnancy, health literacy, and community literacy. These interests are especially salient in today's political, social, and economic climate. Maryn works for a local philanthropic board and is the only woman in the public works department for her community of 7,500 people.

Lizbett Benge is a native of Seattle, Washington, USA, and is a certified labour and birth doula, playwright, and performer. She is a doctoral student

in the gender studies program at Arizona State University where she studies foster care, motherhood, trauma, and feminist performance theory.

Pat Breton is a PhD candidate in gender, feminist, and women's studies at York University, Toronto, Ontario. Her research areas are violence against women, public policy of unwaged caring labour, mother and child welfare, and neoliberalism. Her work has been published in the *Journal of the Motherhood Initiative for Research and Community*, and the 2014 edited work, *Mothering in the Age of Neoliberalism.*

Jennifer Combe is a mother, artist, and assistant professor of art at The University of Montana where she teaches foundations and art education methods courses. Her artwork addresses the complexity of contemporary motherhood and children's development. More of her work can be found at https://jennifercombe.com. She is invested in teacher education programs that integrate community arts and teaching from a social theory perspective. An online curriculum project she co-founded for The Caucus on Social Theory & Art Education can be found at https://naea.digication.com/cstae/Welcome/published.

Katherine Cottle is the author of *I Remain Yours: Secret Mission Correspondence of My Mormon Great-Grandparents, 1900–1903* (Epistolary Nonfiction, 2014), *Halfway: A Journal through Pregnancy* (Memoir, 2010), and *My Father's Speech: Poems* (Poetry, 2008), all published by Apprentice House/Loyola University Maryland. Forthcoming work is due to appear in T*he Popular Culture Review **and** Social Justice and the American Dream* (Salem Press/Critical Insights Series). Cottle teaches writing at Goucher College and recently completed a collaborative illustrated poetry collection with Shannon Bishop which explores the neglected side talents of historical 20th century Baltimore sideshow figures. You can read more about Cottle and her work at www.katherinecottle.com.

Drew Dakessian is a writer and editor based in Portland, Oregon. She has a bachelor's degree in journalism from the University of Oregon and a master's degree in women, gender, and sexuality studies from Oregon State University. A former newspaper editor and self-proclaimed feminist wordsmith, she blogs at ADHDrew.com and can be reached at Drew@DrewDakessian.com.

Pamela Downe is an associate professor in the Department of Archaeology and Anthropology at the University of Saskatchewan. As a medical anthropologist, her research focuses primarily on the ethnographic study of infec-

tious disease, emerging pandemics, and maternal health. She works in western Canada, the eastern Caribbean, and Central America.

Ara Francis is an associate professor of sociology at College of the Holy Cross, a small liberal arts college in central Massachusetts Her current research explores the alternative death care movement and the rise of death midwifery and end-of-life doula care in the United States in Canada.

Kryn Freehling-Burton is a senior instructor in the Women, Gender, and Sexuality Studies Program at Oregon State University where she also coordinates the online major. She is a co-editor for Demeter's *Performing Motherhood: Artistic, Activist, and Everyday Enactments*. Kryn and her partner have three mostly-grown children and one in high school who dearly misses her siblings.

Cayo Gamber is an associate professor of writing and women's studies at the George Washington University. She currently teaches multiple sections of a writing course titled "Legacies of the Holocaust," in which students interrogate the various ways the Holocaust is remembered. In addition, she teaches the courses "Introduction to Women's Studies" and "From Barbie Dolls to Guerilla Girls: A Study of Women in/and Media."

Katie Bodendorfer Garner, PhD has focused on issues concerning care work and motherhood for almost a decade. She teaches English and GWS classes at North Central College and runs consciousness-raising workshops for mothers. Garner is working on a book covering nearly one hundred interviews with women around the U.S. Her articles can be found at www.drkatiebgarner.com.

Florence Pasche Guignard holds a PhD in the study of religions from the University of Lausanne. She has conducted research and taught at the University of Toronto and in several institutions in Switzerland. Her interdisciplinary scholarship focuses on religions, ritual, gender, embodiment, media and material culture.

Riikka Homanen is a postdoctoral researcher in sociology at Faculty of Social Sciences, University of Helsinki, Finland. She is currently working in the Academy of Finland project "Valuating Lives through Infertility and Dementia: Science, Law and Patient Activism" (VALDA).

Linda Hunter is an assistant professor in the Department of Sociology and Anthropology, University of Guelph as well as the department's undergrad-

uate coordinator. Hunter has published journal articles on the depiction of gender in the media, HIV awareness health campaigns, young mothers, communication and HIV prevention, and on the support needs for HIV-positive women and mothers. She is currently researching teaching methods and the application of interdisciplinary programs, such as fine art, to the study of sociology, with a focus on the representation of motherhood.

Natalie Jolly is the mother of four and an assistant professor of sociology and gender studies at the University of Washington Tacoma. Her research focuses on how women's choices and experiences of pregnancy, childbirth, and motherhood are shaped by various social forces.

Navjotpal Kaur is a doctoral candidate in the Department of Sociology at Memorial University of Newfoundland. Her primary research interests include deviance, gender studies, and body image.

Eva Kratochvil is a shelter worker and Queen's Diamond Jubilee Medal recipient. She participated in Mapping the Blueprint for a National Action Plan on Violence Against Women (2014). Eva was among invited delegates who attended the Global Campaign for Violence Prevention Meeting (World Health Organization) in Geneva, Switzerland, in 2015 and in Ottawa, Canada, in 2017.

Laurie Kruk teaches at Nipissing University in North Bay, Ontario, where she is Full Professor in English Studies. She has published *The Voice is the Story: Conversations with Canadian Writers of Short Fiction* (Mosaic, 2003) and *Double-Voicing the Canadian Short Story* (Ottawa University Press, 2016). She is also the author of three books of poetry: *Theories of the World* (Netherlandic, 1992), *Loving the Alien* (YSP, 2006) and *My Mother Did Not Tell Stories* (Demeter, 2012). Most recently, she has co-edited *Borderlands and Crossroads: Writing the Motherland* (Demeter, 2016), a creative anthology, with poet Jane Satterfield.

Emerson LaCroix is a master of arts candidate in the Department of Sociology and Legal Studies at the University of Waterloo. Emerson is oriented toward qualitative methodology, and his research interests include the sociology of education, classical and contemporary sociological theory, social deviance, and the sociology of health and mental health.

Paula Lang, RSW, MSW, is a social worker and sessional professor in Sault Ste. Marie, Ontario. She is an activist and co-founder of Freedom Sisters

Sault Ste. Marie. As a single mother of two daughters, she is passionate about ending violence against women in her northern community.

Margaret MacDonald is an associate professor at Simon Fraser University whose research interests include Intergenerational programs, pedagogical documentation, and curriculum development in early childhood education. As part of her intergenerational focus she has been working with members of the Sto:lo and Sts'ailes First Nation in British Columbia to document language and cultural revitalization since 2007.

Laura Major, PhD, is head of the English Department at Achva Academic College in Israel and also lectures there in the field of literature. Her research interests include women's narratives, pedagogy, and Holocaust literature.

Kristin Marsh is program director of women's and gender studies and associate professor of sociology at the University of Mary Washington, where she teaches courses on gender and work, sociological theory, stratification, and aging and society. Her current research examines the intersection of gender, motherhood, and age in academe. Kristin earned her PhD from Emory University in 2001.

Michelle Hughes Miller is associate professor in women's and gender studies at the University of South Florida. Her research is on constructions of motherhood within law and policy and violence against women. She recently co-edited *Bad Mothers: Representations, Regulations and Responses* **and** *Addressing Violence against Women on College Campuses.*

Judith Mintz is a PhD candidate in the gender, feminist, and women's studies program at York University. Judith's research articulates critical race theory, feminist embodiment theory, and political economies of health to produce an analysis of contemporary yoga and complimentary health culture in North America. She teaches in gender studies and mothers two children.

Sarah Ivens Moffett is a journalist, an author, and a PhD candidate at the University of Louisville, focusing on artistic approaches to communicating change in female identity after motherhood. Her essays on social issues have appeared in *Marie Claire, The Guardian, The New York Post* and *The Telegraph*, and her collection of essays, *No Regrets,* is published by Random House. Her short stories have appeared in the literary magazines *Hypertext* and *Thoughtful Dog*, and her next book, *Forest Therapy*, will be published in April, 2018 by Little, Brown.

Meaghan Brady Nelson, PhD, is a mother, artist and assistant professor at Middle Tennessee State University. Her research and service centres around the ways collaborative artmaking experiences and critical visual literary can inspire social consciousness and social responsibility, along with her multi-layered identity of becoming a Mothering-ArtAdemic. She collaboratively created the Kids Arts Festival of Tennessee that serves over five thousand community members.

Manon Niquette is a professor in the Department of Information and Communication at Laval University (Québec, Canada), and a researcher at the feminist "Chaire Claire-Bonenfant" and at "Com-Santé." She is currently doing critical research on online pharmaceutical advertising, and, more specifically, on the exploitation of the "mamasphere" as a vehicle for drug promotion.

Andrea O'Reilly, PhD, is professor in the School of Gender, Sexuality and Women's Studies at York University. O'Reilly is founder and director of the Motherhood Initiative for Research and Community Involvement, founder and editor-in-chief of the *Journal of the Motherhood Initiative,* and founder and publisher of Demeter Press. She is the co-editor or editor of twenty books, including *Mothers, Mothering and Motherhood Across Cultural Differences: A Reader* (2014) and *Academic Motherhood in a Post Second Wave Context: Challenges, Strategies, Possibilities* (2012). O'Reilly is author of *Toni Morrison and Motherhood: A Politics of the Heart* (2004), *Rocking the Cradle: Thoughts on Motherhood, Feminism, and the Possibility of Empowered Mothering* (2006), and *Matricentric Feminism: Theory, Activism, and Practice* (2016). She is editor of the first encyclopedia on motherhood, with three volumes and over seven hundred entries (2010). She is a recipient of the CAUT Sarah Shorten Award for outstanding achievements in the promotion of the advancement of women in Canadian universities and colleges. She is twice the recipient of York University's "Professor of the Year Award" for teaching excellence, and in 2014, she was the first inductee into the Museum of Motherhood Hall of Fame.

Nancy Peled teaches English literature and academic reading for preservice English teachers at Oranim Academic College in Israel. Originally from Canada, she lives on a kibbutz, and received her MA and PhD degrees from Haifa University while teaching English and raising her children. Her research interests include representations of witches, wives, and mothers in contemporary narratives.

Lorinda Peterson is a PhD candidate in the Cultural Studies Department

at Queen's University. Her research explores trauma informed mothering practice at the intersection of maternal, trauma, and feminist psychoanalytic theory, and poetry and sequential art/comics praxes. Ms Peterson publishes and presents her work regularly. Her co-edited volume *Mothering in/Through Midlife* is forth coming from Demeter Press.

Kinga Pozniak is an anthropologist at Western University in Canada. Her current research looks at how norms and practices of mothering in Canada have changed over the past generation in relation to the neoliberal turn in politics, economy, and social life. She writes a research blog at www.momthropology.com

Joanna Radbord, LSM, practices family law and constitutional litigation with Martha McCarthy & Company. Joanna has been involved in the leading cases expanding legal recognition for LGBTTQ families and numerous equality interventions at the Supreme Court of Canada. She is the winner of the Law Society Medal, the Canadian Bar Association Hero Award, and the 2017 Zenith Award.

Rosemary Ricciardelli is an associate professor and the coordinator for criminology in the Department of Sociology at Memorial University of Newfoundland. Her primary research interests include evolving conceptualizations of masculinity, social health, and experiences and issues within different facets of the criminal justice system. She is also a mother of four, including twins.

Josephine L. Savarese is an associate professor in the Department of Criminology and Criminal Justice at St. Thomas University in Fredericton, New Brunswick. She is a contributor to Demeter Press publications on mothering research and a firm believer that showcasing mothers' caregiving stories is a gateway to social transformation.

Reena Shadaan is a doctoral candidate in the Faculty of Environmental Studies (FES) at York University. Shadaan's work looks at gender and environmental health, environmental justice, and reproductive justice.

Donna Coplon Sharp is an assistant professor at Bacone College in Muskogee, OK, where she teaches psychology and sociology. Currently at work on her dissertation examining teen girls' use of social network systems for meeting belonging and connection needs, she is the mother of two sons and one daughter.

Dorsía Smith Silva is associate professor of English at the University of Puerto Rico, Río Piedras. She is the co-editor of the *Caribbean without Borders: Caribbean Literature, Language and Culture* (2008) *Critical Perspectives on Caribbean Literature and Culture* (2010), and *Feminist and Critical Perspectives on Caribbean Mothering* (2013), and editor of *Latina/Chicana Mothering* (2011). Her work has appeared in several journals, and she is currently working on three book projects about mothering, which will be published by Demeter Press.

Cassie Premo Steele, Ph.D., is the author of 15 books of poetry, fiction, and nonfiction, including most recently *Tongues in Trees: Poems 1994-2017*, from Unbound Content. She also coaches women writers and can be contacted at cassiepremosteele.com

Katherine Wardi-Zonna is an assistant professor in the Department of Counseling, School Psychology, and Special Education at Edinboro University of Pennsylvania. She received her doctoral degree in counseling psychology from the State University of New York at Buffalo. Dr. Wardi-Zonna has been in private practice for over twenty years with a focus on individual and family therapy. She has a passion for the visual arts and uses art making as an expressive meditation. Currently, she is working toward certification as an art therapist.

——*Call for Papers*——

The editorial board is seeking submissions for Vol. 9.2
Journal of the Motherhood Initiative for
Research and Community Involvement (JMI)
This issue will be published in Fall/Winter 2018

PREGNANCY AND CHILDBIRTH

We welcome submissions from scholars, students, activists, artists, writers and community workers and mothers. We are open to a variety of types of submissions including academic papers from all disciplines and creative submissions and alternative presentations including creative writing and art. Community based and participatory/action research is encouraged.

SUBMISSION GUIDELINES:
Articles should be 15-18 pages (3750 words) including references.
All should be in MLA style, WordPerfect or Word
and IBM compatible.

Please see our style guide for complete details:
http://www.motherhoodinitiative.org/journalsubmission.html

SUBMISSIONS MUST BE RECEIVED BY MAY 1, 2018!

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——*Call for Papers*——

Motherhood Initiative for Research and Community Involvement

MATRICENTRIC FEMINISM:
THEORY, ACTIVISM, POLITICS,
PRACTICE AND REPRESENTATION

May 2-4, 2018, Syracuse University
Piazza Savonarola 15, 50132, Florence, Italy

Keynote Speakers:
Genevieve Vaughan, author of
The Gift in the Heart of Language: The Maternal Source of Meaning;
Julie Stephens, author of
Confronting Postmaternal Thinking: Feminism, Memory and Care;
and Petra Bueskens, editor of
*Mothering and Psychoanalysis: Clinical, Sociological and
Feminist Perspectives*

Motherhood, it could be said, is the unfinished business of feminism. The conference positions mothers' needs and concerns as the starting point for a theory and politic on and for women's empowerment. Maternal scholars maintain that the category of mother is distinct from the category of woman and for women who are mothers, mothering is a significant, if not a defining dimension of their lives, and that, arguably, maternity matters more than gender. They emphasize as well that the category of mother is distinct from the category of woman and that many of the problems mothers face—social, economic, political, cultural, psychological, and so forth—are specific to women's role and identity as mothers. Indeed, mothers are oppressed under patriarchy as women and as mothers. Consequently, mothers need a matricentric mode of feminism organized from and for their particular identity and work as mothers. Indeed, a mother-centred feminism is needed because mothers—arguably more so than women in general—remain disempowered despite forty years of feminism.

Matricentric feminism is explicitly matrifocal in its perspective and emphasis—it begins with the mother and takes seriously the work of

mothering—and is multidisciplinary and multi-theoretical in its perspective. Overall, matricentric feminism, to paraphrase feminist writer and activist Marilyn Waring, seeks to deliver a mode of feminism in which mothers and mothering count. The conference will examine the aims, themes and challenges of matricentric feminism from the perspective of theory, activism, politics, practice and representation as well as from diverse and various cultural and disciplinary standpoints.

The conference considers what changes are needed in public-social policy, health, education, the workplace, the family, and the arts to effect full and lasting gender equality for mothers in the 21st century. More specifically, the conference addresses how best to broker, leverage, mobilize and implement scholarship on maternal empowerment of relevance and of use for activists, service providers and policy makers who work for and on behalf of mothers. As well it will explore literature, film, social media, popular culture and the arts from a matricentric feminist perspective. The conference is multi- and interdisciplinary with scholars from fields as diverse as women and gender studies, anthropology, health studies, law, children studies, religion, political science, English literature, visual art, and psychology. As well the conference includes the voices and perspectives of matricentric activists and writers.

If you are interested in being considered as a presenter,
please submit a 200-word abstract and a 50-word bio
by February 1, 2018
through our website
http://motherhoodinitiative.org/submit-abstract/

** **TO SUBMIT AN ABSTRACT FOR THIS CONFERENCE,
ONE MUST BE A 2018 MEMBER OF MIRCI**
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DEMETER PRESS
Forthcoming

December 2017
The Music of Motherhood:
History, Healing, and Activism
Co-editors: M. Joy Rose,
Lynda Ross, Jennifer Hartmann

Mothering and music are complex and universal events, the structure and function of each show remarkable variability across social domains and different cultures. Although mother studies and studies in music are each recognized as important areas of research, the blending of the two topics is a recent innovation. The chapters in this collection bring together artists and scholars in conversations about the multiple profound relationships that exist between music and mothering. The discussions are varied and exciting. Several of the chapters revolve around the challenges of mothering partnered with a musical career; others look at the affordances that music offers to mothers and children; and some of the chapters examine the ways in which music inspires social and political change, as well as acknowledging the rise of the mom rock phenomenon.

"*Music of Motherhood* is a fascinating read—both an engaging set of short stories and also an academic gem. M. Joy Rose, Lynda Ross, and Jennifer Hartmann have put together an intriguing set of chapters involving a range of methodological approaches and narrative that span the range of insightful research to interesting and moving narrative. The book could just as easily be assigned reading for a music course or example of research methods as it could be a gift for a friend, parent, or musician."
-A. S. Cohen Miller, PhD

Martha Joy Rose is a musician, concert promoter, museum founder, and fine artist. Her work has been published across blogs and academic journals and she has performed with her band Housewives On Prozac on Good Morning America, CNN, and the Oakland Art & Soul Festival to name a few. She is the NOW-NYC recipient of the Susan B. Anthony Award, her Mamapalooza Festival Series has been recognized as "Best in Girl-Power Events" in New York, and her music has appeared on the Billboard Top 100 Dance Charts. She founded the Museum of Motherhood in 2003, created the Motherhood Foundation 501c3 non-profit in 2005, saw it flourish in NYC from 2011-2014, and then pop up at several academic institutions.

Lynda Ross is a professor of women's and gender studies in the Centre for Interdisciplinary Studies at Athabasca University in Alberta. She graduated with a doctoral degree in psychology from the University of New Brunswick in 1998. Lynda's research interests focus on the social construction of theory and 'disorder,' attachment, and motherhood. Tying together these interests, her first book on the subject, *Interrogating Motherhood*, was published by the AU Press in December 2016.

Jennifer Hartmann is an ethnomusicologist, violist, and liturgical vocalist who holds a BMus (history and literature) from Dalhousie University and a MA (musicology) from McGill University. She is currently a PhD candidate at Memorial University of Newfoundland, where her primary research involves the cultural study of wedding string quartets, with a focus on the occupational folklife of gigging musicians. She has also conducted research on the use of bellydance as a coping strategy during pregnancy and labour, inspired by her own experience as an amateur dancer. She lives in Iowa with her husband and two young daughters.

December 2017
250 pages $34.95
ISBN 978-1-77258-134-8

DEMETER PRESS
Forthcoming

December 2017
Finding the Plot: A Maternal Approach to Madness in Literature
By Megan Rogers

December 2017
284 pages $34.95
ISBN 978-1-77258-136-2

Over the past fifty years, feminist literary criticism has become theoretical rather than practical, severing any relationship between literary analysis and the real lived experiences of women. An example of this disconnect is the way in which the madwoman in feminist literature has become a lauded icon of liberation, when in reality her situation would be seen as anything but empowered. *Finding the Plot* takes this example to task, arguing that in fact any interpretation of women's madness as subversive reinforces the very gender stereotypes that feminist literary criticism should be calling into question.

Rogers argues for a radical approach. By constructing a groundbreaking revision of Joseph Campbell's Hero's Journey model, which releases the madwoman from her narrative captivity, *Finding the Plot* will transform the way you read, write, and interpret women's madness in literature.

A truly wonderful addition to both the scholarly and creative market. This book is not only groundbreaking in its theoretical propositions, but is also significant in its contribution to creative practice. The ideas behind the concept of the maternal journey are rigorous and well argued, and the resulting model for writers and story creators is a much needed addition to the creative canon. Dr. Rogers will find herself sitting comfortably alongside the likes of Campbell, Vogler, and Murdock with this book!
-Associate Professor Craig Batty, author of *Movies That Move Us: Screenwriting and the Power of the Protagonist's Journey.*

This extraordinary work seeks to heal the divisions between feminist literary critics in terms of how they understand madness, the interrupted heroic journey, "empowered (non-biological) maternalism" and trans-formation. Rogers brings an enormous erudition to bear on the compelling, controversial, and unresolved questions about fictional mad women in the attic, in the insane asylum, and in life, and what relationship they have and might have to both their critics and readers.
-Phyllis Chesler, author of New York Times bestseller *Women and Madness.*

DEMETER PRESS
Forthcoming

December 2017
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Mothering and music are complex and universal events, the structure and function of each show remarkable variability across social domains and different cultures. Although mother studies and studies in music are each recognized as important areas of research, the blending of the two topics is a recent innovation. The chapters in this collection bring together artists and scholars in conversations about the multiple profound relationships that exist between music and mothering. The discussions are varied and exciting. Several of the chapters revolve around the challenges of mothering partnered with a musical career; others look at the affordances that music offers to mothers and children; and some of the chapters examine the ways in which music inspires social and political change, as well as acknowledging the rise of the mom rock phenomenon.

Martha Joy Rose is a musician, concert promoter, museum founder, and fine artist. Her work has been published across blogs and academic journals and she has performed with her band Housewives On Prozac on Good Morning America, CNN, and the Oakland Art & Soul Festival to name a few. She is the NOW-NYC recipient of the Susan B. Anthony Award, her Mamapalooza Festival Series has been recognized as "Best in Girl-Power Events" in New York, and her music has appeared on the Billboard Top 100 Dance Charts. She founded the Museum of Motherhood in 2003, created the Motherhood Foundation 501c3 non-profit in 2005, saw it flourish in NYC from 2011-2014, and then pop up at several academic institutions. Her current live/work space in Kenwood St. Petersburg, Florida is devoted to the exploration of mother-labor as performance art.

Lynda Ross is a professor of women's and gender studies in the Centre for Interdisciplinary Studies at Athabasca University in Alberta. She graduated with a doctoral degree in psychology from the University of New Brunswick in 1998. Lynda's research interests focus on the social construction of theory and 'disorder,' attachment, and motherhood. Tying together these interests, her first book on the subject, *Interrogating Motherhood*, was published by the AU Press in December 2016.

Jennifer Hartmann is an ethnomusicologist, violist, and liturgical vocalist who holds a BMus (history and literature) from Dalhousie University and a MA (musicology) from McGill University. She is currently a PhD candidate at Memorial University of Newfoundland, where her primary research involves the cultural study of wedding string quartets, with a focus on the occupational folklife of gigging musicians. She has also conducted research on the use of bellydance as a coping strategy during pregnancy and labour, inspired by her own experience as an amateur dancer. She lives in Iowa with her husband and two young daughters.

December 2017
250 pages $34.95
ISBN 978-1-77258-134-8

DEMETER PRESS
Forthcoming

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Forthcoming

February 2018
Everyday World-Making: Toward an Understanding of Affect and Mothering
Editors: Julia Lane and Eleonora Joensuu
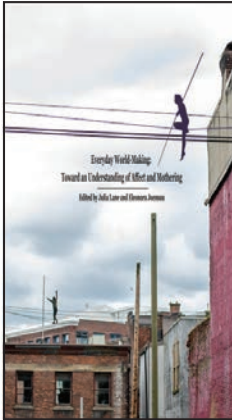
This cross-disciplinary collection considers the intersection of affect and mothering, with the aim of expanding both the experiential and theoretical frameworks that guide our understanding of mothering and of theories of affect. It brings together creative, reflective, poetic, and theoretical pieces to question, challenge, and re-conceptualize motherhood through the lens of affect, and affect through the lens of motherhood. The collection also aims to explore less examined mothering experiences such as failure, disgust, and ambivalence in order to challenge normative paradigms and narratives surrounding mothers and mothering. The authors in this collection demonstrate the theoretical and practical possibilities opened up by a simultaneous consideration of affect and mothering, thereby broadening our understanding of the complexities and nuances of the always changing experiences of affect and mothering.

"*Maneouverability* is a fresh, authentic and inclusive opening to a question we don't give enough space to: what can affect theory bring to our understanding of the mothering(s) we witness and experience in this moment? Helpfully, the book also seeks to answer an opposing question: what can the mothering(s) we know and see bring to an understanding of this vast and growing thing, affect theory? This will be an important reader for scholars and classes looking for a multi-genre collection of works exploring the relationship between affect and the maternal in its various forms. A pleasure to read, and an exciting opening to a much-needed conversation."
-Kim Mulder MA, BC teacher of Secondary English and Researcher with the Canada's Early Women Writers Database.

"This book provides a beautiful, visceral and expansive conceptualization of mothering, legitimizing the contradictions and messy everydayness that exists alongside the moments of pure wonder and revealing the interconnectedness of it all. The editors bravely expose the intimate realms of affect and mothering, a space that is theoretically far too underexplored. It is an empowering book that makes one feel like anything is possible. A book that actively defies westernized theories of the autonomous self, revealing instead the communal, relational, and always changing aspects of mothering."
-Melinda Vandenbeld Giles, Editor of *Mothering in the Age of Neoliberalism*

February 2018
274 pages $34.95
ISBN 978-1-77258-140-9

DEMETER PRESS
Forthcoming

DEMETER PRESS
Recently Released

March 2017
Bad Mothers: Regulations,
Representations, and Resistance
Edited by Michelle Hughes Miller,
Tamar Hager, and Rebecca
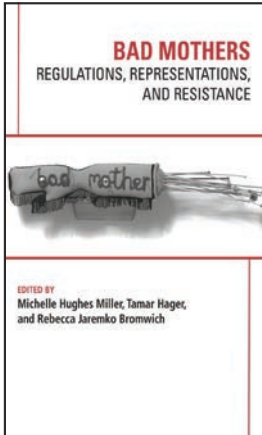
March 2017
343 pages $34.95
ISBN 978-1-77258-103-4

While the image or construct of the "good mother" has been the focus of many research projects, the "bad mother," as a discursive construct, and also mothers who do "bad" things as complicated, agentic social actors, have been quite neglected, despite the prevalence of the image of the bad mother across late modern societies. The few researchers who address this powerful social image point out that bad mothers are culturally identified by what they do, yet they are also socially recognized by who they are. Mothers become potentially bad when they behave or express opinions that diverge from, or challenge, social or gender norms, or when they deviate from mainstream, white, middle class, heterosexual, nondisabled normativity.

When suspected of being bad mothers, women are surveilled, and may be disciplined, punished or otherwise excluded, by various official agents (i.e. legal, medical and welfare institutions), as well as by their relatives, friends and communities. Too often, women are judged and punished without clear evidence that they are neglecting or abusing their children. Frequently they are blamed for the marginal sociocultural context in which they are mothering. This anthology presents empirical, theoretical and creative works that address the construct of the bad mother and the lived realities of mothers labeled as bad. Throughout the volume, the editors consider voices and acts of resistance to bad mother constructions, demonstrating that mothers, across time and across domains, have individually and collectively taken a stand against this destructive label.

"*Bad Mothers* makes a significant contribution to understanding how the constructed 'dangerous mother' continues to trouble major institutional areas such as law, governance, economy, and child protection services in ways that reveal why our society remains invested in marginalizing mothers instead of seriously addressing the numerous, interconnecting obstacles they face in raising children."
—ERICA S. LAWSON, Associate Professor, Department of Women's Studies and Feminist Research, University of Western Ontario

"Through visual and literary works, this collection demonstrates the resistance of those who refuse to conform to the institutions that earn them the label of bad mothers."
—ARLENE SGOUTAS, Associate Professor and Director, Institute for Women's Studies and Services, Metropolitan State University of Denver

DEMETER PRESS
Recently Released

May 2017
Listening to the Beat of Our Drum:
Indigenous Parenting in a Contemporary Society
Edited by Dr. Carrie Bourassa, Elder Betty McKenna, and Dr. Darlene Juschka

Listening t*o the Beat of Our Drum: Indigenous Parenting in a Contemporary Society* is a collection of stories, inspired by a wealth of experiences across space and time from a kokum, an auntie, two-spirit parents, a Metis mother, a Tlinglit/Anishnabe Métis mother and an allied feminist mother. This book is born out of the need to share experiences and story. Storytelling is one of the most powerful forms of passing on teachings and values that we have in our Indigenous communities. This book weaves personal stories to explore mothering practices and examines historical contexts and underpinnings that contribute to contemporary parenting practices. We share our stories with the hope that it will resonate with readers whether they are in the classroom or in the community. Like our contributors, we are from all walks of life, sharing diverse perspectives about mothering whether it be as a mother, auntie, kokum or other adopted role.

May 2017
125 pages $29.95
ISBN 978-1-77258-106-5

"The diversity of these stories of parenting is indicative of the diversity we see in the Indigenous communities of Turtle Island. The authors share their past colonial experiences yet bring hope by expressing how current cultural practices are imbedded in their parenting. Listening to the Beat of Our Own Drum is a testament to the decolonization of communities, families, and parenting."
—LYNN LAVALLÉE, Associate Professor, School of Social Work, Ryerson University

"A fresh, fascinating and instructive book with a forward-looking approach in terms of the healing and regeneration of Indigenous parenting. These often personal stories come from a variety of experiences, lenses, and underrepresented voices, making an engaging read and attesting to the ongoing strength of extended Indigenous families."
—KIM ANDERSON, Associate Professor, Department of Family Relations and Applied Nutrition, University of Guelph

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Recently Released

Placenta Wit: Mother Stories, Rituals, and Research
Edited by Nané Jordan
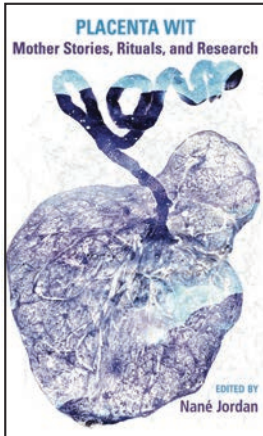
Placenta Wit is an interdisciplinary anthology of stories, rituals, and research that explores mothers' contemporary and traditional uses of the human afterbirth. Authors inspire, provoke and highlight diverse understandings of the placenta and its role in mothers' creative life-giving. Through medicalization of childbirth, many North American mothers do not have access to their babies' placentas, nor would many think to. Placentas are often considered to be medical property, and/or viewed as the refuse of birth. Yet there is now greater understanding of mother and baby-centred birth care, in which careful treatment of the placenta and cord can play an integral role. In reclaiming birth at home and in clinical settings, mothers are choosing to keep their placentas. There is a revival, and survival, of family and community rituals with the placenta and umbilical cord, including burying, art making, and consuming for therapeutic use. Claiming and honouring the placenta may play a vital role in understanding the sacredness of birth and the gift of life that mothers bring. Placenta Wit gathers narrative accounts, scholarly essays, creative pieces and artwork from this emergence of placental interests and uses. This collection includes understandings from birth cultures and communities such as home-birth, hospital-birth, midwifery, doula, Indigenous, and feminist perspectives. Once lost, now found, *Placenta Wit* authors capably handle and care for this wise organ at the roots of motherhood, and life itself.

"Nané Jordan's anthology, *Placenta Wit*, is completely fresh and original; the concept of "placental thinking" is striking and the essays are compelling—intelligent and persuasive. The book reads like the unfolding of a profound mystery, but with absolutely fascinating scientific evidence and support material. There is much wisdom and spirituality in these expositions!"
—VICKI NOBLE, author of *Shakti Woman: Feeling Our Fire, Healing Our World*, and *The Double Goddess: Women Sharing Power*

"*Placenta Wit* merges theory and practice from a diversity of cultures and perspectives, to champion this primal organ that cries out from implantation and critical birthing moments to its re-emergence in transition rituals — for respect and ethical human decision-making. Sound evidence evolves from the lived experience of mothers, midwives, and holistic health practitioners, harmonizing the placenta's molecular, genetic, and symbolic endowments, to deftly challenge the patriarchal, often dismissive metaphors and rituals of the biomedical model. These life-affirming and culturally sensitive metaphors and practices for the care and disposition of the placenta, which together effect the relational human beings that we shall become, will stay with practitioners and scholars long after their first reading of *Placenta Wit*."
—DOROTHY LANDER, Arts-in-Health Researcher, Antigonish, Nova Scotia

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Recently Released

Toni Morrison on Mothers and Motherhood
Edited by Lee Baxter and Martha Satz

This collection of essays explores the gamut of Toni Morrison's novels from her earliest to her most recent. Each of the essays examines the various ways in which Morrison's work delineates and interrogates Western culture's ideological norms of mothers, motherhood, and mothering. The essays consider Morrison's female, and in some cases male, characters as challenging the concept that mothering and motherhood is a stable notion. The essays reveal both that mothering is a central concept in Morrison's work and that an examination of this pervasive notion illuminates her corpus as a whole. Toni Morrison on Mothers and Motherhood offers a wide range of scholarship that provides a compelling look at Morrison's work through an array of interdisciplinary approaches that are grounded in feminist/gender studies. This interdisciplinary collection of essays will be of interest to scholars and critics concerned with the notions of how we define mother/motherhood/mothering and the problem of its interpretation within Western society, as well as those engaged in the interpretation of African-American literature, and Morrison's work in particular.

"The essays in *Toni Morrison on Mothers and Motherhood* explore Morrison's complex and nuanced treatment of mothering. The collection strongly enriches the scholarship on Morrison Studies, providing original insights into her earlier work and, importantly, illuminating her recent novels, such as
Home and God Help the Child."
—ANISSA JANINE WARDI, Professor of English, Chatham University, author of Water and African American Memory: An Ecocritical Perspective

"This collection on Toni Morrison's oeuvre reshapes definitions of mothering in her novels and expands our working knowledge of families under intersectional pressures, both in the works and in the world. Fans and critics of Morrison, as well as motherhood and family scholars, particularly those interested in the practice of othermothering, will find this book enlightening. Explored are nonnormative 'mothers,' oppressions that enable the conditions of 'bad' mothering, and the effects of absent/poor mothering on children. These essays are essential reading for those interested in mothering and Morrison."
—NICOLE L. WILLEY, Professor of English, Kent State University Tuscarawas

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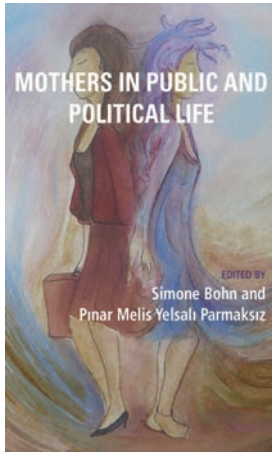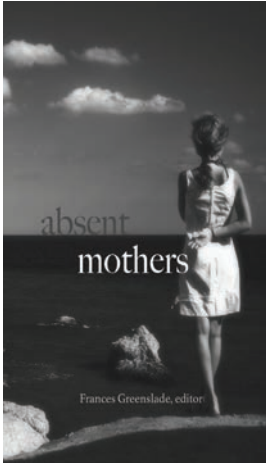please email info@demeterpress.org

DEMETER PRESS
Recently Released

Mothers in Public and Political Life
Edited by Simone Bohn
and Pınar Melis Yelsalı Parmaksız

Even though in most nations women are at least almost half of the population, in very few countries do they occupy a similar space in the formal institutions of political power. They are said to lack a key element for a successful career in public life: time. From this perspective, no one is worse off than women who are mothers. From another perspective, however, motherhood is thought to help politicize women, as this life-changing experience makes them aware of the limitations of some specific public policies (such as child-care, parental leave, gendered labor practices etc.) as well as more conscious of the centrality of more encompassing public policies, such as education, health care, and social assistance. This book explores the challenges, obstacles, opportunities and experiences of mothers who take part in political and/or public life.

"This wide-ranging collection of chapters about mothers in political and public life provides compelling accounts that counter dominant and widely accepted narratives about the ways in which mothers have historically been, currently are, and can be, involved in public and political life. It shows how mothers, stereotypically relegated to the private sphere, have had a diverse range of engagements with the public sphere of politics, activism, and leadership."
—REBECCA BROMWICH, practicing lawyer, and Director of the Graduate
Diploma in Conflict Resolution Program, Carleton University

"*Mothers in Public and Political Life* covers a wide geography spanning from North America, including Canada and the U.S., to Europe—covering Germany and Turkey, and then back to the South—Ecuador, Brasil, and Argentina. What connects these countries is the mothers, as Simone Bohn and Pınar Yelsalı Parmaksız present various examples on mothers' interactions both in formal and informal political institutions. Developing a 'matricentric' perspective that considers mothers' agency and their subjectivities as primary, articles not only cover a wide geography of space but also different historical periods and current ethnographic evidence. Chapters should be considered by feminist readers as a timely contribution to the study of motherhood, as the book diligently illustrates that mothers and their political participation have always been on the feminist agenda around the globe."
—HANDE BIRKALAN-GEDIK, Professor of Anthropology, Folklore and Gender Studies, Yeditepe University, Istanbul

DEMETER PRESS
Recently Released

Absent Mothers
Edited by Frances Greenslade

Missing, dead, disappeared, or otherwise absent mothers haunt us and the stories we tell ourselves. Our literature, from fairytales like *Cinderella* and *The Little Mermaid* to popular narratives like Cheryl Strayed's recent book *Wild*, is peopled with motherless children. The absent mother, whether in literature or life, may force us to forge an independent identity. But she can also leave a mother-shaped hole and a howling loneliness that dogs us through our adult lives. This anthology explores the theme of absent mothers from scholars and creative writers, who tell personal stories and provide the theoretical framework to recognize and begin to understand the impact of motherlessness that ripples through our cultures and our art.

"*Absent Mothers* sheds much needed light on the neglected topic of losing one's mother and speaks truth to the painful and often-sentimentalized experiences of growing up or living with an absent mother. The collection's personal and creative reflections explored through poetry, short prose, and scholarly writings provide a wealth of cultural and geographical diversity and offers a refreshing understanding of this uncomfortable and complex topic."
—Fiona Joy Green, author of *Practicing Feminist Mothering* and Professor of Women's and Gender Studies, University of Winnipeg, Manitoba, Canada

September 2017
119 pages $24.95
ISBN 978-1-77258-123-2

"*Absent Mothers* offers a multidisciplinary look at maternal absence—defined as both the experiences of motherless children and of mothers who have lost their children, willingly or not—from literary, cultural, political and deeply personal perspectives. The emphasis on Indigenous voices confronting this primal wound is especially timely as Twenty-First-century Canadians attempt to redress our troubled history with First Nations as a result of the lingering legacy of colonization and its destructive impact on families."
—Laurie Kruk, Professor, Nipissing University (English Studies), author of *My Mother Did Not Tell Stories* (2012) and co-editor of *Borderlands and Crossroads: Writing the Motherland* (2016)

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Recently Released

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September 2017
Happily Ever After: Empowering Women and Mothers in Relationships
Edited by Dr. Linda Rose Ennis.

AFTER THE HAPPILY EVER AFTER
Empowering Women and Mothers in Relationships

Linda Rose Ennis

September 2017
274 pages $34.95
ISBN 978-1-77258-128-7

This book is about the two-tiered system and invisible imbalance that operates within the framework of the family. It is about the fantasy of the "happily-ever- after," which the wedding industry promotes and Western society reinforces. Why are we hanging onto this faux happiness at the expense of our future well-being? Why don't we wonder what happened after "they lived happily ever after" and if, in fact, they really do? What I hope to achieve by writing this book is to rattle the cage of young brides, about to embark on this journey, to talk about these issues with their future partners and to set the system up in a more equal way, so no one is caught off guard if and when things crumble. It will be difficult to achieve this task because no one wants to think about things falling apart before the marriage even begins, and most certainly it sours the sweetness of the fantasy of the "happily ever after," as we know it. What we don't realize is that there will be less bitterness and upset for the family, especially for the children, if we pursue this line of thinking. Isn't that the real "happily-ever-after?"

This collection of diverse and innovative essays intervenes into the challenging and complex dynamics of our modern-day conceptions of marriage, and more importantly, what comes next after a couple chooses to wed. The various contributions to this volume will enlighten readers regarding the many ways in which marriage is an evolving process over the many stages of one's life, as well as the various external and internal challenges that must continually be confronted and addressed in order to sustain relational satisfaction and happiness. This book also expands our idea of the "good" marriage, and contributes to scholarship on gender, family studies, family law, and motherhood, by confronting the impacts of kinship, gender, sexuality, financial and professional identities, parenting norms, and new and emerging contexts (such as social media, the legal sphere, the challenges of worklife balance, and our neo-liberal political climate) on creating, and maintaining, a "happily ever after."
—JENNIFER BORDA, Associate Professor of Communication, University of New Hampshire, and editor of *The Motherhood Business: Consumption, Communication, and Privilege*

Using intersectional feminist, legal, and economic theory, *After the Happily Ever After* analyzes how the interconnecting institutions of marriage, parenthood, and sexuality are (re)formed by and for young adults and beyond. Whether straight or gay, married or single, a parent or child-free, a novice or expert scholar, this anthology will prove to be enlightening, thought-provoking, and strikingly relevant.
—KATIE B. GARNER, English & Gender Studies, North Central College

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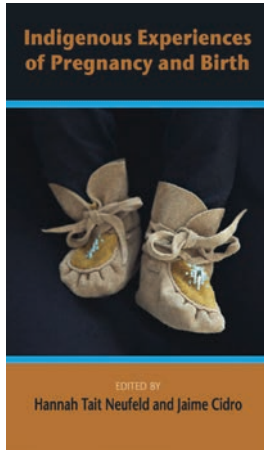please email info@demeterpress.org

DEMETER PRESS
Recently Released

Indigenous Experiences of Pregnancy and Birth
Edited by Hannah Tait Neufeld and Jaime Cidro

October 2017
208 pages $34.95
ISBN 978-1-77258-135-5

Traditional midwifery, culture, customs, understandings, and meanings surrounding pregnancy and birth are grounded in distinct epistemologies and worldviews that have sustained Indigenous women and their families since time immemorial. Years of colonization, however, have impacted the degree to which women have choice in the place and ways they carry and deliver their babies. As nations such as Canada became colonized, traditional gender roles were seen as an impediment. The forced rearrangement of these gender roles was highly disruptive to family structures. Indigenous women quickly lost their social and legal status as being dependent on fathers and then husbands. The traditional structures of communities became replaced with colonially informed governance, which reinforced patriarchy and paternalism. The authors in this book carefully consider these historic interactions and their impacts on Indigenous women's experiences. As the first section of the book describes, pregnancy is a time when women reflect on their bodies as a space for the development of life. Foods prepared and consumed, ceremony and other activities engaged in are no longer a focus solely for the mother, but also for the child she is carrying. Authors from a variety of places and perspectives thoughtfully express the historical along with contemporary forces positively and negatively impacting prenatal behaviours and traditional practices. Place and culture in relation to birth are explored in the second half of the book from locations in Canada such as Manitoba, Ontario, British Columbia, the Northwest Territories, and Aotearoa. The reclaiming and revitalization of birthing practices along with rejuvenating forms of traditional knowledge form the foundation for exploration into these experiences from a political perspective. It is an important part of decolonization to acknowledge policies such as birth evacuation as being grounded in systemic racism. The act of returning birth to communities and revitalizing Indigenous prenatal practices are affirmation of sustained resilience and strength, instead of a one-sided process of reconciliation.

This book makes a compelling contribution to the field of Indigenous and maternal studies. The editors have put together a powerful collection that honours the spirit of pregnancy and birth, and the strength and resilience of Indigenous women and families. By acknowledging the ceremony of birth in relation to contemporary Indigenous issues, such as forced evacuation and water protection, the editors contextualize the layers of meaning embedded in returning birth to Indigenous communities. This book serves as an expression of the creative acts of resistance that have always defined Indigenous motherhood.
—JENNIFER BRANT, Faculty of Education, University of Manitoba, co-editor of *Forever Loved: Exposing the Hidden Crisis of Missing and Murdered Indigenous Women and Girls in Canada*
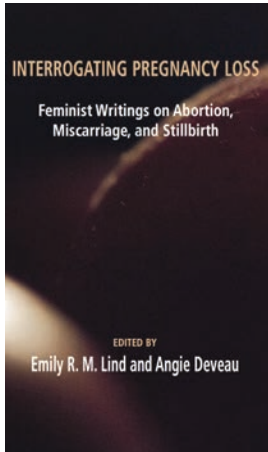
DEMETER PRESS
Recently Released

November 2017
Interrogating Pregnancy Loss: Feminist Writings on Abortion, Miscarriage, and Stillbirth
Edited by Emily R. M. Lind and Angie Deveau

Whereas biomedical and feminist literature treat abortion, miscarriage, and stillbirth as differently conceptualized events, this collection explores the connections between these three categories. How have feminist debates and strategies around reproductive choice invigorated the cultural conversation about miscarriage and stillbirth? How can we imagine more nuanced engagements with the spectrum of experiences that are at stake when a pregnancy ends? And how can we effectively create a space where pregnant people contend with the ways that loss makes meaning for those who grieve and/or celebrate the end of pregnancy?

This collection centres pregnancy loss as an embodied and social phenomenon within a framework that understands pregnancy as a process with no guaranteed outcomes. *Interrogating Pregnancy Loss* considers pregnancy as an epistemic source, one that has the capacity to reveal the limits of our collective assumptions about temporality, expectation, narrative, and social legitimacy. By interrogating loss, this collection argues that the lessons learned from loss have the capacity to serve our collective understandings of both the expected and unexpected rhythms of social and reproductive life.

November 2017
252 pages $34.95
ISBN 978-1-77258-023-5

"*Interrogating Pregnancy Loss* addresses with poignancy and nuance topics that are too often discussed myopically or ignored completely by feminist academics. By delving into the socially and emotionally complex dimensions of abortion, miscarriage, and stillbirth, this volume provides a truly ground-breaking contribution to feminist motherhood scholarship."
—VANESSA REIMER, editor of *Angels on Earth: Mothering, Religion, and Spirituality,* and blogger at Loss Mama

"*Interrogating Pregnancy Loss* challenges its readers to think about pregnancy as a state of being—as an embodied social phenomenon—as experiencing rather than merely expecting. As such, through scholarly literature as well as through narrative, we understand pregnancy loss more than an object to be studied. This edited text is written in such a way as to be useful to theorists, scholars doing empirical research, as well as practitioners, and lay audiences."
—DEBORAH DAVIDSON, Associate Professor, York University

DEMETER PRESS
Recently Released

November 2017
Mothers, Mothering, and Globalization
Edited by Dorsía Smith Silva, Laila Malik,
and Abigail L. Palko

Mothers, Mothering, and Globalization is an anthology that cogently and powerfully examines the diverse and complex experiences of motherhood and mothering from a broad interdisciplinary perspective. The lucid analysis of how globalization influences the lives of mothers, especially in regard to cultural, political, historical, social, and economic factors, provides a compelling examination of the myriad of relationships between mothering and globalization. The collection also surveys multiple approaches to mothers, mothering, and globalization and contributes to a nascent dialogue through its interrogation of the impact of globalization on mothers and mothering practices through the lenses of feminist ideologies; literary criticism; and cultural, social, and economic analyses.

"Here is a book that insists on taking a topic that has been exhaustively explored—globalization—but provides a new lens with which to study it, mothering and motherhood. In this fine collection, the editors and contributors beautifully outline globalization's impact on women who identify as mothers, providing interdisciplinary approaches to rethink motherhood and maternal roles on a global scale."
—CRISTINA HERRERA, Associate Professor and Chair, Department of Chicano and Latin American Studies, California State University, Fresno

"This collection brings to light the impact of globalizing employment pat- terns, migration and precarious living as well as the rapidly shifting social context in which norms and values around mothering are forged. Through these stories we hear the voices of mothers as they navigate complex motherhood roles that often demand absence from children or forms of resistance to social norms and cultural expectations. We hear in the voices of women in this book that mothering is complicated work and challenges emerge from many dimensions—social, economic, political and geographic. The stories bring to life both the necessity and the processes for difficult choices from within an often economically and culturally limited array of options."
—JILL ALLISON, Global Health Coordinator, Memorial University of New- foundland, author of M*otherhood and Infertility in Ireland: Understanding the Presence of Absence*

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284 pages $34.95
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