

Mothering as Identity-Work

Long-Term Breastfeeding and Intensive Motherhood

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This article argues for an anthropological engagement with parenting as “identity-work” in a bid to extend parenting studies beyond the more traditional focus on kinship, and also expand what “kinship” might mean to anthropologists. That is, it proposes a deeper exploration of how relatedness is enacted in conjunction with constructions of the self. Attention to identity-work—in this case the narrative processes of self-making that parents engage in as they raise their children—is borne of an argument that for a certain strata of parents in the UK, the word “parent” has shifted from a noun denoting a relationship with a child (something you are), to a verb (something you do). As Hays notes in *The Cultural Contradictions of Motherhood* (1996), “ideal” parenting is financially, physically and emotionally intensive, and parents are encouraged to spend a large amount of time, energy and money in raising their children. Further, as Lee and Bristow argue in the forthcoming volume *Individual Freedom, Autonomy and the State*, parenting is now an occupation in which adults (most typically, mothers) are expected to be emotionally absorbed and become personally fulfilled.

As an anthropologist, I have carried out research with “attachment mothers” in London, UK, who practice a philosophy valuing maternal-infant proximity over a long period of time, typically breastfeeding on cue, co-sleeping and baby-wearing. I met my informants through La Leche League International, the world’s foremost breastfeeding support organization. In accordance with their interpretation of the La Leche philosophy, the women I work with breastfeed “to full-term,” following a pattern

mothers in the organization are attachment parents, nor breastfeed to full-term. My marginal sample represents one particular permutation of “intensive mothering,” which is sometimes opposed to and at other times in congruence with wider norms of childcare.

Infant Feeding

Among all the elements of mothering, infant feeding is the one that is most conspicuously moralized. Because of its vital importance for the survival and healthy development of infants, feeding is a highly scrutinized domain, meaning mothers must undertake a significant amount of identity-work to counter any charges of practicing unusual, harmful or morally suspect feeding techniques. This topic is discussed in depth in Murphy’s “Breast is Best: Infant Feeding Decisions and Maternal Deviance” (*Sociology of Health and Illness* 21[2]) and Lee’s “Health, Morality, and Infant Feeding” (*Sociology of Health and Illness* 29[7]).

Infant feeding operates as a “signal issue,” both determining and indexing philosophies of parenting—as well as one’s capacities as a mother, since it is usually mothers who carry out this task—by boxing women off into different parenting “camps.” There are no statistics for the number of children breastfed beyond a year in the UK, though the Department of Health notes that by six months 75% of children are fully weaned. Women breastfeeding to full-term are therefore unconventional, inviting critical engagement with the “accountability strategies” they undertake as part of their identity-work (ie, how they explain why they do what they do). Typically, women narrate their decision to continue breastfeeding as most natural, scientifically best and “what feels right in my heart.”

frame by which women communicate and sustain their identity. For the women I work with, this is understood to come at the cost of other means of self-fashioning such as through employed labor, arguably a central social vehicle for identity-work in Britain today. The majority of women in my sample (64%) were not working outside of the home at the time of interviewing. They therefore avoided “juggling” what Sharon Hays refers to as the cultural contradictions of motherhood—the opposing logics of the home and marketplace—by engaging in full-time mothering. Yet they remained subject to the more pervasive values this contradiction engenders and sustains—that is, that mothering is in logical opposition to the marketplace, and that children are, quite literally, “priceless” (see Zelizer’s *Pricing the Priceless Child*). For many women, mothering—and the endless amount of groups and committees now associated with it—serves as an unpaid career. This is not a phenomenon satisfactorily explicated under the traditional anthropological rubric of “kinship.”

Within anthropology, accounts of interactions between parents and children generally come under a heading of kinship. In the past, kinship as politico-jural institution was the mainstay of social anthropology. Today, as Carsten’s *Cultures of Relatedness* indicates, kinship is more often characterized by problematizing that anthropological heritage in preference for examining the meaning (as opposed to the structural-function) of relatedness. Accounts of new reproductive technologies that map the slippage between “natural” and “cultural” groundings for this relatedness have been a major site for analysis. To the extent that an anthropology of parenting might be concerned with socialization and ideas of nature (the child as raw ingredient) and culture (the adult as refined product), the study of mothering as identity-work can be said to pay homage to this tradition in kinship studies. But it is perhaps more accurate and constructive to note that this work comes out of anthropolog-

ical, historical and sociological writing questioning the cultural and historical contingency of parenting practices—those tasks undertaken by an adult caretaker to ensure that the child is reproduced into the next generation—such as the work of Mead, Ariès, Badinter and Hardyment.

Accountability and the Good Parent

To argue for an anthropology of parenting is not to suggest a move away from kinship per se. Indeed, it is relatedness that makes mothering a morally loaded occupation for women and that invites anthropological attention. There are many ways in which middle-class parents can choose to raise their children—with the Gina Ford or Dr Spock method, with breast or bottle, with smacking or without. Yet to echo Strathern, this is not simply a matter of choosing between alternatives, but a choice that engenders accountability. In contemporary liberalism the responsible moral actor is not one who conforms blindly to expert or even popular recommendations. Rather, as Murphy notes in *The Sociological Review* (51[4]), “she is expected to subject such recommendations to evaluation and questioning, operating as an informed consumer.” Those who are not reflexive, informed consumers are deemed irresponsible or in need of education.

In *Kinship, Law and the Unexpected* (2005) Marilyn Strathern uses a vignette, drawn from the work of Daniel Miller, that illustrates how after children are born mothers are occupied by risk-avoidance and optimization, the means of which are a constant subject of debate:

...the young mother is placed in a position of responsibility by her knowledge of the effects of these substances and toys on the growing body, and on the growing mind and sets of behaviours... the child seems to embody the conscientiousness with which the mother has acted on her knowledge and stuck to her principles... its development reflects the application of her own knowledge.

Why is this so critical for a mother? Strathern notes that a

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COMMENTARY

of lactation supposedly imitating a hominid blueprint of care. Ideally, this means that a mother breastfeeds until her child outgrows the need—whether at a year old or eight years old. Certainly, not all

Identity, Kinship and Relatedness

To a greater degree than ever before women are encouraged to self-identify through mothering and to see mothering as the primary



actions with community members locally instantiate national health campaigns, advocating this same neoliberal sensibility of self-care, most visibly in the form of large standardized murals.

In an example of how the trope of community responsibility for locally producing health in medically appropriate ways is experienced, one social worker expressed to me the frustration she felt when state health workers chastised her after she reported a case of dengue fever. Officials in the capital city told her that she had inadequately taught community members to keep a clean community but, as she vented to me, she was burnt out from telling them to sweep the streets more often and that they needed to take more responsibility for the community's health—there was only so much she could do. Rather than arguing that it was the state government's responsibility to provide anti-mosquito powder for standing water, or to improve the basic infrastructure, she interpreted this interaction as an example of the community's

inadequately socialized relationship to itself. This highlights how being a responsibly socialized subject in the face of health risk thus involves following specif-

Within this setting, women were socialized as appropriate pregnant subjects in ways that implicated their own self-care practices rather than affective ties toward their future children.

ically proscribed self-care practices on both the individual and community levels.

As I have written this essay while still in the thick of fieldwork, it has involved thinking about how to theorize the enactment of reproductive politics in micro and macro

interactions, making sense of the field while still immersed in it. Although most of the presented data illustrates a top-down approach to biomedical socialization, my observations in a neighboring community open more questions about the ongoing internalization of these socialization modes and incorporation of local health idioms into biomedical frameworks. One couple earnestly explained to me

(when I asked about local ideas about "making health"), "No, we don't have anything really

cultural, we just listen to the doctor." Later in the conversation they explained that if pregnant women did not indulge particular kinds of food cravings, their babies would be born with their mouths open and as children they will greedily reach for those same foods. This side comment raises interesting questions about the degree to which socialization practices that make biomedicine the dominant trope for self-care regimes in Oaxaca also expand the domain of what may be brought under the label of medical knowledge, as medical insistence on self-care practices dovetails neatly with existing ways to be a good reproductive subject outside of biomedical discourses.

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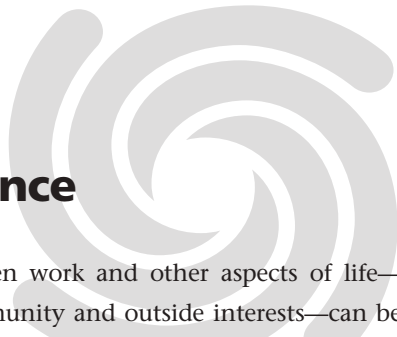
AN Call for Proposals for an Ongoing Series

Work–Life Balance

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In September 2008 we introduced an ongoing commentary series addressing these challenges, as well as strategies developed to meet them. We welcome proposals for future commentaries on this topic.

To participate in this ongoing series, email a 300-word proposal and 50-100-word author bio to AN editor Dinah Winnick (dwinnick@aaanet.org). Selected writers will be invited to contribute a 1000-1400-word commentary.



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parent shares a body with the child twice over:

First is the body of genetic inheritance, a given, a matter regarded colloquially as of common blood or common substance. Second is the body that is a sign of the parent's devotion—or neglect—and it is in this middle class milieu above all through the application of knowledge that the parent's efforts make this body...[Miller] jokes that the child grows the mother.

In a discursive environment in which breastfeeding is widely promoted as healthiest for infants, but where "informed" parents disagree on the preferred length of breastfeeding, long-term breastfeeding becomes a highly moralized affair intersecting in complex ways with the establishment of maternal identity. Being on the margins of mainstream practices is often uncomfortable for women practicing full-term breastfeeding, and they report feeling isolated from family and

friends as much as "society" at large. Accountability strategies justifying the choice to breastfeed to full-term (implementing both scientific and affective arguments) carry considerable moral weight for the women using them, at once putting their decisions beyond debate, cementing their authority in congruence with wider social trends, and bolstering their sense of identity as mothers. Such identity-work is clearly key in such women's lives, and thus must be included in anthropological research on parenting. We might further ask: If mothers and fathers consider parenting a central and fundamental part of their identity-work, how might this push anthropology to reconceptualize what kinship means?

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