CHANNELING LA CHARIT: TOWARDS AN

INTERSECTIONAL UNDERSTANDING

OF CARE-BASED ETHICS IN

PUBLIC MATERNITY

by

Katherine E. Rompel, M.A.

A thesis submitted to the Graduate Council of
Texas State University in partial fulfillment
of the requirements for the degree of
Master of Arts
with a Major in Applied Philosophy & Ethics
May 2014

Committee Members:

Lijun Yuan, Chair

Audrey McKinney

Holly Lewis

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DEDICATION

Dedicated to Paula Albertson Brager, Julianne Albertson Rompel, Christopher Rompel, Machelle Dunlop and Mackayla Hawke Stone – five individuals whose commitment, love and support for their families and communities have inspired these words therein.

ACKNOWLEDGEMENTS

I would first like to convey my sincere appreciation to my thesis chair and mentor, Prof. Lijun Yuan, for her patience, understanding, and incalculable wisdom. I am grateful for her advice and support throughout the thesis writing process, as well as her continued support of my graduate studies in philosophy and sociology. *Xièxie jiàoshòu*.

I would also like to thank Prof. Audrey McKinney and Prof. Holly Lewis for their compassion, insightfulness, and encouragement as both thesis committee members, and guides, throughout my philosophical studies.

My sincere thanks also goes to Prof. Patti Giuffre, for assisting in my introduction to sociological theory, and for her guidance during my progression in the field; and to Phillip Ogle, Laura Johnson Brown, Tim Brown and Prof. Bob Fischer, four individuals whose good humor and spiritual support carried me through this degree, and to whom I am forever grateful.

Lastly, I would like to thank my parents, Julianne Albertson Rompel and Christopher Rompel, and my brother, Christian Rompel, for their steadfast love, faith and care throughout my life.

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I.   INTRODUCTION

William-Adolphe Bouguereau, *La Charit* (1878)

I chose to title my paper after the painting *La Charit* (Charity) by William-Adolphe

Bouguereau (1878) for it serves as an ideal visual representation of the arguments to be

drawn out in this thesis. Women and the roles they have in society are a popular theme in

the arts, and this masterpiece of Bouguereau does more than exemplify the artist's

reoccurring motif of the female form through a realist lens; it seems to tell a story about a

certain kind of female.

In *La Charit* sits a woman on the steps of a Grecian structure. While at first her

slightly rounded cheeks and youthful radiance would create for the audience a picture of

a young lady coming into maturity, closer examination would find that the physical

features are more developed, shoulders broad and arms long. The light is a ripened one,

the maternal glow found on many women who have entered the realm of motherhood. These two worlds of youth and maturity coverage at the woman's temple, where her hair is covered humbly by a white veil, a symbol of the Virgin Mary, a near-universal maternal personage. In her arms and sitting at her feet are five nude children, each one of a unique appearance that does not signify a biological attachment to the woman on the steps. She cradles three of these babes in her lap, nestling them to bared breasts that indicate her commitment to nurse the children and foster their physical growth from her own natural milk that she freely gives. Settled at her feet are the other two youths, one seeking shelter in the folds of the woman's skirts while the other looks over several books she has placed near her. Here she signifies her intent to educate the children, to share with them the gift of knowledge that opens up the world in which they live. Finally, an overturned vessel of gold and silver coins spills out between these two at her feet: no matter what the cost, this woman will ensure the happiness and prosperity of these youth. This painting is a wonderful, albeit idealized, symbol of caring in action, an individual's efforts to devote attention to those around them who are vulnerable and who, in their defenseless state, require the nurture and support of a maternal figure. Even the somewhat ambiguous setting displayed in the painting, where the characters appear to be seated on the steps of a school or church or courthouse… all are symbols of the environment in which this woman plans on fostering the children, a province of wisdom, benevolence and justice.

I want to embark on a critical exploration of this non-biological maternal figure in the community, highlighting the role of the maternal figure in society beyond the private realm of the household, and presenting how this individual performs other-directed duties

in the public domain as well. Wishing to build a philosophical framework around the concept of public maternal care, I will explore the ethics and role of the non-biological maternal figure both as primary provider and in addition to the primary provider. I will underscore the maternal figure in society, who this figure is, what the figure's role is as nurturer, supporter and provider, and extend that role to individuals with a non-biological attachment to the cared-for. I am creating, in the words of Yosef Jabareen, an "interpretative approach to social reality," pointing out examples of this *othermother* figure (Collins, 2000) already in the community, and highlighting the importance of this role in society at large.

In this paper I am not restricting the maternal role to only women. It is the shared responsibility of both women *and* men to extend an ethic of caring to individuals in their community. (Ruddick, 1995; Kittay, 1999) However, women's particular role in this position, given the social, cultural and political history of violence and oppression against the female gender (Epstein, 2007), will receive some additional emphasis. Also, while I am using the painting *La Charit* as a visual representation of the theme which I am discussing in this thesis, I am merely emphasizing the maternal *actions* of the character in the artwork, with no purposeful paralleling of whiteness with her activities. This is an *intersectional*[1] focus on maternal thinking and public maternity, where I draw attention to the multiple systems of oppression which limit an individual's ability to fulfill the obligations as caregiver to a child, and I promote a care-based model of society where all inhabitants interact in an interdependent network. Supporting Kittay's argument that all

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[1] An intersectional approach in critical theory considers the interactions of various disenfranchised groups. Coined by Kimberlé Williams Crenshaw in 1989, intersectionality allows for an inclusive discussion within feminist theory, one that recognizes an individual's ability to encounter discrimination from multiple fronts, dispelling the notion of a single view of gender, race or class oppression.

individuals rely upon care at some point in their lives, making dependency an indispensable factor within the human experience, I argue that the public maternity found in such a community is performed by *all* inhabitants in varying degrees of service.

In this thesis I wish to highlight the feminist philosophies of four major contributors to care-focused ethical studies, particularly where these individuals discuss maternal ethics and the role in a community that a mothering figure plays. I will draw out their work over several chapters, each of which will build upon the former in drawing out my case for the care ethics within public maternity.

Starting with Sara Ruddick and her views on *maternal thinking*, I will point to a more inclusive approach to the mothering practice that takes into account the diverse conditions in which individuals are raising children. Ruddick's philosophical work focuses on the ways in which the role of *mother* in a society is really more of a practice than the result of mere biological function. She notes how this role can be extended to non-biological individuals as well as men, with an emphasis on the actual rearing of the child, rather than the bearing that brought it into this world. In *Maternal Thinking*, she outlines three central goals of maternal practice: (1) the preservation of the life of the child, (2) the fostering of the child's growth and (3) the nurturing of a socially acceptable child. (Ruddick, 1995) Using these objectives, Ruddick strongly argues that "society should not trivialize maternal practice" (Tong, 2009: 182), for within these relationships between the mothering figure and the child dependent there is a "unity of reflection, judgment and emotion" (Tong, 2009: 182), serving as the foundation of *maternal practice*. The first dimension, the preservation of the life (Ruddick, 1995: 65) of the child, stems from how the maternal figure is first the caretaker of the child, responsible

for the well-being of this vulnerable entity which cannot survive in the world without the shelter of its custodian. Ruddick notes that mothers possess the "virtue of scrutiny" (Tong, 2009: 182) and use this to create a safe environment in which their child can grow without the dangers of lasting or mortal harm. The second goal, the fostering of the child's growth (Ruddick, 1995: 82), is where the maternal role can influence the child positively in its mental, physical and emotional development. Thirdly, a mother should nurture a socially acceptable child. (Ruddick, 1995: 103) What this means is that maternal persons should take care that the child is evolving into well-rounded individual, one who can interact in society, be a "law-abiding citizen" (Tong, 2009: 185), but also possess an independent nature that will allow the child to make informed decisions and take care of itself. I hope to emphasize with Ruddick's work the role of the non-biological maternal figure in regard to these factors, creating a nuanced look at the maternal goals in context of critiques outlined by Jean Keller, Alison Bailey and Patricia Hill Collins.

I will then use this nuanced approach in my review of the role of the *doula* in society (as explained by Eva Feder Kittay), highlighting various examples of these maternal roles already found in the community, and explaining how caring individuals find equal regard in a patriarchal society. Kittay focuses her arguments from a gender-neutral point of view, and one that does not essentialize the role of women in society, perpetuating the false notion that all women come by motherhood naturally, or the "mythology that all mothers are good mothers." (Tong, 2009: 193) The author introduces the role of the dependency worker (doula), an individual who cares for a dependent, one who is vulnerable and cannot survive without an outside authority for nurture and

support. This worker is responsible for the safety and well-being of the dependent. In regards to the non-biological maternal roles I am discussing, Kittay's dependency worker view will emphasize the gender-neutral element of the role I am highlighting in this thesis, while also allowing me to explore the disenfranchisement of women in maternal-like services that makes public support of the doulia system, and the doula role, hard-fought, but essential. This section will also allow me to point out that the mother-child (nurturer/dependent) relationship model extends beyond the home to be mimicked in society at large. Collins will also enhance this section with a discussion of *othermother* roles in society. Collins looks at the African-American community and the role that a mother plays, finding that the tasks associated with this individual go beyond the single biological entity and spread out to a number of individuals that foster the growth, care and education of youths in urban communities. I will consider the various forms in which these non-biological maternal roles materialize in a community at large through the work of foster and adoptive relations, social services, and dependency workers.

Finally, I will wrap up my arguments with Virginia Held and Patricia Hill Collins, looking at the enhancement of the quality of the relationships interacting in the private and public domains through a defense of Held's arguments for a caring justice in the community. Held's views on social relationships stress a re-structuring of the societal paradigm of "good human relationships." (Tong, 2009: 189) Held notes that while in the past "law and government or the economy" (Held, 2006: 113) are the systems in which we build our society, morality and the relationships we interact in, these very structures are patriarchal in nature, and do not allow for an equal (gender neutral) view of morality. Rather, a model should be built that gives equal regard to women and the private realm in

which they have worked in for so many centuries. She states that maternal roles would view life beyond the competition and struggle of the public sphere, and allow also for the "cooperation, consensus and community" (Tong, 2009: 189) found in private domains. Using Held's framework, I will discuss where the ethics of justice and care can work together to "reduce the pressures for political conflict and legal coercion." (Held, 2006: 137) Held argues that "care and its related concerns of trust and mutual consideration seem… to form and to uphold the wider network of relations within which issues of rights and justice, utility, and the virtues should be raised." (Held, 2006: 136) She claims that caring societies focus on relationships between individuals, and highlights how communities which "cultivate practices that promote caring activities and considerate discourse throughout the society" (Held, 2006: 137) limit the ego-centered industrial competitiveness that dominates this culture.

Finally, Patricia Hill Collins' work on the fostering of growth, care, and education of youth in urban communities, combined with Held's *caring justice* outlook, expands Kittay's doulia system into the public realm. While these relationships form to nurture children, there also comes out of these connections a mutual bonding that lends a hand to community activism within antagonistic political circumstances. Here the care-based ethical model serves to mediate hostile situations, and allows communities to rearrange themselves, evolving from the system of ego-centered individualists into an interdependent social organism.

By the end of this thesis, I hope to have created a solid foundation for the understanding of the care ethics surrounding public maternity and the caring individuals who work within it, as well as emphasized the necessity of their work in the community.

Furthermore, by underscoring the *maternal* figure in society, and extending that role to individuals with a non-biological attachment to the cared-for, the interdependent networks of nurturing that are created by these people can aid in new socio-political movements, providing a progressive model of society which works to free itself from the gender, race and class discriminations that harm individuals in a continuously unfolding world.

II.   AN INTERSECTIONAL UNDERSTANDING
OF MATERNAL THINKING

"Motherhood is a choice you make every day, to put someone else's happiness and well-being ahead of your own, to teach the hard lessons, to do the right thing even when you're not sure what the right thing is... and to forgive yourself, over and over again, for doing everything wrong."

Donna Ball

Society as it currently stands is patriarchal[2] in nature, a hegemonically masculine

organism where law and the economy (Held, 2006: 113) are the systems by which we

create and understand our society, morality, and the relationships we interact in. The

ideology[3] governing the masses speaks of independence, personal freedom, personal

responsibility and a 'boot-strappy' survival mentality. (Held, 2006: 39) These traits are

not in their nature negative, with intentions to directly hinder or harm an individual.

However, they have the potential to indirectly harm individuals who are challenged by

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[2] A patriarchal social system is one in which the primary positions of power and influence (publically and privately) are occupied by male leaders. According to feminist theorists, patriarchal structures systematically oppress women through the replication and exertion of male authority over females in society. Responsibilities which are traditionally assigned to women like child rearing and housework are marginalized, while influential positions like provider and disciplinarian are conventionally employed by men. Many feminist philosophers also note strong dichotomies being promoted in the community, with sharp lines being drawn between perceived 'male traits' like rationality, independence and dominance, and 'female traits' like intuition, dependence and submissiveness.

[3] I am referring to the promotion of individualism and self-interest in America. The history of this ideology can be traced back to John Locke's notion of individual freedom, one of several philosophical treatises which were highly influential during the establishment of the American government. While the nation's founders "assumed that the freedom of individuals to pursue their own ends would be tempered by… concern for the common good" (Andre and Velasquez, 1991), America's modern capitalistic economic system hinders this compromise. As capitalism regards the production and sale of goods through private entities, with profit and growth being the motivation and objective, the 'common good' can become lost or forgotten in the pursuit of financial reward. I should note that there are varying degrees of capitalism being used around the world, even in countries like Sweden or Denmark who regularly provide public aide for their citizens. The system in America is unique, and is entangled in the nation's complex history of liberty, property and politics.

present social inequalities, and who are not surrounded by caring or financially-stable networks.

One sees the effects of such dogmas[4] in our education institutions, courts and legislation in the form of zero-tolerance policies for children in the schoolyard (Cassidy and Jackson, 2005) and 'three strikes' policies for adults who commit mild offences. An ideology which caters solely to the work and merits of an individual does not account for the interdependent networks within which that individual was raised, nor the social privileges one might receive, and does not have built into it the ability to bend for those who, due to their personal circumstances, are unable to meet the expectations of its rule.

It should be noted that there is found within these social structures private and public agencies which attempt to provide sustenance for those affected by the present socio-economic inequalities. Some of the money from taxes is channeled to social welfare offices and family & child protective services, where it is divided into direct care, like food aid and financial assistance, and indirect care, like funding the administrative costs of social service providers. Charities and non-profit organizations raise money and accept donated goods from patrons, and provide a myriad of services from food pantries to education assistance to private homeless shelters. Caring services are also available, but the degree to which they are utilized far outpaces the amount of funding that is allotted and/or donated. At all levels there simply isn't enough.

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[4] Patriarchy and the capitalistically-driven self-interest in America do not necessarily exist together, as if one relied upon the other to operate. However, when the two are present in the same community their partnership works to the benefit of the other. One such example, provided by Heidi Hartmann, points to the concept of the 'family wage' in the 19th century: In paying males more so that the wives can manage the home and rear the children, the capitalistic model is supporting patriarchal structures which favor the separation of male and female labor, and how it is valued. Capitalists also benefit in this case, through their indirect control of gendered social systems (and, in this same fashion, race and class social systems.) (Hartmann, 1976)

Furthermore, in such a society it is the immediate family that receives focus and attention, and where individuals are expected to harness their full potential. Here one evolves into a well-rounded individual, one who can interact in society, but is also independent in making decisions for oneself and one's family. This seems sound in its intentions, but does not account for a very significant challenge: not all families are alike. Not all parents are loving, kind, affectionate and protective. Not all homes are found in safe neighborhoods, constructed for warmth and proper shelter, and near well-funded, top-tier schools. Not all families have enough food, or water, or time for their children. Not all children have an equal shot at becoming a well-rounded individual, a "law-abiding citizen." (Tong, 2009: 185) Not all families promote values of compassion and understanding, continuing to teach "racial discrimination, class oppression, [and] gender domination" (Held, 2006: 132) to their children. Furthermore, the historical treatment of women who become mothers, from assumptions about post-partum depression and mothers who don't breastfeed, to stereotypes surrounding single mothers and mothers with children by more than one father, have controlled the many images of motherhood, contributing to the varied mythos which slander and villainize many of those who take up the role.

That being the case, these patriarchal systems are not the proper platform on which to build a community based on care, compassion and "good human relationships." (Tong, 2009: 189) A healthy society reaches out to its people, and provides understanding and support. By discussing maternal thinking as it unfolds in the private home, one can have a better understanding of the connections between maternal ethics and caring practices in society at large. In the development of my advocacy for public

maternity, I must first look at the structure of caring individuals, at the underlying traits that embody the spirit of maternal care. For this, I turn to the philosophy of Sara Ruddick.

Ruddick analyzes maternal care not only as labor, but as the intellectual development of a sacred tradition. The goals she established for maternal practice give a thorough breakdown on the activities expected of mothers in relation to their children. Ruddick's work is inspirational, a guide which gives a well-rounded interpretation of the duties of mothers, but doesn't expose or analyze the varied ways mothers are able to achieve the goals of these tasks. Allowing for an inclusive understanding of motherhood, one that is aware of the gender, race and class issues that can complicate maternal care (and takes into account individuals who can assist mothers in navigating their roles), benefits *all* parties. This chapter will analyze the maternal care philosophy of Ruddick, pointing out the strengths and weaknesses of her view, and how the work of Keller, Bailey and Collins can assist in shaping a more inclusive approach to maternal thinking.

Ruddick notes that while many scholars recommended she place maternal work within the broader category of "caring labor" (Ruddick, 1995: 46), the author finds that though there are certainly varying elements of caring labor being represented in this practice, maternal thinking stands on its own, as distinctive as other forms of nurturing-- homemaking, teaching, nursing (Ruddick, 1995: 47)--that are found to embody an ethic of care. She outlines three central goals of maternal practice: (1) the preservation of the life of the child, (2) the fostering of the child's growth and (3) the nurturing of a socially acceptable child.

The first dimension, the preservation of the life of the child, stems from how the maternal figure is first the caretaker of the child, responsible for the well-being of this vulnerable entity which cannot survive in the world without the shelter of its custodian. Ruddick opens the dialogue on this tenet of maternal practice with the story of a young woman and her newborn daughter. The baby was sick, suffering from croup and bronchitis, and wouldn't sleep for longer than a couple of hours. The father was around, but working long hours for his family, and the mother "spent hours alone with her baby." (Ruddick, 1995: 66) As can be expected in such a situation, the mother was exhausted, not-to-mention frustrated further by the fact that the father, "free from guilt and cumulative stress" (Ruddick, 1995: 66), had more ease in quieting the child. The mother felt, in the most truthful terms, "consumed with failure." (Ruddick, 1995: 66) One night, when the father was away, the baby woke up the woman, wailing. Brought out of a dream, she staggered into the child's room, finding in the bed her daughter screaming, writhing in twisted sheets, inconsolable. Overcome with anxiety and grief, the mother turned away from her offspring, contemplating in a dark instant the horrifying scenario of throwing the pained child through the glass window to the street below, never to cry again. When the moment passed, the mother, shaken by the black hallucination, was sick. Calming down, she fed and changed her daughter, bundled her tight, and "rode a bus from one end of the city to another." (Ruddick, 1995: 67) She thought that it would be safer at that time if she and her child were "not alone." (Ruddick, 1995: 67)

This tale is hard to tell. The idea of a mother thinking such things about her child can be hard for one to accept. However, this woman is not alone in her struggle, and she did the best thing she could for her daughter in that moment of exhaustion and emotional

weakness: she kept her safe. Ruddick explains that this story, "emblematic of maternal

work" (Ruddick, 1995: 67), serves as an example of preservative love, the way in which a

mother shelters her child from harm. The philosopher noted that observers of this

situation might not see the value it has, in the context of maternal care, for the joy and

hope and affection that comes with motherhood is also at times mixed with exasperation,

fear and absolute exhaustion, and these extreme traits, borne of passion, mingled with

guilt, make it hard to separate thought from feeling, and work from love. (Ruddick, 1995:

67-68) But all these sentiments, and more, are an intrinsic part of maternal care, and the

mother of this story, realizing this, protected her child in the best way she could. It is

because of a mother's "virtue of scrutiny" (Tong, 2009: 182) that she is able to create a

safe environment in which her child can grow without the dangers of lasting or mortal

harm.

     The second goal, the fostering of the child's growth, is where the maternal role

can influence the child positively in its mental, physical and emotional development. To

do this, one must "nurture a child's unfolding" (Ruddick, 1995: 83), that is, be there as a

support system, as a guide, to nurture the child's spirit. (Ruddick, 1995: 85) Ruddick

clarifies the use of the word *spirit*, applying it in a material sense. As the philosopher

notes, "a child's body, from its birth, is enspirited." (Ruddick, 1995: 83) It is an

expanding personality, interacting with other expanding personalities in its environment.

As it looks at the world around it with wonder, it makes contact with each new thing, and

that other body becomes "resonant with spiritual significance." (Ruddick, 1995: 83) It is

the responsibility of the maternal figure to sponsor the growth of this material spirit

within the child, and recognize the complexities of each individual dependent that comes

into their care. To foster a child's growth is to recognize the child's evolving world as they age, to encourage the child's self-discovery in allowing the child to explore his or her surroundings, and encouraging communication and an understanding of the child's thoughts and feelings, that the youth feels secure in sharing his or her experiences with the parent(s.)

For her third goal, a mother should nurture a socially acceptable child. What this means is that maternal persons should take care that the child is evolving into a well-rounded individual, one who can interact in society, but also possess an independent nature that will allow the child to make informed decisions and take care of itself. In this chapter, Ruddick breaks down the challenges mothers face regarding inauthenticity and domination, conscientiousness and educative control, noting her understanding of the complicated mélange of discipline, power, intention and love that go into the rearing of a child. (Ruddick, 1995) Of the frustrations within the undertaking that she describes, she wants readers to know "that there is no failure I mention that isn't my own." (Ruddick, 1995: 104) Part of this nurturing includes a need for the mother to become aware of her actions and reactions, behaviors which the child will mimic and adapt to; to socialize the child through playtime and social activities with his or her peers; and to teach the child ways to express his or her feelings with others that are healthy (like how to manage frustration, disappointment and anger, and ways to provide support and/or empathy for those around them.)

For the purpose of this thesis, I will concentrate briefly on Ruddick's notion of *attentive love*, an interweaving of "a cognitive capacity – attention – and a virtue – love." (Ruddick, 1995: 119) As mothers strive to meet the requirements of each maternal goal,

they must know, and interact with, their children without fixing to them their own thoughts and perceptions, and without manipulating their offspring into miniature versions of themselves. Ruddick writes:

> "Attention is akin to the capacity for empathy, the ability to suffer or celebrate with another as if in the other's experience you know and find yourself. However, the idea of empathy, as it is popularly understood, underestimates the importance of knowing another *without* finding yourself in her. A mother really looks at her child, tries to see him accurately rather than herself in him." (Ruddick, 1995: 121, emphasis in original)

One must love their children, but not allow that love to become abusive or a burden to the child. To provide attentive love is to surround your child with boundaries that protect, but do not restrain, allowing growth and experience to shape the youth's world education. Attention "dwells upon the *other*, and lets otherness be" (Ruddick, 1995: 122, emphasis in original), encouraging the uniqueness of the child's personality and determined independence. Most of all, attentive love allows for communal trust between the mother and her child, a confidence shared that, secure in their individual roles and as their own beings, each person is being regarded and understood within this special relationship.

Ruddick's philosophical work established the foundation for an intellectual approach to raising children from a feminist perspective. Her understanding of the various levels of support within the maternal practice has laid the groundwork for viewing motherhood as a purposeful activity, free of biological imperatives and social institutions. The sex-neutral position on who can perform mothering tasks, focusing on the nature of the work rather than the biological sex of the person who implements it, was revolutionary.

However, when considering her views on maternal practice, many are inclined to accept the pioneering spirit in which they were borne, while having also to resign that same spirited approach to the decade in which they were published. While every account is important, and no voice should be silent in its report, the experiences of women who deal not only with the prejudice socially present against their gender, but the historical bigotry which has been hostile to their race, class, sexual orientation and physical/mental disabilities, and which affects the day-to-day activities, need to be considered. While gender can be shown as the most likely candidate for the most fundamental and significant social divide (Epstein, 2007), the feminist foundations of care ethics should concern gender *as well as* the inherent intersectional traits which work in tandem to suppress, harass and ignore an individual's efforts to thrive. Through this, we can create a more honest view of the communities we live in, giving greater perspective on the progressions still yet to be realized. As I will explore, several theorists thought that the way to accomplish this inclusive approach within maternal thinking was through a modification of Ruddick's view.

When Ruddick's book was first published in 1989, it was met with both praise and harsh criticism, namely for what some philosophers charged was a "latent ethnocentrism" (Keller, 2010: 834) by Ruddick in her universalizing of maternal practice. Keller notes that Ruddick acknowledged in both her "Maternal Ethics" (1984) and *Maternal Ethics* (1989) "her own social location as a white, heterosexual, Protestant, well-educated woman." (Keller, 2010: 836) However, despite this disclaimer, and the inclusion of a diversity of perspectives on maternal practice ranging from Toni Cade Bambera to Chinua Achebe, Ruddick did go on to capture an entire perspective on

motherhood and the maternal ethic through a particularized point-of-view, and apply it to the broad range of individuals who come from varying degrees of racial, religious, social and economic status. By replacing these diverse experiences with her own, some theorists argue that Ruddick marginalizes these women. Her work might offer some relatable content in context of the universal role of Mother and some of the tasks attached to it, but might require an intersectional focus which can better describe the varied conditions under which one is raising children.

In "Sara Ruddick, Transracial Adoption and the Goals of Maternal Practice," Keller argues the pros and cons of Ruddick's case for maternal thinking, namely the three goals outlined above which establish the mothering individual in Ruddick's eyes. While Keller would seem to acknowledge that the three priorities of preservative love, fostering growth and socialization for acceptance are important traits for a mother to possess, she critiques the ability for Ruddick's argument to transgress biological relationships and be applied to non-biological ones, specifically families which adopt children who are not of the same racial or cultural background as the fostering parents. Keller finds that when considering these households, it is important that these parents must not only help their children feel accepted in their new home and surrounding environment, but they also should provide the child with a rich multicultural upbringing which consists of both the new family's cultural background and the child's. As the author notes in her article: "some maternal goods are universal, but are interpreted in culturally specific ways." (Keller, 2012: 22) This critique is valuable in regards to the roles of individuals within public maternity, for their work would undoubtedly involve children from multiple racial and ethnic backgrounds. While every child should receive the same love, protection and

care, the still-present effects of racial prejudice and bigotry in America have a large effect on a child's identity and ability to transport themselves through various social circles. Laws may protect individuals from outright open discrimination based on their racial or ethnic makeup, but unfortunately have trouble sometimes addressing more subtle forms of intolerance or inequality. A child must be aware of these realities, and equipped with the tools to deal with them. One way individuals could utilize this section of Keller's work is through active investment in the child's education of his or her community, and the various people who inhabit it. Keep an open dialogue with children on the ways which individuals treat each other, pointing out how certain language and actions are harmful and prejudiced, containing within them a history of violence and oppression which degrades and devalues people. To combat inequality, one must foster humanity.

With this in mind, and using Ruddick's work as a loose foundation, Keller modifies the three goals of maternal care that respond to the transracial home, making them more accessible to transracial foster or adoptive families. First, transracial adoptees should be taught to "anticipate and deal with racism as a means to ensure their survival." (Keller, 2012: 22) Parents must help their children form a family identity, one that is aware of the varied history and cultures that play a part in each person's background, and creates "positive self-identities." (Keller, 2012: 24) Telling "attachment-inducing and identity-conferring stories" (Keller, 2012: 24), while making connections through shared traits, will enable each child to form healthy relationships with each family member and cultivate a positive self-esteem.

Second, the adoptive families should aid their children in "developing their racial-ethnic identity." (Keller, 2012: 22) A transracial adoptee should be aided in the growth

of a positive identity that includes a *positive racial-ethnic identity*, where the child is able to navigate his or her social environments and to understand that their unique racial-ethnic background is one of many in the community, and one which should not be subjected to mistreatment by their peers or others in society who racially discriminate.

The final goal is significant with regards to the other two, but will only be specific to certain families: assisting the children as they "deal with adoption-related grief and loss." (Keller, 2012: 22) Within her work, Keller's main focus is on transracial adoptive families, but her framework can also be utilized within mixed-race families with biological children or children-by-marriage (step parents/siblings), in special mentoring programs like Big Brothers/Big Sisters, and, in light of the discussion on public maternity, for individuals within the caring community. Families with varied racial, cultural and religious backgrounds should celebrate their diverse heritage, providing the family with opportunities to raise children who are ready to interact in the racially and culturally diverse environment which surrounds them.

Looking at both Ruddick's view of maternal practice, and the need to keep in mind the racial, cultural, social and religious variety that is found within the community, Keller's *modified universalism* (Keller, 2010) addresses the priority of the latter. While Ruddick's maternal practice might have a broad base to work from, Keller finds that each family should take care to tailor their practice – and their choices – to the environments in which they are working, and with the children in their care.

A similar perspective must be utilized in looking at the ways in which race and class affect one's maternal practice. As explained earlier, one must take the practice of mothering and realize that the role is contextually-shaped. As Ruddick herself stated in

her description of practice - "collective human activities distinguished by the aims that identify them and by the consequent demands made on practitioners committed to those aims" (Ruddick, 1995: 13-14) - it is only as strong as the "aims or goals" (Ruddick, 1995: 13-14) that define it. Mothering as a practice emerges out of the social circumstances in which it is being employed. The aims of motherhood are shaped by the world around mothers and their children, and some would argue that the more economically or educationally the individual and their family are challenged, the more motivated one is to concentrate on 'getting by' rather than 'getting ahead.' The mothering practice viewed through this lens would seem to differ greatly from Ruddick's upper middle-class perception.

Angela Harris, a feminist legal scholar, writes in her article "Race and Essentialism in Feminist Legal Theory" (1990) on the distinctive experiences that black and white women have. She pointed out that "black women's experiences are not simply quantitatively different from white women's experiences… they're qualitatively different." (Keller, 2010: 837-838) Harris points to the one of the many atrocities which occurred during the decades of slavery in America: the raping of female slaves by slave owners, and the children often born out of these violations. Rape laws were rarely enforced, and what was happening in most cases wasn't even seen a rape, as black women were often falsely perceived by society to be "promiscuous by nature." (Keller, 2010: 838) This was, in Keller's words, "simply life." (Keller, 2010: 838) Qualitative differences matter not only in how an individual shapes one's identity, but how society views and treats that individual. These features of cruelty and domination over a certain racial group affect the life and practice of the mother raising her children, and this

continues on through subsequent generations. While social conditions are certainly improved in this country, society has yet to rid itself completely of prejudice and racism. In many places it is still a hostile environment for minorities, and many mothers have to raise their children in adverse situations, their maternal thinking a reflection of this setting.

When Ruddick updated Maternal Thinking in 1995 with several revised sections and new material, she acknowledged Harris' above work in her text and how it might conceivably apply to her arguments for maternal thinking. Ruddick also tackles the criticisms made regarding the care of disabled children within this universal maternal practice. Regarding both non-white children and disabled children, she understands how each side is ostracized - treated as an *other* - and questions if the mothers of these children might internalize these matters, affecting both their care practice and their family. Ruddick considers these factors, holding steadfast to the "children's humanity." (Keller, 2010: 839) She wants to concentrate not on how children are, but on what they deserve (Keller, 2010: 839), shrugging off her critics' apprehensions as mere "matters of cross-cultural psychology." (Keller, 2010: 839) By doing this, some theorists accused Ruddick of not emphasizing an intersectional approach in her work, one that understands the varied experiences of women whose identities are formed through a myriad of social distinctions. It is interesting to note, however, that while Ruddick casts away the critiques of racial difference, she does address the issues on disability, through Kittay's *Love's Labor*, accepting the philosopher's critique of her prior maternal thinking model by adding in a mother's "ability to foster [her child's] capacity to experience joy." (Ruddick, 1995)

Similar to Keller's conversation on the need for inclusivity, Bailey also looks at

Ruddick's universal framework of maternal thinking, providing a look at mothers whose

experiences have been less empowering, and the socio-cultural privileges that benefit

certain individuals over others. Bailey has taken issue in the past with how feminist

theory often establishes much of its work on the experiences of white, heterosexual,

middle-class women, using one type of woman to relate to *all* women. In "Mothers,

Birthgivers and Peacemakers: The Need for an Inclusive Account" (1997), she criticizes

this ethnocentric bias she claims is coming out of Ruddick's work in *Maternal Thinking*:

> "Given the diversity among maternal practitioners, however, it is
> questionable as to whether Ruddick can plausibly construct a complete
> picture of mothering work which leads to a cohesive account of 'maternal
> thinking' that accurately captures the variety of mothering work. Any
> account of maternal thinking must consider the experience of mothers
> whose entry into mothering has been less empowering, as well as the
> power relationships between mothers who have been granted social
> privileges by virtue of their race, class, marital, or economic status, and
> those who have not." (Bailey, 1997: 275-276)

While Ruddick is "critical of the gender roles that link mothering with being a

woman" (Bailey, 1997: 276), Bailey argues that the philosopher does not do much to

account for the racial and class systems that people inhabit which influence their

understanding and perceptions of the world around them. This distinction is highlighted

in *feminist standpoint theory*, which grounds its method in Marxist epistemology. Here,

the "subjects of knowledge and belief" (Bailey, 1997: 276), i.e. individuals who

participate in maternal thinking, accumulate and shape their wisdom within the particular

social context that they inhabit. In his economic philosophy, Karl Marx notes the

separation of labor between the bourgeois (wealthy) and proletariat (working) classes, a

separation which he says creates "two distinct social perspectives." (Bailey, 1997: 276)

Despite the existence of these two viewpoints, the world is often interpreted through the viewpoint of the capitalistic bourgeoisie. In order to weaken this bias, the experience of the proletariats must also be taken into account. Feminist standpoint theory acts in the same way, pushing forward a feminist perspective in the global community whose systems grew out of the seeds of patriarchy, the "result of critical reflection and political struggle." (Bailey, 1997: 277)

Most of Bailey's arguments in this article concern a critical analysis of Ruddick's feminist peace politics, but she also presents a dynamic breakdown of maternal identities and women's birthing experiences, elaborating on the racial and economic categories missing in Ruddick's arguments on maternal thinking, and creating a more profound comprehension of the sexual division of labor. Bailey points out that by focusing on gender, Ruddick did expose the privileged male experiences that were being favored above their female counterparts, devaluing women's experiences and aiding in the continuation of gender discrimination. However, by not accounting for race and class in her work, Bailey claims that Ruddick's arguments come off as ethnocentric. While the latter reveals the disenfranchisement of women, Bailey believes she still does not create an inclusive narrative for *all* women. She writes: "Gender, race, and class are interlocking features of maternal identities, so it is equally important to reveal how systems of domination that privilege the wealthy over the poor, and whites over people of color, shape the gendered nature of maternal work." (Bailey, 1997: 280)

Considering these charges of ethnocentrism and her critical exploration of some of the birthing experiences of Black mothers, Bailey uses Patricia Hill Collins' "Shifting the Center: Race, Class and Feminist Theorizing about Motherhood" to create her own

three goals of maternal practice, aims which she argues are better able to address some

inclusive accounts of maternal practice.

First, she looks at mothering work and physical survival (not only for the

children, but for the entire community in which that child thrives.) She recognizes that

mortality rates are higher for African-American children in the U.S. than for any other

ethnic group, and discusses Collins' views on raising children in this environment.

Similar to Keller, Collins states that African-American mothers need to teach their

children about the reality of racism in the community around them so that they can react

in certain situations appropriately (her example is of her son in a convenience store, and

how she taught him to keep his hands visible at all times, to prevent accusations of theft.)

Also, a mother should teach her child to rise above the stereotypes cast, to excel in life.

Second, just as Keller expresses in her goals of transracial mothering, mothers should

raise their children with a "positive sense of racial ethnic identity and the capacity for

developing their own self-definition" (Keller, 2010: 842) within a dominant white

culture. Third, while attention in the first two goals was given to esteem-building for

one's children, Collins also wanted to emphasize the esteem-building of the mother. She

notes that African-American mothers must operate within the dominant culture, yet also

resist being stereotyped within it. Collins asked that they "engage in self-definition, self-

valuation and self-empowerment" (Keller, 2010: 843) to make the best choices as a

mother and as a member of their community.

Keller was very appreciative of Bailey's use of Collins' text to create an

alternative maternal practice, but wanted to seek a balance between Ruddick's and

Bailey's respective arguments. She notes that each author views women of color

differently, with Ruddick looking for racial ethnic cases that support her goals, and Bailey utilizing the work of Collins to build her rationale (as it relates to the decades of racial and ethnic discrimination against minorities.) Keller reminds readers of a remark made by Harris which highlights both how humans tend to categorize in order to connect otherwise isolated experiences to each other, and through this system of comparison and analysis (Keller, 2010: 844), moral shrewdness (and the groundwork for revolution) is possible. For this, she argues that a modified universal approach is needed.

Recall Ruddick's three goals of maternal practice. Keller finds that "some goals are universal" (Keller, 2010: 845), and are an intrinsic part of maternal care, but the individuals who utilize them will do so "in culturally specific ways." (Keller, 2010: 845) Where the first goal concerns the preservation of the life of the child, this is highlighting the very reality that preservative love is *universal* (Keller, 2010: 845), it is the foundation of the relationship between the maternal figure and the child. The protective nature of a mother, as Keller clarifies, is tailored to the environment. A privileged mother's care for her child is constant, but Keller notes that her concern for the child's safety in an environment which might not offer persistent dangers is different than that of an economically disadvantaged mother, whose child's security is most likely a continuous concern. Another version of this point could see the 'dangers' guarded against by a privileged mother as quite trivial through the eyes of her less privileged counterpart. Keller modifies this first goal of maternal care by suggesting that *intermediate goals* (Keller, 2010: 845) be utilized regarding a child's survival under subjugation of a dominant group (like educating a child at home how to recognize and respond to racism.) It is a way of shielding the child during the moments the child's guardians might not be

there. The parent protects their children by bestowing knowledge that will help them in adverse situations.

Second, Keller discusses the maternal goal of aiding a child in self-discovery, specifically regarding *ethnic-cultural identity*. This is particularly important for non-white families who live in the white dominant culture, that they help their family develop a "*strong sense of self-esteem and pride.*" (Keller, 2010: 846) Keller also includes the cultivation of a child's capacity for joy from Kittay's critique in this goal, as it follows the same criteria for disabled children, in the elevation of their confidence, self-respect and, ultimately, happiness.

In the third goal, Keller leaves Ruddick, using Bailey's analysis on Collins' work to advance a mother's need for self-empowerment. There are decades of oppression preceding a non-white woman's existence. When she is born into and interacts within a white dominant culture, there will be opportunities for her culture, her morals, her very identity, to be abused and misunderstood, to be stereotyped and rejected. Keller makes it very clear that "*only self-empowered racial ethnic mothers can hope to approximately realize the goals that guide their maternal practice.*" (Keller, 2010: 847) The author also notes that many white women also face adversarial circumstances, usually through poor socio-economic status, and their maternal practice can also benefit through the elevation of personal regard for their culture, values and being. While there are moments when Ruddick discusses the mother's engagement in her caring work, all three of her goals are in regards to the children, not the mother. To address this, Keller notes that a relational approach is needed to engage the "complexity of experience" (Keller, 2010: 847) shared by non-white women.

With that, Keller introduces a (fourth!) and final goal, that of helping a child process loss and grief. This is especially beneficial to adopted children, or children going through death, divorce, or who live in a battle-scarred territory. (Keller, 2010: 848) Separation and loss at a young age can damage a child, and it is important for their emotional and psychological well-being to help children grieve.

Rounding out the conversation on creating inclusive accounts of maternal practice, Collins looks at the African-American community and the role that a mother plays. In *Black Feminist Thought* (2000), Collins notes that the tasks associated with Black mothers go beyond the single biological entity and spread out to a number of individuals that foster the growth, care and education of youth in urban communities. Collins states that while these relationships form to nurture children, there also comes out of these connections a mutual bonding that lends a hand to community activism within antagonistic public circumstances. Here the care-based ethical model serves to mediate hostile situations, and allows communities to rearrange themselves, evolving from the system of ego-centered individualists into an interdependent social organism. I will expand upon this last section when discussing my goals for non-biological maternal thinking; for now, I will go over Collins' views on Black motherhood and *othermothering* in African-American communities.

Collins offers a stunning feminist analysis of motherhood for African-American women, focusing on the past considerations that have either stereotyped Black mothers as poor disciplinarians who "[emasculate] their sons… [defeminize] their daughters" (Collins, 2000: 115) and hinder academic progress; or cast them as outdated racist images such as the mammy, matriarch and welfare recipient (Collins, 2000: 116); or held them

up to self-sacrificial standards, possessed of the "unconditional love" (Collins, 2000: 116) found with archetypal motherhood. These perceptions - even the latter superhuman figure - have "stifled the dialogue among African-American women." (Collins, 2000: 117)

Collins notes that Black motherhood is made up of a network of individuals, from African-American women and children, to the greater Black community and the mother herself, which engage in "constantly renegotiated relationships" (Collins, 2000: 118) with one another in homes and communal organizations. (Collins 2000) It is an "institution" (Collins, 2000: 118) which struggles against the controlling images listed above, and the pressure that is placed on both the tradition of motherhood and the mother is an "ongoing tension… between the efforts to mold the institution of Black motherhood to benefit systems of race, gender, and class oppression and efforts by African-American women to define and value our own experiences with motherhood." (Collins, 2000: 118) Despite the images seeking to regulate and define one's maternal experiences, the practice of motherhood also offers opportunities for growth, where Black women can find strength in self-definition, the value of self-respect, as well as resourcefulness and "a belief in Black women's empowerment." (Collins, 2000: 118) These assets are also not without certain contradictions, like oppressive abuses of labor. All accounts are valid, and have found themselves neighbors in the African-American communities where they co-exist.

> "In African-American communities, fluid and changing boundaries often distinguish others from other women who care for children. Biological mothers, or bloodmothers, are expected to care for their children. But African and African-American communities have also recognized that vesting one person with full responsibility for mothering a child may not be wise or possible. As a result, *othermothers* – women who assist bloodmothers by sharing mothering responsibilities – traditionally have been central to the institution of Black motherhood." (Collins, 2000: 119)

Women-centered networks in African-American families, which are influenced by West African cultural ideals and the need to modify maternal practices in the face of racism and subjugation, have allowed for members of the African-American community to create and participate in large, layered webs of communal kin. Responsibilities for child-rearing are shared among members of the community and, while tradition favors women in these roles, men are not absent from these networks, and at times play a significant role. (Collins, 2000) While Collins admits that motherhood does carry a certain status in the community, those without biological children can still achieve this special acknowledgment from non-biological relationships they have with other children. "*Othermothers* are key not only in supporting children but also in helping bloodmothers who, for whatever reason, lack the preparation or desire for motherhood." (Collins, 2000: 120) Since motherhood can act as a symbol of status and power for women in African-American communities, this distinction is also shared with the *othermothers* who participate in the social care networks. Considering the oppressed history of these communities, the racial persecution and gender subjugation that dominated for so many decades and still has wide-reaching effects in society at large, motherhood offers Black women opportunities to connect with others, to harness the mutual transformative influences of care ethics and personal accountability (Collins, 2000: 132) that not only positively touch the children they nurture, but endow vulnerable members with a sense of autonomy and self-worth.

However, even with these encouraging features, motherhood in these conditions, while offering power and respect in the face of oppression, does not serve as a mending

cure-all that transcends adversity. Poverty, and lack of access to healthcare and a reasonably well-rounded education (including information on contraception) govern some of these communities. This correlates with high numbers of unwanted pregnancies, which burden women already being pressed by an unforgiving system. "Many Black women have children they really do not want" (Collins, 2000: 133) and do not have the means to care for. There is also the perpetuation of ideals of "good" (Collins, 2000: 133) Black women as "always [wanting] their children" (Collins, 2000: 133) and of motherhood symbolizing adulthood, notions that can confuse and shame women into taking on the burden of motherhood regardless of their ability or access to resources. Before Roe v. Wade (1973), where access to legal medical facilities provided safe environments for abortion services, many women tried to end their pregnancies on their own, which resulted often in injury, sterilization or death of the woman. Giving children up for adoption also left mothers psychologically damaged, for one who could not care for their own child had committed the "ultimate sin against Black motherhood" (Collins, 2000: 135) Lastly, the knowledge that racial, class and gender oppression serve as perpetual hurdles for members of many African-American communities causes concern for mothers who have to raise their children in such conditions.

As I mentioned earlier, Ruddick's philosophical framework for maternal thinking was revolutionary for its time, but several scholars found it still contained an ethnocentric attitude which hurt its ability to explain an intersectional approach to mothering. Allowing for an inclusive understanding of motherhood - one that is aware of the gender, race and class issues that can conflict maternal roles, and takes into context non-biological maternal figures - has the potential to benefit the community as a whole. The

varying critiques of Ruddick explored what the authors noted were inclusive accounts of the mothering practice, both editing and elaborating on the original philosophy. Such accounts are actually recognized by Ruddick in *Maternal Thinking*. She writes:

"As it is with women so it is with mothers. Neither a woman nor a man is born a mother; people become mothers in particular historical and social circumstances… Once a child is born, maternal work can assume radical differences. Although all children need protection, some need protection from snakes, others from cars, some from poisons under the sink, other from open wells or drug dealers on the street. Some are protected by the police, others from the police" (Ruddick, 1995: 52.)

Ruddick goes on, noting her understanding of the connections between lived experiences, varied cultures and maternal thinking, and how her account of mothering comes out of her own personal experiences. "Many kinds of maternal stories need to be told" (Ruddick, 1995: 54), she writes, "It is only by collecting our many stories that we can address the urgent task of rethinking the connection between sexual and mothering lives." (Ruddick, 1995: 54)

Keller, Bailey and Collins have enhanced the conversation Ruddick started so many years ago. Inclusive accounts of maternal thinking are necessary to understanding the myriad of experiences women have, experiences which influence where and how they raise their children. These authors have brought forth indispensable knowledge as to the importance of recognizing the experiences of non-white mothers and non-white children in a society still engaged in racially-charged acts of prejudice and discrimination. Keller's work was enlightening in its considerations of foster- and adoption-based relationships between children and parents, giving a nuanced approach to maternal thinking that considers non-biological, transracial family units. Bailey and Collins' detailed accounts on the experience of African-American mothers brought to life the daily struggles of

many families across the country. They write about the environments where low-income, socially-marginalized mothers raise their children, settings which might not appear to be as fit as some of the more privileged surroundings sought after in idealized accounts of maternal practice. They detailed carefully the historical backdrop which has informed and influenced much of the current treatment of racial minorities in America, and of the alternations made to the maternal practice as a result of this framing.

When considering both the intent of Ruddick's claims, and the philosophy she presents, I am inclined to support Ruddick's work. Her basic, broad perspective on maternal thinking - which does not necessarily attempt to essentialize the mothering experience - supplies an important framework which sets the stage for a conversation on maternal practice. This outline allows readers to focus on the various tasks and duties one utilizes when mothering a child, and is above all open to interpretations, expansions and critiques.

Considering the various features of Ruddick's model, and the goals described by Keller, Bailey and Collins, I will provide my own nuanced look at maternal thinking which draws on the present care-ethic philosophy, allows for an intersectional focus, and features the non-biological maternal figure which I am promoting in this thesis. I thought the best way to address this approach was like those before me, through the outlining of specific goals which are anticipated of individuals who engage in mothering labor.

In appreciation of Keller's first goal of her modified approach to Ruddick's maternal thinking, I agree that the notion of *preservative love* is universal, and should serve as the foundational element between a maternal figure and the dependent. As Keller describes, this protective force should be tailored to the family and the environment

within which they are raising their children. With regards to the preservative love

provided by a non-biological maternal figure, I find that Collins work on *othermothering*

informs this first goal in its section on community activism. Collins writes about the

extended family networks within the African-American community, noting how these

othermothering arrangements allow individuals who participate to possess a "more

generalized ethic of caring and personal accountability." (Collins, 2000: 129) She

discusses the work of sociologist Cheryl Gilkes, who submits that these maternal

relationships "can be key in stimulating Black women's decisions to become community

activists." (Collins, 2000: 131) Because of their involvement in not only the lives of their

own children, but the lives of other children in the neighborhood, *othermothers* can see

distinctively that the needs of an individual are really the needs of an entire group. This

"rejection of separateness or individual interest" (Collins, 2000: 131) allows for these

maternal figures to focus on their "connectedness with others." (Collins, 2000: 131) In

light of this, I would advocate for a care-based value system that considers the interests of

the community as well as the individuals living within it. As individuals who engage in

public maternity, these non-biological maternal figures can institute a system of

preservative love through their involvement in the community structuring.

My second goal takes on the fostering of caring labor within children. The

community that I am promoting in this thesis is one which recognizes the interdependent

networks within which all individuals operate. Such a society recognizes that each person

both cares and is cared for, is loved and loves others, and is free from the patriarchal

constructs which harm one's ability to move around in society because of social hostility

towards the individual's gender, race or class. Maternal figures must nurture this caring

ethic with their dependent, helping them understand the intricate networks which connect individuals, and preparing them to engage in other-directed practices in the future. By teaching children to participate in community systems of care, they are able to not only multiply the good carried out by such systems, they are also helping chip away at the social divisions which slow down or immobilize an individual's opportunities in the world.

My third goal sees the mothering practice taking place in the *nested caring* system (doulia) proposed by Eva Feder Kittay. As Chapter 3 will explore, caregivers must have access to support and comfort while they are providing care for their dependents. In the past the role of mother has contained a self-sacrificial component, one that sees the child's needs put above the mother's at any cost. This view of maternal practice does no good for the mother or the child. The need for dependency and care should not hinder one's personal sense of self, in that their own being be fully diminished or sacrificed for those they care for. Part of promoting public maternity is to recognize that both children and parents are in need of care, and that at the times they struggle or have given too much, other networks are available to relieve the stress and to continue in service of one's nurture, protection and growth.

III. PEOPLE WITHIN THE CARING COMMUNITY

It is important at this point to introduce the role of the dependency worker, an individual (male or female) who cares for a dependent, one who is vulnerable and cannot survive without an outside authority to nurture and support them. This worker is responsible for the dependent and strives to ensure their safety and well-being. Kittay's work on doulas is quite important, for while Ruddick offers ideas for maternal thinking, and Collins and Held bring these ideas out of the private realm into the public sphere, Kittay's dependency worker view will allow me to point out that the mother-child (nurturer/dependent) relationship model extends beyond the home to be mimicked in society at large. Kittay focuses her arguments from a gender neutral point of view, and one that does not essentialize the role of women in society, perpetuating the false notion that all women come by motherhood naturally, or the "mythology that all mothers are good mothers." (Tong, 2009: 193) Earlier, Collins opened up my thesis to the discussion of what could be seen as *othermother* roles in society. Bringing Kittay's work on the role of dependency workers into context, I will be able to give special attention to the work that doulas do, its relation to the unpaid labor of mothers, and the impact this has on their ability to perform other-directed services. I will also briefly discuss various forms in which non-biological maternal roles materialize in a community at large, such as foster/adoptive relations, social services workers and agents, and educators in urban communities.

> "The dependency worker directs her energies and attention to an intended beneficiary, a charge... because the charge cannot survive or function within a given environment – or possibly within any environment – without assistance, she needs to be in the charge of another for her care and protection. The dependency worker who is in charge of the dependent must have the power and authority necessary to meet the responsibilities of the work." (Kittay, 1999: 31)

In Chapter Two, I discussed the maternal care philosophy of Ruddick, pointing out the strengths and critiques of her theory, and how the work of Keller, Bailey and Collins enriched the broad framework of maternal thinking, offering insights that are aware of the gender, race and class issues that can conflict maternal roles, and which take into context non-biological maternal figures. The main account I wish to stress in this chapter is one of vulnerability and partiality, how dependency workers in Kittay's account strive to meet the needs of those who cannot care for themselves, but in performing this work they also need to be recipients of care. Kittay's dependency worker is one who laborers "for those who are inevitably dependent." (Kittay, 1999: *ix*) This labor can be performed at a private or professional level, whether caring for an ailing family member or friend, or working at a nursery home for the elderly or disabled, and has been a position primarily held by women (though some men also participate.) Kittay underscores in her claims not only the importance of these figures in the community, in how they care for and look after those helpless and in need, but she also gives special focus to the stress of such labor on the worker:

> "A conception of society viewed as an association of equals masks inequitable dependencies, those of infancy and childhood, old age, illness and disability. While we are dependent, we are not well positioned to enter a competition for the goods of social cooperation on equal terms. And those who care for one who is entirely vulnerable to their actions, enter the competition for social goods with a handicap." (Kittay, 1999: xi)

Drawing upon this "relation between unequals" (Kittay, 1999: 50), I can elaborate on the notion of partiality. The conception of society as "constituted by free and equal autonomous agents" (Kittay, 1999: 50) does not reflect the relationships in which the parties are unequal, where one or many individuals, unable to care for themselves, receive attention and assistance from another. "Motherhood is a choice you make every day, to put someone else's happiness and well-being ahead of your own." (Ball, 2009) Those persons who devote their time and energy to the care of another are taking time and energy from caring for themselves. Some give their whole lives in service of the vulnerable.

Kittay points to society's false perception of equality, criticizing the policies on gender impartiality that are already established. While the current socio-political system assumes the existence of an egalitarian model for men and women, the laws have "neither achieved their goal in representation in political office nor in sharing of domestic chores and childrearing responsibilities." (Kittay, 1999: 3) I should add that while Kittay is highlighting the discrimination against women, gender is not the only factor affecting one's ability to care. Like the social and economic circumstances of the Black mothers Collins describes in her work, these same policies of parity (laws which protect individuals against discrimination in society) also fail in regards to their equality-based measures on race, class, sexual orientation and disability, areas still struggling to find balance and justice in the community.

When focusing on the social value of maternal labor in the community, many sociologists agree that the occupation of mother is abundant in its application, yet dismal in its treatment by society. Simon Duncan's (2005) work on maternal practice and

economic value notes the "ample evidence of marked social and economic inequalities" (Duncan, 2005: 50) that are present in the caring labor of mothers. Duncan notes that there are marked divisions of the labor in the home, with large differences in employment and child care between partners. Despite the fact that the "old breadwinner model" (McDowell et al., 2005: 235) traditionally favored is fading with the increase of women in the workforce, working mothers are still facing a gender wage gap which pays them on average 23% less than their male counterparts for performing the same tasks. Women are also expected to take on a majority of the caring labor in the home, work that goes unpaid and is largely marginalized. A better society, one that understands the interdependent networks that are needed to support its citizens, would have the resources available to not only aid those who are dependent on care, but also those who are the care-givers.

Kittay finds that there is a moral claim to be made of such relationships, a significant ethical component at play, which "will bring us closer to a new assessment of equality." (Kittay, 1999: 50) Everyone is someone's child. (Kittay, 1999: 50) And everyone – dependent and caregiver alike – at various moments in their lives, has had need of the kindness, the affection, and the consolation of a *mother*. Recognizing this need for the caregiver to have access to support and comfort while the caregiver is watching over a dependent, Kittay introduces the *doula*, a dependency worker who takes over domiciliary responsibilities while new mothers care for their infants. This isn't necessarily a reciprocal relationship, but one that is based on "nested dependencies" (Kittay, 1999: 107), where interdependent connections are made that overlap one-another, creating a network where individuals are linked to each other in various systems of nurture and support. Kittay calls this system *doulia,* stating: "Just as we have required

care to survive and thrive, so we need to provide conditions that allow others – including

those who do the work of caring – to receive the care they need to survive and thrive."

(Kittay, 1999: 107)

Facing similar struggles in their work to that of a mother, dependency workers are

expected to be the nurturers and providers for a dependent individual. Whether caring for

their own family or another's, their labor shares physical, emotional, psychological - and

even philosophical - fundamentals with inclusive mothering practices. It finds further

representation in Jane Roland Martin's *Three Cs*: *care*, *connection* and *concern* (Kittay,

1999: 31), where "the work of tending to others in their state of vulnerability, [the

sustaining of] ties among intimates or itself [to create] intimacy and trust" (Kittay, 1999:

31), and the regard between the care-giver and the cared-for preserves this relationship.

Like a mother, the dependency worker also sacrifices for his or her charge, giving up

time and energy, and at times surrendering one's needs for that of another.

McDowell et al. (2005) discuss the work of Nancy Fraser, who argues that a

"reevaluation of the meaning, gendered divisions and associated rewards of caring and

employment is necessary to create a more equitable distribution of the total labour of

social reproduction." (McDowell, 2005: 235) She champions the virtues of care and its

place in society, noting the importance of promoting a work-family balance for working

parents, encouraging "greater male participation" (McDowell et al., 2005: 235), and

raising the incomes for caregivers in the community. Echoing these sentiments, the

concept of the *doulia* would take on a larger meaning if introduced into the public

domain. When society recognizes and abides by this special network of relationships, it is

actually fulfilling a "tripartite goal" (Kittay, 1999: 108) of interdependent care. Here

dependents are (1) provided support by the caregiver, who is then also (2) aided and given equitable regard for his or her labor, which leads to a (3) grounding of principles in the civic sphere. Here, society has recognized the importance and necessity of these naturally-occurring relationships, and works to protect and treat equitably the individuals within them, and the system itself. By acknowledging these relationships, communities are abiding by a "social responsibility" (Kittay, 1999: 109) to empower caregivers and their dependents, while fostering an ethic of care in all members of society.

Studies on the work of doulas in the community show the positive outcomes of commissioning this specific kind of labor. A report which analyzed the feedback from disadvantaged pregnant and parenting teen mothers in the United States, all whom employed doulas during their gestation and post-birth periods, noted the enhancement in the participants' lives, and the lives of their children, due to the presence of a dependency worker. The young mothers expressed feelings of relief and appreciation during what were previously confusing and somewhat frightening challenges to face at their young age. The doulas were community-based, providing the teens "support by women from within the community who understand unique social conditions." (Breedlove, 2005: 21-22) Teens were able to better deal with the stresses brought by pregnancy and childbirth, received comprehensive prenatal and post-natal instruction, and were able to obtain "appropriate and sufficient psychosocial support, especially for those with identified inadequate support." (Breedlove, 2005: 21) While current publicly-funded services do not provide this particular kind of support, the author, Ginger Breedlove, concluded that community-based doulas could significantly contribute to the empowerment of women and families who lived in precarious socio-economic conditions. "Reducing America's

high incidence of preterm births and low-birth weight infants in teen populations must also include recognizing how environmental, social, and behavioral patterns influence maternal stress." (Breedlove, 2005: 21-22) Furthermore, caring systems, such as these, assist in the termination of destructive cycles of poverty, poor health and high mortality rates within low-income communities.

When raising a public awareness of the *doulia* system and the labor of caregivers, it is important to acknowledge the various kinds of individuals who carry out these maternal practices with children in need of nurture and support. Examples of these people are found in the community, individuals like foster and adoptive parents, social workers and Child Protective Services (CPS) agents, and relatives and close friends (*othermothers*) of families who help support and raise the children. When considering these examples, it is important to state that I do not mean to romanticize the level of caring service currently being provided. While I do want to highlight the need for such individuals in society, and point to the agencies which presently offer this aid, I would be remiss to note that the social services system in America as it stands - particularly in Texas - is not the ideal version of this kind of caring work. Not all CPS workers or foster/adoptive parents are attentive, nurturing and/or engaged in their work. High turnover rates, burdening caseloads and low morale in CPS offices mean that investigations of abuse or neglect can be overlooked as cases as passed from worker to worker when people leave. (Stoeltje, 2013) Children removed from violent environments and placed in foster care aren't always greeted with warmth and care, and some youth are neglected, or even harmed, by the guardians appointed by the state to protect them. In my description of these caring services, I want to focus on the importance of having such

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agencies serving children and families, for the service provided is essential in light of the current needs of the community. I do not intend to hide the current flaws with my optimism, but wish to point to the available potential (should those who are in charge of said system be challenged to reconstruct and reform the policies.)

Foster and adoptive parents take in children whose biological parents or families are unable to care for them. Both are made up of caregivers and dependents, individuals who are tasked with nurturing, protecting and raising a child who needs a guardian because the child cannot care for his- or herself. Foster families vary, offering temporary and semi-permanent support for minors. Some children only stay for a couple nights or weeks, others might stay for months or years. These homes allow the youth to stay in a comfortable environment with caregivers until either the issues in their families that first brought them to the home are resolved, or permanent placement (adoption) is found. This work is voluntary and compensated, and the people who engage in this kind of labor are supplemented with funds from the state that can aid in the financial costs that accrue when rearing the youth.

Foster and adoptive parents often work with agencies like Child Protective Services (CPS) and Social Services, who serve as enforcers of government policies (intended to guard minors from abuse and neglect), and can connect families to a variety of organizations that aid with food, housing, education, employment and counseling services. These agencies have networks which help individuals at all ages, but are largely concerned with the welfare of children. CPS agents interact with families who have been reported as abusive or neglectful to children in their household. The agent is responsible for ensuring that the child is in an environment that is safe, and that will provide the

necessary minimum elements (food, clothing, access to education) to allow the child to thrive. When having to remove a child, either temporarily or permanently, the agent becomes the child's guardian until placement with relatives or foster care.

The *othermothers* described earlier, individuals within the community who take on the child-care responsibilities of another's children, are another very important part of this system of doulia. Made up of "grandmothers, sisters, aunts or cousins" (Collins, 2000: 119) or non-familial members ("fictive kin," Collins, 2000: 120), these women take on the role of an othermother, an individual who takes on the child-care responsibilities of another's children. Furthermore, these othermothering relationships are seen in other manifestations, like some polygynous West African communities, where children were cared for by both their mother and her sister wives. There were also strong bonds created during the times of slavery between the children of enslaved Africans and the older women who assisted as midwives and nurses while parents worked, and the "informal adoption of orphaned children" in African-American communities. (Collins, 2000: 122) These networks aided those involved, serving as relief in adverse situations, and allowing individuals to survive and resist oppression. (Collins, 2000: 122)

Of the many important features of these examples, one significant aspect is that the roles of maternal support shared by all these people are genderless, sexless and do not require a biological attachment to the child. It is the shared responsibility of both women *and* men to extend an ethic of caring to individuals in their community. These individuals are connected to their dependents through biological or non-biological ties, serving as full-time or part-time parental figures, and/or working in tandem with the family, should they alone not be able to fully care for the children. Their work is voluntary and

manifests in different ways, whether out of personal connection to the dependent in need, or through having the emotional or financial security to open their home to the youth who have none. Ultimately, their work, as various forms of public maternity, serves to provide care, protection and support for children who, in receiving the benefits of this provision, can offer their own contributions to the community and continue to espouse this ethic of care with others they encounter.

IV.   CARE AND JUSTICE: A DIALECTICAL APPROACH

Admittedly, we are far away from the utopian models on which fairness and equality are cherished over power and personal interest. In light of an intersectional understanding of the current systems which do not allow for an equal (gender neutral) view of morality, and in which one's race, socio-economic status, sexual orientation and mental/physical abilities are also subject to discrimination and unequal treatment, a model should be built that meets the needs of those who lack the resources to provide for themselves and their families. We need to "start at home" (Noddings, 2002), refocusing our treatment of the family and, most importantly, women and mothers, and the private realm in which they have worked for so many centuries. A more inclusive approach to the mothering practice would take into account the diverse conditions in which individuals are raising children.

The socio-political issues facing women are part of a system of continuing discriminatory practices within the state and throughout the country. Women have to deal with domestic violence and an ever-present rape culture, which blames victims and lets rapists off with light penalties. Gender wage gaps and gendered work environments hurt one's ability to find stability and upwards movement in the workforce. 2013 also saw a large, legislative crackdown on reproductive health services, making it harder to find safe, affordable, accessible family planning services in the United States[5]. When one considers the experiences of a female in the modern, patriarchal world, one should also realize the numbers of women who deal not only with the prejudice socially present

[5] In 2013, over 300 reproductive health restrictions were introduced in various state legislatures across America. These stipulations included, but were not limited to, reducing the number of weeks post-impregnation within which an abortion can be performed; creating waiting periods between when an individual seeking an abortion visits a provider, and the actual procedure being performed; mandating that clinics which provide abortions also function as ambulatory surgical centers; and imposing restrictions on what drugs can be administered to induce an abortion, and in what amounts (just to name a few.)

against their gender, but also the historical bigotry which has been hostile to their race, class, sexual orientation and physical/mental disabilities, complicating already present hurdles to their success.

Virginia Held's work on caring societies points an enlightened community which gives respect and focus to maternal roles, and views the human experience as one which can move beyond the competition and struggle for survival found in patriarchal structures. She argues that "persons need care or societies will not survive" (Held, 2006: 132), finding that a care ethics-based approach to community building speaks of the universal experience of "being cared for." (Held, 2006: 132) No one is able to flourish in this world without being nurtured at some point by another individual, and this cultivation tends to start in the private realm of the family. Caring societies focus on the *relationships* between individuals, and communities which "cultivate practices that promote caring activities and considerate discourse throughout the society" (Held, 2006: 137) limit the ego-centered industrial competitiveness that dominates this culture. By giving additional regard to the elements of "cooperation, consensus and community" (Tong, 2009: 189) that can manifest within private domains, and channeling those communal essentials on a public scale, one might be able to start bridging the gap between one's potential to survive in this world, and the very real possibility to *thrive*.

A caring society, one which invests in the tenants promoted within the ethics of care, would see individuals acknowledging the interdependent relationships which aid in achieving personal and public comforts and securities. Additional considerations would be given to those who are markedly vulnerable, with broad social safety nets available to provide access to food, shelter and health services for those who are not able to afford or

obtain these provisions on their own. Also, caring societies could engage in a collective

parenting practice, where child care is a social responsibility shared among multiple

individuals in the community, not just the immediate parents. This idea, proposed by

feminist philosopher bell hooks, will be explored in greater detail in Chapter 5.

Held's work focuses on the promotion of a *caring justice* model. She notes that

the cooperative and compassionate features expected in the private domain - elements

that should be exposed and expanded within the community - are not found in every

home. Families do suffer. Daily, individuals are victims and witnesses to domestic

violence, harassment and abuse. In an economy which moves farther and farther away

from stable employment, precarious work environments (Kalleberg, 2009) offering

inadequate minimum wages mean parents have to work longer hours, or at more than one

job, to secure enough income for housing, electricity and transportation. After these

needs are met, there is little left over for food, healthcare, child care and education. It has

become apparent that in addition to the necessity of care ethics in addressing these

matters, there also needs to be *justice*.

Within the state, the practice of justice is abundant, found in our police and

military branches, our court systems, and our legislative and executive offices. Justice

requires objectivity and the recognition of one's civil rights (Held, 2006: 39), and

establishes an ethical perspective in which choices are made impartiality, and with the

assurance of unbiased treatment of all persons involved. When justice is viewed as the

principal ethical value, it is given both Kantian and utilitarian treatments, views which

interpret the value of justice differently, and which are ultimately incompatible. John

Rawls' Kantian approach sees justice as encompassing an impartial, universal set of

principles that everyone agrees to follow. In a society ruled by this kind of justice, socio-

political boundaries are maintained and individuals mutually regard one another as equal

persons under the law, with the freedom to seek their happiness with certain moral

limitations. Rawls states:

> "Each person possesses an inviolability founded on justice that even the welfare of society as a whole cannot override. For this reason, justice denies that the loss of freedom for some is made right by a greater good shared by others. It does not allow that the sacrifices imposed on a few are outweighed by the larger sum of advantages enjoyed by many. Therefore in a just society the liberties of equal citizenship are taken as settled; the rights secured by justice are not subject to political bargaining or to the calculus of social interests. The only thing that permits us to acquiesce in an erroneous theory is the lack of a better one; analogously, an injustice is tolerable only when it is necessary to avoid an even greater injustice. Being first virtues of human activities, truth and justice are uncompromising." (Rawls, 1971)

A utilitarian perspective of justice emphasizes the maximization of happiness

among individuals in a society. The utilitarian view "relies on an abstract universal

principle appealing to rational individuals" (Held, 2006: 63), and its connection to the

ethics of justice can be best examined in its political focus on the rights of individuals,

where one is welcome to pursue one's personal interests so long as one does not harm

another. As John Stuart Mill writes in *On Liberty*:

> "The only freedom which deserves the name, is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it. Each is the proper guardian of his own health, whether bodily, or mental and spiritual. Mankind are greater gainers by suffering each other to live as seems good to themselves, than by compelling each to live as seems good to the rest." (Mill, 1859: 18)

These two ethical approaches to justice are rationalist in their foundations, and

each has their own way of serving individuals in the public realm in the governance of

rule and law. Held argues that by being supported by abstract, universal guidelines - rules

which perceive all persons to be independent beings – both Kantian and utilitarian forms

of justice alone are not adequate to serve the needs of *families*. An ethic of care nurtures

relationships, and recognizes the need for partiality in regards to the dependent and

vulnerable in society. If families were to wholly adopt a justice-only based ethics in their

homes, relationships between people would resemble contractual agreements between

businesses, people working together for a personal self-interest which "undermines

mutuality and undercuts trust." (Held, 2006: 64)

However, while the above paints a grim picture of justice values in the family, it

does not mean justice isn't needed at all. While Held disagrees with the notion that the

values of justice and care should be separated, and moral problems treated as if one

ethical foundation could be used to explain (and remedy) the matter, she does find

benefits to the two ethical views working *together*. Justice should be present. It just

shouldn't act alone. If society is to wholly benefit, a care ethic must be employed with

justice, with care as the priority. (Held, 2006: 133)

When care and justice are seen as alternative values (as Carol Gilligan claims in

her approach to moral ethics), one side still finds the value of care as an empathetic focus

on relationships between individuals, where one responds to the particular needs of

others, while the other still views the value of justice as a rational, objective force of rule

and law, one that is impartial and verifiable in its verdicts. The values are seen as options

to choose from rather than cooperative elements. Gilligan states that each view

contributes to our understanding of moral ethics, and while situations which require

moral guidance can utilize each value separately, care and justice cannot be used at the

same time "because the two perspectives organize the problem differently." (Held, 2006: 62)

In its very narrow definition of fairness and equality, one sees justice's separation from care. Care is contextual in its treatment of individuals in a way that justice is not. Held notes that the relations of care appear to be "wider and deeper" (Held, 2006: 41) than those of justice. Justice concerns itself with individual rights, where care regards the relationship between individuals, and what is necessary for its endurance. (Held, 2006: 41-42)

An interesting way to look at this argument is through its application in healthcare studies, particularly in regards to the interactions between members of a health team (i.e. doctors and nurses) and the patient. Annatjie Botes writes that when having to make ethical decisions regarding patient care, health teams can at times be conflicted within their group when more than one member objects to a certain procedure with their own competing claim. The two most pervasive perspectives in these conversations, she noted, are the ethics of justice and the ethics of care. Botes focuses on "a crisis looming… in the so-called 'helping professions'" (Botes, 2000: 1072), where patients feel like they are being dehumanized. Since one of the main components in the health care system is "the objectification and standardization of all professional activities as part of a quality-control exercise" (Botes, 2000: 1072), a caring bedside manner is often lacking.

Utilizing the work of several physicians and ethicists, Botes notes the positive and negative aspects of both ethical components. An application of the ethic of justice might appear cold on the outside, but provides a steady basis of rules and regulations which are important to follow when dealing with precarious, sometimes frightening medical

situations patients are suffering from. One using an ethic of care might appear driven by their "emotions" (Botes, 2000: 1073) and a strong sense of partiality, but can create a culture where patients are able to communicate, connect, receive empathy, and participate in the direction of their personal health care. Seeing how the positive elements of both values can be applied simultaneously, Botes focuses her arguments on combining the justice and care models in the medical treatment of individuals, seeing a necessity for "both the fair and equitable treatment of all people (from the ethics of justice) and the holistic, contextual and need-centered nature of such treatment (from the ethics of care)… to be retained in [an] integrated application." (Botes, 2000: 1071) She makes a case for Jürgen Habermas' *extended communicative rationality* (1970), where one can preserve the element of rationality (Botes, 2000) in their decision-making, but also be able to sensitively engage with those who are in their custody. For this, a care ethic is especially necessary, for it helps to prevent the reductionist tendencies found in the ethics of justice from narrowing viewpoints down to a single perspective. Since "emotions cannot be dealt with in an objective manner" (Botes, 2000: 1074), and "emotional sympathy" (Botes, 2000, 1073) is showing to be an important component in doctor-patient relationships, the *holism* offered within care ethics makes it so "moral phenomena can be approached from a multidimensional and multifactoral basis." (Botes, 2000: 1074.)

The public domain is in need of a care-based ethics. Communities could benefit socially and politically from values of interdependent care and trust found and expected in the private realm of the family. While Botes' article on the integration of justice and care concerned the relationship between doctors and patients, her arguments for holism

and contextuality in the doctor's office can also be recognized in our social relationships. She writes that "in light of the fact that ethical problems usually are complex in nature and that ethical decisions often have far-reaching consequences, it is vital to retain the element of rationality in the ethical decision-making process." (Botes, 2000: 1073) Rules and regulation are important in society. However, the holistic approach of a care ethic model provides perspective and context. It does not assume there is one way to deal with a delinquent child, or an adult who breaks the law. It understands the myriad of backgrounds in which people are raised and "accommodate[s] the unique needs of the role-players in each unique ethical situation." (Botes, 2000: 1074)

While I am building a case for caring societies based on the idealized notions of the traits found in the private domain, I cannot ignore the grim reality of so many homes, both in the U.S. and abroad, within which individuals, overwhelmingly women and children, suffer. Domestic violence and discriminatory social norms oppress and harm individuals, and can become settings where children's growth and exploration are tainted with acts of violence and physical, psychological and emotional distress. By witnessing abuse in the home, children can grow up to bully and maim others, or become vulnerable to relationships which would see their face at the end of their partner's fist. In the weakened state of the American economy, inequitable divisions of labor and financial vulnerability continue to keep families from fully participating in the care experience that stabilizes relationships in the home and prepares children for a thriving adulthood. It is clear that for care to prevail both privately and publically, it needs help from justice.

In the private domain, justice prevents patriarchal and matriarchal domination in the home, and is found in laws that punish perpetrators of child abuse and domestic

violence. It also promotes recognition of the individuality and agency of oneself and others. Justice makes clear "rights, equality and respect." (Held, 2006: 71) As noted in Chapter 2, the need for dependency and care should not hinder one's personal sense of self, in that their own being be fully diminished or sacrificed for those they care for.

As Held notes, "care and its related concerns of trust and mutual consideration seem… to form and to uphold the wider network of relations within which issues of rights and justice, utility, and the virtues should be raised." (Held, 2006: 136) Care in the public domain would improve state and federal agencies like welfare programs and social services, which are lacking in funds to sufficiently provide for its employees and clients, and suffer from high turnovers in employment. In addition to the healthcare policies explored by Botes, educational institutions and government-subsidized child care are also areas of public interest which could benefit from a care-based agenda. In Chapter 5, I will elaborate on various state policy changes and additions which give richer detail to the aims I am promoting in a caring society, and put the value of public maternity in perspective.

V.   PUTTING THE VALUE OF PUBLIC MATERNITY IN PERSPECTIVE

"One of the sayings in our country is Ubuntu – the essence of being human. Ubuntu speaks particularly about the fact that you can't exist as a human being in isolation. It speaks about our interconnectedness. You can't be human all by yourself, and when you have this quality – Ubuntu – you are known for your generosity. We think of ourselves far too frequently as just individuals, separated from one another, whereas you are connected and what you do affects the whole World. When you do well, it spreads out; it is for the whole of humanity."

Archbishop Desmond Tutu

In Chapter 2, varying critiques of Ruddick's *Maternal Thinking* explored more inclusive accounts of the mothering practice. Bailey's work on inclusive views of motherhood found that an "account of maternal thinking must consider the experience of mothers whose entry into mothering has been less empowering." (Bailey 275-276) Her work was praised by Keller, who envisioned a community where families should shape their parenting customs and choices to the environments in which they are working, and with the children who are in their care. Collins noted that the tasks associated with mothering in urban communities go beyond the single biological entity, spreading out to a number of individuals that foster the growth, care and education of the youth.

Kittay's introduction of the doula highlighted the role of a caretaker who cares for a dependent, one who is vulnerable and cannot survive without an outside authority who provides nurture and support. She also compares their work to the same labor performed by mothers for their children, where they give up time and energy, and surrender their needs for that of another. (Kittay, 1999: 93) Like unpaid maternal labor, the dependency work of doulas is under-valued and marginalized.

Held's dialectical approach to the values of care and justice sees an ethical system which values the nurturing and partiality components of an ethic of care, combined with

the rights and equality protected by an ethic of justice. In working together, the ethics of justice and care can help navigate the needs of the private and public realms, as well as "reduce the pressures for political conflict and legal coercion." (Held, 2006: 137)

Reflecting upon these nuanced approaches to community care, let's reconsider the role of mothers in society. Mothering as a practice emerges out of the social circumstances in which it is employed. Given the well-defined socio-political issues facing women and families, a more inclusive approach to the mothering practice would take into account the diverse conditions in which individuals are raising children, taking the role of mother beyond its traditional origins in society and biology. By underlining the difference between being loving and being loved, and between one caring for a dependent and having their own needs regarded and met, I have noted the importance in valuing such labor and supporting it as a community. Also, when society values the nurturing labor of mothers, a caring justice can be established both in the private realm of the home and public realm of the community which fosters these positive qualities associated with maternal practice. As Held claims, communities which focus on the relationships between individuals "cultivate practices that promote caring activities and considerate discourse throughout the society." (Held, 2006: 137) When people are realized as relational rather than independent, the ego-centered industrial competitiveness that dominates the culture is limited by a government which values environments of cooperation, non-violence and trust.

Collins' work on the fostering of growth, care, and education of youth in urban communities, combined with Held's *caring justice* outlook, expands Kittay's *doulia* system into the public realm. While these relationships form to nurture children, there

also comes out of these connections a mutual bonding that lends a hand to community activism within antagonistic political circumstances. Here the care-based ethical model serves to mediate hostile situations, and allows communities to rearrange themselves, evolving from the system of ego-centered individualists into an interdependent social organism.

Feminist philosopher bell hooks gives a beautiful, revolutionary view of the role of parenting in such a community. She observes that child care is a social responsibility which should be communal, shared with "other childrearers [or] with people who do not live with children." (hooks, 1984) The traditional perception of childrearing as an act performed only by the parents, "especially mothers" (hooks, 1984), does not account for already present social networks which host community-based child care, nor considers the benefits of such a system. Similar to Collins' work on *othermothering*, hooks advocates for *collective parenting*, relieving women of the "sole responsibility for primary child care" (hooks, 1984) and directing public funds towards the creation, improvement and expansion of community-based child care centers. When the responsibility of childrearing is made social policy, it not only benefits the children, but the mothers as well, giving them time to pursue education or training, and allowing them full participation in the day-to-day activities of a thriving society.

Furthermore, the persons performing the maternal roles would be able to realize their full potential in the implementation of their other-directed duties in the public domain. Whether they are working with families as the primary provider, or in addition to the primary provider, their ability to nurture and assist dependents in need will be

sustained by a larger social network which values their work and encourages their caring

labor through financial and emotional support systems.

In light of these arguments, I wish to propose a short list of possible policy

changes which would highlight my case for public maternity. These modifications and

additions to current local, state and federal programs and agencies allow me to elaborate

on what sorts of features one might find in a caring society. I will note that this list is

limited, documenting in detail only a few of the varied ways in which one might envision

public maternity in action:

1. I would first propose reforms to the current CPS agencies, seeking to improve

   the programs through longer agent training periods and lower case loads per

   worker, with increased wages and tuition reimbursement programs to reduce

   employee turnover. For the employees to provide care in the community, the

   community has to provide care for the employees. I would also suggest

   similar reforms to state foster care programs, requiring more regulation of

   services, an evaluation of how the state performs its background checks, and

   nuanced approaches to bringing in individuals who could foster and adopt

   children.

2. Considering the positive feedback noted in Breedlove's (2005) article on

   doulas and teenage mothers, I would like to consider how communities at the

   local or state level could offer similar services. Doulas have proven to be very

   effective in preparing first-time mothers for the delivery and care of their

   children, and I wonder what benefits could be realized by young mothers and

single mothers who are able to access such services if they were provided through the state, non-profits, or as a special, discounted provision on an insurance plan.

3. Shanesha Taylor, a mother living in Scottsdale, Arizona, was recently arrested for leaving her two children, ages 2 and 6 months, in a hot car with the windows cracked while she sat in a job interview. (Jauregui, 2014) Taylor is homeless, and had no one to watch her children during the interview. The two children are in the custody of Child Protective Services while their mother awaits trial. While it is undeniable that leaving a child in a locked car is dangerous, Taylor's situation highlights a very real problem in the community, that of the affordability of child care, and the availability of services for those who do not have any funding at all. Investing in early education programs like Pre-K in public schools, and offering stipends for child care services for both working parents *and* parents seeking employment, can help parents like Taylor avoid circumstances such as these, a decision that was irrefutably unsafe for her children, yet speaks of the desperation of her situation, and the very real care she was attempting to provide for herself and her family in the long term.

4. For the Fiscal 2014 Year, the state of Texas, with a population of 26.8 million people, will spend just over 4% of its $245.6 billion budget on welfare. The poverty threshold is very low in this state, with severe limitations placed on which individuals qualify for assistance. Individuals working 40 hours/week on minimum wage - about $1200/month before taxes and just under the

federal poverty guidelines for a single-person household - would not qualify for assistance. Imagine if that individual had a child. Or two. Or more. I would advocate for a re-examination of how the state allocates funding to its various agencies, proposing that Texas, at the very least, double the amount it currently spends on welfare services. This might not only provide more funds for those currently using the system, but might also expand the threshold for who qualifies for funds.

5. 38% of single-parent homes are below poverty in Texas. 19% of all women and 26% (one-fourth!) of all children in Texas are below poverty. In addition to the allocation of more funding to welfare service, I would also like to see the state extend additional revenues to organizations like WIC, Planned Parenthood and local women's shelters, to better serve the women and families of Texas.

6. The Patient Protection and Affordable Care Act (PPACA, 2010) is a landmark federal statute legislated to increase the quality of healthcare in the United States, and making unlawful prior stipulations like pre-existing health conditions or sex-based rating structures which priced applicants out of affordable care. The act also included a Medicaid expansion provision, which extended Medicaid funding to low-income individuals within a certain income bracket, providing federal aid to subsidize healthcare costs. States who refused the expansion would risk losing existing Medicaid funding. In *National Federation of Independent Business (NFIB) v. Sebelius* (2012), one of the rulings handed down by the Supreme Court is that states do have the power to

opt out of the expansion without penalties, leaving hundreds of thousands of people ineligible to receive aid under the current Medicaid limitations, and therefore having to come up with healthcare funding on their own. At the time of the writing of this thesis, only 26 states and the District of Columbia have expanded Medicaid. By providing healthcare assistance to individuals and families who cannot afford insurance, people are able to direct other funds to living expenses. Having better access to medical services also has the potential to both alleviate certain health conditions and possibly prevent others, leading to a better quality of life for those currently scraping to get by.

7. In 2005, the state of Utah calculated that the costs of jail stays and emergency room visits for homeless individuals averaged about $16, 670 per person, almost $6,000 more than what it would cost to supply a person with housing and a social worker to aid them in their transition (Shank, 2013.) With the goal of ending homelessness in the state by 2015, the Utah legislature's housing and social service provisions have reduced homelessness by 74% (Shank, 2013) and aided hundreds in becoming more independent and better able to care for themselves and their families. The U.S. Department of Housing and Urban Development's *2013 Annual Homeless Assessment Report* (AHAR) noted that roughly 610, 000 people are currently homeless in the United States (AHAR, 2013), with 23%, almost a *quarter* of that number, being children under the age of 18 (AHAR, 2013.) While homelessness is declining in America, the decrease is due in part to the increase in individuals living in shelters, and states spend millions every year on the jail stays of

homeless individuals arrested for loitering or minor drug offenses (Goldberg, 2014), more than the cost of shelter and case management. Programs like the one in Utah be enacted by other states, and would not only more humane, but enable many individuals to make their own way, support themselves, *and* contribute back to the economy. These additional funds saved from lowered incarceration and accrued from the increase in employed individuals can be put back into the system in the form of upper-level education, food assistance and shelter support for people seeking temporary housing, and child care and education services for homeless children, smoothing the transition for people at all levels of financial instability.

8. Ensure that minimum wages are *livable* wages, tailored to the economies of each state.

As a community we are part of an interdependent network, and we work together to thrive not only individually, but as a society. We need to promote and enhance "good human relationships" (Tong, 2009: 189), and give equal regard to women and the private realm in which they have worked in for so many centuries. Having established a foundation for the understanding of the care ethics surrounding public maternity, and the caring individuals who work within it, I have emphasized the necessity of caring labor within the community and the need to promote *doulia*-like systems which reach out to women and families and aid in the role of childrearing. Additionally, by underscoring the *maternal* figure in society, and extending that role to individuals with a non-biological

attachment to the cared-for, I have noted how the interdependent networks of nurturing

that are created by these people can aid in new political movements, providing a

progressive model of society which works to free itself from the gender, race and class

discriminations that harm individuals in a continuously unfolding world. An

intersectional approach to the caring labor of mothers and maternal figures accounts for

the various social divisions which affect one's ability to provide care and nurturing to a

child. It understands that each family should take care to tailor their practice – and their

choices – to the environments in which they are working, and with the children who are

in their care, but also acknowledges the necessity for available social agencies which can

extend networks of care to families should they need it.

As passionate as I am about these caring systems I support, I would be remiss to

admit that the agencies and policies I am promoting are - for lack of a better word - *Band-*

Aids. While a healthy society would benefit from an interdependent network, the

inequalities and discrimination present in our structures and institutions today make such

systems *necessary*. Their current absence from our community isn't just obvious, it's

shameful. Gazing upon Bouguereau's masterpiece, I understand the utopian nature of

such concepts. In academia, it is so easy for some of us to talk passionately about peace

and ethical regard for humankind, and can appear so clear to us what needs to be done to

repair the decades of damage caused by patriarchal systems which do more harm than

good to society. However, within these moments of excitement and intellectual clarity,

we must be acutely aware of the many hurdles standing between where we are now, and

where we want to be. And then, just as quickly as one can get carried away with idealistic

aspirations, we can also sink low into our chairs, heads in our hands, overwhelmed by the

futility, by the dimness which surrounds us and separates communities, families, and people.

At this juncture, we must look up to Charity. She is *one* person, but in moments of understanding and love and sacrifice she has affected the lives of *five* children. We are *all* someone's child. We have all received care and affection at some point in our lives, had our wounds cleansed in moments of pain, our tears dried in moments of fear, our questions welcomed in moments of doubt. That we could reflect on these vulnerable times of our past and challenge ourselves to acknowledge, repeat and encourage in those around us these considerations… think about what kind of community, what kind of *people*, we could become.

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