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978-0-521-84438-3 - Reconceiving Pregnancy and Childcare: Ethics, Experience, and Reproductive Labor

Amy Mullin

Excerpt

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Introduction

Both pregnancy and the provision of childcare are socially valued only (if at all) in relation to the child borne or reared. There is very little interest in the experiences of pregnant women or in the few men and many women who are primary providers of childcare, either paid or unpaid. There is some social interest in questions about how to increase the likelihood of positive outcomes for pregnancy and the provision of childcare, but these positive outcomes are thought of solely in terms of the types of pregnancy and childcare that are most beneficial for the children, either expected or already born.

Very little attention is paid to what these experiences mean to pregnant women or to the men and women providing childcare and to what can make those experiences better or worse. Moreover, these experiences are thought to be of interest only to those who have them. It is assumed that those who are not and never plan to be pregnant and those who do not and never plan to provide childcare have nothing to learn from reflecting on those experiences.

This is so partly because the experiences are misconceived as belonging solely to the natural rather than also to the social realm, and in fact any challenges to the naturalness of these experiences, particularly when the role of biology is separated from the activity of caring for a fetus or a child, are harshly critiqued and presented as undue interferences of the social order with the natural order. Thus, for instance, we hear dire predictions of the social consequences of gestation separate from a biological relation to a child or of keeping those who are genetically related to a child from raising that child.

Pregnant women are assumed both to be the biological mothers of the children they gestate and to go on to raise those children, unless they are radically deficient in some way. Early childcare is thought by

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many to be best undertaken by mothers or, if the mothers are unfit or unavailable, then by lone individuals who step in to replace (not supplement or coordinate care with) the biological mother. Many forms of alternate childcare arrangements are anxiously examined to see how “mother-like” they are, with a child either having his or her “real mom” replaced or with that child seen as fortunate in having a “second mom” who cares for him or her when the “real mom” is not available. This “second mom” is typically underpaid and temporary and has little control over decisions affecting the child. More collective or collaborative methods of providing childcare are seldom explored or taken seriously.

In this book I look at the impact of pregnancy on pregnant women, and the impact of providing childcare on the caregivers. I seek to correct false assumptions, found in both popular and academic discussions of these topics. I look at these two types of experiences together primarily for three reasons. (1) Some of the same false assumptions are made about both types of kinds of reproductive labor.¹ Both are often overlooked and devalued, taken seriously only insofar as they affect children and babies. In neither case is the work involved in reproductive labor sufficiently recognized or explored. Both pregnancy and childcare are presented as experiences that raise moral questions only when there are competing interests on the part of the different parties involved: the pregnant woman and her fetus, the child and his or her caregivers, or the different caregivers. (2) Both are experiences available only to women or chiefly had by women. Pregnancy happens only to biological females, while providers of childcare, both paid and unpaid, are predominantly but not exclusively female. (3) Finally, both experiences will differ dramatically depending on a number of factors. These include whether or not those who have them are socially approved or socially supported. In both cases, those whose practices differ from societal expectations about pregnancy and childcare, those who cannot conform to expectations about motherhood, in particular, will find their concerns either overlooked or belittled.

Not only do I address issues such as pregnancy and the provision of childcare to young children, which are directly associated with children, either expected or arrived, but I attend also to aspects of those experiences that go beyond concern with the fetus’s or child’s welfare, for instance, the impact of the disruption of bodily habits on pregnant women or how care providers are seen by other adults who hire them or work with them.

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The method I use to examine these questions is informed by work in feminist philosophy. I am a feminist philosopher and engage with other philosophers' work, of feminists and nonfeminists. As a feminist I am committed to paying attention to sex and gender with the goal of ending sexism, whether directed toward women or toward men. I also reflect on my own experiences with pregnancy and childcare, conversations and informal interviews I have had with others who provide childcare in a variety of different contexts, and finally I make use of the work of feminists working in a variety of other disciplines, particularly sociology, anthropology, geography, economics, and nursing. Here I have tried to respond to sociologist Linda Blum's lament that "[p]aradoxically, some feminist philosophers call for such situated knowledges, for research on local or specific subjectivities, yet they pay little (or no) attention to the critical, qualitative sociology that continually tries to produce such knowledge" (Blum 1999, 255).

One way that some feminist theorists have attempted to rethink our understanding of women's reproductive experiences involves reliance on (a suitably revamped, feminist version of) psychoanalytic theory. I do not entirely ignore these works, because some of them, particularly the works of Julia Kristeva (1980, 1986, 1997) on pregnancy and Nancy Chodorow (1999) on parenting, have been important attempts to reconceive these experiences in ways that respect their significance and take women's subjective experiences of them seriously. However, taking a cue from the work of Iris Marion Young, another feminist philosopher whose work on pregnancy has been groundbreaking, I consider Kristeva's work "outside the psychoanalytic framework Kristeva uses" (Young 1984, 48). I made this choice for several reasons. First, I find psychoanalytic thought unpersuasive as a whole, especially when it makes generalizations about the experiences of women, or of men, and in this book I seek to pay attention to the diversity of experiences of engaging in reproductive labor. Second, the vocabulary generally used in these studies is often relatively inaccessible to the uninitiated. Third and finally, although I find the work of many people influenced by psychoanalytic thought to be helpful in thinking through these topics, I have not found the theory itself helpful to my own attempts to think about them.

Instead, somewhat to my initial surprise, I have found throughout the book that much of my thinking about pregnancy and the provision of childcare has been influenced by work done in critical disability studies, particularly the work of feminist disability theorists such as Jenny Morris, Carol Thomas, and Susan Wendell. I found this work very

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helpful in thinking about the role of illness, impairment, and lack of social accommodation to bodily needs in pregnancy in chapter 2. Disability theorists and feminist philosophers such as Barbara Hillyer (1993), Carol Thomas (1997 and 1999), Eva Feder Kittay (1999), and Jenny Morris (2001) have studied the provision of childcare when either the caregivers or the children involved have mental or physical impairments. I found this work very important to the project of challenging assumptions about what childcare in general should be like, and who should do it, as I discuss in chapters 4 and 5. Finally, disability studies has led me to think about the extent to which discussions of pregnancy and childcare tend to assume that pregnant women and children's caregivers will be without physical and mental impairments. When disability and impairment are discussed, they are typically presented as features of fetuses that should be avoided or that justify abortion, rather than as characteristics of children, caregivers, and the context of providing care that many caregivers must take into account.

Although my focus in this book is on experiences, this does not mean that I believe that we have incorrigible insight into the nature of our experiences or that our experiences can be taken as definitive of the nature of our situations. We can fail to become reflectively aware of aspects of our experience, and our experiences may be distorted by powerful ideologies. It is possible, for instance, to be oppressed even when one does not feel it. Moreover, my focus on the experiences of women who are pregnant and the men and women who provide childcare for very young children does not mean that these experiences are either universally shared or sufficient to constitute a shared identity for those who have them. Instead, there are some aspects of the experiences that are generally shared, others that are very idiosyncratic, and still others that vary with features that are shared by a group of but not by all pregnant women or childcare providers.

Many readers might expect that a book about pregnancy and childcare would devote a great deal of time and attention to questions about birth. I do discuss birth, in a brief chapter, but I do not concentrate on it to the degree that I concentrate on pregnancy and childcare. This is for two reasons. First, probably because of the dramatic nature of birth, women's reflections on and accounts of pregnancy are already focused more on birth than on either the preceding nine months or the transition to becoming a parent. Strikingly, the main form of education and group support that pregnant women are likely to experience comes in the form of childbirth preparation classes. For instance,

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I was offered seven weeks of three-hour-long classes to prepare me for childbirth, and one two-hour session to prepare me for caring for my newborn child. Second, feminist attention to reproductive labor has also focused more on birth than on the rest of pregnancy or the provision of childcare.

Many feminists have offered important critiques of the biomedical model of childbirth and have taken an interest in women's experiences of birth, but similar attention has not been directed to women's experiences with pregnancy and the provision of childcare. As a result, rather than devoting a full-length chapter to the topic of birth, I make some brief remarks about it in the short chapter between the part of the book devoted to pregnancy and the part of the book devoted to childcare. I explain why I do not focus more on birth and summarize some of the important feminist work that has been done on women's experiences of birth. I also discuss how to reconcile recognition of the value of feminist critiques of medicalized childbirth with women's ongoing choice of hospitals as a birth setting and with awareness of the need for medical interventions in many births and pregnancies. I seek to avoid what Linda Layne recognizes as the shared feature of both the medicalized and the most common feminist approach, which is emphasis on control and the supposition that birth ends happily when control is properly applied (Layne 2003b).

The first three chapters of the book are devoted to thinking about pregnancy. The first chapter begins by exploring misconceptions of pregnancy by looking at how pregnancy is understood by two philosophers, Plato and Nietzsche, who made frequent use of metaphors of pregnancy. I do not claim that these views of pregnancy have been particularly influential; instead, I suggest that they help to reveal some widespread misconceptions about pregnancy. One widespread misconception is that bodily pregnancies have nothing in common with the kind of intellectual growth and creativity often metaphorically associated with pregnancy. Instead, bodily pregnancies are seen as creative only in the physical sense. Another misconception of pregnancy suggests that pregnancy is to be valued solely because of its product. Next, I discuss some art works as examples of ways in which artists do or do not contest the view of bodily pregnancy traced above in Plato and Nietzsche. I suggest that some art works highlight women's experiences of change during bodily pregnancy, in a way that makes it possible to begin to ask questions about the sharp dichotomy between physical and spiritual pregnancies, the priority given to the latter, and the assumption that the former, at

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least, are to be valued only because and only when they lead to the birth of children.

In the last section of this chapter, I ask questions raised by my discussion of those art works by turning to some of the recently published narratives of women's experiences with pregnancy. I suggest why we should welcome these narratives and why they should be of interest both to people who are, have been, or are thinking about becoming pregnant, and also to people who will not or cannot become pregnant. However, I also indicate that we should not expect that these narratives on their own will give us clear insight into the many different ways in which women experience pregnancy or into how oppressive cultural understandings of pregnancy affect women's experiences. Instead, these narratives need to be supplemented by philosophical analysis of pregnancy.

As mentioned above, there has been little sustained philosophical attention to pregnancy. Where philosophical attention has been previously directed to pregnancy, the focus is almost always on unwanted pregnancies and questions about abortion. Wanted (or not entirely unwanted) pregnancies have received very little theoretical investigation. While some popular works attending to women's experiences of pregnancy have begun to emerge (such as Cecilia Cancellaro's *Pregnancy Stories: Real Women Share the Joys, Fears, Thrills, and Anxieties of Pregnancy from Conception to Birth* (2001)), there has not been much sustained philosophical attention to what such experiences suggest and reveal. In the second chapter, I give a phenomenology of wanted pregnancies. I briefly define phenomenology as the reflective description of human experience in an attempt to explore the meanings embodied in habit, feeling, and perception. In this chapter I focus primarily on the ways in which wanted pregnancies have elements in common both with other consciously chosen and directed projects and with sudden illnesses or, for some women, suddenly acquired impairments. I distinguish between illness and disability and between impairment and disability along the lines of disability activists such as Liz Crow (1996) and Jenny Morris (2001).

It is only when we take the experiences of pregnant women and childcare providers seriously that we can explore their ethical significance, which is the topic I take up in my third chapter. In this chapter, I argue that attention to pregnant embodiment is an important first step in seeking to understand the ethical significance of pregnancy. I therefore agree with those feminists (Vangie Bergum 1990, Susan Dwyer 1998, Eugenie Gatens-Robinson 1992, and Catriona Mackenzie 1992) who urge us to

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take the phenomenology of pregnancy seriously in our moral theory. However, we must be sure to do this in a way that, first, pays attention to patterns of difference in women's experiences of pregnancy, seeking to identify which differences are ethically significant. Second, our approach must focus as much on welcome and wanted as unwelcome pregnancies, and not make an overly sharp distinction between the two. Third and finally, our theorizing must attempt to appreciate both what is distinct about experiences of pregnancy and where there are areas of overlap between those experiences and other experiences of reproductive labor. Here we can analyze how ideologies of motherhood affect women who are pregnant or who breastfeed as well as men and women who care for young children.

After the brief chapter on birth, I move in the fifth chapter to the topic of childcare. As with the chapters on pregnancy, I begin by confronting some of the false and dangerous misconceptions about this stage of reproductive labor and then seek to present an alternative understanding of it. I concentrate on the impact of what I term the ideology of motherhood on the provision of childcare. The ideology of motherhood, like all ideological constructions, makes claims both about what its subject is like and what it should be like, often blurring the line between the two. Feminist philosopher Patrice DiQuinzio (1999) labels the ideology of motherhood "essential motherhood" and argues that essential motherhood represents women's mothering as both a natural and a private activity.

I further characterize the ideology of motherhood as committed to a view in which mothers meet all the emotional needs of their young children, care for their bodies, and keep them safe, while fathers provide the material resources required for this mothering work. Neither mothers nor children are expected to have significant disabilities. Mothering work is meant to occur chiefly in private homes, and whenever children enter into more public domains, mothers are expected to continue not only to keep the children safe but also to ensure that the children do not make significant demands on any other adults. This chapter seeks to reconceive the work involved in caring for young children in ways that challenge the false and dangerous assumptions involved in the ideology of motherhood.

First, I summarize one of the most important feminist philosophical challenges to essential motherhood. This challenge involves recognition that the provision of care to children is not natural and instinctive but is instead a social practice requiring specific skills and aiming at specific

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outcomes. Feminist philosophers Sara Ruddick (1989) and Virginia Held (1993) speak respectively of this work as done by “maternal thinkers” or “mothering persons.”

Second, I suggest that asking who counts as maternal thinkers or mothering persons is one useful way to organize our thinking about other important challenges to essential motherhood. Here we need not only to recognize the diverse persons who are actually doing the work, but also to think about how our recognition of this diversity requires us to change our understanding of what is involved in being a maternal thinker. In the process, it will become clear that there are problems in continuing to describe this work in terms that associate it with mothers.

Third and finally, recognition of the variety of different ways in which childcare may be provided needs to be supplemented by an evaluation of those differences. In this evaluation we must pay attention to several factors, some of which might push us in different directions in attempting to rank different forms of care. We must focus attention both on the needs and interests of those who are receiving the care and the needs and interests of those who are providing it. Moreover, we must think about how the benefits and the burdens of childcare work are distributed differently to people of different sexes, social classes, and ethnicities and how the work itself is conceived differently when provided by people with those different social locations.

Throughout this book, I have tried to suggest that experiences of engaging in reproductive labor can have relevance for other aspects of life and that these experiences should be of interest not only to people who have them or plan to have them, but also to people who will never engage in them. In the sixth chapter, I examine the case made for the maternal thinking described in chapter 5 as an ethical paradigm. I argue that some feminist theorists, such as Lorraine Code (1991), Sarah Lucia Hoagland (1991), and Marilyn Friedman (1993), who argue that relations between children and their caregivers are poor models for caring relations more generally, make an overly sharp contrast between friendship and relationships between children and their caregivers. In doing so, they obscure some ethically significant features of each type of relationship. In particular, they miss the extent to which good relations between children and their caregivers may be characterized by mutuality and reciprocity, and they miss the extent to which friendship can be compatible with inequalities in status and resources and with dependence of one person on another or others.

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One reason for the sharp dichotomy between the two sorts of relationships has to do with the extent to which the theorists in question understand relations between children and their caregivers in a limited way, conforming to relations involving children and mothers that fit an ideology of motherhood. This was explored in chapter 5. According to this ideology, one person alone meets the needs of a child and makes decisions on his or her behalf. Furthermore, this mother or mother-like person is not expected to seek to meet her or his own needs. Even in contemporary North American society, many children are not cared for in this way. For instance, many of their caregivers are paid, and some of them work collectively. Thinking about a spectrum of relations between children and their caregivers lets us contest some of the assumptions made by theorists who rightly observe differences in the relations that adults have with one another and those they have with dependent children but who miss the continuities between the two sorts of relationship.

In the conclusion to the book, I reflect on my arguments and my findings. Feminist philosopher Christine Overall asks: “Why is the ethics of child care and childrearing not a distinct field within applied ethics?” (Overall 1996, 167). Ethical theory has too often assumed male experience as the norm. As a result, it fails to analyze ethically significant experiences that are available only or chiefly to women. This failure deprives us not only of theoretical reflection on the experiences themselves, but also of the insights that can be gained when those experiences are compared with others of acknowledged ethical significance. In seeking first to explore the phenomena of pregnancy and childcare in all their richness and diversity, and then to think about their ethical significance, this book seeks to begin to redress those failures.

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Chapter 1

Pregnancy Misconceived

1. INTRODUCTION

This book is devoted to rethinking pregnancy and the provision of child-care from a feminist perspective. Representations of these experiences in popular culture and philosophy alike have too often distorted them. As a backdrop to my revisioning of these experiences, I present, in the opening sections of this chapter, some philosophers and artists who have what I see as troubling approaches to pregnancy. I choose these philosophers and artists not because I claim they have had widespread influence on popular culture, but instead because they serve as more extreme, and therefore more obvious, versions of similarly troubling views of pregnancy present in the larger culture.

Feminist theorists have for many years now lamented the absence of accounts of pregnancy from women's own point of view. Writing in 1984, feminist philosopher Iris Marion Young argued: "We should not be surprised to learn that discourse on pregnancy omits subjectivity, for the specific experience of women has been absent from most of our culture's discourse about human experience and history" (1984, 45). More recently, Moira Gatens suggests that experiences such as pregnancy are largely absent from the public arena not only because they are experiences of women, but also because they are bodily or, as she terms it, embodied experiences. She writes that the public arena "will not tolerate an embodied speech" (1996, 26).

Women's stories of their pregnancies have recently entered the public arena, with books aimed at popular audiences (such as the one I discuss below in this chapter) and academic studies alike. However, it will be difficult to get these stories taken seriously if we do not first dispel widespread misconceptions about pregnancy. Some of these