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CULTIVATE

The Feminist Journal of the Centre for Women's Studies

Exploring Care as Feminists

Issue Four - September 2022

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Editorial

Hello readers!

After our last issue ‘Regrowth’ (2021), we chose to continue the journey of Cultivate with an issue that would explore ‘Care’from feminist perspectives. After reflecting on our regrowth following several lockdowns, loneliness, and spatial division of our feminist communities, we decided that for us to keep growing care and nourishment are crucial. Cultivate,as well as our base the Centre for Women’s Studies (CWS) (website), are for us platforms, where we care for each other as well as for other early career researchers and feminists. As our previous editor Lauren wrote in the last editorial: “we have done our best to keep lifting each other up”. The importance of care for our community made us wonder, what this conceptentails. As we stated in the call for papers: “Care comes in all different forms and plays a role in various contexts, with commonalities rooted in empathy and interconnected relationship(s).”

We are also aware that the concept of care can be ambivalent. Racist actors might use their alleged care for their communities to defend their racist actions (Mulinari and Neergaard, 2014); in neoliberalism care becomes a commodity and deepens ethnic and gender inequality (Kirsch, 2022 – in this issue); and as Sara Ahmed (2014) argues: “Some have to look after themselves because they are not looked after: their being is not cared for, supported, protected.” In other words, some are excluded from care because of their ethnicity, ‘race’, gender, sexuality, etc.

Due to the ambivalence of the concept, we looked for contributions that explore care from inclusive/critical feminist perspectives and in all its possible manifestations. We are thrilled that all the fabulous authors of this issue include different approaches to engage with the topic. We have a mixture of academic articles, reflective essays/commentary, poems and photo(s) (essays), which all include creative and critical elements. The contributors use a great variety of how to explore care as feminists. Claudia Milena Adler, who in this issue criticises Western perspectives on care, beautifully states that care is a quality that needs to be learned like a language and it is often associated with femininity, but Adler defines femininity itself as a quality, which can be gained by people of all genders. We hope that this issue will be a step towards understanding care but also an opportunity to learn caring in different feminist ways, which help to nourish everyone – especially those, who have been excluded from or who have been solely responsible for care for too long. Thank you!

We want to thank all the contributors. You worked hard on your submissions and engaged with us and our peer reviewers in a lively and fruitful feedback process. We learned a lot from you and hope that the process provided you with some helpful insights to the publishing process for early career researchers. Thank you also to the CWS staff for always supporting us with your advice and experiences. Thank you to all our peer reviewers, who gave us their time and provided valuable feedback for all the contributors.

Finally, I want to thank the amazing editorial board, your voluntary work and commitment is crucial for Cultivate, which could not exist without all the wonderful (former) master and PhD students of CWS, who build our team.

With care,

Nicki

Editor-in-Chief

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The wisdom of hugging: understanding care through femininity

Claudia Milena Adler

Abstract

The concepts of care have been labelled as feminine in the mainstream knowledge discourse, implying that care is a gender-based quality belonging to women. From this premise, women and men have been assigned distinct gender roles that feed into the debate on equality issues as women globally lead in the professions of care. However, most ancient philosophies and wisdoms of Hinduism, Buddhism, Daoism, Ancient African philosophy, and Ancient Mayanism understood care as an operational aspect of femininity, which is beyond the physical division of women and men that lie within a non-gendered based ideology. This article positions Care as a quality that can be communicated and mastered much like a language. Care is a quality based on an attitude expressed through actions that can be understood across different communities, religions, and cultures. By examining the concept of Chipko from India, this article challenges the mainstream development ideology that depicts girls and women from rural, marginalised, and indigenous communities as vulnerable. In challenging these misconceptions, women and girls that operationalise care have a deep understanding of oneness belonging to traditional knowledge systems. Thereby, this concept of oneness is a defining principle of empowerment which contests the presumption of a deficit of knowledge and empowerment directed at women and girls from an uneven development context. In this critical examination of care through the Chipko concept, the arrogance of Western mainstream education reflects systems that have prioritised efficiency over care, and othering over oneness. Drawing from my PhD research and reflective account of the authors' journey to empowerment, this article sets out the importance of learning from the women and girls that operationalise care, particularly as the future targets of the Sustainable Development Goals (SDG) 2030 looks unobtainable.

Keywords

Chipko movement; care; women; feminine principles; development

This article was externally peer-reviewed.

Introduction

The Hindi word *Chipko* means 'to hug' or 'cling to', which in this context refers to the hugging or embracing of trees (Rodriguez Stimson, 2015). The colonial projects that degraded forests in rural India for non-local and industrial commercial needs roused the non-violent, non-cooperative resistance against large-scale felling (Shiva and Bandyopadhyay, 1986). The Chipko concept, operationalised as a non-violent ecological movement, was driven by women and communities. The Chipko movement spread throughout India in the 1970s to protect the demands of the capitalist production system that threatened the marginalised majority in India as women began to protest by hugging trees. This simple act of hugging has impacted global environmental movements through the years, like in Germany, as environmental protestors set up camps to protect Hambach Forest from the ravages of coal mining (Joshi, 2017; Saner, 2011). Despite the fact that environmental movements in Europe are not exactly replicating the Chipko model, the philosophical underpinnings of the Chipko concept have infused these global demonstrations with a deeper understanding of oneness with nature, becoming a rallying point to environmental movements in Switzerland, Germany and Holland (Shiva and Bandyopadhyay, 1986). The hugging of trees is an action historically associated with the Bishnoi community in Rajasthan, India, led by Amrita Devi more than 300 years ago, where she clung to the sacred *Khejri* (Ghaf) tree in protest. More than 300 members of the Bishnoi community sacrificed their lives; their actions gave birth to the Chipko concept and subsequent movements (Shiva, 1999, p. 66). The provoking nature of this non-violent environmental movement perhaps lies in its unassuming methodology, to hug. This action depicts a rendering off, the submission to nature.

However, the modern Western development discourse and its mainstream approach to the climate crisis are at odds with what Chipko embodies. The exclusion of the fundamental intelligence of oneness sets the basis for ignorance and arrogance by a system that claims human development is in the Anthropocene epoch – human at the centre of the world (UNDP, 2020). This modern view that people are the saviours of the planet is interlinked to colonial thinking that led the 'civilised' to conquer, convert, and oppress the 'barbaric', with the pretence that they were saving the rest of humanity from paganism and ignorance ordained by God (Rodney, 1972). In this perverse power imbalance, there are similar connotations with the interpretation of the biblical story of Adam and Eve. God's instruction for the [hu]man dominion over nature sets out the basis for a hierarchical structure where similar to our current Anthropocene epoch, there is an absence of oneness, and the external nature is no longer recognised as part of our shared humanity (Genesis 1: 26). Therefore, from this biblical perspective, a division occurs, and in turn, this separatist ideology further divides us as we understand our humanity as an independent, individualistic phenomenon that ends with us (Ryser, 1997). Within this notion of saving, comes the darker aspect of charity, a concept that, for it to exist, needs to position one above others. Instead, mutual aid, or oneness, and the ancient African philosophy of *Ubuntu*, is based on being human through others without hierarchical power imbalances, which can be further understood as a shared humanity (Khomba, 2011; Zulu, 2018; Ngomane, 2019). As a result of this separatist ideology, the 'othering', the judgement that proliferates our modern society emerges, distinguishing the educated from the uneducated, the skilled from the unskilled and the empowered from the disempowered, forming the foundation of a market-needs

economy that gives an acceptable status within modern society (Illich, 1970, 1973, 1978; Illich et al., 1977; Brown and Samuel, 2013). The colonial root of the mainstream market economy founded on dominion, exploitation and extraction continues to wrap around rural and marginalised communities, spreading like wildfire through development agendas that seek to implement a western metric that disregards indigenous knowledge and ways of being (Kleinman, 1995; Shiva, 1999).

Capitalism sees nature as a resource that needs to be exploited and independent from our nature. Smith (1984, p. 7) argues that "it is capitalism which ardently defies the inherited separation of nature and society, and with pride rather than shame" therefore, without separation that equates to discrimination, poverty and racism, the capitalist system cannot continue. Despite the good intentions that circulate current climate crisis efforts, those principles of separation still exist. Climate activists advocate for leaders to take responsibility, whilst leaders blame other states and so forth, with neither party taking responsibility (Hassan, 2021). Unlike the women from the Chipko movement who understood their lives depended on the forest's survival, modern western society believes that the planet needs saving, maintaining that position of dominion and separation, which is based on the same colonial approach to divide and rule (Shiva, 1999). By adopting this problematic world view, the notion that we are separated from nature is maintained. Therefore, the colonial worldview sees nature as a resource, implying we can survive without nature and negating that we are nature ourselves (Smith, 1984). This dichotomous position creates a confused human-nature relationship that is opposite to the value systems and experiences of most women in the Global South who see humans as part of nature, which facilitates care.

Reflecting on my own PhD research, this article first points out the absence of care in modern society and the imbalance in governance which seeps into the education system. I illustrate, the emphasis on efficiency and othering rather than care and oneness, has a negative impact on our wellbeing, and it further disables the modern educated person from empowerment. This disablement through mainstream education happens when the hierarchical structures dictate the curriculum. In this rigidity of learning, intellectual freedom is compromised. Creativity, exploration, and curiosity are largely substituted for a repetitious, memorising approach to learning that limits the independence of mind, that alone is the basis of genuine education (Baldwin, 1961). Furthermore, in an examination of a disruptive femininity, this article positions women and girls from marginalised and rural backgrounds as empowered, challenging the normative discourses of vulnerability. This article aims to examine the strength and courage that lies at the heart of the oneness practised by women in the Chipko movement, and how our humanity can be salvaged through the type of care embodied by these women.

Background

The methodological framework of my PhD has influenced my critical examination of care within this article. The framework weaves in a range of methodologies, methods, and theories, such as digital and auto Ethnography, Indigenous methodology, Critical methods, Phenomenology, Grounded theory, Feminist theory, Critical Buddhist theory and various other theories from Asia, Africa, and Latin America, breaking from the strict confines of Western scientific protocol. The relevance to this methodological framework is the

intellectual freedom given to understand empowerment from the ontological and epistemological perspectives of 'women' themselves. The empowerment of the indigenous women challenges the normative paradigms of vulnerability. Furthermore, this article draws on the scoping review conducted in my PhD, which examined mainstream pedagogical approaches that facilitate the empowerment of women and girls from an uneven development context. The findings of this scoping review showed that traditional knowledge systems had been excluded from the design of mainstream pedagogy. This supports the premise of this article that the women spearheading the Chipko movement operationalise wisdom and knowledge that is largely overlooked by mainstream education. This article argues that Chipko as a movement suggests an ecological protest but leaves behind the critical examination of Chipko as a concept and an example of the operationalisation of these traditional knowledge systems; thus, this article has emerged from my PhD.

Storytelling is entrenched throughout my PhDs research design that adopts a qualitative three-stage process. The first of the stages is an autoethnographic account written as a family biography that offers a voice to the personal journey of seeking empowerment by examining the lives of my mother, my grandmother and myself and the different experiences coming from Colombia and the UK. Schooling rarely provides reflective spaces for the development of critical consciousness that explores the 'Who am I really?', a central question that allows the learner to create alternative futures (Rodney, 1972). In critically examining mainstream education and whether it facilitated the empowerment of my grandmother and mother, it became apparent that formal education was not designed to empower women, particularly women from non-Western marginalised societies. The education that they received through informal and non-formal avenues allowed them to cope with the vulnerable settings that enshrouded so much of their lives, like poverty, oppression, and discrimination. Thus, the examples of resistance, perseverance and determination that had also helped me, as a refugee child, were not learnt in formal schooling but from the same women, I judged as different from me. In examining our formal mainstream education system, what stands out poignantly is that its main drive is the external consumption of knowledge (Illich, 1970). In that process of self-reflection, a commonality emerged between the women folk from the Chipko movement and that of my grandmother and mother due to a shared understanding that everything is interconnected (Shiva, 1999). From an Ancient African lens, this emerging commonality is the existential link to a 'shared humanity' where my separatist identity is dissolved, and being human is intrinsic to others and to nature (Zulul, 2018). Drawing from the autoethnographic account of my PhD, as I examined the stories of my grandmother and mother, I began to peel back the layers that masked our commonality as women. Despite the vulnerable settings that plagued much of their lives, at heart are women that dealt with their circumstances as best they could in a joyful manner, and in that, lay their agency to persevere and continue. These very examples of care were palpable throughout their life stories. What was rooted in their empowerment was a decision and capacity to deal with the pain and uncertainty that is life through the realisation of their inner empowerment (Jayawickrama, 2018; Lindekens and Jayawickrama, 2019; Kleinman, 2020). The ability to learn from the empowerment of women from marginalised and rural backgrounds requires a self-reflective process in which the differences between experiences are cast aside, regardless of political, social, environmental, cultural, and economic settings that separate people externally. In this

approach, one must move from an individualist stance to a collective one where our shared humanity is expanded beyond what we identify with (Sadhguru, 2021).

The political fictions of the self-made person, the lone ranger, proliferate Western individualism and warp the meaning of being human (Kleinman, 2020). In a bid to control the image of humanity with a disconnected analogy, where everyone sees their humanity as separate from others and takes indiscriminately from nature, is a view that supports an individualistic existence devout of care. Therefore, resistance from marginalised, rural, and indigenous women confronts the mainstream paradigms of vulnerability. In this, the article's core underpinnings are grounded on the concept of oneness central to examining the Chipko concept (Anderson, 2006; Weaver-Hightower, 2011; Lai MA, 2013).

Redefining Femininity and Care: A Non-Western Perspective

Femininity in this article is described as a quality within an individual rather than any gender difference between 'women' and 'men'. Care, typically associated with femininity, is positioned in this article as a non-gendered based ideology (Shiva, 1999). Care is discussed as a quality that is learnt. It is a language spoken with fluency in certain communities that have anchored their humanity within the wider universal consciousness, such as the ancient African philosophy of *Ubuntu* which means *I am because we are* (Khomba, 2011; Zulu, 2018; Ngomane, 2019). Similarly, care is defined as a bedrock of our common existence, and its thick ties sustain family and community life. Kleinman (2019, p. 4) argues, "care offers an alternative story of how we live and who we are. But it is being silenced and diminished in value in the United States and around the world, sacrificed on the altar of economy and efficiency". Care can be coined for political and commercial gain by government initiatives; for example, in the United States, programmes such as *MediCare*, a government national health insurance programme or *EduCare*, a cost-effective early morning and after school programme, conjure the feeling of love through clever marketing to their political agendas, whilst in fact, our institutions are readily replacing care with efficiency models (Illich *et al.*, 1977; Kleinman, 2020). The commoditisation of care in the marketplace has displaced it from an internal quality to external action (Kleinman, 2020). From a Chipko perspective, care remains an internal quality of the women who practise it. Such perspective represent a regenerative model that lies in stark contrast to the extractive model of consumption. In the mainstream portrayal of nature as vulnerable, the ferocity of nature has been disregarded. So, to reclaim the multifaceted aspect of the feminine principle, the article uses the fierce, bloodthirsty Hindu goddess *Kali*, a quintessential embodiment of *Shakti* – the primordial cosmic energy (Dalmiya, 2000; Kumar, 2000; Chinnaiyan, 2017; Marsman, 2019). In this power of the feminine principle, the women from the Chipko movement operate beyond colonial dictates that govern the minds of those within an economic system that feed them their ideas and worldviews through a reductionist education approach (Illich, 1970). Rather, in this decolonised state of mind, the women from the Chipko movement have reclaimed control over their lives. It is not conventions and statutory rights or development programmes that have equipped the marginalised and rural women to resist illegal deforestation, but rather the operationalisation of wisdom through their folktales, songs, rituals, and learning through lived experiences of generations (Shiva, 1999). Empowered, marginalised, and rural women are present throughout history and continue to fight for the right to all life through their collective

oneness. Their courage does not stem from the enactment of the Universal Declaration of Human Rights (1948) or the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1981). Instead, their participation in nature has set a deep understanding of balance and interconnectedness, drawing their strength from *shakti* – Strength; according to Itwari Devi:

> Shakti [strength] comes to us from these forests and grasslands: we watch them grow, year in and year out through their internal shakti, and we derive our strength from it. We watch out streams renew themselves, and we drink their clear and sparkling water – that gives us Shakti. We drink fresh milk, we eat ghee, we eat food from our own fields that we are our own masters, we control and produce our own wealth. That is why 'primitive', backward women who do not buy their needs from the market but produce them themselves are leading Chipko (Shiva, 1999, p. 198).

The agency of the women from the Chipko movement is demonstrated in their informal political participation as they mobilised communities in resistance to political and corporate pressures (Shiva and Bandyopadhyay 1986). Illiterate, marginalised, and deprived women from a Western lens are vulnerable and presumed disempowered due to an imposed Western metric that requires a level of formal education and economic wealth to meet external standards of empowerment. The vulnerable settings that encompass the political, social, cultural, economic, and religious contexts are attributed to the person themselves without any differentiation between the external influences (Butler, 2020). In this approach, agency is denied to the women and girls that are immersed in these circumstances and categorised as vulnerable. This provides the legitimacy for international development agencies to deliver programmes for development and educational purposes that fail to connect with their empowerment from a humble standpoint (Shiva, 1999). In this lies the internal empowerment of these women, independent of external circumstances (Kleinman, 1995). The rudimentary discrimination, which has its roots deep in colonialism, overlooks these women as soil scientists, peasant experts, water managers and political leaders as their activities are not accredited or form part of the formal mainstream systems (Shiva, 1999). The rural women that have exercised the Chipko concept and who have died to save their forests are not motivated by external accolades, nor are they governed by a globalised marketplace. Care is largely undermined by the globalised market economy, but nevertheless, it continues to hold families and communities together (Kleinman, 2020). Instead, care is a fundamental human expression that needs to be learnt to establish deep human connections with each other and nature (Kleinman, 2020). Lindekens and Jayawickrama (2019, p. 8) argued that "in ancient and traditional cultures, care is divorced from financial benefits, with healing and helping others as a spiritual rather than a trade relationship between professionals and recipients". In this, care can be understood as an absolute inclusion portrayed through the act of mothering from a non-gendered based perspective, an action to include someone or something in your life unconditionally. This inclusion is central to the Chipko concept shown by these women as they embrace their trees, typifying nature as core to their own existence in an ultimate act of care at the risk of losing their own lives. This article argues that mothering is an action that can be performed by both ‘men’ and ‘women’ and much like the Chipko concept that involves understanding that we are part of nature. There lies

the connection between nature and care where nature includes all beings unconditionally without discrimination. From an Indian cosmological lens (or cosmovision), all existence arises from this primordial energy which is *Shakti*, and a manifestation of this power is called *Prakriti* – Nature, or Mother Earth, as the primordial mother goddess (Shiva, 1999, p. 39). Similarly, what arises from the care of Mother Earth, or the 'Mother', is inclusivity, shown in the cyclicity of life and death, inhalation and exhalation that connects us to one another in a greater universal consciousness.

The goddess *Kali* provides a refreshing iconography that dispels gender normative associations with the feminine principle that usually portrays a 'Loving Mother'; rather, Kali is a 'Devouring Mother', embodying destruction and rebirth, death and revenge but also love in her paradoxical archetype (Dalmiya, 2000). However, beyond the feminist resistance, the goddess *Kali* can penetrate the consciousness of humans by dissolving all ignorance. *Kali* is an all-consuming force represented as a Black woman with white fangs, her tongue protruding from her mouth. With four arms, in one hand, she carries the head of a slain demon, and in another, a sword, whilst drawing closer to her worshippers. She is decorated with a necklace of skulls and earrings of two dead bodies. Only wearing a girdle made from dead men's hands, her eyes are red, bloodstained, as she stands looking all dishevelled. *Kali* menacingly has one foot on the thigh of her husband *Shiva* and her other on his chest.

From a feminist lens, this depiction of the feminine as a bloodthirsty, violent goddess that evokes fear is disruptive. The goddess *Kali* represents an aspect of the feminine principle that is not necessarily understood in Western philosophy (Dalmiya, 2000; Shiva, 1999). The disruption and destruction she brings is very similar to the women of 1973 in the Chipko movement. And although they did not destroy, their methodology of hugging trees was disruptive, which embodies the Chipko movement. It is this multifaceted nature of the feminine principle that directly contradicts Western binary thinking and the traditional interpretation of 'woman' and femininity found within the Abrahamic religions (Dalmiya, 2000). Even Jesus (in the mainstream understanding) experienced God as father, and so, through the feminine principle, we embark on a non-violent rebellion against the authoritarian patriarchal system that forms so much of our own thinking. *Kali's* presence represents a feminine liberation through her multifaceted nature by portraying femininity as the ultimate force of destruction and creation, which is comparable to the Chipko, which also uses the feminine principle as a portrayal of disruption and resistance (Shiva, 1999).

The women who united in the Chipko Andolan movement in 1973, Uttarakhand, sent ripples worldwide at national and international levels (Mitra, 1993). The methodology of hugging is also a scientific methodological framework of sacrifice for the greater good; this very humane act embodies the boldness and moral language between suffering and healing that is care. As argued by Kleinman (2020), care is the bedrock of our human existence. The sacredness to care ought not to be commoditised and sold in the marketplace (Varoufakis, 2019). What it results in is a manipulation of yet another service economy where larger sways of rural and marginalised people are stripped from their agency in the proliferation of branding affected communities as vulnerable. Inequality breeds a service economy. It is the only way for such a relationship to flourish, where one person is made vulnerable and disempowered and therefore needs a service that makes them empowered (Illich *et al.*, 1977). The Chipko concept through the lens of care becomes more than just a powerful ecological movement as it advocates for a shift in thinking. In a similar manner, *Kali's* boon

is won when humans confront and accept their real nature. Despite the false confidence that comes with formal mainstream education in many social circles in the Global North and South that position those mainly learned as experts, care continues to be operationalised by rural and marginalised and indigenous communities. Regardless of the good intentions of heroism that comes with wanting to save the planet or each other, we are not saviours, but rather, through care, we become interconnected, and in this connected state a co-learning and self-governance emerges that makes part of a complex learning web that is centred on empowerment rather than preserving a power imbalance between the expert and recipient (Kumar, 2000). In this deep wisdom of the feminine principle that is immersed in care, we change our critical consciousness and act in a sacrificial manner as our identity is no longer limited to our narrow set of beliefs, likes and judgement (Sadhguru, 2021). The Chipko concept is self-modelled through the complete absorption of ourselves into nature (Dalmiya, 2000). It is not simply sacrificial, but the women of the Chipko movement understand that care and love can only be expressed through a deep immersion of intimacy that draws in one's ability to be present and connected (Kleinman, 2020). Their interaction with nature, and ability to feel, feed, water and care with their hands displays their intimate relationship with nature (Shiva, 1999). From an identity lens, what emerges from the Chipko concept is a deep awareness of the ***who am I really?*** because we are part of nature, and in a much more spiritual way, we are nature (M, 2012).

In understanding care from the operationalisation of women from marginalised and rural backgrounds, what emerges is a united approach to how these women use their hands, their dedication to regeneration and worship, all of which point towards a non-compartmentalisation to living (Shiva, 1999). These entrenched knowledge systems are largely disregarded by the expert that enters such contexts of marginality overlooking indigenous and traditional knowledge systems and approaches. The feminist principle of care holds an opposing worldview to the mainstream (Western) knowledge system that produces the experts (Shiva, 1999). Technology, education, and health systems are driven based on this reductive worldview and are reflected in the accreditation system that is designed for the benefit of the globalised marketplace and is consequently piled against the learner (Bassey *et al.*, no date; Schinske and Tanner, 2014; Schneider and Hutt, 2014; Pimlott-Wilson and Coates, 2019). From a caring lens, if our institutions, including those caring professions could be built on a model of care and not efficiency, the promotion of self-reliance, usefulness and conviviality would be prioritised over profit (Illich, 1973). The arrogance of current modern systems do not reflect some of the harsh realities that dispel the idea of humans as the centre of the universe, "if all the insects were to disappear from the earth, within 50 years, all life on earth would end. If all human beings disappeared from the earth, within 50 years all forms of life would flourish" (Jonas Salk; 1914 – 1995). Unfortunately, 'vulnerability' has been marketed and drives funding through development and educational initiatives that profiteer from rural, indigenous, and affected communities particularly women and girls, such as the failed UN Decade for Women, a programme that received funding based on the assumption that women's economic position would progress through its participation. The humanitarian and development landscape is filled with miss funding and failed opportunities to understand these affected communities and work with people as equals. For instance, in the 2015 Nepal earthquake, the international response was slow and inadequate, because the relief effort failed to reach the affected

communities in remote and rural areas due to the bureaucratic funding procedures (Subedi et al., 2019).

What is missing from international humanitarian responses and development agendas is a coming together where different knowledge systems are equally applied, and each can learn from one another (Lindekens and Jayawickrama, 2019). For this to take place, an equal partnership needs to be forged. This could be best illustrated through the scientific grounding of the women of the Chipko movement and their understanding of true forestry (Shiva, 1999). The question that surges is how are 'uneducated' rural and marginalised women empowered? This narrative does not fit the Western standard of an ‘empowered woman’ that is largely measured by a certain level of formal education, formal political participation, and an active participation in the marketplace. This article further argues that the development discourse has dominated and excluded women from non-Western societies by imposing a vulnerability status that dismisses their self-governance and their traditional knowledge systems, excluding them from global mainstream decision-making processes. This is largely a consequence of non-formal participation in politics, education, and the market economy. Our current mainstream education system penalises those that are not consumers of knowledge of mainstream compulsory education and are therefore labelled as uneducated, disregarding them as expert foresters (Illich, 1973).

The Chipko movement has a long historical journey, for example the Chipko process in the Garhwal Himalayas followed a similar pattern of events through various actors, particularly by Mira Behn, one of Gandhi's closest disciples. She studied closely the knowledge of the local people and Garhwali folksong, which encapsulated the collective wisdom of the community that told of the species of the local area[1]. The folk songs of this community exposed the degeneration in the region due to the disappearance of the *Banj Oak* tree (Shiva, 1999). Mira Behn was able to capture this scientific report, and it is this diversity of knowledge and wisdom that marks the ability of communities to remain uncolonised. The link between degeneration and colonisation is found in the violent end to the natural evolution of societies and people, in the same manner degeneration destroys nature. Therefore, there is a misplacement in the presumption of a deficit of knowledge that is usually attributed to marginalised and affected communities by mainstream education and development programmes, and it is rather the inability of these institutions to recognise knowledge outside the boundaries of formal education and hold it with the same esteem. The question then arises about the value of mainstream education and the discrimination against the unschooled. The radical monopoly of compulsory consumption of education has deprived humans of their intrinsic capabilities of vision and creation. An education system focused on memorising and repeating is flawed and destroys the science of experience that has been practised by ancient and indigenous societies through observation that is traditionally shared (Illich, 1973). Science that stems from the European enlightenment era established a monopoly of one type of science, negating the different sciences used by different civilisations and traditions that are also science, such as the Chipko data gathering that is a scientific process (Shiva,1999) This calls for the delegitimization of Western mainstream education and its monopoly on learning. The presumption of deficit of knowledge legitimises one group as scientists and the other as

[1] The Banj Oak trees and Kharij trees are highly valued species common to the Uttarakhand region in India (Shiva, 1999).

ignorant through a complex system of accreditation, a system that costs more to maintain than it does to teach (Illich, 1970). This is the basis for discussing Chipko as a concept and not as a movement to avoid the erroneous assumption that there is no scientific grounding for the actions of the rural women of India that united under its concept. In this deliberate disruption to modern science that is relatively within its infancy, like formal mainstream education, the terms science and scientific are to encompass its diverse application that makeup traditional knowledge systems regardless of any recognition by the positivist and reductionist approach to modern Western thought. Therefore, this article argues the Chipko concept is based on traditional scientific intelligence and has both an ontological and epistemological grounding.

The communities that follow the feminine principles of non-violence understand humility not as a weakness or a lack of confidence but as a deeper understanding of the ineptitude of our understanding and dependence upon our five senses that are faulty (Vivekananda, 1989; Gandhi, 2001). The feminine principle in this article has been discussed as a non-gendered based ideology. An example of this is the later life of Gandhi, who applied feminine principles and non-violence as a way of life, as he moved towards the dissolvent of all attachment, '*Nishkama Karmaas*' – '*action without attachment*'. He lived through experiments that drew him into a deeper state of the feminine, practising care through the service of others: "my aptitude for nursing gradually developed into a passion, so much so that it often led me to neglect my work, and on occasions, I engaged not only my wife but the whole household in such service. Such service can have no meaning unless one takes pleasure in it" (Gandhi, 2001, p. 169). Care is not a quality that represents weakness, but it is dual in its ability to be strong yet delicate, compassionate, and resistant. Those living within the feminine principle of exercising care are in a state of balance, which has shown as lacking in western mainstream societies. It is therefore important to reflect upon those biases that remain so entrenched in our worldview regarding care. Perhaps it too is time to look beyond our expert status and learn from women and girls from rural, indigenous, and marginalised backgrounds on how to operationalise care and the principles of femininity.

Conclusion

It is a daring act to look at the care operationalised by women and girls from rural and marginalised backgrounds, particularly when those examples lie beyond the margins of mainstream education and the globalised market economy. In the acts of care lies the empowerment of these women who, through the Chipko concept, are empowered beyond jobs and schools. Despite the comforts and technological advancements that come with our modern western society, the Chipko concept is more than a movement, its re-defined feminine principle provides a backdrop for which to question our transactional relationship with our governments and institutions. It leaves bare the void between citizenship and consumer. The women from the Chipko movement are ardent citizens, taking responsibility for their environment and each other. To them, the forest was more than a resource, it was a part of them and their survival. The disablement of people can be better understood by the dependency on a service economy. Contrary to those are the communities that are self-sufficient and exercise care freely, they are not bound by a system founded on consumption. Rather, the misplaced confidence in the educated status has deepened a disconnect between us and nature: this void is the absence of care. The

broad brushstrokes of vulnerability that are usually applied to marginalised, rural and indigenous communities, particularly to women and girls, prevent an examination into the political, social, cultural, and economic implications of those vulnerable settings, leaving in the shadows the greed of a service needs economy (Illich, 1970, 1973, 1978; Illich *et al.*, 1977; Brown and Samuel, 2013). In the proliferation of arrogance that surges from the consumption of education rises an inability to learn from the coping with uncertainty and danger from the 'uneducated' (Illich, 1970). This critical examination of the Chipko concept calls on a reflective practice from those that see themselves as separate from others. Our humanity is intertwined, and beneath the various settings that colour our lives, we have a shared humanity. The path that we take to achieve happiness is different. Some paths are paved with gold but deliriously empty and superficial, whilst others, though walking through rubble, find community cohesion as they walk together through the peaks and troughs that is life without numbing the pain but addressing it as best they can (Watts, 1987). The glue that continues to gel communities together is the force of care which, despite efforts to commoditise it, continues to be displayed in some of the bravest of moments through history.

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Menstrual self-care and self-knowledge as practices of resistance: voices and reflections from Latin American menstrual activists and educators

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Abstract

The aim of this research paper is to explore menstrual self-care and self-knowledge in resistance to menstrual injustice. This paper argues that both menstrual self-care and self-knowledge are essential when seeking menstrual justice, dignity, and health. Often framed in menstrual activisms in Latin America, some of which share a feminist perspective, menstrual self-care and self-knowledge are understood at the core to enhance bodily autonomy and challenge menstrual stigma, shame, and taboo. I conducted research with five menstrual activists and educators from Perú, México and Guatemala to explore the concepts of menstrual self-care and self-knowledge, as well as their implications to feminisms and menstrual health, justice, and dignity. The instrument used was a self-filling survey with sixteen open-ended questions. Participants are activists and educators I have worked with in the context of my own menstrual activism practices in Guatemala.

Keywords

menstrual justice; self-care; self-knowledge; menstruation; menstrual care; menstrual dignity; menstrual health

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Introduction

This research paper seeks to understand the role that self-care and self-knowledge can play in resistance to menstrual injustice[2] and in pursuit of menstrual health, justice, and dignity in Latin America. I do not intend to discuss self-care and self-knowledge in an encompassing or generalizable way. I consider this paper as a contribution to wider

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[2] Margaret E. Johnson (2019) defines menstrual injustice as "the subordination and oppressive treatment of menstruators" (p.79). She proposes that menstrual injustice is sustained through cultural narratives of menstruation that often represent menstruators as incompetent, impure and shameful.

conversations and constructions of menstrual justice. I conducted research with feminist menstrual activists and menstrual educators from México, Guatemala and Perú. I explored their experiences of menstrual activisms and their understandings of feminisms and menstrual care. Through this research I intend to position self-knowledge and self-care as means for women, girls, and menstruating persons[3] to overcome the internalized hegemonic narratives and menstrual injustice, and thus gain menstrual autonomy. Menstrual self-care and self-knowledge are not something inherent to our human experience. They entail practices and doings that we learn from/with others when we collectivize and transform our menstrual experiences, which are plural and not necessarily individualized.

In the following pages I will first discuss menstruation and hegemonic menstrual narratives to render visible (some of) the sources of menstrual shame and stigma. I will also reflect on recent menstrual activisms in resistance to the hegemonic menstrual narratives. Then, I will share about the methodological aspects of the research I conducted with menstrual activists and educators on menstrual self-care and self-knowledge. To present the data collected, I will converse with my participants' extracts in the text. Lastly, I will discuss the data and draw conclusions derived from this research experience.

Flowing through the context of menstruation[4]: hegemonic narratives, menstrual care, and menstrual activisms

Menstruation, despite being shared by half of the population in the world, has different interpretations, meanings, and values according to cultural and social contexts. However, most of these interpretations are often negative and continue to be means of oppression and control over menstrual bodies (Tum Teleguario, 2017). In previous research I conducted, I reflected on how, despite that menstruation is often depicted as a completely "natural" phenomena, there is nothing natural in the menstrual experience (Aguilar Ferro, 2021). Menstruation, rather, is an experience intertwined with both material aspects (menstrual blood as matter and the cycle as having physiological dimensions) and social aspects (including symbolic, emotional, political, historical, and economic, amongst others), *simultaneously*.

Menstruation can also be understood as one of the products of our sexuality. However, it has been expropriated through misinformation and the imposition of a taboo that has called us into silence and secrecy (Aguilar Ferro, 2021). We often lack information about our cyclic bodies, about the phases of our menstrual cycle, the effects it can have over our bodies and overall well-being. This is part of experiencing menstruation in injustice. Johnson (2019) emphasizes on how "menstrual injustice affects all menstruators differently based on their location at the intersections of gender, gender identity, race, class, and disability, for instance, as well as privilege and disadvantage" (p.79). In this

[3] In the following pages I will use the term "menstruating persons" and/or "menstruators" to refer to women, girls, adolescents, non-binary, queer, and diverse persons who experience menstruation.
[4] I would like to disclose that the context I am presenting in this paper has no intention to be generalizable or encompassing. Rather it is *situated*, following Donna Haraway's proposal (Haraway, 1988), in my own body and experience as a mestiza young woman, mother, feminist, menstrual activist, researcher, and educator from Guatemala.

sense, she suggests that menstrual injustice can be understood as one of the ways in which patriarchy, classism, transphobia and other systems of oppression operate (Johnson, 2019) and are embodied, in diverse ways by menstruators.

Knowledge about how to experience and signify menstruation, and how to care for our menstrual bodies, comes from a variety of sources: this knowledge is relational. These sources may include teaching contents at school, menstrual products advertisements or campaigns, social media, feminist/menstrual activisms or activities, books, movies, amongst others. These sources are key in the construction of menstrual narratives. However, some of them acquire hegemonic (and sometimes violent) manifestations.

Hegemonic narratives about menstruation are also part of patriarchal views over women and cyclic bodies. The idea of menstruation as a symbol of contamination or as something dirty is, even nowadays, sustained by a diversity of discourses, practices and institutions (Garlo, 2014). However, this is not a coincidence, rather the stigmatization has been utilized by patriarchal powers across cultures and societies to sustain the subordination of women. In many cultures there are legends about the negative effects that a menstruating woman produces. Flowers die, fragile objects can be broken, mayonnaise turns liquid, she can weaken men and can even make a man impotent if she has sexual relations with him during her menstrual period. In many languages, menstruation is colloquially referred to as a "curse", a term that is linked to the biblical story regarding menstruation as one of the curses that Eve received for eating the apple from the tree of knowledge (Paszkiewicz, 2016). In some Latin American countries, menstruating women are asked to stay away from babies and toddlers because they are often linked to "mal de ojo" or "evil eye[5]" (Gracia, 2014). Menstruation, then, has been constructed as a source of disease, pollution, and negative experiences.

The idea of menstruation as something "bad" is also present in scientific texts from the Classical Era, which made up the Greek and Hippocratic corpus corresponding to the 4th century BC. For instance, some of the texts refer to menstruation as a dangerous, polluting and mysterious substance (Castellanos De Zubiría, 2009). The medical-philosophical Greek discourse has greatly influenced Western culture and our cultural narratives about our bodies and fluids. It is mainly constructed with a basis of binaries and hierarchic categories, where women and menstrual blood are imperfect and impure, in relation to, men and semen which was constructed as a perfect and pure substance (Héritier-Augé, 1989). These categories have also been masked under the notion of "natural" aspects, essential to one sex or another, thus being difficult to challenge, criticize and tackle.

Historically, menstruation, which carries emotional meaning (Young, 2005), has been stigmatized and lived, for a wide majority of menstruating persons, from the relational emotion of shame. Menarche, which may be experienced between 9-15 years old, is often lived in fear and silence. The main emotions we experience are often linked with shame (Aguilar Ferro and Gómez, 2020), which is a learned emotion and is not inherent or a "natural part" of our menstrual experience (Aguilar Ferro, 2021). As Stubbs and Sterling

[5] "The "evil eye" is a traditional disease that generally presents itself under the symptoms of a severe headache, tiredness, difficulty opening the eyes and annoyance towards light. In the case of children, the recurrent symptoms are constant crying and the inability to fall asleep" (Gracia, 2014).

(2020) notice, small girls are often reluctant or unable to see or name their genitals, thus "developing agency in self-care or explorations of sexuality is unlikely" (p.233). Shame, as a control mechanism and as a primary structure of women's lived experience, then, begins to install in our bodies with the first menstruation, however, shame will extend far beyond menstruation to become generalized as a sense of inferiority of the "female" (or feminized) corporeal subject (Kurks, 2001).

Chandra-Mouli and Patel (2020), address this idea as follows:

> Being unprepared for menarche, being excluded and shamed during monthly periods, being hindered in self-care and uncared for when unwell, undermines a girl's sense of being in charge of her life, her sense of self-worth and her sense that the individuals and institutions around her are responsive to her needs (p.629).

One of the consequences of the shame that causes menstrual stigma is our perpetual state of self-surveillance, specially to hide our menstrual status (Johnston-Robledo and Chrisler 2013). In some contexts, mostly in Low- and Middle-Income Countries, girls lack the means for self-care and support to live their menstruation in a comfortable way and this has often been neglected as a right but rather experienced as a privilege. Many girls are not able to carry on with their daily life. This can establish a foundation for disempowerment, which can be manifested not only during the days of menstruation but can be experienced in life in general. The idea of secrecy has prevented us from speaking about menstruation collectively so that we cannot challenge menstrual stigma and taboo (Tum Teleguario, 2017). Keeping menstruation in secret also deprives us from accessing assertive information that contributes to the exercise of our bodily autonomies, as well as knowing and caring for our menstrual bodies. In this sense, many of us, as children or even as adults, do not learn how to take care of ourselves. We often do not know our own bodies or our cycles, and our contexts are not responsive to our menstrual needs (that exceed menstruation itself but intersect with other aspects of our lives).

The idea of "menstrual care" has often been linked to understanding "care" in a reductionist way, mainly related to the access to technologies to manage menstrual blood. According to Bobel (2019), this type of menstrual care doesn't "challenge menstrual stigma, it accommodates it" (p.26). This focus on the products to manage menstrual blood keeps menstruation hidden, and thus prevents us from normalizing menstruation. This "hiding menstrual blood" practice is grounded in the menstrual taboo, stigma, and sexism (Bobel, 2019). This narrative has been common among Menstrual Hygiene Management (MHM[6]) practices and discourses. Jennifer Thomson et al. (2019) argues that MHM renders invisible other important aspects related to the work around menstruation, such as menstruator's

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[6] Menstrual Hygiene Management is defined by Sommer and Sahin (2013) as the process where: "women and adolescent girls are using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials" (p.1557). This definition is cited by Tomson et al. (2019) and they also reflect upon how this definition has "become the central way in which work around menstruation is framed and measured" (p.12).

understanding about their cycle or her sexual and reproductive health. Discussions of taboo and stigma are also absent from the MHM discourse, which is essential "given how central these are to an understanding of menstruation in all contexts, and the severe impact that these can have on women and girls' rights, dignity and wellbeing" (p.12).

As Bobel (2019) indicates:

> This narrative hinges on the belief that all that ails the poor girl in the Global South is a lack of access to menstrual care. This is the core message of MHM: Give a girl a pad and change her world. MHM discourse so consistently situates the pad as the key that unlocks girls' potential (and saves them from a tragic life), that I often think Malala's famous pronouncement during her UN address could be amended to "One child, one teacher, one book, one pen, one pad, can change the world" (p.57).

Caring for the menstrual body is way more complex than access to products. In this sense, achieving menstrual health, justice and dignity entails comprehensive and multiple approaches to menstrual care. Menstrual care must be redefined and adapted to the intersecting experiences that we embody. Menstrual care should also consider situations of vulnerability such as homelessness or (im)mobility (Vora, 2020). It also has to accommodate diverse bodily experiences such as living with disabilities (Steele and Goldblatt, 2020), or living with premenstrual distress, to address different manifestations of our menstrual cycle and how we make sense of them (Usher and Perz, 2020). It should be *des*-individualized or collectivized, because menstrual experience is relational and we often learn about it generationally (McCarthy y Lahiri-Dutt, 2020). It should aim for a transformation of the narratives to eradicate menstrual stigma and taboo which indicate we cannot inhabit the public space with a stain on our clothes. Such transformation needs to be done through menstrual education or awareness-raising programmes. And it should foster menstrual autonomy[7] through the development of self-care and self-knowledge as emancipatory and subversive practices.

Menstrual care is political, and it should be both material and sociocultural. It is complex and it must be inclusive and placed at the core of other structural changes that we need as humanity. These structural changes may include, for example, sexual and reproductive health education, eradicating violence against women and girls, ending poverty or even enhancing access to sanitation and a dignified place to live. In this sense, menstrual activisms play an important role in challenging hegemonic narratives, reductionist views on menstrual care, and manifestations of oppressive systems.

Menstrual activisms nowadays are often linked to feminisms. According to Chris Bobel, back in the days, in the United States of America, for example, three standards were woven to produce menstrual activism around the 1970s: the movement for the health of women,

[7] Menstruating in autonomy, for me, includes (but does not limit to) bleeding in comfort, managing our blood as we decide, with information, knowing our cyclic bodies, and identifying/fulfilling our needs of care, including emotional and relational aspects of it.

the movement for the environment, and the critique of consumerism. Many feminists back then reclaimed menstruation and refused to remain silent about this crucial aspect of women's health (Bobel, 2010). As part of menstrual activism's diverse manifestations, some activists as well as social entrepreneurs started to use empowering[8] languages and shift the term from "'female hygiene" to "menstrual health". Replacing "hygiene" with "health" entails an empowering shift since it turns away from the idea that there is something that needs to be "hygienized" in our cyclic bodies. The notion of hygiene sustains the narrative that our bodies, including our fluids, are dirty. As Punzi and Werner (2020) notice: "their messaging is meant to inspire body positivity and encourage women to become knowledgeable about their menstrual cycle and overall health" (p.843). The notion of menstrual health also links us to the idea of menstrual care. This shift has also taken place in contexts such as therapeutic-spiritual, and also offer, as Guilló-Arakistain (2020) sustains, "different ways of experiencing corporeality, highlighting the importance of self-care" (p.876). On the other hand, replacing "female" with "menstrual" opens the door to recognize the diversity of menstruating persons since not only women menstruate. Visibilizing this diversity and shifting the narratives locates the diversity of menstruating persons as subjects of menstrual dignity, justice and rights.

In Latin American contexts, menstrual entrepreneurship started back in 2011 in México. And in 2012 Guatemala Menstruante, in Guatemala, emerged as the first collective entirely dedicated to menstrual activism (Bean, 2021). In previous research I conducted with menstrual activists who integrated Guatemala Menstruante, I found menstrual activism emerged from the activists' own experiences, traversed by silence, disgust, fear and shame for the most part. Becoming menstrual activists transformed the experience of our own body and the experience of the collective. Being menstrual activists also means being consciously menstruating, in the sense of being aware that the menstrual experience, and the experience of the body, is permeated by power relations, by culturally constructed emotions and by the contexts/cultures in which we have to live (Aguilar Ferro, 2021).

Menstrual activisms are plural, and most of them recognize the patriarchal wounds related to menstruation and position themselves from (diverse) feminist approaches. Specifically speaking from my own experience as a menstrual activist, I would say that I aim to heal my own menstrual experience. Understanding healing is a political path to reclaim our body-territory, as proposed by territorial communitarian feminists from Guatemala (Cabnal, 2018). The strategies, narratives and practices that are being created collectively in the arena of menstrual activisms in Latin America, as political tools to dismantle oppressive systems, include taking care of ourselves, our bodies, our planet and our cycles. Self-knowledge and self-care are strategies we weave collectively as part of our paths to menstruate, autonomously, in dignity and justice. In the following pages I will discuss the research I conducted with menstrual activists regarding these topics and present their voices and views.

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[8] I use the notion of "empowering" even though it is a very disputed concept since, for me and many activists, it means to reclaim power over ourselves and our bodies. Power that has been exercised from patriarchal and misogynistic social locations and positions.

Methodological process

I conducted research with five feminist menstrual activists and educators from Latin America, specifically from Guatemala (3), México (1) and Perú (1). I invited participants directly based on my own personal encounters with them and knowing them for being menstrual dissidents[9]. They carry on actions and processes linked to foster and enhance emancipatory menstrual experiences in different regions of Latin America. Since we are distant in a geographical sense I contacted them through social media, mainly Facebook and WhatsApp. I explained my curiosity to explore menstrual self-knowledge and self-care in the context of their menstrual activism practices. I contacted seven possible collaborators, but due to time restrictions and other responsibilities, only five of them agreed to participate. I would like to clarify that I have a personal bond to my participants. We have actively collaborated in previous programmes concerning menstruation in our regions, which brought me to the idea of contributing, through this paper, to a systematization and analysis of their practices and voices[10].

The method I used to obtain the data consisted of a self-filling survey with 16 open-ended questions[11]. The survey was in Google Forms and took them around 30-40 minutes to complete. Since we all speak Spanish and identify ourselves with that language, I decided to design the survey in Spanish so that participants would feel more comfortable. I then translated their answers into English for analysis as well as for this publication. Participants answered between the dates of February 12th and 18th, 2022. The main objective of the survey was to explore the concepts of menstrual self-care and self-knowledge, how they are practiced and incorporated into menstrual activism/education, and what is the relation they have with feminisms and menstrual health/justice/dignity. I established this objective out of my own experience working as a menstrual activist in Guatemala, and my knowledge of menstrual activisms that have multiple origins and manifestations which echo and weave into our bets to contribute to menstrual justice, dignity, and health.

I retrieved the participants' answers with an Excel table, where I created a double-entry matrix to organize data. The data were then analyzed through Dedoose software. In the following paragraphs I will present the results of the research.

Results

To situate the results of the research I would like to briefly introduce the participants who collaborated in this research experience, whose ages range from 27 to 35 years old.

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[9] This is a concept I am starting to explore to create a category for those of us, menstruating persons, that are critic and question the hegemonic narratives of menstruation as something dirty, something to be ashamed of and something to be hidden from public debate, spaces and conversations.

[10] Participants actively mentioned to me that they wanted to be named in this publication.

[11] Survey questions included in the appendix.

- Mariel Soledad Távara Arizmendi (she/her) is a psychologist, menstrual activist, and educator from Perú. She is a member of a project named Somos Menstruantes, which aims to foster menstrual education in Perú.

- Andrea Reyes (she/her) is the Executive Director of The Period Movement Guatemala's Chapter, which seeks to eradicate the menstrual taboo and bring menstruation to public debate.

- Anahí Rodríguez Martínez (she/her) is a menstrual activist from México. She is involved in #MenstruaciónDignaMéxico movement, which promotes free access to menstrual products in México City, as well as quality menstrual education.

- Adriana Gómez (she/her) is an anthropologist and a menstrual activist and educator from Guatemala. She is part of Guatemala Menstruante, a feminist collective dedicated to foster the material conditions and narratives to menstruate in dignity, health, and rights.

- Gabriel Álvarez (he/him) is a transgender man, researcher, psychologist, and human rights advocate in Guatemala.

All the participants of this study identify themselves and their practices with feminisms (ranging from decolonial perspectives to communitarian and trans-feminisms). In the following paragraphs I share the narratives and reflections from these menstrual activists and educators. Exploring participants' experiences, approaches in their menstrual activism/education practices, and how they understand their own activisms/practices, this article aims to examine the connection between menstrual self-care and menstrual self-knowledge, and their relations with feminisms and menstrual health/justice/dignity.

Experiences with menstrual activisms and education

Participants have shared some common topics when addressing their experiences with menstrual activisms and education. They recall how important it has been to their experiences having all the inspiration from other collectives, persons and initiatives that address menstruation in Latin America.

> **Mariel Távara (participant):** in 2018 I met menstrual education, from the proposal of the companions of Princesas Menstruantes[12]. I fell in love with their work and began my journey to promote menstrual education in Peru more intensely.
>
> **Gabriel Álvarez (participant):** I really got closer to the subject in a time when I was joining women's collectives where I felt for some reason very identified.

[12] Princesas Menstruantes or "Menstruating Princesses" in English is a project from Colombia dedicated to menstrual education with girls, mostly in school environments, aiming to build emancipatory menstrual narratives.

Most of them mention that their experience and participation in menstrual activism comes from the outrage they feel regarding the menstrual taboo and the desire to change this reality.

> **Anahí Rodríguez (participant):** my fight for dignified menstruation was born from indignation, anger, and disbelief that a merely biological issue which is not a choice for us to make, would lead us to pay a tax or not have access to rights as basic as education.

> **Adriana Gómez (participant):** since 2014 I have been part of the Guatemala Menstruante collective in which we carry out various manifestations of menstrual activisms (red tents, research, collaborations with other collectives, exhibitions, etc.). We work to dignify the experience of menstruation for everyone, specifically we want to contribute to the construction of new narratives around menstruation that lead to a dignified life.

Menstrual self-care and self-knowledge

When it comes to defining menstrual self-care, participants share a diversity of aspects. They mention how important change in the perspective they had about menstruation was in their experiences.

> **Anahí Rodríguez (participant)**: I shifted from hating my period to starting to see it positively as a sign that my body is healthy.

Self-care for them also implied other aspects that may be regarded as not necessarily related solely to menstruation in the strict or "traditional" sense. These aspects include changes in diet, symptom relief (specially cramps), setting boundaries (mainly related to productivity and work), flowing with the menstrual cycle, and emotion management practices.

> **Mariel Távara (participant):** for me, menstrual self-care is the set of practices that each menstruating person develops in relation to their cyclicity: from what we choose and use to manage bleeding, to what we eat or drink.

> **Anahí Rodríguez (participant)**: I started to pamper myself those days. I started to let my body flow with my menstrual cycle and began to practice free bleeding which connected me more with my body.

Participants also linked menstrual self-care practices to self-knowledge, not only related to menstruation but to their bodies and needs. Most of the self-care practices they recall are self-knowledge based.

> **Adriana Gómez (participant):** for me, it is knowing/understanding my body, understanding it from its particularities and from there taking care of it so that it is healthy, to live a menstrual cycle in dignity with my own terms.

> **Andrea Reyes (participant):** self-care also includes knowing how to recognize myself, my body, and my cycle, and reconcile myself with the processes of my body.

> **Mariel Távara (participant):** menstrual self-care implies self-knowledge.

When addressing menstrual self-knowledge, companionship, sharing knowledge between women (mostly), and learning from others is key. Menstrual self-knowledge, then, even though can be thought as something individual, is rather a collective process. This process can begin within family circles and mother figures.

> **Mariel Távara (participant):** I think that each one can develop tools to accompany this process, among women we share practices: since I was a child my mother taught me about the phases. Together, we marked on a small calendar the days of my bleeding, as she did on hers. She also asked me about how I felt. Now that practice continues with me in the form of a menstrual notebook or diary in which I record not only the days I menstruate, but also the days I ovulate, how I feel, what I do, etc. I believe this practice has its essence in that first experience with my mother.

Another key aspect for menstrual self-knowledge for participants is related to their abilities to recognize how cyclicity manifests itself in their bodies and experiences.

> **Andrea Reyes (participant):** for me it is to know our cycle. Knowing how to identify through our cycle that everything is fine with our body or that there are warning indicators.

> **Adriana Gómez (participant):** it is to identify my own cycle. In this way, the self-knowledge of the menstrual cycle is the possibility of recognizing this cycle in me, of embracing each phase that makes me who I am and taking care of it to experience well-being.

> **Mariel Távara (participant):** for me, menstrual self-knowledge is the process through which we allow ourselves to know our own body and recognize how our own cyclicity moves (when we ovulate - when we menstruate and how we feel in each phase).

To be able to recognize cyclicity in them, participants usually carry out practices such as menstrual diaries, as Mariel mentioned, or tracking their cycles through technologies and apps developed for that purpose. This practice does not limit to physical manifestations of cyclicity, but also includes emotional and psycho-social self-explorations.

Menstrual self-knowledge has been a fundamental part of their activism practices. It has allowed them to challenge hegemonic menstrual narratives.

> **Mariel Távara (participant):** I think it implies freeing ourselves from the stereotypes of "regularity" and the homogenizing mandate of our diverse menstrual experiences.

> **Anahí Rodríguez (participant)**: self-knowledge also allows us to see that our blood is not dirty and that helps us to remove stigmas and taboos.

Menstrual self-care and self-knowledge into practice

Participants recognize how the topic of menstruation, despite being addressed by different projects and collectives, remains invisible, has been a privilege or does not reach all menstruators. They share different approaches they have taken in their own practices as menstrual activists and educators to change this, a change that is not absolute but rather a continual process.

> **Anahí Rodríguez (participant):** the first thing that we put on the table was the word, it is no coincidence that in the name of the collective is the word menstruation, we knew that it was powerful and that it would cause reactions. So first I would say that we named it because "what is not named does not exist". The first step is to change the narrative into a more positive one. The second thing is to let them know that these processes are not easy or linear, there will be times that you will continue to hate menstruation because we have been with a negative narrative for many years, it requires practice.

Specific practices related to menstrual self-knowledge and self-care are linked to make information and tools accessible, thus contributing to processes of empowerment of menstruators.

> **Mariel Távara (participant):** from the Somos Menstruantes proposal, we share information and experiences hoping that this will help other menstruating persons to approach their cyclicity in new ways. Both concepts allow us to break with colonial ideas that are imposed in our territories in relation to our bodies. Both concepts are a source of collective and individual empowerment. Generating a narrative from the menstrual self-care proposal is essential to change the hygienic, sexist, and patriarchal perspectives of menstruation that have historically limited the experiences of those of us who menstruate.

> **Adriana Gómez (participant):** the general idea, I believe, is to get menstruation out of silence so that each one has the tools and information necessary to experience it from their own terms, in dignified conditions.

> **Andrea Reyes (participant):** we have tried to speak freely and knowledgeably, constantly educating ourselves from various spaces to be able to replicate this information with groups that may have never heard of the subject, of menstrual management alternatives, of the social and political importance of this topic.

Another important aspect is related to the recognition of how menstrual self-care and self-knowledge practices are diverse. One important aspect that all participants share is that

they enunciate themselves and their activisms from feminist perspectives. Especially since menstrual activisms and feminisms often have shared political aims and horizons.

> **Adriana Gómez (participant):** feminisms are also diverse, but they seek to build conditions for a dignified life for women, among other populations, and that is where they coincide.
>
> **Mariel Távara (participant):** talking about menstrual self-care and menstrual self-knowledge is highly revolutionary and feminist.
>
> **Anahí Rodríguez (participant):** from feminism we have fought for all the rights that we have, and we will continue in the fight for those that we lack. Ensuring that no woman or menstruating person is hindered from exercising rights because of menstruation is a feminist motto.

Participants share the idea that menstrual self-care and self-knowledge is also linked to ending the oppression and control over women's (and menstruators) bodies.

> **Gabriel Álvarez (participant):** feminisms and menstrual self-care and self-knowledge are linked, and a lot because in the end what they all seek is to recover the wisdom in our bodies.
>
> **Andrea Reyes (participant):** linking feminisms with menstrual self-care and self-knowledge is a way to vindicate ourselves from our bodies that have constantly been invalidated and subdued.
>
> **Adriana Gómez (participant):** oh yes, all that we do is linked to the autonomy of women's menstrual body (although not only women menstruate). Menstruation has been relegated to silence and this oppressed (rather: oppresses) the life of bodies with a uterus by not having information and conditions necessary for a dignified menstruation in several cases (such as water or products for menstrual management).
>
> **Mariel Távara (participant):** menstrual self-care and self-knowledge are definitely linked to feminisms because they start from breaking with control devices of our bodies.

And lastly, addressing menstruation from a feminist perspective can also nurture feminist practices.

> **Andrea Reyes (participant):** talking about menstruation is a form of sorority. Helping menstruating people understand their processes is necessary for their emancipation.
>
> **Mariel Távara (participant):** everything related to menstrual education allows us to break with adultcentrism and necessarily connect with the experiences of menstruating childhoods and adolescences, a challenge for our feminisms

Self-care and self-knowledge as practices that bring menstrual justice, health, and dignity

Participants share how their personal practices of menstrual self-care and self-knowledge have contributed to their subjectivation as menstrual activists and educators, situated in their local contexts in Latin America.

> **Mariel Távara (participant):** menstrual self-knowledge brings us closer to recognizing our experiences and from there thinking about the concept of menstrual dignity for our territories.

> **Adriana Gómez (participant):** menstrual self-care and self-knowledge result in a greater empowerment of the bodies with a uterus, of the same body that contains it, and most of the time, I believe, it entails tools to identify health and knowledge to build the conditions of menstrual dignity in our own terms. It is in this way that when we delve into the subject, the need to work for menstrual justice becomes visible, since most bodies with a uterus in different territories do not have the necessary conditions for a dignified menstruation.

> **Anahí Rodríguez (participant):** menstrual self-care and self-knowledge help us to revalue, rethink and resignify our relationship with menstruation and this leads us to have greater menstrual care in health issues, and to become aware of the conditions that surround us around the experience of the period. They allow us to detect conditions that are not fair that impact the way we experience menstruation. And in the long term, this awareness can lead to activism.

Participants also mention that menstrual self-care and self-knowledge contribute to experiencing menstruation from well-being, which they connect with menstrual health, justice, and dignity. These topics should be addressed from an intersectional perspective, especially in territories such as Latin America, where inequality prevails.

> **Anahí Rodríguez (participant):** dignity and menstrual justice, in my opinion, go hand in hand. Menstrual justice brings dignity. In societies with so much gender inequality, menstrual justice is an important step for women's rights and the minimum dignity that we as human beings deserve.

The notions and definitions participants have regarding the concepts of menstrual justice, health and dignity are diverse. Menstrual health is associated with experiencing menstruation in well-being, with access to medical care (pain relief as well as gynecological checkups), and self-knowledge about the cycle. Menstrual health should be responsive of different systems of oppression as well.

> **Mariel Távara (participant):** when we talk about menstrual health, we refer to the desirable well-being of every girl, adolescent, woman and menstruating person in relation to the experience of their menstruation and cyclicity; according to their development and identities

Another aspect participants link to menstrual health is self-knowledge of the cycle as well as other bodily manifestations.

> **Adriana Gómez (participant):** menstrual health implies knowing my body and understanding the cycle that happens. This allows me to identify what is health for me and what things are happening that may need attention, so that I can respond to them to seek health.

> **Andrea Reyes (participant):** it is to know our cycle. To know how to identify through our cycle that everything is fine with our body or that there are warning indicators.

The notion of menstrual health is also linked to menstrual care, as Gabriel Álvarez notes, it implies taking care of our body as a territory[13].

When addressing specifically the concept of menstrual justice, my participants share some common topics such as access to menstrual management products, including reduction in taxes as well as free access for some less privileged menstruators. Participants advocate that seeking menstrual justice also includes having access to quality medical care and menstrual education.

> **Adriana Gómez (participant):** menstrual justice refers to the construction of conditions for a dignified menstruation for everyone, approaching it from a comprehensive perspective; that is, to include education, infrastructure, health services, products for the management of menstrual blood, social and cultural narratives about it, among other aspects. All those edges that collide so that we can all live a dignified menstruation; edges that must be modified, since currently menstruating in dignity is not a right for everyone.

As Adriana notes, menstrual justice is one of the paths that helps menstruators to gain menstrual dignity. Menstrual dignity is signified as a human right. It is linked to access to information that enables menstrual self-knowledge and autonomy that leads to menstrual self-care practices.

> **Mariel Távara (participant):** menstrual dignity for me is a right. This concept links the recognition of cyclicity-menstruation with equality and human rights. It implies that menstruating persons can live our menstrual experiences without feeling restricted from accomplishing achievements in our life projects and daily actions. Therefore, menstruations must be freed from all stigmas, gender stereotypes and acts of sexist, patriarchal, heteronormative violence. We have a right to receive diverse information (considering both "scientific" and ancestral or traditional) that dignifies all experiences. Menstrual dignity is the major

[13] The notion of body as a territory is one of the main contributions of communitarian feminism, especially from Lorena Kab'nal (Cabnal, 2018).

> goal of the menstrual education practices that I undertake, personally and collectively.

Menstrual dignity is also thought as a condition for wider dignified conditions of human experience. Participants link it to infrastructure, both in public and private spaces, and how it can contribute to the dignification of menstrual experiences.

> **Anahí Rodríguez (participant):** it requires that they have the adequate infrastructure for the management of menstruation both in the private (home) and in public spaces (work and other establishments).

> **Adriana Gómez (participant):** dignity is related to living the menstrual cycle with information, infrastructure, and products for the management of menstrual blood, comprehensive conditions of dignity, in which I can decide on my terms how I want to live it and that it is respected.

Discussion

The results show that there is plurality when we think about menstrual self-care and self-knowledge. Menstrual activists and educators do not necessarily share the same concepts/propositions, but rather construct them out of their situated experiences. Nonetheless, some of them echo one another. The consistency of the participants' reflections in my research is the feminist link between the practices of menstrual self-care and self-knowledge as practices of resistance to defy menstrual injustice.

Results also show that menstrual self-care and self-knowledge are two interwoven concepts. Menstrual self-knowledge is knowing how each phase of the menstrual cycle manifests in each one of us, both in our body languages (getting to know our vaginal flows and discharges, for example), and in our emotions. It is the one that enables self-care since it allows menstruating persons to know what they need to take care of their cyclic bodies and their manifestations. We embody this knowledge as we menstruate, in diversity. Menstrual self-care practices are diverse, and they are often linked to living the menstrual experience in dignity, comfort and with accurate information. Self-knowledge is (un)learned through non-linear processes such as overcoming the stigma/taboo around menstruation, accessing emancipatory information through menstrual education, and sharing our menstrual experiences with other menstruators, which confirms that menstruation is relational. As Mariel shared about the practices she used to have with her mother when she was young, it is common that we only engage in the topic of menstruation within inner circles of trust. This can sometimes result in a complete absence of menstrual education, which is necessary for menstrual self-knowledge. However, at the same time, these inner circles of trust consolidate as safe and brave spaces to discuss and learn about menstruation.

The idea shared by Anahí about the importance of understanding that our blood is not dirty as a key to eradicate menstrual stigma and taboo finds an echo in my own experience. It was until I was able to smell, touch, and see my blood using a menstrual cup (which was a recommendation from one of my closest friends) that I was able to grasp that my blood did not smell bad or that it was not dirty. Rather, I started to question all the previous ideas I

had learned about it. The contact with blood, for me, was an important aspect to pursue menstrual self-knowledge. It opened the possibility to ask other questions about other aspects of my cycle that were neglected or misinformed. Such questions included exploring my other cyclic manifestations, such as identifying when I was ovulating or understanding the emotional processes that occurred to me due to hormones. I did not go through this self-exploration alone, rather I did it with close friends. Therefore, I often share that collectivizing our experiences is fundamental. Self-knowledge is key to challenge menstrual stigma and taboo, both at individual and collective levels since it defies hegemonic narratives and discourses.

Self-knowledge-based self-care practices also challenge discourses that normalize pain and menstruating in discomfort. Other discourses that are challenged are the ones that suggest using disposable products is the only option available to manage menstrual blood. Menstrual self-care is political in the sense that it enhances autonomy and challenges the power that runs through our cyclic bodies.

Results also echo Chris Bobel (2019), as she states that when menstruation is freed of its (gendered) stigma, spaces are opened up. These open spaces allow diverse practices that may include information seeking, resource sharing, and healthy critique of menstrual care practices. In this sense, an information-rich context enables menstruators to experience our bodies with the confidence and support we deserve (Bobel,2019). It also allows us to create and embody new menstrual narratives and conditions to menstruate in justice, in rights, which are also mediated by the contexts and the intersectionality we embody.

Participants position the menstrual experience as linked to other aspects related to the contexts where they activate. Recognizing the diversity of needs related to achieving menstrual dignity and justice entails the acknowledgement of multiple levels of inequalities that are characteristic of most Latin American contexts. Therefore, diverse menstrual activism projects respond to different needs, contexts, and menstruating persons. Menstrual activists and educators that participated in this research, as well as many others, aim to transform these realities and bring dignity, justice, and health to diverse menstrual experiences. Aspects such as gender, class, ethnicity, education level, among others, directly affect our menstrual experiences, possibilities for self-care and self-knowledge, and as Johnson manifests, intersectional approaches when speaking about menstruation are necessary to understand how different systems of oppression manifest themselves (Johnson, 2019). In societies with so much gender inequality, menstrual justice for all is an important step to live in rights.

In many countries, including México, Argentina, Guatemala, and Colombia in Latin America, new laws, law initiatives and policies have been created to address menstrual injustices. Three of the participants of this study were actively engaged in the creation of policy and law instruments related to menstruation in their countries. For Johnson, structural intersectionality can strengthen these efforts that also aim to challenge the cultural narratives of menstruation that often represent menstruating persons as shameful, impure, and incompetent. These narratives often result in exclusion, essentialization, discrimination, and harassments against menstruators (Johnson, 2019). Therefore, challenging hegemonic narratives is also a systemic process.

It is my perception that this study opens the door for new research questions and maybe deeper approaches to further understand the political practices of menstrual self-care and self-knowledge as pathways to resist heteropatriarchal, colonial and hegemonic narratives and material conditions that deprive us, menstruating persons, from experiencing menstruation in justice and autonomy. There is also an important highlight, that leads me to raise the question of how these practices that are often constructed as "individualized" (even though they're not necessarily so, as this study shows) can contribute to dismantling other oppressive systems and structures, such as neoliberalism.

Final (and cyclical) reflections

We must not confuse the practices of menstrual self-care and self-knowledge with our struggle to dismantle hegemonic colonial and patriarchal material conditions and narratives around our bodies that sustain inequalities, in which menstrual injustice resides. As Asam Ahmad (2016) stated, it does not matter how often we tell people to love (and care for) their bodies (or their menstrual cycles), because some of us will be daily reminded that our (cyclic and changing) bodies (and fluids) need to be hidden, silenced, oppressed (Ahmed, 2016). We must recognize the need to continue to confront, challenge, and resist oppressive systems through different pathways, of which menstrual self-care and self-knowledge are key. Finally, I also consider it relevant to remember that the recovery of our body-territories can also be done from joy (as the territorial community feminist companions of Ixim Ulew-Guatemala teach us) and from radical tenderness as the engine of our rebellion.

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Appendix

The survey I used to collect data with participants included the following questions (including consent).

1. Do you consent to collaborate in this research effort? Your participation will consist in answering the following questions, which will be analyzed and integrated in the process of creating knowledge about menstrual self-care and self-knowledge.
2. What is your name, country, and activism space?
3. Do you want to be named in the final text or do you prefer to participate anonymously?
4. How old are you?
5. What is your gender identity?
6. Tell me a little bit about you and your experience regarding menstruation and menstrual activism/education.
7. What is menstrual self-care for you?
8. What is menstrual self-knowledge for you?
9. How do you put into practice these concepts within your processes related to menstrual activism/education in your territory?
10. Do you consider that these concepts are linked to feminisms? Why?
11. Do you relate these concepts to health, dignity and/or menstrual justice? How and why?
12. What is menstrual justice for you?

13. What is menstrual health for you?
14. What is menstrual dignity for you?
15. Do you have any additional reflections or comments that you may want to share about menstrual self-care and self-knowledge? Perhaps a personal experience or something you would like to share that was not addressed in the questions?
16. Please provide your e-mail to share with you the results of this research.

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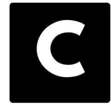

Ways of Expressing Care for Interviewees: Reflections on Conducting Interviews with Algerian Women about the Practice of Wearing Hijab

Siham Akaka

Introduction: Because I Care

As a feminist doctoral researcher and Algerian woman, I am interested in collecting Algerian women's stories about hijab in order to explore their ideas of selfhood and identity. In other words, I explore the relationship between Algerian women's perceptions of hijab and their daily experiences of womanhood. Despite our different and sometimes conflicting perceptions of certain experiences, my participants' stories about hijab unveiled similar patterns and ideas that connected me to them; thus, we bonded through discussions about culture and daily experiences of Algerian women. My aim was to reach an understanding of my own hijab experience through the stories of other Algerian women who are familiar with the practice, and I wanted to explore how they self-identify through hijab. In this essay, I reflect on the process of conducting 25 semi-structured in-depth online interviews, during which I was able to explore ways to express care for my participants – Algerian women aged 20-30 who were university students either wearing or not wearing hijab. As a researcher, I developed ways to build rapport with my interviewees, and to extend care: firstly, by providing the possibility for participants to choose the language of communication and even shift between languages, if necessary, during each interview. Secondly, I used self-disclosure of my personal stories to foster care alongside our shared experiences.

I initially viewed my PhD thesis as a step toward self-care and self-definition. At a certain point, I made the decision to wear hijab and m y reason for wearing it was not religious. As a teenager, due to my acne, I struggled to embrace my skin and saw in hijab a refuge from the expressions of shock and surprise, as well as from the advice on how to deal with my skin problems, which I received from other women, especially the friends of my mother. My family welcomed my decision because it was a common practice and not the rebellious reaction of a teenage girl. Throughout the years, I gradually learned how to embrace my body while experiencing the surfacing of a myriad of feelings, mainly the regret of wearing hijab. Those regrets finally led to my journey as a Hijabista (fashionable hijab-wearer). I immersed myself in the world of Hijabistas and fashion until my perception of my hijab shifted. Meanwhile, my feminist consciousness was arising, and I began to view Hijabistas from a similar lens as Collins described the different ways in which African-American women reject external definitions of their womanhood:

> . . . then the individual women who in their consciousness choose to be self-defined and self-evaluating are, in fact, activists. They are retaining

> the grip over their definition as subjects, as full humans, and rejecting definitions of themselves as the objectified other. (Collins, 1986, p. s24)

As a consequence, when Hijabistas post about their daily activities on Instagram, they are engaging in a form of activism. This was my experience, and perception too; thus, I responded to Hijabistas by imitating their style. However, I did not yet have the tools necessary to understand the complex layers of my actions and find the answers to my questions surrounding the practice of wearing hijab. I wondered whether or not this was the case for other Algerian women who practice wearing hijab in their daily lives. Did they view Hijabistas through a similar lens?

I began my inquiry using my (a woman's) experience and I built on my own knowledge. I desired to see the world through the perspectives of other women as Dorothy Smith (1973, cited in Harding, 1987, pp. 84–96) suggests. Initially, I wanted to hear stories about Algerian women's perceptions of wearing hijab in order to validate and legitimise my own experience. However, while conducting the interviews, I realised that I care just as much about understanding, analysing and explaining the experiences of Algerian women who wear hijab as I do about self-defining. Therefore, as mentioned earlier, I concluded that my choice of the topic is simply another form of care. It started as self-care as I had the strong need to understand myself. Nonetheless, my interest in understanding my experience became less crucial than understanding my participants' personal stories about (not) wearing hijab.

My Research Topic and Approach

Before I reflect on the interviews and ways to express care, I provide the context to my research, my own approach to researching this topic and my positionality. Conducting research about hijab always adds new layers of meaning to the wide corpus of knowledge on the way Muslim women dress. Wearing hijab is a sign of both religious and cultural affiliation; however, it was also chosen by Western European colonial forces as a site of political struggle for women (Ahmed, 1992, pp. 166–167). For instance, in Algeria, French colonisers saw hijab as a sign of women's oppression (Perego, 2015, p. 350), which was part of the coloniser's discourse of superiority and alleged progressiveness in comparison to the people they colonised. This discourse is still echoed today by, for example, various right-wing parties as well as liberal feminists across Europe and the United States. In resistance to the French colonisers, Algerian nationalists used hijab as a symbol in the fight for independence (Fanon, 1965, p. 58). Various researchers have discussed hijab when they studied different discourses about Algerian women, including the Islamist discourse (Lazreg, 2009, p. 13) and the discourse of the government-tolerated feminist movement in Algeria (Salhi, 2010, p. 117). However, how women who wear hijab feel about the garment in an Algerian context has seldom been studied. Perhaps, to certain women, it is a sign of oppression, and I would not judge or blame those who decide to remove it as one of my interviewees, Dalila[1], did when she travelled to a European country. Alternatively, it could be a way for some women to express their culture, or it could be a sign of religious belief and a form of worship. It could even be a preferred fashion style. Hijab should have never been

[1] All the names of the participants are pseudonyms.

an ‘either or’ situation in which, ‘on’ means oppression and ‘off’ means a lack of religious conviction.

As a PhD researcher at a British university and as an Algerian woman, I took the space of an ‘outsider within’ (Collins, 1999, 1986) in my interviews. I shared fundamental emotions and the knowledge about certain experiences with my participants because we have a shared gender and culture. I am a woman, I am Muslim, and I am Algerian. Based on our commonalities, I presupposed that my participants and I had similar knowledge about, among other things, Algerian spoken languages, traditions and customs, dress, educational journey, idioms and proverbs, and traditional foods. Many of the participants mirrored feelings which I had personally experienced with my hijab journey, particularly the awareness of the fact that we - as Algerian women who wear hijab - are concealing the parts of our bodies that would enhance our sense of femininity and also embracing one’s body and celebrating its flaws instead of feeling unattractive, invisible and insecure. However, I could not discount the likelihood that I might not share similar perceptions of other experiences, emotions they developed over time, or the knowledge constructed after having lived through those experiences, whether at the level of the self or the family or at school. Therefore, I believe one of the trickiest questions that participants asked was whether or not I understood them. Here, I found myself in an uncomfortable position: on the one hand, if I said ‘yes’, even though, I had never experienced or been exposed to the type of situation that the participant described, the participant would stop elaborating because she would expect me to know what feelings were associated with such an experience. Therefore, the interpretation process should be based on my speculations regarding how she must have felt. If I say ‘no’, on the other hand, I could risk my image as a well-equipped researcher, and my insider position would be threatened by my lack of awareness of the feelings associated with a given experience. After developing a wider understanding of feminist research, however, I was able to alternate between my insider and outsider identities.

Before I started my fieldwork, I created a set of preconceived ideas and expectations of the kind of information I would obtain and the nature of the responses the participants might provide. When the answer of a participant did not conform to my expectations, I used to be baffled. For example, I remember an answer that I received during one of the first interviews that disturbed me because I was not yet able to effectively deal with my positionality as well as the experiences that I did not share with the interviewees.

> **Siham**: Could you tell me more about yourself?
>
> **Yussra**: I am a mother. (She smiles, and I smile back). (laughing). Yeah. This is the only thing I can say about myself.

In another interview, a participant also replied to the same question, saying:

> **Nayla**: Okay, I got married last summer and now I have a child. A baby. So, I'm doing it on my own. (laughing). And it's the only thing I can talk about right now because I'm raising this baby alone. My husband is currently far away. And it's been really hard to do the PhD and the raising.

Initially, I strongly criticised how these young women 'only' self-defined themselves through marriage and motherhood at the expense of their academic success and careers. I considered their eagerness to share details about their civil status and children as their way to ask for a validation of their answers/or experiences. I was judging them based first on the way I was raised, and also my academic background. Other feminists' work with women as participants (Leavy and Harris, 2019; Smith, 2012; Lazreg, 2009; King, 1994; Webb, 1993; Reinharz, 1992; Harding, 1987; Collins, 1986) helped me to negotiate my 'outsider within' position. Through the interviews, I learned how to care for the interviewees to whom I was, at times, an insider and, at other times, an outsider. I developed a clearer understanding of the state of being an 'outsider within', which meant that I had to fulfil my position as a researcher and my position as a woman belonging to the same social group as my interviewees.

(My) Two Ways of Expressing Care for Interviewees

My first way of expressing care for the interviewees was to provide them the possibility to choose the language of communication they were most comfortable with. I gave them the option to speak in English, French, Arabic, Algerian dialects or a mix of any of those languages. In this context, choosing the language of the interview gives the participants space to express themselves without being confined within the borders that the interviewer sets, which is important when conducting research on understudied and marginalised groups specifically. Feminist researchers adopt goals such as "to stop the production of knowledge that continues to be complicit in the oppression of minority groups and to engage in the production of knowledge that carries the potential to do some social good" (Leavy and Harris, 2019, p. 102). In my research, I wanted to avoid my relationship to the participants mirroring that of the oppressor and the oppressed (Ladner, 1972, as cited in Harding, 1987, p. 77). It would have been easier for me to conduct the interviews in English; however, I explained to the participants in each interview that they could speak the way they would normally speak in informal situations. I considered the opposed selection of a language for the interviews to be a form of 'cultural oppression' (Fanon, 1965, p. 91). This is because the French imposed their language on the Algerians, physically abusing and torturing those who spoke Arabic. All my participants spoke a version of English, but I intended to make them feel comfortable and help them understand that the aim of the interview was to listen to them. Moreover, as human beings and members of a particular society, individuals tend to want to appear as socially acceptable or desirable as possible (Sherif, 1964, cited in Harding, 1987, p. 48), so one might feel embarrassed when making an error in front of an individual who belongs to their social group. Personally, when I speak English, I feel alienated from my real self; I feel uncomfortable because I become alert to and self-conscious of the movements of my tongue and lips, breathing and body language as well as the amount of time I take to translate the meaning of an idea, seek its equivalent in the target language, and then utter the words. Therefore, I hoped to avoid my participants struggling like this; through enabling them to choose the interview language. For example, during many of the interviews, I noticed that some of my participants tended to add 'al-', which translates to 'the' in English, before certain English nouns. Examples include but are not limited to 'al-dress', 'al-skirt', 'al-Facebook' and 'al-scarf'. Another way of speaking an Algerian dialect is to simply alternate between two languages: Arabic and French, or Arabic and English. That is, I would

have been unable to detect a similar observation or to learn when exactly the participants shift between languages had I asked them to select one language to communicate in each interview.

My second way to express care was to share my experiences. As an individual, I am capable of being emotionally open and expressing vulnerability. Therefore, I shared with my participants not only professional or academic facts related to conducting research or undertaking a PhD, but also personal details. Besides the fact that this enhanced the quality of the data, it provided comfort to the participants and assured them they are not alone. Thus, I found myself sympathising with my participants. For example, when interviewing Aya, I felt compelled to express my vulnerability because she struggled with issues regarding her self-image and self-esteem, especially after wearing hijab. Aya's parents ordered her to cover her body when she reached puberty, and after she narrated her story with wearing hijab, I shared my own experience.

> **Siham**: I understand. My story of wearing the hijab is not really that, you know, out of a religious conviction because I had issues with my skin. I was insecure. I had like acne, and I had hair like a lot of body hair actually. And I was receiving criticism from a lot of people. So, the only option for me at that time was to cover and wear hijab. What I mean is, I had this questioning; I can relate to what you were saying. And I had, I questioned wearing hijab, and I was like, I wish I didn't wear it, and actually when I say, when I say, I feel what you've been through, it's really the truth.
>
> **Aya**: That's actually reminds me of, if I can just add one thing after you talked about insecurities,
>
> **Siham**: Yeah!
>
> **Aya**: I remember I have a special hair type. My hair is naturally curly. And I used to have really, really thick hair. So, it took a lot of maintenance, like as a kid, like, it would be a lot of work to take care of my hair and . . .

Sharing my experience with wearing hijab created the opportunity to delve deeper into Aya's feelings and explore other memories related to her perception of her body image, but most importantly, it showed that I was as equally vulnerable as she was years ago when she first wore hijab.

To conclude, research conducted on hijab lacks conversations with the women who wear this garment or decide not to wear hijab. As a researcher, I felt responsible for my participants, and I decided to document the stories of Algerian women, a group that was otherwise silenced by the taken-for-grantedness of hijab. Doing so adds to the collection of Algerian lived experiences. To a great extent, my status as an 'outsider within' enabled me to express care for my participants in various ways and avoid limiting their freedom by asking them to choose a language to use during the interview, as this resembled oppression to me. Moreover, I decided to exchange personal details about my experiences with my participants, especially regarding wearing hijab, to express sympathy and

encourage them to open up about their feelings and viewpoints concerning their stories about hijab.

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Decentring decision-making autonomy in locating young women's claims on care in rural India

Alankrita Anand

Abstract

This paper examines how women's decision-making autonomy is decentred and contested if we foreground women's claims on care, especially within the spaces of family and community. It is based on my ongoing empirical research in the eastern Indian state of Bihar, which studies how household gender dynamics influence young married women's access to reproductive healthcare. The research uses in-depth interviews and focus group discussions with married women aged 16-24 to understand how they navigate the dynamics of the household and the larger context of kinship, caste and community to which these dynamics are inextricably linked, in order to access care. The paper presents a critique of the over-emphasis on women's decision-making autonomy in studying access to care and women's status, and of the lack of attention to other ways in which women negotiate access to care. I argue that women particularly make claims on care in three different forms — care as value, care as moral responsibility, and care as love.

Keywords

healthcare; autonomy; agency; gender dynamics

This article was externally peer-reviewed.

Introduction

Sonali is 17 years old and has been married for about a year.[1] Her marriage was arranged by her parents, and her husband works in Delhi, where she is soon set to move from her home in rural Bihar. Like many young married women, whether in voluntary, arranged or forced marriages, Sonali's family and community pressurise her to have a child, "my neighbours and relatives wonder why I have not conceived yet. But my husband is very nice, he says that we don't need to have a child now as I am very young, he says that we can think of it after 2-3 years." Despite her husband's seeming support and concern about her health, Sonali considers having a child because she has to put up with all the societal pressure singlehandedly while her husband is away, but she maintains that, ideally, she too does not want to have a child anytime soon. However, her husband and she have never used any form of contraception and she had been pregnant right after her marriage which ended in a miscarriage. At the time of my interview with her, she had just found out that she was

[1] All names used in the paper are pseudonyms.

pregnant again and was wondering what to do about it. Her husband was of the opinion that she should carry the pregnancy to term as it is god's wish.[2] He assured her that he would look after her health and would be there for her if something goes wrong. Before her marriage, Sonali used to suffer from severe abdominal pain during menstruation but she had not shared the problem with anyone. After getting married, she decided to share it with her mother and her husband because she thought it was important to let them know in case the underlying problem affects her reproductive capacity. Her mother and husband concurred that she should see an allopathic doctor but when allopathy did not help, her mother-in-law made her some indigenous medicine which helped the pain subside. Sonali's case illustrates that access to care and health status are determined by gendered norms, relations and institutions, and the meanings that we assign to them. Delaying seeking care for the pain was an outcome of the taboo on women's sexual health before marriage and the primacy of their fertility within marriage, her husband not wanting to have a child was based on his concern for her health, and carrying an unplanned pregnancy to term was based on social norms that deplore abortion (shared and reproduced by the husband and family) coupled with the household's economic resources that permitted providing for a pregnancy and a child. Sonali mentioned that while societal pressure was one reason she considered having a child even when her husband did not want one, another reason was that she was very fond of children. Her thoughts and actions vis-a-vis her reproductive health were guided by what would be best for her in terms of physical and mental health and in relation to her status within family and society, rather than a need or a desire to make autonomous decisions. The decision-making processes that she describes complicate autonomy, and in my reading, foreground (receiving) care in navigating household dynamics and making decisions.

Childbearing is central to marriage in Sonali's social context, as it is in most of South Asia where (heterosexual) marriage is near universal and reproduction predominantly takes place within marriage (Jones & Yeung, 2014). This social norm informs women's decisions and actions, or the lack thereof, in accessing reproductive healthcare, in as much as it informs the provision of care by the state, the private health system, and the family and community.[3] Early marriage is particularly common in Bihar, with 40 percent women aged 20-24 having been married before the legal minimum age of 18 (IIPS, 2020). For the study population, therefore, negotiating access to care is highly influenced by early marriage and the factors that enable it – poverty, gender-based discrimination and deprivation, fear of girls eloping and bringing 'dishonour', and lack of educational and social opportunities.

[2] The idea that it is god who gives children and takes children away was widespread in the study area across communities, but was not attributed to religion and religious texts but rather to morality, and is also possibly related to the high infant mortality rate in the state (46.8 deaths per 1,000 live births) which indicates that having a child cannot be taken for granted (IIPS, 2020).
[3] On paper, the provision of institutional care is non-discriminatory and universally guaranteed regardless of marital status and social position. But in practice, social norms do inform them, even doing so in conflict with the law. For example, in the regional context of the study, women usually procure contraceptives from frontline health workers but those whose husbands live away as migrant workers are reluctant to approach health workers for contraceptives as it raise the suspicion that they have other sexual partners. Likewise, health workers too are reluctant to give contraceptives to such women, and additionally to women who don't have any children as the socially appropriate assumption is that they don't need contraceptives as they should be having a child.

Many of them are in marriages that do not have legal sanction, depriving them of sexual and reproductive rights as well as legal recourse within marriage.[4] At the same time, the guarantee of social sanction means that adolescent women are expected to fulfil all the gendered social roles of adult women in a heteronormative context, including childbearing. These roles are also expected from women in inter-caste and inter-faith marriages, that typically do not enjoy social sanction. My research, like many other works from South Asia, suggests that women's autonomy is forged at this intersection of gendered relations, caste and community, and the law, and therefore, it needs to be decentred and placed in the larger context of women's position within the household social economy. I also note, like Mumtaz and Salway (2009), that 'autonomy' cannot be translated to North Indian languages, and in my initial interviews, a loose translation was met with either surprise or disapproval, following which I asked the question through queries about health histories rather than specific instances of exercising or not exercising autonomy.

I align my understanding of and challenge to decision-making autonomy with Naila Kabeer's conceptualisation of women's agency which was developed as a critique of measures of women's empowerment used in development economics. Kabeer (1999) describes women's agency as a mix of observable action and an intangible 'sense' of agency, arguing that agency can manifest in bargaining, negotiation, deception, manipulation, subversion and resistance, as well as reflection and analysis. Kabeer's subsequent writing on women's empowerment, based on her empirical work in rural Bangladesh, argues that individual autonomy is not universally applicable as social change is forged within local contexts and constraints, making it important to study the values, definitions and processes that women employ in navigating change (Kabeer, 2011). Likewise, feminist critiques of autonomy argue that it is rooted in decontextualised individualism. Sumi Madhok (2004), in her writing on autonomy, reflects upon the role of relational autonomy in potentially envisaging autonomy for those within oppressive conditions. Relational autonomy, which was conceived as a critique of individual autonomy, focuses on relational aspects of human behaviour such as emotions, and is of two types — procedural autonomy which is centred on the process of making autonomous decisions by engaging in critical self-understanding, and substantive autonomy which is centred on the nature of the decision. However, Madhok concludes that relational autonomy too disproportionately focuses on action. Mumtaz and Salway (2009), studying reproductive health in rural Pakistan from a public health perspective, argue that the autonomy paradigm is conceptually inadequate for Pakistan and most of South Asia as it underplays negotiation and neglects the multiple sites of caste and class that help shape gender inequality. The authors especially emphasise dependency and emotional bonds as particularly crucial factors for married women because they determine access to resources, and women may, therefore, negotiate their status through acts that do not seem autonomous. My research also indicates that dependency and emotional bonds are crucial in consolidating status, and I would argue that they are additionally crucial in shaping claims on care. To study these claims, I examine the relations and values that constitute care, which the autonomy framework does not address adequately as its primary focus is

[4] The Prohibition of Child Marriage Act of 2006 of India makes child marriage (before 18 for women and before 21 for men) voidable but not void or illegal. Moreover, the law is frequently misused by families to criminalise consensual inter-caste and inter-faith relationships involving minors (Mehra 2020; Patkar, 2020).

on utilisation and uptake of care, along with quality of care in some instances. I begin by describing the methodology, expanding on the interview process, and then based on my participants' accounts, formulate different types of claims on care.

The Project

This ongoing research is based in rural parts of the Kishanganj and Purnia districts of Bihar. In Kishanganj, it is being carried out collaboratively with Project Potential, an NGO working on youth rights and health advocacy, and in Purnia, it is being undertaken with independent collaborators. The collaborators facilitate community engagement and field access, assist with analysis based on anonymised data, and will be planning community-level dissemination once analysis is well underway.

My research follows a qualitative design, using in-depth interviews and focus group discussions with women aged 16-24, all of whom had married as adolescents. The data collection was preceded by a pilot, which included a review component where participants provided feedback on the consent process, the interview questions and experience, and the focus group vignette.[5] Altogether, 32 interviews and six focus group discussions were conducted between November 2021 and April 2022, and the analysis is currently underway. The potential vulnerability of my participants, especially those who were minors, was a key concern in developing the methodology. The participants could be vulnerable to my position as a researcher with greater access to material and cultural resources (owing my economic and caste location which was higher than most participants) and the institution that I represent (the institution of the university, to which most of them do not have access, and the University of York's location in the global north). While participants did not voice these as concerns, it was evident when they agreed to participate despite not being certain of the consent process and participated in the belief that I would do something good because I was educated. Additionally, they were also vulnerable to control and violence from their families as participating in the research amounted to a transgression of the permissible level of social mobility that most families assign to young married women. Participants identified this as a concern and it led prospective participants to withdraw and confirmed participants to often participate in secrecy or ask for their partners or families to be consulted first. A common apprehension among both participants and their families was that the collaborators and I, as affiliates of an NGO and a university, could potentially take punitive action against them for their status as married minors or adult women who had married as minors (which was not possible as the anti-child marriage law is not applicable retrospectively). Another apprehension arose from the project information sheet which mentioned the data protection law (General Data Protection Regulation) and the consent form which required real names to be put down. To a population with low levels of literacy and a group with poor access to protective laws, these documents seemed suspect. I sought to address all of these vulnerabilities and concerns by an extensive community engagement process which involved formal community meetings, private visits and conversations with partners and family members, and involvement from frontline health workers who are highly trusted and the first point of contact for reproductive health matters. The interviews often took place in non-private settings, either because participants wanted that or did not mind, and sometimes because family and

[5] The focus groups were based on vignettes on access to health to protect participants' privacy.

neighbours insisted that they be around out of curiosity or concern. The formulations of care below, therefore, were produced in different contexts, sometimes against the backdrop of support and sometimes neglect.

Rethinking claims on care

I typically started my interviews by asking participants to describe a time they were unwell and how they got better, eventually asking them about all who were involved in the key decisions and how. But in many of the interviews, questions about how decisions were made and who made them were met with answers that began with a description of who cared or did not care for the participant. Care was articulated as “being nice”, “listening to me”, “thinking of me” and “chiding me.” On the other hand, lack of care in the marital household was expressed by explaining instances where participants had to reach out to their natal kin or make a decision (and an expense) by themselves. Making an autonomous decision was frequently associated with crises, and participants used the Hindi word *majboori* to describe the circumstances under which they made such decisions, which indicates compulsion or the lack of a better option. Most participants did not want to make an autonomous decision as they preferred being supported and cared for, and a few said that it is wrong for women to do whatever they feel like. The latter type of decision-making was referred to as choice or *marzi* in Urdu and Hindi and was looked down upon. However, not wanting to make autonomous decisions did not mean that women did not actively seek care. Whether they influenced and negotiated decisions, resisted them, or accepted them, they usually did so with the goal of maximising care-seeking.

I identify three different ways in which women make claims on care, or three different formulations of care — 1) care as value, which is based on the fundamental idea that women’s lives have intrinsic value, 2) care as a moral responsibility which positions husbands and marital families as caregivers to married women, an idea that forms the basis of many filial responsibility norms globally, and 3) care as love, which is based on dependency and emotional bonds, and sometimes bound up with patriarchal benevolence. I propose these formulations as ways to understand care, and not necessarily as acts of agency in conditions of subordination. At the same time, I am interested in seeing where agency is placed in these ideas of care.

Care, as a term, came up in several interviews but its most common articulation was a negative expression — “they don’t care about me” or “it makes no difference to them”, usually directed at the husband’s family. These articulations indicate indifference and neglect. Families were indifferent and inattentive towards their daughters-in-law in as far as their health needs like rest, nutrition or institutional care were concerned. The burden of household labour, which women frequently raised as a determinant of their health, was not seen as a sign of lack of care as women acknowledged it as their work, but the lack of concern – not acknowledging that the daughter-in-law is tired or not knowing that she is having a difficult pregnancy – was a sign of lack of care. Such indifference could possibly be attributed to the conventional expectation of household labour from women, which normalises women’s burden of household work - *If the mother-in-law was able to do the same amount of work, why can’t the daughter-in-law do it?* but the undercurrent of this expectation too is the negative value assigned to women’s lives and well-being.

Neglect, which is the opposite of care, is practised as an extension of these forms of indifference. Neglect is evident when families categorically deny care or deprive women of whatever access to care they may have by controlling their material resources, disrupting their relations with care-givers (not allowing them to see health workers or their natal kin), and subjecting them to violence. Underlying indifference, neglect and deprivation is the devaluing (undermining of value) of women's lives, which is what women pointed to in complaining about the lack of care. An outright expression of undermining women's lives is telling daughters-in-law that they are replaceable. For example, Saroj, a participant in a focus group discussion said that if a daughter-in-law is unable to do the household chores when she is unwell, the in-laws can threaten them by saying that they will get their son remarried, "go away if you can't do the household work, we can get another daughter-in-law." Similarly, another participant's in-laws, who refused to call a doctor when she was unwell, told her that they do not care if she dies because they can get their son remarried.

In practice, families may not cast out their daughters-in-law as easily but using these expressions, coupled with material deprivation, indicates that women's lives are not valuable, especially beyond their fertility. Gender-based discrimination and neglect of young girls and women is very common in India, regardless of marital status, but being a daughter-in-law exacerbates women's vulnerability as their position within the household is not only shaped by gender but also by the relationship of power shared with the in-laws, which manifests in forms of control that are intentional and strategic like sending the daughter-in-law away or culturally embodied like controlling her everyday mobility (Gangoli and Rew, 2011; Rew, Gangoli and Gill, 2013).

Although most participants did not seek acts of care, they sought the underlying principle behind acts of care, which is value, and which could be expressed through simple acts such as an acknowledgment that they need rest when they are unwell. One of the participants, Radhika, referred to this principle, that I call value, as respect, "families don't *respect* daughters-in-law." In the Indian context, respect for women is closely tied to a patriarchal and brahminical sense of modesty, which is accorded to 'good' women.[6] The participant used the Urdu term *izzat* for respect, denoting value, further evidenced by the examples she used to illustrate lack of respect — dowry violence, material deprivation and female infanticide. The idea of women's lives being valuable is fundamental in principle but in the context of structural inequality, claiming recognition of their lives as intrinsically valuable becomes a claim on care.

This formulation of care (as value) has not been studied as 'care' in scholarship on women's access to healthcare which predominantly focuses on institutional care, nor has it featured in advocacy on the body and sexuality, which, in the Indian context, is centred on (self) care and autonomy. However, I would argue that it was and is a central theme in early and contemporary advocacy on dowry, sex-selective abortion, and patriarchal and caste-based violence against women in India as all of these are essentially based on the premise that women's lives are valuable. These advocacy and protest movements, which emerged in the 1970s in India are now collectively referred to as 'the women's movement,' and alongside asking for women's lives to be valued in society, they also sought legal reform. The

[6] Brahminical stands for 'caste-based' but with particular reference to the hierarchical and puritanical norms created and maintained by Brahmins, the 'highest' of the Hindu castes.

participants in my study did not frame their claim on care as a right, and certainly not as a legal right, but as something that should arise as concern on part of their marital families. Valuing women's lives features as a theme in scholarship on women and girls' health and development, frequently through the empowerment framework. But in this framework, the underlying principle is not necessarily intrinsic value but value towards an end, or utilitarian value. For example, Bhog and Mullick (2015), writing about the collectivisation of adolescent girls in India, argue that girls are always viewed as tools in a process of economic and social change, often by a crude cost-benefit method. In contrast, when women claim care as intrinsic value for their lives, a more fundamental claim is made on being valued within the family, which is seen as a natural site from which to claim care, as opposed to the state.

In contrast to indifference and denial of care in the marital household, women frequently described their birth home as a place of care. They particularly referred to the care they received from their mothers, who did not burden them with work, facilitated financial and physical access to timely and quality healthcare, and were concerned about their overall well-being. At the same time, women described feeling a sense of entitlement as a member of the marital household, living there and having access to its resources. The idea that a married woman is a member of her marital household and not of her birth household is informed by social norms of patrilocal residence, but the underlying belief is that after marriage, a woman is no longer a part of her birth family. A common Hindi phrase to describe daughters is *paraya dhan* which means 'someone else's wealth or property' indicating that from the time daughters are born, they are destined to belong to another family. This idea prevails across castes and classes in North India, even though increasing mobility and communication have alleviated the disruption of married women's relations with their natal kin. However, women did not seek to be a member of the marital household only to fulfil a social norm but also to access a right within marriage: the moral responsibility of their husband to care for them. "If my husband has married me, he must take care of me," said Ranjana, who was not on good terms with her marital family ever since her marriage. It is important to note that most of these marriages were arranged by parents or relatives, some by mutual consent of the couple, and some by the men alone, for example, cases where a man wanted to marry a woman and asked her parents to marry her to him without her consent.

Although women usually conceptualise this type of care as the moral responsibility of the husband, it has a strong economic foundation, and is articulated in most maintenance laws in India which make it incumbent upon men to provide for their wives (separated and divorced as well), minor children, unmarried adult daughter, and parents, if the latter groups cannot provide for themselves. It is based on moral thought and a conventional understanding of masculinity, and also on social and economic discrimination and deprivation that create gendered dependency. Recently, recognising women's increasing access to education and employment, Indian courts have proposed that adult daughters are equally obliged to provide maintenance for their parents as are sons, although the ruling has not been incorporated into any maintenance law yet (Vasant vs. Govindrao Upasrao Naik, 2016). In the case of maintenance for women, the conditions are not merely economic. Legally and socially, the claim to maintenance is additionally determined by the morality expected from women. If a separated or divorced wife is proven to have been in an

adulterous relationship, she and her children are not entitled to maintenance from the husband. Maintenance, then, is transactional, within or outside of the law, and that is how women conceptualised care or the act of husbands providing for them. They expected husbands to provide for them in exchange for the dowry they brought and the care-work they put in for the marital family. This type of care was also seen as a bare minimum expectation (which could be fulfilled out of moral and social obligation even if their lives are not fully valued), and where women did not receive it, they sought it for their children.

Women's claims on care of this kind, although closely represented in maintenance laws, were social and moral claims rather than legal ones. More importantly, it was not only a claim on material or monetary care but also on social support, and perhaps emotional support as well. Women recognised their husbands' support as pivotal in their navigation of the dynamics of the marital household, and claimed it in all kinds of marriages — self-arranged marriages, marriages arranged by family, marriages where husbands lived away (migrated for work) and marriages where the couple lived separately because of differences and/or violence. This kind of support, therefore, was also considered a moral responsibility or a right within marriage rather than a responsibility borne out of love and concern.

Ranjana, who demanded care from her husband based on the fact that he married her, insisted that her husband financially support their child even if he did not want to financially support her. She earned some money, with which she supported herself, albeit not substantially. But she insisted that her husband support her within the household in relation to the other household members.

> My mother-in-law is always arguing with me and telling me that my daughter and I drain the household resources. Look, I earn and support myself and try my best to support my child too. And I have to eat properly if my work is physically strenuous. But she abuses me and calls me a witch. When I tell my husband about it, he says that this is between my mother-in-law and me. What use are you as a husband if you cannot support me? You married me and brought me to your home. (Ranjana, 18)

In my reading of this account and the larger interview, Ranjana did not seek emotional support from her husband, nor did she seek affection or a display of concern. She wanted him to use his position in the household (as a husband and a son) to help her stabilise her relationship with her mother-in-law, which would give her and her daughter a secure position in the household by enabling access to its resources. The underlying goal behind her claim on support or care, therefore, is strategic. The implications of making such a claim on care as the moral responsibility of the husband is almost always more strategic for women than making a claim on care as value, which, while fundamental in principle, is not necessarily met. It is also more strategic when compared to claims on care as love, which is discussed below and is affective in nature.

Love was a common lens through which women claimed care, or articulated being cared for. The words used to describe love were closer to "nice", "thoughtful" and "caring" and were mostly used to describe husbands and mothers, and sometimes in-laws. In Sonali's case, she repeatedly mentioned that her husband is nice. He had advised to carry her pregnancy to term with the reassurance that he will take care of her. The term he used was

maintenance — *I will take care of the maintenance of your body*, which sounds closer to the moral and legal responsibility to provide for the wife, but he wasn't merely reassuring her that he will pay for her health expenses but saying that he will be there for her. Underlying this reassurance of care is the advice that she should do what he thinks is right, which in turn is based on gendered norms that vest power in husbands to give advice, even when they are not making outright decisions. Dependency and emotional bonds are evident here in the conceptualisation of and claim on care, and in line with Mumtaz and Salway (2009), I want to examine their role in shaping care within the context of gender inequality within the family and society. While care as financial support, and social support in navigating household dynamics, was claimed as the husband's moral responsibility, emotional support, which frequently translated to husbands making decisions for the wives, was perceived or laid claim to as a sign of love. The idea that, in a healthy relationship, the husband will do what is best for his wife, and therefore, the wife can leave all decisions to him, is seen as desirable. Wanting to be cared for in this manner can possibly be placed in Kabeer's (1991) definition of agency as it illustrates negotiation and bargaining through the lens of love and care — *I trust you to take care of me and somewhat give up my autonomy (in terms of observable action), but I like being taken care of and/or need to be taken care of.*

Implicit in love and care, especially the kind that thrives upon dependency, is the infantilisation of women, which assumes greater importance in the context of my research as care is being studied from the perspective of very young women. Husbands and in-laws frequently used their daughter-in-law's young age as a reason to prevent them from making decisions or from considering their perspectives on health and care both out of concern for their well-being and to exercise power over them, often in an intertwined way. The infantilisation of women can take the shape of control in the garb of care, and also assume more violent forms. *It's for your own good* is a common expression of love and care directed towards women and young people. This idea of care has been critically theorised as 'patriarchal benevolence' which suggests that men exercise privilege and power in the garb of care and equal treatment. In the study data, patriarchal benevolence is perhaps at play in cases where women utilise a particular type of care because their husbands insist on it, premised on the belief that the husbands care enough to make a suggestion or a decision. However, not all incidents of women claiming this type of care can be categorised as patriarchal benevolence. Young women, often overburdened with household work, having poor access to information and lesser exposure to institutions (such as health systems), actively sought their husbands' involvement in the form of decision-making. "I leave it up to him, why would I want to take on the headache of making decisions?" said Sunita, 21, explaining the importance of having a caring partner.

Women sought this type of care, in the form of involvement, from in-laws as well, as it demonstrated togetherness of the family. Seeking involvement from the in-laws is also strategic as it affirms the daughter-in-law's position as someone who is respectful and dependent on the husband's family (rather than being someone who acts on her own volition). But given the norms of filial piety, it is also a sign of respect to elders and an expectation of love and care from them, a defining feature of society in South Asia (Jafree and Sastry, 2020).

This type of care, though premised on love, can include value as well, in both intrinsic and substantial ways. A concept that possibly comes close is Thoits' (2011) 'social support', in

turn drawn from Rosenberg and McCollough's (1981) concept of 'mattering' which refers to the belief that one is important to another person, receives attention from them, and depends on them for the fulfilment of specific needs. The role of dependency and emotional bonds in claiming care, or the formulation of love as care, is relatively difficult to establish in comparison to care as value or care as moral responsibility. Women did not actively seek love as care, or did not articulate it, as opposed to seeking to be valued and seeking to be provided for. However, those who experienced this kind of care always mentioned it and its role in their access to healthcare and overall well-being, without being asked, and in a culture where love between partners is not usually a subject of open discussion.

Conclusion

This paper comments on two interrelated debates – the debate over decentring autonomy in studying women's health and status, and the debate on the gendered relationship between women and care. With respect to the first debate, from feminist perspectives, moving beyond the autonomy paradigm conceptually allows a nuanced understanding of the institutions and relations that shape gender inequality, insights into the values and motivations that shape women's contextual approach to injustice, and a way to account for their reflexive capacities to formulate and articulate their preferences rather than the ability to make decisions that result in action alone (Kabeer, 2011; Madhok, 2004; Mumtaz and Salway 2009). My research draws on these perspectives and suggests that studying care – women's needs and motivations for care as well as their claims on care – enriches approaches on access to care which are predominantly rooted in the biomedical framework or exclusively focus on health status (such as the prevalence of illness) rather than embedding women's health in the everyday household social economy and the structures of caste and kinship in the case of South Asia. Decentring (and challenging) autonomy to study care, more specifically women's claims on care, also adds to the second debate and has implications for a feminist positioning on care, which, so far, has largely been developed in relation to gendered social reproduction, and ethics (Himmelweit and Plomien, 2014). In the three formulations of care that I describe – care as value, care as moral responsibility, and care as love – whether or not women exercised agency or acted autonomously, they claimed care for themselves, which is not typically studied as a way in which women position themselves in relation to care. It is also distinct from the formulation of self-care as a feminist political practice, and it must be noted that the women whose lives I researched continued to participate in and even claim their role as caregivers, while claiming value, rights, and love as forms of care due to them.

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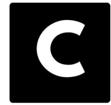

Big girls knickers: finding serendipity - when *love of life* triumphs over loss of self! Eventually! Through resonance rather than alienation.

Pamela Barrett

Love laborers' experiences of losing themselves is going unnoticed by society, despite how regularly it is experienced. Alienation happens slowly; it is a state in which you feel alone, worthless, and meaningless. Your sense of self diminishes. The loneliness one feels as a carer is indescribable and carries much sadness; relationships get strained and lots of them break up, as the priority becomes the person you care for. I speak for myself in this paper, but I am not alone in this experience. Being a carer is a responsibility undertaken when a loved one needs extra care, support or supervision to go about their daily routine; it requires energy, time and effort. This kind of care is ambiguous, for it is often a routine part of family life. It has benefits and gives a sense of accomplishment, but it can also have an adverse effect on carers' lives. This paper represents my personal experiential experience of being a carer through autoethnography.

Who am I? I am Pam, the eldest of four, responsible, practical, reliable, caring, and kind, sometimes funny and intellectual (since I escaped back to college). Let me take you through my education, in parallel with being a carer from an early age to the adult carer I am now and what happened along the way.

My awareness of equality and inequality, as well as ability within disability, came from home life and my educational experience. Being the eldest often carries responsibility, but when the adult in the house 'opts out or 'cannot function,' you soon learn to take on more responsibility, simultaneously losing parts of your childhood. With the significant caring duties I conducted, I can now see how detrimental they were to my development.

As the eldest of four, I always tried to 'care,' to 'love,' and to 'support' my parents and my siblings. Was this the beginning of me not caring for myself, I wonder? Did I take on the identity of carer because I am a girl with attached gender scripts? On reflection, I now see myself fitting in with society's expectations. Since I was ten years of age, even before my father left my mother, I shopped for food, cooked family dinners, and had to neglect my schoolwork to do so. This dynamic was amplified when my father left my mother. She was traumatised, as this life-changing experience stopped her in her tracks, and she withdrew from the family. At the time, she opted out completely, I had to become the 'adult' even more and took care of my siblings. On reflection, I can say today, that I was a young carer, having to become older in my years before I should have. But as I write here, I am undoing how gender roles conditioned me within the household. Back then, looking after my family was my way, as a child, to try and be accepted - dare I say, to be loved.

I experienced gender-based inequality firstly within my home life and secondly in education with regard to subject choice. In secondary school, I wanted to do the subject technical drawing. My dad would not let me, "it's a boy's subject" – that was the end of the story! It took me a while to prove that this was not so; I later attended a technical drawing course - and did exceptionally well in it.

At twenty, I realised the importance of equality; consciously I created an equal space in the youth clubs I set up. Whether one had an ability or a disability, no matter what gender you were you had access to all activities.

It was the 90s and I had employment outside of my home. When I found myself pregnant, I hid it from work until I heard the words: "your contract is being renewed". I declared I was pregnant, the words changed, "your contract is not being renewed." The good old Catholic church had intervened. It was a catholic youth service I was working for in the 90s, and although I was in a relationship, the issue was that I was unmarried. I was going to be a mom, something I had always wanted to be. Within two years, I had a second son. My caring instincts kicked in, and my relationship failed. But I did not, as a mother. Instead, my inner voice kicked in: "Put your big girl knickers on Pam!" (They are sometimes needed after pregnancy too!) I thought of the many types of young people I had worked with, and I knew I was who my child needed as a parent. I pledged to be the mother that my mother never was. I vowed to be there for my children, encouraging them and willing them on in this world.

On reflection, my sense of unfairness enabled me to not allow inequality to stop my sons or me from doing or trying anything that we wanted to. They excelled at whatever they put their hand, head, and heart to: gaining sports accolades, playing rugby to a prominent level, becoming third best amateur chess player in Ireland, having their undergraduate research published in numerous journals, exceeding at computers and art design (see attached artwork- appendix i).

Despite the adversity of poverty, lack of services, little intervention, and being a solo parent household, all three of us got to college, first my eldest, then my youngest, then me. I was in college for a second time but ... if I am to tell the truth ... I was a transient student. I was only 60 per cent present, as I had to deal with so much to get my sons through their courses, advocating for them and their needs, whilst doing my college work. At the first college we attended, their access to support services was difficult to deal with: policies that said something was available as a support, but practices that did not deliver in real-time. Yet, our experience of another college was that they could not have been more helpful, and they had no issue with the possibility of me advocating for my son if I needed to. It went without issue or question. I learned that as a carer you are invisible, not seen nor heard when dealing with services. But sometimes you get lucky, like with our second college experience.

I have learned to parent/care as best I can and not beat myself up regarding failure, especially as I come to see that it is due to a lack of service provision. My investment in my sons will pay off when they fly my nest. That does not mean that as a carer, my mind, body, and soul does not diminish. I have fibromyalgia – a condition I have developed as a carer from wear and tear on my body. It is something I have to mentally bypass in my fight to function normally without pain. Somehow my brain decides what can make me weak. Only

once did I lose control of my willpower; at the time, my youngest was in his leaving certificate year, and my fibromyalgia kicked in. I barely got him to school, came home, washed breakfast dishes and had to get into bed for four hours to then collect him. After, I would get into bed for another hour to be able to cook dinner and last until bedtime to help with homework and meet his other needs. I eventually recovered from that bout and will not allow anything like that to happen again. As a carer, you eventually learn to listen to your body and get your brain to resist any bodily malfunctions, as best it can, because you are needed 24/7. This is a reality of life as a carer; we are too afraid to show our weaknesses and try to stay strong to get from one end of the day to the other for those we love. This is part of the experience of self-alienation.

In my early thirties, I began to remove myself from family and friends as the boys took up all of my non-work time. I lost trust in people, beginning with the service providers who let us down repeatedly. My self-care and self-love diminished, as did any possibility of intimacy. I was losing my essence as a woman and human being, but you would never have known. If you looked at me from outside of the home, when outside, I dressed well, had make-up on; I was friendly, and bubbly. Still, to this day, I try to do this for myself. In education, I am trying to claw back a previous version of me who believes in herself. She is getting there slowly. Education has been part of that healing process, resulting in feeling my brain come alive through academia via sociology. I am still a solo parent and a carer to two amazing young men, but the lack of services made me an island and isolated me more from a world that was disappearing from me day by day. So - if I may say so - I did learn how to ‘put my big girl knickers on’ and climb out of the hole I was in.

I refuse to allow my life to be on hold anymore. As I have become more comfortable as a student and a mom, and a carer, my boys are bedding down into adulthood. I can smell more versions of freedom coming my way. I challenge the state and its institutions not to make us ‘love labourers’ blend into the background, as though we do not matter. When we take steps to improve our situation, the state needs not only to recognise and accommodate us but to actively put in place well-functioning support services. An example of where this was lacking, not for my sons this time, but for me, occurred in my undergraduate days. The college placement officer would not permit me to do a placement. The placement was happy with the fact I could only work 10 hours, but the placement officer disagreed. She said a job was 30 hours, and I had to abandon the placement. That placement was my link to working and networking again, and an opportunity to experience the labour market safely. As I had been a long time out of employment and could benefit from work experience, I was made to apply for an exemption. Nine months later, a bill came in for me to repay 4100 euros to my funding provider, making me worry financially along with my other life worries. Everything I have outlined here would logically challenge service providers, education systems, and welfare systems to make our lives that tiny bit easier, rather than making it even more difficult when we try to change our situation.

Policy-makers and service providers need to listen to us and recognise that we are tired of advocating and not being heard or represented. Form filling, meeting criteria, and getting so many automatic rejections when seeking help, exemplify a lack of recognition, leading to further alienation. In an attempt to combat these systemic failures, I and other carers set up a support page to help parents say the right thing on the forms at appeals and reviews so that as parents/carers of a child with a disability could be successful in their

first application for payment. We explained how a carers payment application is different to a disability application, the care one needs specific information on the caring duties, and the disability one needs to demonstrate how one is not able to hold down a job due to difficulties that need to be named. With all the skills I had developed before I was 29 years of age, and the confidence I gained from returning to education, I was in a position to help families fill these welfare forms out correctly, collaborating with a solicitor who was willing to fight for the families who got a negative decision on their application. To date, four thousand members have been helped.

We carers put our best self out to the world, yet we are shrinking in spirit, and society knows truly little of that side of us. Why? Because it is claimed by governments that carers and people with disabilities are adequately taken care of in budgets and by other kinds of informal support they assume society provides. That is not the case. Budgets do not show when a secondary benefit is taken from us. Government rhetoric does not recognise how we are trying to survive on an extremely low income nor how this is proving more stressful each year, as you get deeper and deeper into poverty. And we cannot revolt in numbers as we continue to have the caring duties responsible for our position in the first place.

So, my freedom comes from being in education, and the hope that one day I may get the chance to challenge unfair policies. Through sharing an accurate representation of my and other carers' experiences, change may happen. Therefore, my time in education is not only an escape for me, but something that has another underlying reason: to try to give back and be an educated voice in challenging the policy.

Is there a more positive note on which to end my autoethnography? At 47 years of age, I decided I wanted a change. In addition to trying to get back into education, I wanted music back in my life. So I scrimped and saved to begin going to gigs. Oh my lord - I was like a teenager again! I am in the process of reversing all of the alienation from my life as a carer that I have experienced. Better still, I get to volunteer and see bands for free. Where do I volunteer? The disability stands at festivals and gigs, of course! Through my personal experience as a carer, I have the bonus of understanding and seeing a person as a person, not a person with a label stating their disability. Much fun I had at the 'Electric Picnic' music festival every year, and some of these people have become family: an annual music family-get-together, where we are humans enjoying the bands performing. No labels – apart from the one that says 'Music Lover.'

I am realising that I need to step back from my children, who are now adults in their own right. Bit by bit, I facilitate this through education and music festivals. Plus, another joy has come into my life: sea swimming. I do it all year round. I feel reborn. I am grounded with nature again, feeling so healthy and reinvigorated in the madness of the cold water.

This account of my everyday lived experience has allowed me to give voice to the 'losing of myself.' The challenges I faced in my life, when dealing with institutional systems, may still not be solved when the next person faces them. But, I hope that the voices of carers may be explored more and that the awareness and understanding this engenders may begin to inform the practices of those who can affect policy and bring much-needed change for love labourers, so that we are and will always be recognised rather than hidden.

I have demonstrated how alienation can creep into one's life as a result of lack of support, policy and not being included in decisions that affect love labourers. Our lived experience needs to be heard so that more can learn that it is possible to free oneself from alienation. I must add, it is sad when a Microsoft dictionary does not recognise the word carer and wants to change it to career! I may want a career too! We are hidden even in Microsoft programs. Nevertheless, I am doing the best I can to achieve this by studying. Steedman asks the reoccurring question "how we have become to be who we are?" (1986, p. 1662). My layperson's understanding of this is that I am from working-class parents, who, through their hard work, rose to the status of middle class, thus in some way giving their children the hope that you can change your circumstances. I will be forever grateful for this hope, as well as for my capacity to see ability within disability. It has taken me on some life journeys - some good, some not so good. I can honestly say that writing an autoethnography has enhanced my ability to continue the progress I have made in this respect. I feel a release of old baggage and a hunger to continue to revive myself through my education and my renewed love of life.

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Appendix

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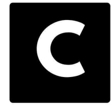

‘Goodbye mindless drinking and hello mindful living’: A feminist analysis of women’s sobriety as a practice of self- care

Claire Davey

Abstract

Since 2004 there has been a reduction in alcohol consumption and an increase in teetotalism in the UK, particularly amongst young people and women. This has coincided with the emergence of Western discourses regarding wellbeing and self-care, and a greater awareness of mental health. This article considers how women experience and reframe sobriety as a form of self-care, drawing on data collected as part of a wider project on women’s identities in sobriety, including participant interviews, ethnographic observations and social media posts. Findings suggest that women utilise sobriety as a strategy of self-care; to manage physical and mental health conditions, including the menstruating and (peri)menopausal body. Sobriety is used as a tool by women to strengthen their bodies and enhance feelings of control within a neoliberal society that promotes and privileges self-responsibility for health and wellbeing. This article informs understanding of the connections between feminism, sobriety and self-care. It highlights the opportunity and value of future research to investigate current online sobriety communities as a contemporary source, and practice, of feminist thinking and (lifestyle) activism.

Keywords

feminism; health; self-care; sobriety; social media; women

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Introduction

From a radical feminist standpoint this article will explore how adult women, who do not drink, position and perform sobriety as a strategy of self-care within a neoliberal society. This means that I analyse women’s experiences from the perspective that the ‘personal is political’ (Hanisch, 1969; Viner, 1999). I consider how women’s engagement with sobriety is a form of feminist resistance against, and response to, the patriarchy’s political control and ignorance of women’s health and bodies. Analysing from the perspective that ‘the personal is political’ also considers that the private, marginalised experiences of women are often shared by other women and should be collectivised to affect change. In writing this article, I have worked to collate and disseminate these experiences. Further, I contend that this

analysis is best conducted by a researcher who is also a woman and has an in-depth understanding of women's physiological, social and economic experiences.

I proceed in contextualising current trends and provide a review of existing literature, regarding both self-care and teetotalism. I then discuss the methods utilised and subsequently analyse the data to show how women within online sobriety communities convey their decision to abstain from alcohol as a life-changing practice of self-care for their physical, mental and menstrual health, whilst operating within, and sometimes engaging with, neoliberal wellness ideology.

Connections between feminism and self-care, through the lens of sobriety

Since the turn of the 21st century, there has been increasing popular engagement with the phenomenon of self-care. In the context of this article, I refer to self-care as those (sometimes everyday) activities that individuals carry out to manage and restore their own health, both mental and physical. This is how self-care has been most commonly understood within western healthcare and clinical settings since the 20th century (Levin and Idler, 1983); for example, an individual can follow a low-sugar diet to minimise the risk of diabetes. Additionally, self-care can be defined as a form of reflexive, psychological wellness for mental health professionals who may engage with therapy to cope with their 'demanding, challenging, and emotionally taxing' profession (Barnett et al., 2007, p. 603). Self-care significantly evolved in the late 1960s as part of the Women's Liberation Movement when women formed self-help groups to perform cervical self-examinations and raise consciousness about reproductive health. Self-care was a political act for women to re-assert control over their own bodies in light of sustained historical, medicalised abuse and control at the hands of men (Dudley-Shotwell, 2020). It was further, and affirmatively, developed within Audre Lorde's *A Burst of Light* (1988 [2017]) as a radical Black feminist act to increase chances of survival within a white, heterosexist, capitalist medical system and broader society. In response to her second cancer diagnosis, Lorde turned to the alternative healing properties of shared sisterhood, homeopathic remedies, and political work – she described her self-care as 'a political decision as well as a life-saving one' (1988 [2017], p. 130).

However, self-care has since expanded beyond radical feminist circles and has been diluted for the mass market (Spicer, 2019). Tips and tricks for, and commentaries on, self-care abound within mainstream press articles (Morgan, 2020) and magazines targeted at women (Weldon, 2021). With recent greater awareness of mental health and its alleged reduced stigmatisation (Nealon, 2021), this supposed democratisation of self-care is framed as an accessible and easy way to invest in one's own health and boost resiliency in times of strife (Tokumitsu, 2018). As such, it reinforces ideas of individual responsibility – a common feature of the neo-liberal socio-economic and political model which links market forces with individual contribution and the shrinking role of the state (Springer, Birch and MacLeavy, 2016). Indeed, the post-millennium era has seen a higher socio-economic value placed on disciplined, productive bodies, which in turn has fuelled a thriving wellness and wellbeing industry (Cederström and Spicer, 2015). Themes of self-care are co-opted by consumer brands within marketing campaigns, particularly targeted at women. Products and services are sold with the promise of relaxation, fulfilment and wellness – sometimes with a substantial price-tag attached, and with the expectation that

consumers are able-bodied. As explored within Lavrence and Lozanski's (2014) study of the athletic-wear and yoga brand *lululemon athletica*, self-care can become a quest to reach (and maintain) an illusive destination, status, or body shape, and is allegedly more likely or attainable the more time and money one spends on the journey. Alcohol brands have also been found to draw upon similar, feminised themes of respite, reward and time-out within their marketing in order to present a healthful interpretation of alcohol-consumption. Wine or gin is sometimes portrayed as a key, constituent part in a woman's self-care routine (Atkinson et al., 2021). Thus, discourses of self-care are intimately entwined with class and gender roles.

This rise to prominence of self-care has coincided with increased rates of teetotalism, particularly amongst young people and women across Western cultures (Pape, Rossow and Brunborg, 2018) and within the UK (Office for National Statistics, 2017), since 2004. This is accompanied by an emergence of women-founded, UK-based online sobriety communities that utilise social media platforms to help people change their relationship with alcohol, such as Club Soda, Sober Girl Society and Sober & Social. These communities primarily facilitate peer to peer support and sometimes provide additional services, including coaching and social events. The majority of their members are women, compared to men, who are less likely to utilise traditional, evidence-based treatment programmes (Davey, 2021). In addition, there are growing numbers of women Instagram influencers and bloggers who promote alcohol-free living (McHugh, 2019), and mainstream press articles that support a 'mindful' approach to drinking (Bryant, 2021). There is an increasing body of research that has begun to explore this relationship between contemporary alcohol refusal and wellbeing, yet not within the specific context of online sobriety communities.

Caluzzi et al.'s (2021) research of Australian youth suggests that young people's abstinence is partially guided by a greater awareness of mental and physical health, and the serious health risks associated with alcohol consumption. Furthermore, significant connections are evident between fitness and sobriety, whereby fitness goals are used as a motivating factor in alcohol-refusal, during periods of both short- (Carah, Meurk, and Hall, 2015) and long-term sobriety (Caluzzi et al., 2022). It is more common for young women (compared to young men) to use sobriety as a tool to manage weight and calorie intake (Caluzzi et al., 2021), and - for older women - as an anti-ageing strategy (Nicholls, 2022). From these examples it is clear that sobriety is sometimes used by women as an instrument for bodily discipline and control in order to conform with societal expectations about what healthy, (re)productive and attractive women's bodies 'should' look like.

The decision to abstain from alcohol has also been conveyed as a 'turning point' (Nicholls, 2022) that provides impetus to construct a new self (Yeomans, 2019), or a return to an imagined, real, authentic self (Graber et al., 2016). Using contemporary wellness ideology (Cederström and Spicer, 2015), the stigma of being a former, problematic drinker (Hood, 2003) can be re-worked as an individual, positive, lifestyle choice that underpins the idea of an improved, enterprising self (Nicholls, 2021). Yet despite this increased engagement with alcohol-free lifestyles and discourses of self-care, existing research has yet to examine the relationship between the two themes in depth.

Methods

This article presents findings from a mixed methods, ethnographic research project on the non-drinking practices, experiences and identities of UK-based, adult women within online sobriety communities. This study investigated women's experiences only, due to the popularity of these communities with women, as outlined in the Introduction, and due to their under-representation within existing research of recovery pathways (Davey, 2021). Despite women's substantial increase in alcohol consumption since World War II (Smith and Foxcroft, 2009), which was subsequently exacerbated during the COVID-19 pandemic (Garnett et al., 2021), and despite the recognition of women's specific gendered needs in recovery (Staddon, 2015), women's experiences of recovery are still under explored.

This paper draws upon a range of online data sources, all collected during a 3-month period between September and November 2021: influencer posts on Instagram (n=216), web-based blog posts (n=38), community posts on Instagram (n=131), community webinar recordings (n=12), and ethnographic observations from within online community platforms (n=186). Online sources were extracted manually during the last week of three consecutive months. Any posts that were older than 12 weeks were skipped and thus excluded from the study. In addition, any posts by women who were evidently not sober, or within their first 30 days of sobriety, were also skipped. This was to ensure that my research remained focussed on the practices and experiences of those with an established period of sobriety and were currently, actively utilising the community platforms. Community and influencer selection were initially based upon my 'intimate insider' (Taylor, 2011) knowledge of online sobriety communities; in 2018 I personally utilised one of the communities during my own sobriety journey and followed several sober influencers on Instagram. I subsequently supplemented these using snowballing methods. Tables 1 and 2 provide a pseudonymised overview of the communities (n=9) and influencers/founders/bloggers (n=16) respectively.

Table 1

Influencer/Blogger/Founder (Pseudonymised)	Age range	Followers as at 20.9.21
Rita	31-40	2,001-5,000
Melissa	21 - 30	25,001-50,000
Jessica	21 - 30	10,001-25,000
Sandy	51-60	2,001-5,000
Georgie	41-50	5,001-10,000
Tunde	21 - 30	100,001-250,000
Anna	41-50	10,001-25,000
Jamie	41-50	1,000-2,000
Olivia	41-50	50,001-100,000
Leah	61+	5,001-10,000
Suzy	41-50	10,001-25,000
Clara	41-50	1,000-2,000
Beth	31-40	5,001-10,000
Mia	31-40	10,001-25,000
Flora	31-40	N/A
Hilda	51-60	N/A

Table 2

Community	Main platform	Members/followers	Features
A	Instagram	25,000+	In-person and virtual events.
B	Facebook	10,000-25,000	Free peer to peer support access. Further support services for one off fee. Free podcast. In-person and virtual events.
C	Facebook & web-based	100-250	Peer to peer support and services for a monthly subscription fee. Free podcast
D	Facebook	0-100	Peer to peer support and services for a monthly subscription fee
E	Facebook	250-500	Peer to peer support and services for a monthly subscription fee. Free podcast
F	Facebook	0-100	Peer to peer support and services for a monthly subscription fee. In person and virtual events
G	Facebook	100-250	Peer to peer support and services for a monthly subscription fee. In person events.
H	Facebook	500-1,000	Free peer to peer support access. Further support services for one off fee. In-person and virtual events.
I	Facebook	1,000-10,000	Free peer to peer support access. Further support services for a monthly subscription fee. Free podcast. In-person and virtual events

Between December 2021 and May 2022, I also conducted semi-structured, one-to-one interviews with 25 UK-based women who were members of online sobriety communities (not limited to those referenced in Table 2). At the time of the interview, they had been sober between 6 months and 10 years. They were predominantly white (24 out of 25) - one participant was British Indian - and they were largely educated to at least undergraduate level (18 out of 25), which is reflective of the demographics of alcohol online support groups highlighted by existing research (Davey, 2021). Participants self-identified as female when recruited to the study, and presented themselves as cis women at interview, however no further data was collected regarding gender identity. Thus, this study is limited in its scope to inform gendered experiences of self-care and sobriety beyond those of cis women, such as trans women or women who identify as non-binary, who are also underrepresented within research of alcohol consumption and recovery cultures (Connolly and Gilchrist, 2020; Connolly et al., 2020).

Table 3 details the interviewee pseudonyms, ages and length in sobriety. To protect the sobriety and wellbeing of research participants, it was required that they had at least 6 months continuous sobriety and were not undergoing medical treatment for their drinking at the time of interview. Again, this was to ensure that the research obtained a view of women's experiences and practices of non-drinking in stable sobriety. It was also a

Table 3		
Interviewee (Pseudonymised)	**Age (y)**	**Length of sobriety (y)**
Alice	45	5
Alison	72	0.75
Bobbie	41	2
Donna	45	0.6
Emma	49	2
Erin	56	4
Francesca	34	4
Gina	25	0.5
Helen	44	4.5
Jo	29	10
Jules	45	6
Katie	29	2
Linda	58	1
Lisa	44	2.5
Louisa	49	4
Melanie	59	0.5
Monica	51	4
Nicola	56	0.5
Payal	41	2
Petra	41	3.5
Rachel	44	8.5
Stephanie	46	2.75
Susan	48	2.5
Tina	28	5
Violet	30	1.25

condition of my ethics approval from Canterbury Christ Church University, received in February 2021.

All interviews were conducted via Zoom and lasted an average of 69.9 minutes in length. They were recorded and later transcribed by me. Transcripts and observational notes were read twice prior to coding, to ensure understanding and identify patterns across the data (Merrill and West, 2009). Guided by questions developed from a feminist standpoint (Letherby, 2003; Fonow and Cook, 1991), such as 'What are women's experiences of sobriety?' and 'How are women navigating non-drinking practices?' codes were then applied manually to link data to concepts (Coffey and Atkinson, 1996), such as 'health', 'fitness' and 'self-development', using NVivo 12. These were then sorted into a hierarchy chart and collated into three over-arching themes in response to the question 'How do women engage with practices and discourses of self-care in sobriety?': physical health, mental health, and menstrual health.

The limitations of these methods must be recognised; there was potential for manual errors in the data collection of online sources, and researcher bias during analysis. However, such a manual approach ensures a close reading of the data, by someone who is familiar with community practices and terminology, and who is respectful of the privacy of those in the community. It is also appropriate for this relatively small data sample. Lastly, the employment of mixed methods enabled opportunities for data triangulation (Denzin, 2006).

Throughout, this article will draw upon illustrative examples from the data and critically engage with the sources to examine how women position sobriety as a practice of self-care. These experiences and practices will then be analysed from a radical feminist standpoint to consider whether online sobriety communities can be contemporary spaces of feminist thinking and activism.

Sobriety as self-healthcare

Within the safe confidential environment of a one-to-one interview, research participants shared stories of how sobriety has become a practice of self-care to manage physical health. The below two examples from Stephanie and Susan show how they position sobriety as a strategy of self-managed care for their chronic conditions:

> **Stephanie (interviewee):** since 2015 I got diagnosed with ulcerated colitis… Definitely not drinking helps that…I would say since September last year, my condition has gone into remission…because you have flare-ups, and that just fuels my desire that I've made the right decision for my body, that I'm being healthy and I'm not in pain and suffering at the moment.

> **Susan (interviewee):** I was born with arthritis; I've had it all my life. And the chronic fatigue, that was about ten years ago….and that's where it became a step by step, becoming more aware and more conscious and more healthy. And deciding to stop drinking it just felt like it was completely right…there's so many reasons why I have chronic fatigue but I don't think drinking alcohol will help. So I think it's a help to not drink alcohol rather than a hindrance, and I think that my inflammation and my arthritis is so much better. I still have arthritis but again I see it as a help not to drink. I see it as preventative.

Stephanie and Susan's application of sobriety as self-care aligns with how self-care is conceptualised within healthcare and clinical settings whereby 'individuals undertake [activities] in promoting their own health, preventing their own disease, limiting their own illness, and restoring their own health' (Levin and Idler, 1983, p. 181; Warner, 2017). Their sobriety requires regular, perhaps daily, actions of alcohol refusal (psychologically, verbally or physically) and thus becomes 'a matter of everyday living and making decisions' that Lorde describes in *A Burst of Light* (1988 [2017], p. 53). Both Stephanie and Susan know that sobriety will not cure their conditions but identify that 'living a healthy lifestyle' (Stephanie), through abstinence, facilitates their emancipation from the long-term pain and discomfort of their conditions. This rejection of society's accepted drinking practices, in order to prioritise health, aligns with the identity of the 'healthy deviant' – 'people who violate society's norms in relatively healthy ways' (Romo and Donovan-Kicken, 2012, p. 405). Therefore, sobriety as a strategy of self-care is also a form of 'political work' (Lorde, 1998 [2017], p. 128). However, the extent to which it could be deemed political may depend upon the age of the individual; Caluzzi et al. (2021) have shown that amongst Australian youth, abstinence is becoming a more normalised, accepted practice in response to health concerns.

None of my research participants suggested that medical professionals had advised sobriety as a strategy of self-care to reduce pain or the severity of a condition. Instead, they arrived at the realisation that sobriety can assist in the self-care of physical health conditions through their own research or experiential knowledge. Even for Nicola, an interviewee undergoing breast cancer treatment, she felt that she received 'ambiguous' messages from the doctor regarding alcohol abstinence:

> **Nicola (interviewee):** last June I stopped drinking completely when I got a cancer diagnosis…I pretty much came to that decision [alone] because unfortunately a lot of the breast cancer literature that the NHS send out is fairly ambiguous, and ok I haven't really looked enough into it, but I know that my cancer is increased with alcohol. But when I received the diagnosis, the doctor didn't say very much.

Nicola's experience somewhat echoes Audre Lorde's sentiments regarding her cancer diagnosis and treatment journey (1988 [2017]). In response to a lack of options presented by healthcare specialists, none of which provided many guarantees regarding longevity or quality of life, Lorde independently researched and pursued holistic alternatives. Neither Lorde nor Nicola rejected professional medical care altogether but utilised their own self-care strategies to minimise the extreme discomfort and maximise their chances (or length) of survival. Nicola's decision to abstain could also be framed within Lorde's discourse of self-control, self-determination, and agency over the fate of one's own body and legacy; an attempt to have some influence in a situation whereby medical professionals are authoritative, and cancer is indiscriminate.

Some forms of self-care, such as the homeopathic treatment that Lorde pursued, can be costly and thus exclude those without disposable income. While the act of alcohol refusal has no cost attached, access to an online sobriety community and its related courses or events may incur greater cost. In consideration of the typical socioeconomic demographic of online sobriety communities (Davey, 2021), more work needs to be done to establish whether sobriety is an accessible form of self-care to women across the socioeconomic spectrum, and to those like Nicola who may be unable to work whilst receiving medical treatment. However, health inequalities will persist if there is no robust communication to patients regarding the impact of alcohol on physical health conditions and accessible sobriety support.

In some instances, sobriety performs a more superficial role in women's physical health management. Within online sobriety community posts, one of the most common techniques that women use to demonstrate sobriety's role in their physical self-care is the comparison of selfies[1] taken before and after they stopped drinking. An alternative mediation on the same theme is to offer comparative selfies that document the sobriety journey – day one versus day ninety of sobriety, for instance. The selfie taken earliest in the sobriety journey or prior to sobriety, often displays the woman looking tired, with minimal grooming in terms of hair, cosmetics and clothing. She is not smiling and has a puffy, blotchy complexion. The photo is taken with poor lighting, no photographic filters, at an unflattering angle (usually from below the chin), whilst she is slumped on the sofa. This is then contrasted with a picture of the woman in established sobriety. This version of the same woman displays her very differently. It is often the case that she has washed and styled her hair, applied make-up and is dressed-up ready to go out. She is smiling directly at the camera with bright eyes, even skin tones (sometimes smoothed by filters), and is positioned underneath soft lighting. She appears healthy, vibrant and happy. These photographs are usually accompanied by captions such as 'Different lighting but I think I can see subtle differences. 100% feeling better', or 'my skin is better than it's been in decades'. Women use these photographs as a tool for accountability and motivation – spurred on by the physical benefits of alcohol-free living. The dominant focus on skin and its appearance within these community posts conveys whether one is 'ageing well' (Peel, Bartlett and McClure, 2004), or 'ageing backwards' (Suzy, community founder). This framing of sobriety as an alternative, anti-ageing, self-care regime aligns with Nicholls' recent research findings which suggest that midlife can act as a stimulus for women to renegotiate their drinking practices in order to mitigate the appearances of ageing

[1] A selfie is a photograph taken of oneself, usually with a smart phone or portable device.

(Nicholls, 2022). It is evident that women are socially incentivised, to pursue strategies which uphold society's patriarchal conceptualisation that youthfulness equals beauty and health.

Women within the sobriety communities are encouraged by the graphical representation of themselves that shows a 'healthy', attractive, display of heteronormative femininities. In contrast, their past drinking selves are shown to be failing and lacking in this regard (Mackiewicz, 2015; Day, Gough and McFadden, 2007). Thus, the role of sobriety in self-caring for physical health is also a strategy to manage reputation and respectability (Skeggs, 1997), and can serve to uphold traditional gender roles. This additional labour of, and investment into, self-care and the performance of self-care, is part of a neo-liberal trend towards wellness as a signifier of class (Cederström and Spicer, 2015; Lavrence and Lozanski, 2014). However, this performative practice of self-care for physical health is primarily conducted by white women who are less likely, compared to Black women and women of colour, to experience consequential damage to their reputation and respectability as a result of sharing pictures that evidence problematic drinking and failings of femininity (Atkinson and Sumnall, 2016). Furthermore, women were less likely to share their 'before' and 'after' selfies within a LGBTQ+ sobriety community that formed part of my study. This suggests that LGBTQ+ women are less engaged with the performative nature of sobriety as self-care for physical health, potentially due the aforementioned, intimate connections with heteronormative femininities, which poses another barrier to LGBTQ+ women's engagement with recovery communities/services, in addition to those identified within existing research (Dimova et al., 2022; Cochran, Peavy and Robohm, 2007; Smith, 2016). The exclusionary nature of this performativity supports existing research that suggests social media is a space which reinforces the hegemony of Western standards of beauty and heteronormative displays of gender (Marwick, 2013). It also suggests that accessibility to self-care as a *practice*, versus a *performance*, of physical health is different – there are greater barriers to participate in the public performativity of self-care which reduces the potential political impact of sobriety as self-care, and its potential to improve the physical health of a broad demographic.

Managing Mental Health

Sobriety as a form of self-care to manage mental health also featured prominently across the data. Whilst I was completing some observational research, Jamie - co-founder of *Community B* - said that five years ago weight-loss used to be the most commonly cited reason as to why people wanted to join their community and give up alcohol, and now it is mental health. This is reflected across the social media sources; sobriety is portrayed as a self-care solution to reduce feelings of anxiety, depression, loneliness and suicidal ideation. Interview participants also frequently commented on the improvement to mental health in sobriety, similar to Louisa's experiences below:

> **Louisa (interviewee):** Feeling depressed a lot of the time. That low level anxiety was there far more all of the time. Definitely. And that definitely definitely stopped and shifted when I stopped drinking. That made a huge difference to be honest.

Some interviewees linked their former mental health challenges to previous experiences of abuse or assaults by men, and felt that sobriety had helped them to identify and process these experiences; 5 of 25 interviewees shared experiences of men's violence, and 7 shared their experiences of childhood trauma from their fathers' drinking. During interviews and within online posts, some references were made to anti-depressants and therapy but only Alison said that she had consulted her GP about her drinking – the rest pursued help from online communities or treatment centres independently, purposefully rejecting the idea of speaking to their GP. As such, sobriety (particularly though online sobriety communities) is one way in which women can improve their mental health whilst operating outside of the medicalised mental health care system that disproportionately diagnoses women with disorders and medicates them, prior to providing them with support, even if they have been subjected to men's violence (Riecher-Rössler, 2017; Taylor, 2022). As such, they were able to improve their mental health whilst avoiding or minimising the gendered, classed and racialised stigmatisation attached to mental health struggles (Taylor, 2022) and 'problematic' alcohol consumption (Lyons and Willot, 2008; Hood, 2003). In this way, sobriety can be framed as a feminist self-care strategy that rejects the patriarchal pathologisation, victim-blaming and control of women through mental healthcare services and the stigmatisation that it perpetuates.

Generally, women were open in sharing their experiences of sobriety and its role in their mental health management within community forums. However, these references were typically cloaked within pictures of, and references to, the outdoors and natural landscapes. The outdoors environment is frequently referenced by those within online sobriety communities as an opportunity to improve mental health, either through exercise or connectedness to nature (White et al., 2019). Sobriety is positioned as the catalyst which provides the time and energy to engage in outdoor pursuits, and participate in outdoor spaces, which in turn has a positive impact on mental health:

> **Clara (influencer):** I absolutely love walking in the Countryside… Surrounding myself with nature gives me a feeling/sense of inner calm and peace. I've read research, and there's so many benefits to surrounding ourselves with nature, like reducing stress levels. I never wanted to do these things whilst I was drinking.

Through sharing pictures and posts about outdoor activities and natural landscapes, women create visual representations of their mental health and sobriety. It transforms the often-invisible self-care of mental health and sobriety into something physical and tangible, which in turn can be shared, measured and compared. Sharing this content subsequently creates a competitive angle to self-care, whereby photos are posted on social media to position one's own self-care practice in comparison to those of other people. It also serves to locate the responsibility for mental health management and care within individualised choices; the choice to go outside, and the choice to do activities. Such photos create the appearance of 'working' or 'labouring' at mental health in the same way that we might work on our bodies at the gym – it conveys self-discipline. While Audre Lorde positioned her own self-care as 'work', it was intimately connected to her political work in dismantling racism and heterosexism (Lorde, 1998 [2017], p. 128). In the contemporary spaces of online sobriety communities, such 'work' on mental self-care is used to generate social (and sometimes economic) capital, particularly by social media influencers or

community founders. With such socioeconomic incentives tied to health and wellbeing, it could be questioned whether these forms of 'work' on mental health management are reflective of reality or merely performative – likely elements of both. Furthermore, those least likely to be able to capitalise on the performativity of sobriety in the outdoors, are those who do not have the time for, proximity to, knowledge of, or ability to explore, green spaces which subsequently exacerbates health inequalities (Masterton, Carver and Parkes, 2020). Resultingly, those of marginalised and disadvantaged identities cannot participate in such discourses and imagery of wellbeing that serve to destigmatise mental health issues.

Within online sobriety communities, alcohol refusal is also connected to the mental-health practice of mindfulness in multiple ways. Mindfulness, 'a state of hyper-awareness tempered with disciplined calm' (Tokumitsu, 2018, p. 9), is a Buddhist practice that has been reappropriated by Western capitalism as a form of wellbeing and self-care, particularly for mental health. However, 3 of the 25 women interviewed for this study entered sobriety partly because they wanted to remove the dissonance between alcohol consumption and their practice of Buddhism. Linda, Gina, and Susan all felt that drinking conflicted with the Eightfold Path which contains the primary teachings of Buddhism, including 'right mindfulness'. Sobriety was framed as an act of self-care that supports the spiritual practice of mindfulness.

The direct positioning of sobriety as a precursor to mindfulness and subsequent good mental health was more prevalent in public content and community marketing and events. This Instagram post by Rita, a sober influencer, presents sobriety itself as a mindfulness practice:

> **Rita (influencer and community founder):** Being sober allows me to prioritise my self-care, make better choices and have clarity in my life. Goodbye mindless drinking and hello mindful living.

Here she suggests that there is greater presence of mind in her daily living through not consuming alcohol, which in turn brings positivity to her life. The association between mindfulness, sobriety and self-care presents a more mainstream, saleable, fashionable angle to abstinence, and echoes similarities to the 'social and spiritual activism rooted in bodily improvement' that Lavrence and Lozanski identified in *lululemon athletica*'s branding (2014, p. 77). This has been further cemented through the term 'mindful drinking' which is utilised by some community branding, and has become common parlance for those who are tempering their alcohol consumption (Walker, 2017). 'Mindful drinking' offers a contemporary re-branding of the controversial term 'moderation' that assigns responsibility back on the individual to self-care for their mental health in light of pressures created by the neoliberal society and an addictive substance (Yeomans, 2013).

This individualised strategy of mindfulness is a departure from the radical feminist, political discourse of self-care outlined by Lorde (1988 [2017]), and the collective action practiced within the Women's Liberation Movement (Dudley-Shotwell, 2020). Indeed, Tokumitsu interprets mindfulness as 'fundamentally anti-revolutionary' for its ability to ensure internalisation of social issues (such as alcohol and mental health) and reduce any feelings of discontent about these social issues: it 'head[s] off any mutinous stirrings

before they have a chance to gain momentum' (2018, p. 9). Arguably, however, alcohol refusal does serve to 'liberate us from the sources of our anxiety and depression' (Tokumitsu, 2018, p. 11) – the source being the addictive substance, but also the neoliberal ideology that we can work hard, play hard, and have it all, particularly as women. The growing memberships of online sobriety communities, and posts on social media about this topic, also suggest that there is a growing collective consciousness regarding the impact of alcohol on mental health.

Caring for the menstruating and (peri)menopausal body

Of the 25 women interviewed for this study, 7 were entering menopause or were perimenopausal, and 4 of these had specifically chosen to stop drinking as a strategy to care for their bodies and mitigate the turbulent symptoms. A further 2 of these 7 had found that there was some alleviation to symptoms once they stopped drinking. Donna was one of the 4 women who utilised sobriety as a self-care strategy to cope with the perimenopause:

> **Donna (interviewee):** I started having quite bad perimenopausal symptoms and drinking was just exacerbating those really badly, so they were kind of like, two things together that were just not helping at all so you know – poor sleep, and palpitations and hot flushes and all magnified – they were all so much worse when I was drinking

Similar to the experiences of Stephanie and Susan outlined earlier, Donna identified the positive impact of sobriety, as a strategy of self-care for the menopause, without any guidance or assistance from medical professionals. In fact, like others I interviewed, it was a final-straw attempt to feel better when no useful answers or suggestions were forthcoming from medical professionals. In Donna's case, it took months of pursuing tests and for her GP to declare that she had 'ovarian failure', a term which she then translated to the menopause. None of the women I interviewed said that their GP or gynaecologist had suggested alcohol moderation or abstention to be a useful tool to mitigate menopausal symptoms and thus it became a self-prescribed practice of self-care that was usually subsequently combined with medical prescriptions of Hormone Replacement Therapy (HRT).

Women can feel isolated and alone in the self-care of their (peri)menopausal bodies but are increasingly utilising online sobriety communities for support. Some interviewees who use *Community I* told me of a specific support group that had been created to offer dedicated time and space for women who were struggling with, or wanted to discuss, their experiences of (peri)menopause. Indeed, joining a private peer-to-peer support group is an act of self-care itself when there are few public-health-funded alternatives. Furthermore, sharing of (peri)menopausal stories within these communities contributes to consciousness raising across the membership more broadly: two interviewees suggested that whilst they were not currently experiencing (peri)menopausal symptoms, they had learned from the experiences and stories of those who were older than them within the communities and felt better prepared to cope with the symptoms in the future. Jules explains below:

> **Jules (interviewee):** Yes, there are a few of my friends on [Community] who are 5 to 10 years ahead of me and they've been going through the menopause and from that I have naturally read more and experienced through their eyes what they're going through and they all say '100% glad I stopped drinking because I'm much more able to cope with the psychological and physical aspects of it'.

This growing discussion by women regarding (peri)menopause, and the role of alcohol in exacerbating symptoms, echoes the feminist consciousness raising and self-help circles during the Women's Liberation Movement. These sought to provide women with knowledge of their own bodies (particularly their cervixes), and to resist the monopoly that men in medical professions had on reproductive health (Dudley-Shotwell, 2020). Lorde further advocated the feminist importance of sharing 'with each other the powers buried within the breaking of silence about our bodies and health' (1988 [2017], p. 117). Unlike the self-help movement of the 1960s, there is little evidence to suggest that women within online sobriety communities conceptualise their self-care of menopausal symptoms as a form of politicised collective action. They did, however, frequently speak with discontent and despair about the medical attention they received for this issue, and in one instance connected this to the patriarchy's dismissal of women's ageing bodies: 'there's an awful lot of stuff around the menopause which is historically about men saying "you're no use to me anymore because you're a menopausal woman so I'm abandoning you. You are an old hag"' (Jules, interviewee).

Unfortunately, possibly due to the social shaming of women's ageing, messy, menopausal bodies, there was only one sobriety influencer who addressed the topic of the (peri)menopause on her public social media account. In doing so, she off-set the stigma by shrouding her advocacy of self-care within post-feminist discourse that emphasises femininity, empowerment and self-responsibility (Ortner, 2014; Rottenberg, 2014); she posted a holistic 'recipe for supporting yourself in the menopause like a boss' to 'love your badass goddess' (Sandy, community co-founder). This choice of language makes a taboo topic more palatable for a contemporary Instagram audience that is less likely to engage with political posts (Caldeira, 2021), whilst simultaneously reinforcing and reclaiming the femininity and power of the ageing woman's body in light of the patriarchy's derision. Despite the public awakening and verbalisation of the (peri)menopause that was taking place in the UK at a similar time to data collection, as a result of Channel 4's documentary *Sex, Myths and the Menopause* that was aired in May 2021, these accounts show that women's experiences and non-medical strategies of self-care are still confined to private online spaces. The role of sobriety as a means of caring for the (peri)menopausal body remains hidden; the forbidden knowledge is retained within the cloistered walls of online sobriety communities. The discussions within online sobriety communities about caring for the (peri)menopausal body do not seem to be entering mainstream discussion, or even feature within many public social media posts. Public engagement with, and awareness-raising of, the connection between sobriety and the menopause are rare.

Across all interview participants there was a general sentiment that women had a greater awareness of how their bodies were feeling in relation to the menstrual cycle and associated mood fluctuations. As such, sobriety assists with the 'demystification' of their body that women sought from feminist self-help circles in the 1960s (Dudley-Shotwell,

2020, p. 7). While menstrual management has been critiqued as part of the neoliberal drive towards self-discipline and productivity optimization (Spicer, 2019), this was not referenced as a motivating factor, or desired side-effect, by interviewees. Periods have typically been an issue for women to care for themselves – privately - due to the patriarchal pathologisation of menstruation (Taylor, 2022) and the ensuing stigma of bad/dirty femininities (Commane, 2020). This is reinforced by the fact that despite the high participation of women within online sobriety communities, periods and the menstrual cycle were underrepresented topics within online sobriety community posts. Therefore, women's unwillingness to share within the communities may be influenced by the shame and stigma surrounding a bodily function over which there is limited control, and a desire to maintain respectable femininities (Skeggs, 1997).

In the case of those who needed further medical assistance for menstrual health issues, the greater bodily awareness that sobriety afforded provided impetus to push medical professionals to take their symptoms seriously. Katie explains how sobriety alleviated the self-doubt she had regarding her experience of heavy periods which ultimately led to a diagnosis of Polycystic Ovarian Syndrome (PCOS):

> **Katie (interviewee):** …my periods were so heavy I would be vomiting and stuff, and for the last ten years every time they'd do these blood tests, they'd come back negative and they'd be like 'you're fine'…I think sobriety helped me tackle that situation head on and persist, you know. Kind of having the confidence to say, 'actually, I've known this. This has been part of my experience of life now for the last ten years like I know the blood tests are coming back negative but is there anything more you can do?'. And low and behold I had a scan and that's when they discovered this [PCOS], so like, yeah. I mean, and those two things really did happen in terms of giving up drinking and being diagnosed did happen in conjunction with each other. I think also like before I gave up drinking, you know I felt like it might be because I was drinking and so I didn't really feel like I had a leg to stand on, and it's like you know, I think I got to a place where actually I've improved my health on my own as much as I can, this is still not working, what's next you know? So yeah, it definitely gave me the confidence to pursue that further.

Katie's experience reinforces earlier analysis that the self-care strategy of sobriety assists women in gathering information about their own embodied experiences of illness, and makes them feel more empowered to challenge medical authorities. However, it also serves to highlight that women have to push to convey the limitations of self-care to an increasingly neoliberal model of state-funded healthcare. They have to evidence how hard they have 'worked' at self-caring before they are deemed worthy of further resources (Cederström and Spicer, 2015) in order to transition the responsibility away from the self towards the state-funded healthcare system: 'I've improved my health on my own as much as I can, this is still not working'. Furthermore, Katie's reflections suggest that when she was drinking, and thus not working hard at health and self-care, she felt less worthy of asking for help: 'I felt like it might be because I was drinking and so I didn't really feel like I had a leg to stand on'. This echoes Metzl's arguments within *Against Health* (2010) that those who do not conform with the neoliberal ideology of wellness experience stigmatisation.

Once Katie had stopped drinking, and more closely aligned with this ideology, she felt morally able to utilise state resources and be a trustworthy source of embodied knowledge. Katie's account shows that while sobriety can be experienced as a form of radical feminist self-care that empowers women to trust their embodied knowledge and challenge the patriarchy, they still have to navigate the neoliberal socioeconomic institutions by operating within the dominant ideologies and unofficial 'rules' regarding individual responsibility and health and wellbeing in order to pass checks and gatekeepers.

Conclusion

Through illustrative examples from online sobriety communities and participant interviews, this article has shown how women draw on discourses of wellbeing to position sobriety as a practice of individualised, embodied self-care whereby they experience improvements to their physical, mental and menstrual health. It has been shown how some women use sobriety as a strategy of care for their minds and bodies when medical assistance is not forthcoming or lacking. In doing so, they sometimes raise the consciousness of other women through sharing their experiences within online sobriety communities. The stories and experiences shared by the women featured in this paper suggest that when women feel empowered regarding their own bodies, and are equipped with self-knowledge, they feel more able to resist against what is deemed accepted knowledge and practices regarding women's health and bodies. This article has also reflected upon the feminist and socio-political tensions within the practice of sobriety as self-care. When analysed from a radical feminist standpoint, sites of feminist resistance have been identified within their practices of self-care whilst acknowledging the limitations of these as sources of organised, collective, and political action. It would be too reductive to interpret these experiences of sobriety as self-care as merely individualised, neoliberal investments in wellbeing. The impact of sobriety on the self-care of these women is tangible, life-changing and long-lasting – often a radical choice in moments of desperation. However, there is clearly a disparate relationship between women's embodied practices of sobriety as self-care, and the marketing or performative content that promotes sobriety as self-care; the latter has been shown to demonstrate stronger connections with neoliberal ideologies of health and wellness. It must be recognised that there are limitations in the extent to which conclusions can be drawn from online sources regarding the private, embodied experiences of women. It is important that the performativity of self-care on social media platforms has been considered on balance with interview data which typically provided more intimate, in-depth insights to women's practices. Yet this paper has demonstrated the rich potential for future investigations of online spaces as sources of contemporary, and sometimes feminist, engagement with practices of self-care.

As emphasised previously, this study cannot be deemed representative of all women's experiences in sobriety; those within online sobriety communities are overwhelmingly white and middle-class. However, the interview participants did show diversity across geographical location within the UK, and age. This paper has contributed to the limited evidence regarding the changing affordances of sobriety and self-care for women across the life course (Godfrey et al., 2010), particularly in relation to self-care of the (peri)menopausal body which warrants continued and further exploration. Although this research project focussed only on the experiences of cis women, there is potential for future

investigations to understand how those of other sexes or gender identities engage with sobriety as a form of self-care. Indeed, across all demographics, it is critical to understand how discourses of self-care may act as an exclusionary barrier to those who want to, or are trying to, maintain sobriety. This paper has also contributed to the limited, emerging research of online sobriety communities and the rise in alcohol-free living, whilst providing a contemporary lens through which self-care could be examined as a continued, radical feminist practice that has relevance and purchase in the 21st century.

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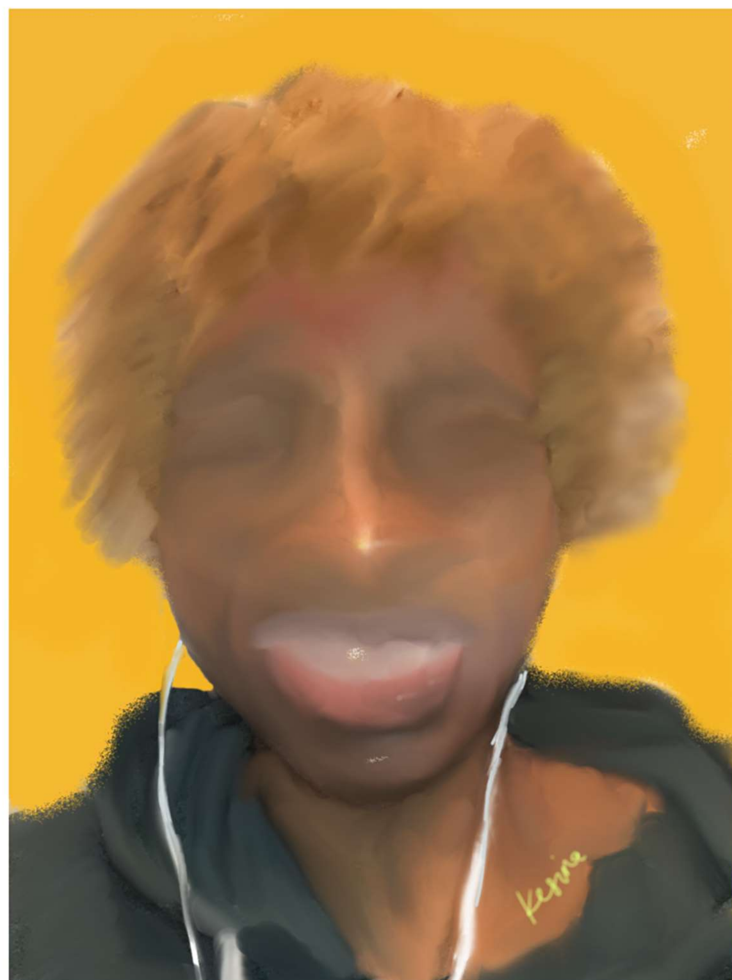
A Self Portrait

Kesina Ejoor



Critical commentary

This piece is inspired by Joseph Lee's oil and pastel on canvas *In the Flesh* (2018). Lee's technique of solid strokes is grounded in human expression and observation, thus fully encapsulating the projections of my mind.

This piece started with an inability to recognise my face. Whenever I saw my likeness in a photograph or a passing car, my brows wrinkled and I wondered, 'Is that what I look like?'

I thought this was normal but when this forgetfulness started affecting my daily life through a series of lost conversations, difficult paying attention, time slipping capsules, I began having questions. It was like existing as an out-of-body projection with another; my consciousness and my body, two different beings that I had convinced myself were the same. The blurred-out features and large strokes I have incorporated, define the fuzziness of my features in my memory. It is a face that morphs into something new anytime the apertures of my mind focus on me.

The creation process was riddled with the recurring thought, 'Do I love myself?' I did, I always knew I had. While merging my features I was assaulted with the second thought, 'Do I respect myself?' The answer is one of the things I pushed to the back of my mind. It wasn't that I didn't love myself, but I never thought that focusing on every part of me was important.

The realisation did not hurt me as much as I expected it. And I think that was a second awakening.

These conversations and thoughts are a form of self-care and therefore important to have with ourselves occasionally.

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Reclaiming Postpartum Care Practices Among Urban Middle-Class Women in Contemporary China

Xiao Ge

Abstract

Historically in China, it was believed that new mothers should stay secluded post-birth due to the "polluting power" of childbirth. The "polluting" postpartum body was later reinterpreted as the weak biology of birthing bodies due to the reproductive function in medical texts. The management of such "polluting power" of reproduction, "sitting the month", aimed to "purify" and "protect" the postpartum body from childbirth. Managing women's reproduction fitted in broader narratives of naturalised gendered experiences within a social structure where women were subordinated by men. It transformed a woman's ambiguous (outsider/insider) identity into a managed part of the system of reproduction. Therefore, such tradition maintained the hierarchical relationship between women and men. The gendered hierarchy and segregation have been challenged, although not uprooted, during socialist revolutions. Now with an emerging postpartum care-providing industry, middle-class women are encouraged to purchase such care from a commercial setting. They are empowered to seek autonomy and negotiate the exact terms of the care with other parties involved in their postpartum care. However, the extended family network is still highly relied upon for child rearing and other supports due to financial constraints and insecurities, and thus women's postpartum care still remains as a family issue. This article, drawing on a sub-set of a larger sample, focuses on data from 13 open-ended interviews with women who have purchased commercial postpartum care. I illustrate how women are using these services in the hope to gain an enjoyable postpartum care experience. I analyse that despite the considerable degree of autonomy this consumption offers to women, how the Confucian model of intergenerational dependence and gendered relations endures, and thus how they still face structural constraints to reclaim their own postpartum care practices.

Keywords

postpartum care; tradition; patriarchy; autonomy; family politics

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Introduction

The growth of China's market economy has overseen a commodification of postpartum care in urban spaces. These practices have their origins in the tradition of *zuoyuezi* ("sitting the month"). Various *yuezi* ("the month") hotel-like centres are emerging; women and their newly-born babies can stay within these centres for a month right after childbirth to receive intensive care including nutritious meals, babysitting, and various activities. Another popular commercial service is hiring a *yuesao* (postpartum carer) to assist "the month" at one's own home. The tradition itself, based on ancient folk beliefs and later TCM[1], promotes that mothers should stay secluded for the first month post-birth – a crucial period during which time they were coerced to comply with restrictive regulations. This included wearing long and warm clothing while foregoing taboo behaviours such as exposing oneself to cold air and bathing/showering.

This article draws on a sub-set of a larger sample from my PhD research, which looks at how the commodification of postpartum care shifts gender relations and reconfigures the hierarchies in women's marital and familial life. In 2021, I conducted 27 open-ended unstructured interviews with 29 participants, among which 2 were couple interviews. The participants included 13 women who had purchased commercial postpartum care, 6 family members of women who had purchased commercial postpartum care, and 8 care workers in the postpartum care business. The central aim of this article is to examine women's subjectivity and agency in postpartum care practices. I therefore focus on the 13 accounts of women who had purchased commercial postpartum care.

This article will first examine the traditional postpartum care's roots in the folk belief, "polluting power" of reproduction, as well as its ideological context in pre-revolutionary China. The socio-political changes during periods of revolutions and reforms will be analysed to examine the relevance of the "polluting power", and the ideology it was situated in, in Contemporary China. The second section will discuss a possible "feminist awakening" in which postpartum women seek higher degree of autonomy in their paid care practices in present days. Surrounded by discourses that promote personal choice in the consumer market, my participants seemed enabled, if not empowered, to negotiate a better postpartum care experience by purchasing it. The third section will examine the ethics and values of the historical ideology that still have an impact on women's life in contemporary China. Drawing on my own data, I argue that the traditional values and ethics have been reconfigured but remain persistent within the urban middle-class family. Therefore, women's autonomy in their own postpartum care practices is limited due to the remaining structural constraints.

Chinese postpartum care: the "polluting power" of reproduction and patriarchy

All the 13 women I interviewed had completed 月子 ("the month"). I had originally intended to talk about their commercial postpartum care in a more general sense, nonetheless, the practice of "sitting the month" was reported as an essential post-birth practice. "Sitting", meaning resting, indicating one should not move around during the first month after

[1] Traditional Chinese Medicine

childbirth. The restriction on movement also includes staying secluded. Traditionally, the seclusion was deemed necessary to keep other people safe because life events such as menstruation, childbirth, and death were understood as sources of pollution due to their "boundary breaking abilities", both bodily *and* of social groups (Douglas, 1966; Ahern, 1975)[2]. This was because these activities of entering and exiting (i.e. marrying in/out, childbirth, death) could affect the stability of the group/family, and thus needed to be managed. The concept of *boundaries* within a Chinese context was established within Confucianism, an ideology that promoted men's dominance over women and the senior members' authority over the young ones, in pre-revolutionary (imperial) China[3] (Gao, 2003).

Some scholars have argued that, in different contexts, men's unease *or* envy caused by its dependence on women's reproduction has transformed into a defensive mechanism whereby devaluation and appropriation of the envied object and provocation of envy in others are often used (see the discussion of "womb envy" in Bayne, 2011). Although this psychoanalysis may simplify and reduce womanhood to motherhood, its psychosocial value may offer an explanation for the origin of the taboos around reproductive events in a Chinese context. The construction of (and magnifying) men's "exclusive" functions and social activities (i.e. "production" as opposed to reproduction), for example, was one of the defensive strategies. In the Chinese context, this "defensive mechanism" was the gender segregation prescribed in Confucianism: the distinction of *nei* (inner) and *wai* (outer) disciplined family members to conduct activities based on gender (Sangwha, 1999). Women were supposed to be active solely within the realm of family life, focusing on reproduction and following the men in her family, while men participated in outside (public) activities. The strict gender distinction and women's subordination to men within Confucianism resonates with Walby (1990)'s private-public theorisation of patriarchy[4] in western contexts.

By the same logic, the devaluation of women's reproductive function also worked as a "defence" within this Confucian patriarchy as it emphasised women's subordination and submission. Women's reproduction was overshadowed with negative sentiment due to its power to "intrude new people or remove old ones" into a social group that was dominated by men (Adhern, 1975, p. 213; emphasis quoted). As a wife, the woman was perceived as an outsider/stranger "breaking into" her husband's family. However, as a mother, she would be responsible for the lineage, which gives her greater power over her husband's family due to its dependence on her generativity and loyalty. For instance, her son (and also her husband) as the heir may potentially become her ally and challenge the dominance of the patriarch (the senior authoritative figure) *or* the lineage solidarity causing *fenjia* ("the

[2]Such concern of "purity" and "pollution" is at the heart of many other societies, tribes and religions to maintain their social order (see in Douglas, 1966). For instance, in the Chinese context, the postpartum blood and discharge were considered impure, and thus may bring bad luck to other people. Lochia, the vaginal discharge after birth, is still called 恶露 ("evil liquid") in China even today. The term projects a negative sentiment of pollution and uncleanness on blood in reproductive events.
[3]Imperial China refers to the historical period from 221 BC (Qin dynasty) to 1911 AD (Qing dynasty). Across the dynasties, although sometimes suppressed, Confucianism was the most influential school of thought that bound women's virtues to marriage (Gao, 2003). For example, Three Obediences, the moral protocol for maiden and married women in Confucianism, suggests women follow the men in her family: the father before her marriage, the husband after she marries, and her sons in widowhood.
[4] Walby (1989) defines patriarchy as "a system of *social structures*, and practices in which men dominate, oppress and exploit women" (p. 214).

family division") (Ahern, 1975). In addition, her ties to her family of birth and her social connections within a community could also support her to challenge her husband's authority[5]. This ambiguity of women's social identity (insider/outsider, virtuous/malicious) required a cultural strategy to maintain the stability of the patriarchal order, thus attaching negative values to the reproductive events became necessary to neutralise women's *destablising* power.

Therefore, to reason the management (appropriation and devaluation) of women's reproduction (power), the "polluting" concept could not remain in ungrounded superstitions. The "polluting power" of reproduction was further translated into disorders and contagion (to infants) in the medical texts in late imperial China from 1600 to 1850 (Furth, 1986; 1987). Rituals that were believed to eliminate the pollution were reinterpreted as medical precautions for the mother and the child's well-being (Furth, 1987). For instance, the loss of blood due to the reproductive function (i.e. menstruation, gestation and childbirth) was described as an inherently "depleting" process that made people assigned female at birth a medical category chronically suffering from disorders. The biology of birthing bodies was thus interpreted as "the sickly sex", due to the natural *inner* weakness (of losing blood) and therefore, the vulnerability to *outer* infections. In this sense, a careful observation and management in every possible aspect, as well as the guidance of medical handbooks, medical authorities and senior family members, was recommended by the medical texts (Furth, 1986). In addition, the polluting power – the emotional and sexual power of women - was also used to pathologise miscarriages and infant developmental problems[6]. This then not only made the observation and management seem more necessary, but also put the moral weight (of protecting the infant) on women to obey and accept the observation and management from the authorities (i.e. medical professionals and experienced, senior family members). Furthermore, Wolf (1975) points out that an oppressed young woman may voluntarily stay in the system and later engage in oppressing the next younger generation of women, due to her own potential to gain power and authority through reproduction, particularly by having a son. A woman's strong emotional bond with her son, and authority over a subservient daughters-in-law in her later life may encourage the internalisation of her subordination in early years. The constant vigilance and observation of the birthing body were thus rationalised and internalised as a necessary practice.

Moderating the superstition of the *polluting power*, the serial medicalisations of women as "a weaker sex" exposed to/causing dangerous *pollutions* due to their reproductive function went hand in hand with the Confucian patriarchy and paternalistic pity and protection. Developing and rationalising the polluting power of reproduction, the power of women was devalued as a danger, not only to others but also to themselves. Therefore, the tradition of "sitting the month" can be seen as a coercive control of women aiming to maintain the hierarchical order in the Confucian patriarchy. The order is two-fold: a gendered one that naturalises women's gender positions using biomedical discourse[7], and a generational one

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[5] See discussions on 'uterine family' in Taiwanese villages in Wolf, 1972.

[6] For instance, it was believed that "heat" that resulted from an overly "heating diet" (i.e. fat, raw meat and alcohol) and extreme emotions (i.e. anger, lust and anxiety) became "poison" which could harm the infant and lead to a miscarriage (Furth, 1987).

[7] And the linguistic indistinguishableness between "female" and "woman", "male" and "man" also furthers the naturalisation of sexuality and gender.

manifested in the relationship between the postpartum woman and the authority of 月子 ("the month") knowledge that restricts the postpartum body from "polluting" (destablising) the old patriarchal family. Understanding Chinese women's contemporary postpartum practices in the newly emergent commercial postpartum care industry first requires an examination of the Confucian patriarchy within China today. How has it transformed after periods of revolutions and reforms? To what extent do historical patriarchal features remain relevant today?

The gendered order prescribed in the Confucian patriarchy is often considered to have been challenged in Mao's China[8], where women's participation in public was celebrated and glorified, housework was "socialised"[9] and private lands were collectivised for mass mobilising labour and stimulating productivity (Sechiyama, 2013). The asymmetrical generational relations had also been shifted, as the mass participation in extrafamilial groups and integration into the public life brought supports and empowerment to individuals (Stacey, 1983). This was especially the case during the Cultural Revolution[10]: when the political campaigns attacked any bourgeois and feudalist elements in China (Hooper, 1998; Hong, 1994), the formerly essentialised gender meanings in Confucian ethics, as remnants of feudalism, were suppressed (Sechiyama, 2013). Although the state acknowledged women's productive role and their economic capacity in the socialist construction, the celebration of women's participation in production did not end their domestic unpaid labour (Stacey, 1983; Yang, 1999; Sechiyama, 2013). All social problems in Mao's era were categorised and solved as class problems, and as a result, equality was framed as an economic and development issue without reference to women's personal lives (Evans, 2008). The state provided social reproduction support to maximise the production rather than consciously re-valorising reproduction (Yang, 1999). The Confucian (/patriarchal) family ideals (i.e. stressed wifely and motherly duties) were never truly eliminated[11] (Stacey, 1983; Liu, 2007), even in an era where women's emancipation was at its peak and the Confucian ethics were criticised as feudalist remnants.

The marketisation, in the reform era[12], eventually saw the state's retreat from public facilities (i.e. free childcare services, schools etc.), and reproduction became each individual family's responsibility (Song, 2011). With an emphasis on profit, while facing unemployment among youth, there was a reversed emphasis on women's domestic role and a call for women to 'return home'[13] (Yang, 1999; Sechiyama, 2013). Furthermore, the emphasis and governance on women's reproductive function was strengthened with the implementation of birth planning policy – famously known as One Child Policy (Greenhalgh and Winckler, 2005). The birth planning aimed to manage the rapid population growth and

[8] From 1949 to 1976.
[9] This precisely means "nationalised by the socialist state", but there was no revalorisation of reproductive labour, which will be discussed later.
[10] From 1966 to 1976.
[11] For example, in urban areas, the *danwei* leader became the new patriarch-like authority, interfering individuals' personal decisions in life (Liu, 2007). Through *danwei*, "the interconnection of public and private spheres", a new patriarchal institution was forged to continue regulating individuals under Confucian familial protocols, though which were "theoretically rendered obsolete by socialism" (p. 86).
[12] Under Deng's government, from 1978 to 1992.
[13] A suggestion has been seen in many countries experiencing unemployment throughout history (see in Mies, 1986 on Europe; Honey, 1984 on America).

the population quality. By quality, the policy makes the implication of differentiating the superior birth from the inferior one[14], and the good parenting practice from the bad one (Greenhalgh and Winckler, 2005). The Confucian ideals of wifely and motherly duties were revived and reinforced once again to mobilise women to cultivate high-quality future generations for the nation (Greenhalgh and Winckler, 2005; Xie, 2021). In such nationalist rhetoric, women's naturalised motherhood is often highlighted and even glorified to serve the state's imperatives of reproduction and production (Yuval-Davis, 2003; Chou, 2012). Therefore, the persistent Confucian values continued to influence policies as well as individuals' everyday practices in post-Mao China.

In more recent years, Confucianism has been again endorsed by the state in order to preserve cultural heritage as a part of nationalistic rhetoric (Ho et al., 2018). First under Hu's presidency[15], a "harmonious society", which "inculcate(s) the subservience in both the public sphere and the private sphere of intimacy" (Ho et al., 2018, p. 17), became the prominent rhetoric that limited what can be said and done. Then under Xi's presidency[16], women's familial obligations – to marry and bear children – were stressed to sustain social stability (Evans, 2021). A heterosexual marriage with child(ren) is emphasised as the only legitimate family form by the state (Ji, 2017; Ho et al., 2018). For example, the government implemented different policies such as scrapping the decades-long one-child policy and shifting to two-child policy and then today's three-child policy, in the hope of boosting the number of births. In 2021, a 30-day divorce 'cool-off period' was also enacted to deter married couples from separating. In conclusion, the compromises and/or cooperation that women made with the patriarchy during the revolutions and reforms made never stopped. A private patriarchy has transformed into a state patriarchy in the state's redeployment of the Confucian ethics, in the process of controlling its population and regulating women's reproduction.

A possible feminist awakening: seeking autonomy in postpartum care

Despite the state's promotion of heterosexual, reproductive marriage, the latest statistics from the 7th Census in China show marriage rates have been declining since 2013. The continuously declining marriage rates might suggest changing attitudes toward matrimony among the younger Chinese population. For instance, uncooperative attitudes towards the exploitative marriage market were expressed strongly by new strands of radical feminism on the internet in China (Wu and Dong, 2019). These changing attitudes towards marriage and reproduction coincide with worsening economic conditions (expensive housing, cost of education etc.), which have also contributed to rising divorce rates and declining birth rates in other East Asian countries (Sechiyama, 2013). Fraser (2016) notes that we are now living in the era of the globalising financialised capitalism regime, which promotes state and corporate disinvestment from social welfare. Childcare, healthcare, and education are increasingly marketised and externalised for those who can afford them and internalised for those who cannot in what Fraser calls a "care deficit" (Fraser, 2016). China's increasing involvement in the global economy after marketisation

[14] By selecting healthy babies and controlling the population quantity, the birth planning justified women's forced sufferings (i.e. abortion, sterilisation) as legitimate means for the sake of the collective benefits (Chung, 2012).
[15] From 2002 to 2012.
[16] Since 2013.

shares such characteristics: individual responsibilities are stressed whereas individual rights are not (Ji, 2017).

In my data, numerous participants reflected on the latest three-child policy and pointed out the lack of social supports on childcare. Some even expressed anger and felt betrayed linking back to the previous one child policy. Feeling the birth planning going from one extreme to the other, Jane, expressed her discontent by quoting her friend's complaint:

> My friend said this when the three-child policy was out and I totally agreed. She said, "how come we women have so many responsibilities and yet I don't see them talking about our rights? Where is the care offered to us? Is what we put our bodies through just taken for granted?" They can't think women are just going to have three children only because they say so. We need actual, practical supports. (Jane)

"What women put their bodies through" does not only refer to the bodily changes caused by pregnancy or childbirth, but also has the historical implication of how previous cohorts of women were "spayed"[17] for the nation's development under the hard-handed birth control (McMillan, 2006). This condemnation on the U-turn of the birth planning policies is due to the consistent deprivation of women's reproductive freedom and rights. This echoes many women's agitations towards gender inequality and injustice that are flourishing on different social media platforms (see in Wu and Dong, 2019). This anger signals such a destablising power as has been discussed previously – it questions the control and regulation of women's bodies in the patriarchal order. My data suggest that this anger is accompanied by women's pursuit of their reproductive freedom and autonomy. For instance, when discussing the seclusion in her paid postpartum care, Lily criticised the pollution concept as a backward belief and told me that her "sitting the month" practice was autonomous:

> I know the best about my own body. I was very tired after giving birth. And I did need time to heal my body because you would need to rest for a while after a surgery anyway would you [...]. I listen to what my body tells me rather than any social norm or superstition [...]. With the *yuesao*'s care and help with the baby, I can focus on myself. (Lily)

Lily emphasised the importance to acknowledge the tiredness after giving birth. By comparing childbirth experience to "a surgery", Lily implied that her postpartum rest is a choice that every person should have, not because of the biomedical conceptualisation of birthing people's weakness. She explained that her understanding of rest is to consciously decide to trust her own body. "Sitting the month" thus becomes a mindful choice, which in turn, makes it an action of reclaiming one's own body. She sits the month, not because the cultural norm expects her to, but because it happens to fit into her own agenda of self-care. This "conscious choice" thus has the potential to transform the traditional practice from paternalistic pity/protection to autonomous self-care.

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[17] I quote the term directly from Greenhalgh and Winckler (2005) to show the brutality of the forced abortion.

In addition, the sentiment of "focusing on oneself" in Lily's extract was shared by other participants. China's participation in the global market economy and consumerism encourages individuals' search for happiness and freedom, promoting the legitimacy of individual choice (Rofel, 2007). McRobbie (2004) identifies that an inclusion and promotion of women as subjects with capability in consumer culture emerged around the 1990s after the second-wave of (western) feminism. One of its characteristics is "taking feminism into account' by celebrating women's empowerment and autonomy. Purchasing commercial care allowed many participants to choose their ideal care setting, where they are free to reject some traditional practices they personally find unreasonable.

> I thought I would only give birth once. I wanted to treat myself [...]. I made sure the carers did not have those backward beliefs like no bathing or showering in the 'month' before I booked the place. (Kate)

Kate's extract shows her conscious effort to tailor the exact terms of her postpartum care towards her preference in the commercial space. The commercial setting offers the consumers "choices" to navigate their own recovery period, drawing on modern sensibilities or/and traditional knowledge. Similarly, Tanya also disagrees with the strict taboos (e.g. no hair washing), but appreciates the services (hair-washing by the carer with heating on) provided in response to the taboos.

> Sitting the month scientifically means I can wash my hair. When I was in the centre, I could get it washed. They would turn the heating on for me in advance. I could even lie down when I got my hair washed and blow-dried by *yuesao*. That's very good service, and you definitely can't get that at home. (Tanya)

Tanya even utilised the traditional emphasis on external management - the resources provided (e.g. heating, salon-like service) in the centre - to have a pleasant postpartum experience. Other participants who purchased care from similar facilities also reported the "enjoyable" nature of the services which are almost considered as post-birth retreat to reward oneself for going through all the pain and trouble in childbirth. Resonating Lily's extracts, many participants expressed compassion towards mothers in general, including themselves, with regard to how they are resting and adjusting to be a mother. In addition, the commercial care setting provides a discursive space to women's advantage, where the feeling of "*having no clue what to do looking at the tiny infant*" is acknowledged as "*quite common*" among new parents (Jane). The inexperience and difficulties during the postpartum period are normalised and therefore, seeking and purchasing professional help is encouraged. The remarks below are representative of the general recognition of the hardship of transiting to the role of a parent among the participants:

> No matter how many theories you have read before, when the baby is there, you will just be overwhelmed facing the real challenges in real-life practices. Well, I was overwhelmed, and I saw it was quite common among all the other mothers staying in the same centre [...]. That's just normal [...]. That's why I think hiring help is necessary. (Olivia)

This commercial care acknowledges the shared difficulties when transitioning to motherhood and therefore helps mothers who may become overwhelmed of all the new challenges to stop doubting and blaming themselves for not living up to the image of the "perfect mother" who would just "know it all naturally" after childbirth. To some extent, the nationalist rhetoric describing the mother as the "natural nurturer" is destablised: if childcare can be taught and modelled, then any parent should be able to learn how to do it; and if the transition is difficult, then all the adults who are responsible for the child should have enough resources and support to help them navigate the transition.

However, are my participants "empowered" by the "free choices" offered by the commercial care because of the consumerism and individualisation, or the achievement of feminism? Under what circumstances, with what resources and support, are women able to "make choices"? It is not hard to notice that my participants' financial condition plays a key role in their care scenarios[18]. The class privilege of these women is manifested in their consumption power to even afford the commercial care in the first place. They possess the resources that allow them to "make choices". They could have enjoyable self-care time because they have externalised some of the early childcare responsibilities onto the carers at the service facility. They could negotiate what practices to be included and excluded from the "care package" because of their consumption power. Offering individual solutions to the structural problem in the consumer culture is an "undoing of feminism" (Dosekun, 2015; quoted). It leaves no place for a collective movement for any social change because the consumption is only for individual interests (Lazar, 2014). In turn, it leaves the majority of women, the ones who are unable to buy their way out, with a lack of care and with higher degrees of patriarchal control and oppression. While some may have enough resources to break "the glass ceiling", "the overwhelming majority of women are stuck in the basement sweeping up and cleaning up the broken pieces of glass" (Fraser and Schickert, 2018, p. 1). Doing my PhD research with privileged women who seem to "have it all", I also intend to question whether they can break "the glass ceiling" - the structural constraint - with all the resources they possess.

The persistent patriarchal order of things

Double burden: naturalised and emphasised motherhood

My data suggest that reality has not yet reached the point where "the glass ceiling" is broken. Even for the women who are privileged enough to purchase the care they need, there remains asymmetric emphasis on women's domestic role from a combination of cultural and biomedical discourses. The common recognition of the difficulties during the postpartum period among my participants is related to their emotional commitment to devote themselves in nurturing and cultivating the child. Several participants emphasised their stress to follow professional and ideal methods of care and model their own eventual childcare routines after the ones shown to them by their carers. Especially towards the end

[18]Based on the report released by the National Bureau of Statistics of China in May 2021, the national average annual wage of employees in urban private units was 57,727 yuan in 2020, and the national average annual wage of urban non-private sector employees was 97,379 yuan. However, the price of the commercial postpartum care ranges from 20,000 yuan to 100,000 yuan reported by my participants, which can take up a significant amount of an average person's annual income.

of the care service, the anxiety level was reported to be high due to the pressure of doing it on their own *or* alone, for example feeling the need of quickly "*mastering the skills and techniques taught by the carer before she left*" (Poppy). In China, the new buzzword, 丧偶式育儿 (sang'oushi yu'er; "widowed child-rearing"), which sarcastically mocks the father's absence or lack of involvement in child-rearing as if he were dead, indicates the burden of motherhood and asymmetric nurturing responsibilities within the family (Guo, 2019).

In pursuit of "quality children", Greenhalgh and Winckler (2005) argue that, on one hand, the "modernisation project", stressing science and modern innovations as bases for decision-making, requires "a good mother" to adopt global scientific and intensive mothering practices; on the other hand, the burgeoning "free market" is competing with families for labour power. As a result, women need to work multiple shifts in between work and family. In addition, the neoliberalisation of the birth programme in the later reforms (from the 1990s to the 2000s) has turned families into enterprises where women became a skilful manager of family - and the perfect child's cocreator, with the state (Greenhalgh and Winckler, 2005). Such a role of management in the family requires women to constantly think, plan, and carry out the plan for the benefit of the family. As a result, heated discussions on motherhood have flooded social media platforms in recent years as part of women's agitations against gendered double standards in marriage and family life (Wu and Dong, 2019). Many participants revealed feelings of disappointment towards their partners for failing to share the childcare responsibilities. Mona questioned the gendered double standards in marriage and family responsibilities:

> The double standard is so obvious – on one hand, the mum needs to be able to bring income to the family and be responsible for almost, what, 80% of the housework and care work. On the other hand, the dad can still enjoy his social life such as hanging out with friends after work rather than coming home to do the chores. His life is still the same you know, but for me, it's upside-down. (Mona)

Mona's emotional exhaustion caused by "doing it alone", was shared by other participants who all have full-time jobs. Without any practical support from her partner in childcare, "*it is emotionally exhausting doing it alone. Without a reliable partner, raising even just one child is super tiring.*" (Mona). Furthermore, the recruitment of a paid carer seems to further 'waive' the care responsibility of these women's partners. The absence of my participants' partners in their care scenes reinforces current understandings of care work as highly femininised. For example, many participants reported that with the hired carer staying with them during their postpartum period, their partners were sleeping in another bedroom so that the carer could stay with them to help with childcare (e.g. breastfeeding) at night. Men are excluded from the care scene, but for these women, even when some of the physical care was transferred to the carer, they remain the primary carer for the child. Tanya commented on her and her partner's different speed of adapting to their new roles and taking on domestic responsibilities:

> My husband only had about a week-long paternity leave. He went back to work on the day 2 or 3 after the childbirth [...]. He only came to visit us at night after work. (T sighs) Men are just... so slow shifting to the new role

> you know. I had to do a lot of worry work but he never does that [...]. He probably thought my job-free postpartum period with professional care was very relaxing because the only thing I had to do was taking care of the child. (Tanya)

Tanya showed her frustration that the "worry work" was neither recognised nor shared by her partner. She then suggested that I should interview her husband on the division of labour in the household. She called her husband over to do the interview with her. "*I know I am not doing much but I am quite busy at work, so I only have time at the weekend*", Tanya's husband explained. When I asked him what types of chores he usually does at home, he replied to me that he does "*all kinds of things*" at home. "*Whenever Tanya can't manage by herself, I'd help*", then he added. The use of the word "help" implied his expectation that the "worry work" and all the chores are Tanya's responsibilities. "Help" has its negative connotation of being a burden to others, as it assumes it is fundamentally the woman's job to care, while everyone else's support is only to help her finish her job. It resonates with the alliance between the revived patriarchal tradition and neoliberalism where women need to be the skilful manager in the enterprise of family (Ji, 2017).

In my data, some of the justifications of the feminisation of care even prescribe a naturalised construction of gender identities. Sally ascribed an essentialised gender difference to explain her partner's lack of participation in the care work at home.

> My husband didn't know how to take care of me. He is 男的[19] (nan de)– he wouldn't have known [...]. 男人(nan ren)[20] are probably all the same let me tell you - they are just not good at these things. (Sally)

Sally's complaint was finished with an implication that perhaps men in general are inferior to women, in terms of doing chores and care work. Situated in this internalised sexism is her attachment of her own value to the care work, in turn, which may in a way offset the subordination and devalorisation she endures in her life. Kandiyoti (1988; 1998) argues that women's attachment to some patriarchal arrangements may derive from an actual stake in certain positions of power. Being in charge of the care work at home and thus being a care authority figure, perhaps brings such power and encourages women's internalisation of the gender inequality in a broader sense. McMillan (2006) points out that the indistinguishability of Chinese terms on sex and gender suggests the lack of a linguistic tool to deconstruct the naturalisation of gender difference. Such naturalisation of gender difference in language endorsed by the state effectively limits the articulation of the realities of gender and sexual injustice and inequality (Evans, 2008). The naturalised, socio-biological gender difference thereby remains a part of the "taken-for-granted", common sense arrangements. Coined by Evans (2021), this "patchy patriarchy" continues to characterise widely held gender assumptions and expectations, whereby a striking paradox is presented: with women's increasing access to education and employment and a higher degree of autonomy, a certain attachment to the gender order of the traditional patriarchy remains and is reinscribed in new ways.

[19] In Chinese, this adjective means "of male or man".
[20] In Chinese, this noun means "male human or men".

The gendered expectation of women as primary caregivers has an impact on the workplace, and in turn, the arrangements at the workplace further reinforce the gendered, practical division of labour within the family at home. There remains drastic difference between the length of maternity leave and paternity leave in China (James, 2021)[21]. For example, Tanya's husband's short paternity leave worsened the unequal division of domestic labour; a fair share of responsibilities in the household was hard to develop when the other person was not even physically around. A similar situation was reported by Elena:

> My husband went on a business trip right after I gave birth [...]. (E sighs) I've been doing all the childcare since day one [...]. I feel frustrated about this. I usually tell him that I am not even asking to split everything in half but at least he should do what he's supposed to do. Sometimes the situation becomes better after a talk [...]. But there's this problem – my husband goes on business trips a lot. Whenever he is away, I get to do all of it by myself again. We can't solve this. (Elena)

Elena's extract shows her ongoing effort in amending the unequal care workload. Demanding her husband to share childcare responsibilities demonstrates Elena's longing for gender equality in her marriage and family life. Instead of asking for "help", Elena demanded "care". To care, is to practice the nurturing and caring despite our sex or gender, to practice community, to recognise and honour the interdependent sociality (Hedva, 2016). However, care cannot be a useful moral and political concept without challenging its associations as a "women's morality" (Tronto, 1993). Elena's husband's absence right after her childbirth put the childcare responsibilities all on her and led to his continued inexperience in parenting. The consciousness of her husband towards the care work may be raised through communication, however, on a practical level, his work responsibilities which require him to travel a lot disrupt his participation in care work within the household. Therefore, Elena struggles to achieve equality at home. De-gendering care is essential to destablise the power hierarchy: not only women can and should give care – everyone can and should, and women have needs of care – not just being careful.

In contrast, women are also in full-time employment in most cases. Mona, who used to be a stay-at-home mum, commented on her own struggle as a stay-at-home mum in the past.

> No one understood my decision to be a stay-at-home mum. Not only my in-laws, even my own mother didn't understand. She asked me why, 'Did you get a master's degree just for this?' [...]. My husband didn't say anything, but I don't think he was fully on board with this decision either [...]. I probably wouldn't choose to stay at home if given another chance. I don't know if it's just me, but I feel that in China you got to have your own income. (Mona)

Mona shared how her unpaid labour as a housewife has not been appreciated nor supported by her family members. Her feeling that her domestic labour is inferior to paid labour is shared by many other middle-class women (Xie, 2021), yet they are still expected

[21] Maternity and paternity leave varies in different regions in China. However, in general, women are usually allowed to have a paid maternity leave up to more than 100 days, while paternity leave only lasts 10 to 15 days.

to do the domestic labour. “The working identity is an integral part of their gendered success to be perceived as modern and desirable” (Xie, 2021, p. 218). This has a historical reason: during the socialist revolutions, women were mass-mobilised to join the production to contribute to the socialist construction (Sechiyama, 2013). The ‘working identity’ thus became a political, modern and desirable one because it was seen as anti-feudalist and pro-equality. In addition, having dual income is crucial for most families due to the increasing cost of living in urban China (Ji, 2017). Yet the Confucian naturalisation of women’s domestic role has been revived by multiple state propagandas in recent years (Ho et al., 2018). Therefore, despite the “awakening feminist consciousness” on the double burden among the women I interviewed, none of them feel like they have the option to give up on either identity (as a worker and a mother). To resolve such a contradiction, my data suggest that both externalisation and internalisation of reproductive labour are happening among urban middle-class women. Except purchasing commercial care, some of the reproductive labour was transferred onto the extended family. Reliance on intergenerational intimacy, whereby multi-generational families adopt strategies of communicative intimacy and pool resources together to cultivate the new generation, has been increasingly practised in China (Yan, 2016).

A third shift: maintaining familial harmony

Similar to Xie (2021)’s accounts of urban middle-class women in China, childbirth usually pushes young couples to move into co-residence with elder family members due to pressure from work and intensified domestic responsibilities. Most of my participants developed intergenerational co-residence after the birth of a child, even if only temporarily. This co-residence means that either the young couple moves into one set of parents’ places or has either set of parents stay with them in their own place. In China, the marital residence is culturally expected to be purchased by the husband and/or his family in China (Zhang, 2010). It is rare to see a young couple moving to the wife’s family of birth because it may damage the masculine and breadwinning image a man needs to present (Xie, 2021). My data suggest that such a patrilocal tendency remains. Many participants had both sides of parents’ support even when they purchased commercial postpartum care, but the support from the husband’s parents is usually emphasised due to the patrilocal tendency. For example, Helen, who hired a *yuesao* to sit the month at home and has her own family’s support on childcare, was not happy about her in-laws’ lack of care.

> We don’t live with my in-laws. I heard from many friends who live with their in-laws that there are many conflicts and drama [...]. My in-laws don’t really do anything for us. My husband’s dad remarried. His step-mum has her own side of family to take care of. Obviously, she was not going to care for me. I can’t count on his dad – well he is a man. [...]. To be honest, it’s impossible to say that I am not a tiny bit upset about this. They are never here. (Helen)

She stressed the “obviousness” of the absence of her husband’s stepmother. On the one hand, Helen could not receive support from her in-laws. Without the support of his biological mother, Helen’s husband (and including her) could not receive the same kind of support as Helen did from her own family. While Helen’s husband still has his biological father, he was disqualified to take on caring responsibility “because he is a man”,

resonating the gendered expectation of caretaking. It is still predominantly the mothers' responsibility to maintain the emotional bond with their offspring, even in adulthood. On the other hand, Helen first reported living independently in a positive tone because the stories she heard about living with in-laws are full of drama. Echoing this, a few other participants revealed that their main purpose of purchasing commercial postpartum care was to tactically avoid familial conflicts. For example, Elena, expressed concerns about generational conflicts, power and dominance within her family in the postpartum period:

> Well, I thought, 'let's all just listen to the *yuezi* centre so no one gets to say anything - that's fair [...]. Otherwise it would be draining to argue about everything. It'd be better to utilise this month to reach the consensus between all the family members to avoid future conflicts. (Elena)

She utilised the authority of the postpartum care professionals as a shield to protect her from becoming emotionally drained due to potential frequent arguments over childcare issues with her family members. Compared to a more submissive relationship that children used to have with their parents in pre-revolutionary China, my participants have more freedom now to decide on their postpartum care practices. However, as Elena's and previous extracts show, negotiations, compromises, and conflicts are not uncommon in urban middle-class family life. Even when they intend to buy their way out, "*some intergenerational conflicts are inevitable*" (Olivia).

Poppy, who lives with her parents-in-law, received mother-in-law's support alongside the commercial care. She disclosed on her strategies of communicating with the elderly family members:

> I actually found my *yuesao* through my mother-in-law's network [...]. She helps me with childcare now [...]. The elders will have their opinions for sure. You must tread carefully when you respond to these. My strategy is I tell myself that it's up to me whether I want to accept them as good advice or ignore them. But I don't see the need to explicitly disagree or even argue with them because they usually have a good intention. (Poppy)

Although Poppy was aware that she could make autonomous decisions, the gesture of "not disagreeing or arguing" is deemed important and necessary to prevent bad sentiment between generations (Gottschang, 2016). Although their elder family members no longer have the absolute authority over my participants due to the latter's economic independence. The "inevitable" opinions raised by the elders still suggest that a financial and emotional investment/support from parents today may re-enact parents' entitlement to exercise certain authority to meddle in their children's life (Ji, 2017). The social norm of a harmonious family ideal is then reasserted in the process of "treading carefully" between generations. It demands efforts and tactics to achieve the familial harmony of every family member, but more so of women due to the naturalisation of women's domestic role. As suggested in Helen's and Poppy's extracts, both generations of women are responsible for managing the emotional ties within the family. The two generations of mothers build the bridge between the small family units and create an interdependent extended family life. The younger woman, taking on the demanding household manager role, faces a tremendous amount of pressure under the parental gaze (Xie, 2021). Similar to the concept

of “worry work” that Tanya mentioned earlier, such emotional care work to maintain familial harmony is as demanding as physical care work. Additionally, it adds “*another layer of burden*” (Olivia) to the emphasised motherhood that already stresses women enough during their postpartum period.

Conclusion

I began this article by arguing that under a Confucianist (patriarchal) ideology, women’s reproductive function (and related care practices) underwent a process of naturalisation and surveillance. This naturalisation of women’s gender role, the emphasis on women’s reproduction and domestic responsibilities, has persisted as a cultural undercurrent throughout revolutions and reforms in China. Therefore, the naturalised reproductive role has historically furthered the regulation of women to the present day. Within this context, I then illustrated how my participants utilised the commercial postpartum service that promotes individualism to assist them with gaining a considerable degree of autonomy in their postpartum care practice. Provided with consumer choices, they questioned the necessity of some of the restrictions and taboos, and sometimes decided to not to comply with certain rules. However, with the intention and the resources to reclaim their own postpartum care experience, and to “focus on the self-care”, they still face a structural constraint where the persistent patriarchal order of things pressures them to carry on with their naturalised motherly caring role. The reinforced domestic duties that women are expected to fulfil have created a globally shared “double burden” that women struggle with on a daily basis. In addition, most participants reflected on receiving familial care alongside the commercial care, i.e. from their parents(-in-law). The intimacy practised in the intergenerational family is also gender-biased, as women of both generations are expected to maintain the familial harmony based on Confucian values. The expectation of women to be a maintainer of harmony in the intergenerational family intensifies the pressure of the “double burden”, which has become a “third shift” that women need to work. My data suggest that the Confucian ethics endorsed by the state have a profound impact on the everyday life “choices” of the women who seem to “have it all”. Under a transformed patriarchy and globalised capitalist regime, individualised postpartum care “choices” offered by the market are limited and prove insufficient to solve the structural problems my participants are facing. The accounts in my research may illuminate a bitter reality faced by women in the broader society: without financial means to purchase care, women face a tremendous amount of pressure to work multiple “shifts” to care, even when they are in need of care themselves.

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Feminist activism: between burnout and transformative exits

Dina Hamouda

Preface

This creative piece was the outcome of a two-month-long module taught at the University of Sussex named 'Reflective and Creative Practices for Social Change' in the academic year 2020/2021. The course unpacks the potential of creative, reflective and reflexive practices in groups, organisations and social movements. As part of the course, the discussions and readings aimed to explore the impact of various artistic interventions on social change such as: journaling, storytelling, movement, rituals and music. Starting with the self, the students were encouraged to pick a creative practice and stick to it for the course's duration while journaling the emotions and thoughts present throughout the process. Through in-depth discussions, peer-group support and mentoring sessions, the journals formed longer critical essays. This essay is a reflection on this journey using my creative practice back at the time, yoga.[1]

> Many of us are tired, burnt out, depressed, and angry, and many of us have gone through intense periods of crisis characterized by a breakdown in relationships, problems with our families, betrayals of trust, bitterness and deep hurt. [...] For a movement that has thrived on the slogan 'the personal is political, we have not reflected on how much of what we do and with one another is both 'personal' and 'political' (Barry and Djordjevic, 2007, p. 5).

The mat | a storytelling exercise

In January, I started 'reflective and creative practice for social change'. The second session was about voice, storytelling and oral cultures. We were asked to write a story about an object in our physical space, discuss the story in pairs and then retell it. I looked around, found my yoga mat and decided to write a letter to it. I told one of my classmates two versions of my story with the yoga mat. The first was about practising yoga in 2018, as part of my healing journey. Back then, I was diagnosed with mixed anxiety and depression disorder. It took a long time to fully recover and cut down medications. My therapist advised me to practice yoga as a daily exercise for body-mind awareness. Out of desperation or excitement, I bought a yoga mat and started practising in my spacious house in Cairo,

[1] Many thanks to Tessa Lewin and Helen Dixon, the instructors of the module, for their continuous support.

Egypt. Yoga was extremely beneficial in labelling what I felt, reconnecting with my body and taking some time off to recharge and rest.

The second version of the story was about my ruptured relationship with yoga. In March 2020, COVID-19 hit and Egypt was under a national lockdown. I felt the urge to go back to my yoga practice as one of the few tools I had to take care of myself, in other words, practice self-care to nourish my well-being. To my surprise, yoga did not bring me tranquillity or calmness, but rather a wave of anger. It was a moment of collective realization of how systemically unjust the world is. Yoga sounded like the wrong answer to the questions of capitalism, patriarchy, racism, poverty, lack of health services, etc. My anger came from questioning the meaning behind taking a deep breath, pausing, stretching and then going back to the same structured grievances. Handcuffed with the pandemic-induced worry, anxiety, uncertainty and insecurities, I stopped practising yoga. Yoga had previously equipped me with mindfulness and grounding when I was struggling with depression. I wondered why it did not work out for me that time. The invitation to develop a practice, journal about it and lean into it connected me to yoga once more. Approached with scepticism and frustration, I 'hopped into something comfy'[2], rolled my mat out and started my practice.

Vinyasa yoga

At the beginning of my practice, I tried following long videos[3] of power yoga[4], and it turned out to be an epic failure. I was over-ambitious to think I could commit to such a challenging practice after being off the mat for so long. I was uneasy, irritated and annoyed with not finding the right flow, pace or perfect posture. Then, I realized that I was driven by a desire to control my body rather than to embrace it and authentically explore its potential. I decided after that to try Vinyasa yoga; as it is the slower version of power yoga, yet, still challenging and energetic. In Vinyasa, I reached that balance between moving at a speed that does not suit my body and that relaxed flow that makes my mind wander and doubt the process. Parallel to this mini-journey, my journaling was being unruly. I visualized a smooth writing process that is full of early revelations on wellbeing, healing, resilience and grounding. However, I found myself writing about burnout, exhaustion, trauma and fatigue. I thought I would be focusing on being present in the current moment, rather, I was so invested in understanding the past; my experience with depression. Just as there were two versions of my story about the yoga mat, there were two versions of my story with depression.

My story with depression went hand in hand with my feminist activism. I was managing a project that documents and archives testimonies of survivors of sexual and gender-based violence in Egypt. Besides management, I edited and archived testimonies on a broad range of topics as: gender violence, domestic violence, gender identity, FGM[5], sexual and gender-based violence, etc. When I was on board, the project was expanding and reaching out to

[2] This is how 'Adriene' starts her videos on Youtube, advising whoever is watching to, 'hop into something comfy'.
[3] I practised yoga by following Youtube videos through a channel entitled 'Yoga with Adriene'.
[4] Power yoga is characterised by a faster speed and intense movements that makes it a popular workout.
[5] Female Genital Mutilation

more marginalized communities. Meanwhile, my body was protesting my workload and its nature. I barely slept, I lost so much weight and I experienced panic attacks for the first time in my life. I kept ignoring these signs and one day, I could not get out of my bed and walk to the office. I could not read one more story, imagine one more survivor or communicate with any stakeholders. I thought, as my therapists told me, I was going through a mental health crisis. He recommended some tools to manage the crisis: taking time off, journaling and exercising in addition to medications. When reflecting on my journal entries back then, I saw implicit hints to burnout, which I ignored as much as I ignored the bodily signs of exhaustion. What I ignored back then in Cairo was very vivid in 2021 while reflecting on my Vinyasa yoga practice in th UK. Slowly, I started understanding the implications of burnout on me and my flawed understanding of self-care[6].

Yoga for self-compassion

After finding the right flow for myself, I became more committed to my practice. My yoga sessions lasted longer as I realized that I do not have to rush it. Feeling entitled for long intervals of time only for myself made me feel vulnerable, contained and sorrowful. I felt self-contained as I was able to honour the baby steps and keep moving instead of stopping. I felt sad because I remembered all the times that I had pressured myself into running while I needed to stand still, into productivity while I needed a break, into rushed initiatives driven by the sense of urgency that Egypt throws on me while I needed to trust that others can also do it if I cannot. A huge gap was pointed out in this practice, it was about not practising what I often preach. My experience with burnout made me realize, in the hardest way, the importance of self-care. For some reason, this realization did not sink in. I became more obsessed with making sure that everybody else was taking care of themselves, but not me.

Accidentally, the stereotypes about heroic activists that are destined to 'save' others came to my head. I thought this is the standard that I am holding myself up to. Every time I managed to take a couple of days off after a stressful project, I felt overwhelmed with gratitude for my co-workers. I believed that by my absence I burdened everyone else. Another inconsistency that I saw through my practice is how I comprehend the resemblance between what is personal and political in my feminist work. I trusted the value of personal narratives to induce social change but I barely noticed my own story. I worked to combat gender-based violence while I forgot about the forms of violence I have witnessed in the public and private spaces. I thought that my activism was my way to deal with my trauma. Yoga reconnected me with a compassionate acceptance of my personal/political baggage. It took me a long time to permit myself to stop the practice when I felt I could not keep going. It trained me to adjust while moving with kindness and self-compassion. Getting curious one day and challenging my body is amazing, but having the courage to say 'not today' entails the same boldness.

[6] I had a list hanging on my wall to check daily whether I am taking care of myself. The list had the following suggestions: moving, good deeds, pampering myself, spending time on a hobby and sitting with what I feel.

The self and the community

In yoga, the aim is to cultivate body awareness and make each movement with love and respect for other parts of the body. Crunches should not hurt the neck, folding forward should be gentle on the knees, Shavasana[7] should not annoy the lower back and the movement should never affect the breath. I have never made it to the end of any practice without presence and connection to my 'self'. The connection between the body, mind and soul altogether forms what I call the 'self'. If the self is already a combination of three different parts, how does one conceptualise the self in relation to others? In my Global South part of the world, communities are characterized by strong social connections, interdependent relationships, mutual aid and shared survival skills. Particularly, there is no such thing as an individual self; distress, traumas and wounds are shared and divided between community members. The self in such a context has to be conceptualized as a relational self that perceives the surroundings and is perceived as a part of a bigger entity which is the community; a collective self (Horn, 2020, p. 91).

With this understanding of the self as a collective self, my practice made me realize that what I meant with self-care was indeed collective care. Collective care is defined as "a continuous, persistent, and usually contradictory and forgiving, attempt at improving or making more bearable a specific condition, situation or suffering" (Tironi and Rodríguez-Giralt, 2017, p. 92). It explained my resistance to self-care tips during the lock-down in the UK, that focussed on drinking tea and going for long walks. For me, such advice communicated once more that mental wellbeing was the sole responsibility of the individual. They also undermined the supportive role that others can play at times of crisis. Walks and tea parties helped when I was accompanied by colleagues, classmates and friends. We grumbled, laughed, complained and tried to make sense of our lives in a foreign country amidst a global pandemic. The more we connected, the more resourceful each one of us became and the more conflicts we had to deal with. We learned to navigate our differences and tensions only when we understood that there is no individual way out. Through such collective activities, we were able to take good care of each other, organise ourselves and share the burden of survival. Tea and long walks with others made me realise the need to re-conceptualise care, resulting in a slow reconciliation of my ruptured relationship with yoga.

While journaling, I recalled multiple tense conversations in therapy, in which I resisted the therapist's advice to look for the 'personal trigger' underlying my sadness towards collective events and traumas. Such talks aimed to support me with more resources to go back and situate myself within my realities with more awareness. But, what happens when one is dissatisfied with the already-existing reality? Western, medicalized, depoliticized and individualistic approaches to mental health rely implicitly on a just and good world that does not exist. Through activism, I realised that at the heart of all trauma is power, unjust structures, conflicts, patriarchy, racism and militarization. In other words, the world being unjust and bad is intertwined with every 'personal trauma'. It is the world that is causing the distress (Horn, 2020). So, the trauma was never personal in the first place to be healed from an individualistic approach. I conceptualised trauma as political distress while my therapists saw the mental health issues it caused as a dysfunctional individual

[7] A relaxation pose in which one lies down on the ground towards the end of the practice.

disability. I sought politicized cures to that political distress while therapy was only able to provide medicalised and instrumentalised tools as a remedy.

Yoga for body inquiry

Just as I was trying to move in harmony and with respect for my body parts, I wanted to cultivate this awareness and move the same way within communities in my pursuit of collective care. I started my practice feeling frustrated that I had to do it alone but slowly it became my comfort zone. I tried joining collective practices via Zoom but I never made it to any class. As romanticized as collective care can sound, I know for sure that it is not. To elaborate, there is no transformation to collective care without deeply understanding the roots and practices that cause the suffering. In this pursuit, difficult questions should be asked, complicated emotions will come to the surface, messy processes shall be designed and enacted and underlying power dynamics ought to be addressed. To begin with, questioning how activist communities deal with burnout is essential. Within activist communities, burnouts, overworking and secondary traumas are badges of honour. Activists are just meant to fall silent and come back apologetically. Burnout is conceptually accepted, by activists and others, as a collateral price that should be paid for being involved in the public space (Sallam, 2020). On the other hand, a feminist activist tradition is to overlook the emotional baggage associated with activism. Feelings of isolation, solitude, fear, grief, anger and frustration, among other feelings, are part of the daily lives of activists. However, such feelings are rarely acknowledged in spaces of organising or seen as a ligitiamte motive to collective action. Emotions play a significant role in shaping how we problematise and politicize our daily experiences, relate to the issues of injustices and act accordingly (AbouZeid, 2020). However, they are often seen as insignificant in the holistic political context, even though both the personal and the political are connected (Barry and Djordjevic, 2007, p. 6).

A recurrent theme in my journaling was judging myself for needing that much time off. The celebratory attitude towards exhaustion was internalized within me. I judged myself still for feeling exhausted, tired or burnt out. I saw women around me who had done much more than I had and seemingly managed to go through it all powerfully and gracefully without resting. I had the privilege to be supported, loved, restful and lost with no major damages. As a result, I silenced myself, thinking that I would make more space for rightful grief, exhaustion and anger. My collective self and politicized traumas found no haven. My body inquiry yoga practice pointed out the feelings of confusion and guilt. I was trapped between an insufficient therapeutic understanding of my political traumas, and a lack of local collective care insights/practices centring on stories and emotions to validate my experience (Tironi and Rodríguez-Giralt, 2017, p. 100).

Yoga for uncertainty

In early May, I had an hour-long practice named ‘yoga for uncertainty’. The instructor kept saying that the practice is about courage, belief in resilience and strength as a way to face uncertainty. Flowing through a set of challenging poses, I felt scared more than curious. Feeling fear was a new thing on the mat that I could not understand. During journaling, I realized that yoga had been reconciling my relationship with activism. I was slowly opening up to further engagement, organizing, strategizing and interacting with my local context.

Immediately, the ghost of exposing myself to the ugly face of reality chased me and left me terrified. While I never quit the public spaces, I maintained what I thought was a safe distance. I was trying to avoid that same end with all the possible means. My brain associated activism with burnout with no further investigations around the kind of practices that can lead to that. 'Yoga for uncertainty' was a reality check with the dark side of activism but it was also a reminder that it has another face that I almost forgot: a joyful one. It takes a lot of courage to decide to wear one's heart on their sleeve again. A part of this aspirated joy is formulating a meaning that does not necessarily come from normalizing injustices but from collective mourning and struggling.

When we only talk about burnouts, vicarious trauma and compassion fatigue, we forget how we got into activism in the first place. We overlook other questions and discussions around joyful activism, the agency in social change and meaningful acts. Working with women gave many activists, as well as myself, emotional resilience and strength. Egyptian women's rights defender Yara Sallam asked a diverse group of women activists about what keeps them going. Some mentioned the relationships that they formed within activist communities, sharing the same mindset, values and language. The access to knowledge, opportunities and exposure to life experiences measured up to what they had given to the public space (Sallam, 2020). Moreover, framing politicized activism as an inevitable road to people's misery does not serve any kind of collective action. It also assumes that the actors have no agency in choosing or leaving activism and no imagination in developing different and creative practices (Horn, 2020). On the mat, every video I stopped was a practice of agency. Every video that challenged me, but I got through it anyway, was also a choice. Every day that I kept my flow slow, or added resistance bands to it or skipped it even, was an active choice to reconnect with my-'self'. This deep connection shed light on my motives and frustrations equally, and both deserve a say in our collective spaces.

Another world is possible

Re-reading my journal entries to compile this essay made me realize how messy, complicated and uncomfortable the process was. It forced me to slowly unpack my journey with feminist activism and process its multi-dimensional nature. I thought a lot about the future, and how to develop practices that are conscious of our depleted energy, alienation, isolation and exhaustion resulting from the interlocking systems of oppression. Bearing in mind that, in my area of the world, choosing not to be an activist is a luxury we cannot afford. This does not mean that actors should be sacrificed in the process of social change. It rather means continuously investing in building resilient movements. There is a form of finding resilience in acknowledging the complexity of the issues and understanding its dimensions. Resilience goes beyond the limited individual practices of well-being and seeks to develop creative and empowering solutions. It is about being honest about our limitations as individuals, collectives and organizations. With this understanding, the efforts of self-care are not left to individuals but rather will be the responsibility of the collective. Movement resilience cannot be an after-work, it should be embedded in the organizing (Advaya, 2021).

Activism has no textbook, and its practices will always be shaped through constant interactions with the surrounding context. Along the process, I understood the limitation

of Western psychological understanding of trauma and the therapeutic approaches to its healing. I realised the importance of questioning the concepts and practices surrounding trauma and healing. I became even more curious to explore what other knowledge, ways of being and practices are there besides Western and Euro-centric approaches to healing. Re-looking at such approaches and re-conceptualising the self is an attempt to decolonise the dominant knowledge and practices of care, healing and organising. The knowledge was never individual, but communal, celebratory and resilient. Does the question become: how to decolonize healing?

One of the solutions is to adopt transformative practices around mental health and wellbeing that have in its core feminist values and decolonial approaches. By feminist praxis, the practices can be more mindful of the patriarchal norms within spaces, organizing around women's personal stories as a valid source of knowledge and based on collective action that is aware of the emotional labour of activism. With decolonial transformative approaches, the aim is to design practices that are based on the local understanding of the self, the community and the collective grief, in parallel to addressing the root causes of distress (Horn, 2020).

Seeking collective care and transformative practices require keeping an open eye and a curious mind within our communities. Advocating for community care without defining communities, understanding the messiness of any collective process or holding our communities accountable is destined to failure. A nuanced understanding of oppression and trauma requires enacting the world as we want to see it now in a prefigurative way; as it is all about the process of sharing, strategizing and healing from the injustices experienced daily. Building resilient movements is a task that needs to be started right away, yet it is all about trial and error. The process of iteration supports the emergence of new and innovative repertoires that can help the movement. Focusing on the process, learning from it, questioning its steps and trying out different practices are prefigurative elements. In prefiguration, the future is actualized now, and the politics are lived daily rather than looking forward to a future change (Maeckelbergh, 2011). In other words, "the means [...] 'mirror' the ends" (Van De Sande, 2013, p.230).

My practice was about fostering core values in the process and prefiguring the off-mat experience I wanted to see. The means were the ends. In the meantime, I realized that I, as much as everybody else, come to the 'mat' with my baggage and move from it to places carrying the heavy weight of my personal and political disappointments. It is not about moving places as much as it is about sitting together on the mat with kindness, integrity, compassion and regeneration. It is about having the honesty to ask and to be asked in a daily practice of accountability. In Audre Lorde's (1984) words, "I do not have to win in order to know that my dreams are valid, I just have to believe in the process of which I am a part" (as cited in Fuller and Russo, 2016, p. 182).

Community accountability takes a step away from the individualistic values ruling our world right now. It presumes a mutual responsibility between all actors to call out, prevent and intervene to shake the systems of oppression. While asking 'what can I do?' one becomes frustrated by how little they can make and often face burnout. However, in asking 'what can we do?' we can compile an arsenal of knowledge, skills and support that can

reach somewhere. It seeks to deconstruct the power lines between the ‘activists’ and the ‘community’ or the ‘supporter’ and the ‘supported’. By doing so, it addresses the extended harm caused by oppression on the community as a whole and recreates the power dynamics that rule it. While acknowledging that the process is messy, it is an attempt to practice the ‘impossible now’ and prefigure a feminist world (Fuller and Russo, 2016).

Yoga for the future

Between discussions, walks, calls and tears I moved uneasily while writing this essay. For me, I can say that it has been an authentic journey of exploration and learning. It was an exercise on how to navigate the difficult questions about myself, my networks and my communities. It was a humbling experience in its unique way of exposing me to vulnerability and forcing me to accept its soft power. It is difficult for us to tell stories about activism that are not heroic, successful or ideal. I argue that because we do not understand the complexity of the emotional baggage of activism, we do not tell. “Emotions make history […] and motivate actions and practices” (Kumarasinghe, 2020, p. 330). Attempting to break the silence, I wrote this essay while dreaming of a different, kind and just world, and I will commit to not “making my dream my nightmare” (Advaya, 2021).

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CULTIVATE
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este cuerpo

Greta Angel Hernández

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este cuerpo me nutre, se nutre, nutre
este cuerpo da placer, siente placer
este cuerpo sostiene, se sostiene, me sostiene
este cuerpo sana, es sanado, me sana
este cuerpo estrecha, me estrecha y se estrecha
este cuerpo diside
este cuerpo refleja, me refleja, se refleja, es reflejo
este cuerpo ubica, es ubicado, me ubica
este cuerpo lucha
este cuerpo mira, me mira, es mirado
este cuerpo conecta, me conecta y es conectado
este cuerpo se estremece, me estremece
este cuerpo relaciona, me relaciona, se relaciona, es relacionado
este cuerpo problematiza
este cuerpo ama, es amado
este cuerpo construye, me construye, es construido
este cuerpo empatiza
este cuerpo supera, se supera
este cuerpo escucha, me escucha, es escuchado
este cuerpo agradece
este cuerpo mantiene, se mantiene
este cuerpo es refugio, me refugia, refugia
este cuerpo resiste, me resiste
este cuerpo fluye
este cuerpo abraza, me abraza, se deja abrazar
este cuerpo cuida, me cuida, se cuida

English translation follows.

this body nourishes me, nourishes others, gets nourished
this body gives pleasure, feels pleasure
this body is sustained, sustains others, sustains me
this body heals, heals me
this body tightens, tightens me and gets tightened
this body dissents
this body reflects others, reflects me, reflects itself, is a reflection
this body situates, is situated, situates me
this body strives
this body gazes, gazes at me, is gazed at
this body connects with others, connects me, is connected
this body tingles, tingles me
this body relates, relates me, relates to others, is related
this body questions
this body loves, is loved
this body builds, builds me, is built
this body empathizes
this body overcomes, overcomes itself
this body listens, listens to me, is listened to
this body is thankful
this body upholds, upholds itself
this body is a shelter, it shelters me, it shelters others
this body resists, resists me
this body flows
this body embraces, embraces me, lets itself be embraced
this body takes care of others, takes care of me, takes care of itself

Critical commentary

The hatred that I have had for my body since I was eight often emerges from the shadows of the marketing strategies, which are allegedly based on "loving our bodies". While the body positivity movement celebrates all bodies that do not fit the waist size of what is currently *acceptable* (what is supposed to be “beautiful, healthy and normal” following the white and Western norm), it does not clarify or address the reasons why so many people have such bitter and violent relationships with their bodies to begin with. They just expect that by recognizing their bodies as beautiful these relationships may mend and heal themselves.

By skipping ’awkward’ conversations about the everyday experiences of being a fat person in this world and jumping right into the friendly hashtag (with people detailing their own journeys to inner beauty), the body positivity movement encourages people to put all their

efforts into feeling better about themselves. With this, the mandate of loving their bodies is put on the shoulders of the people who inhabit them.

The reasons why so many people hate their bodies may be based on decades of sexism and voracious capitalism, but for many of us the reasons feel real as they were taught to us since we were little, they are part of us as those ideas have constructed an expectancy of being someone of value in society. Therefore, the impact of body positivity on people who know there are instrumentalized reasons (like turning bodies into a commodity product) why they've been on a diet since they were eight years old, creates a duality. On the one hand, you are told to love yourself, and on the other hand, people and certain health professionals in public spaces, on dating apps and in the world of fashion, continue to say otherwise. The effect, then, is a feeling of isolation and a twofold guilt: guilt for living in a body that does not fit in the standard as well as for not being able to change or love such body.

Studying body theory has allowed me to see my own corporeal reality beyond the victimist approach of what it is and means in a societal structure[1], to what it can actually *do, perform and transcend*.

The understanding that the way we perceive our self and our bodies is performative and gendered (Butler, 1985) has lead me to fully grasp and embrace my body through *embodiment* as a ground of culture emphasizing its potential, intentional, inter-subjective, active and relational dimension (Luz Esteban, 2004). Through this understanding, I could start *caring* for my body following what Mari Luz Esteban calls "corporal itineraries", which are "individual life processes [...] that always refer us to a collective, that occur within specific social structures and in which we give all the centrality to the social actions of the subjects, understood as bodily practices" (Poot Campos, 2008, p. 202). It was through incorporating bodily practices in my everyday routine (such as stretching, staying still, floating on water, meditating, cooking and enjoying the process, dancing and so on) that I found a place where caring for my body came from recognizing its capabilities, function, and potential not just to survive but to thrive as well. It was through these "corporal itineraries" that I could take care of myself, stop self-harming and work on my eating disorders. Caring comes easily when being constantly reminded that my body serves a purpose and has a meaning. Care becomes the sole conducting thread into a life worth living.

This poem is proof of that.

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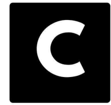

The Research Interview

Harvey Humphrey

We face each other at this surface made of wood
this space familiar to you - the walls hold history
new campaign posters you explain, I nod; understood
you don't define the terms, do I see you reading me?

so why did you decide to participate I ask
emphasising decide – to be involved is a choice
reminding us both that this chat is a research task
one in which I hope I will do justice to your voice

Hours later I'll check you still consent to the study
but now we sit together in a moment in time
with your words you bring to life decades of history
interruptions of questions and laughter – yours and mine

as you speak the stories grow around us in the air
made solidly of words they flourish in this present
older terms once forgotten reappear as you share
you hesitate clocking me have you caused me offense

no tell me more about this language, your terms, your words
the air grows thick with history, older terms emerge
terms from others: embraced, refused; reclaimed names; codewords
then language a battleground as communities merge

Your memory nurtures the stories grown in this space
speaking back but looking up to the walls' current work
seeds of which sown in worn documents in the bookcase
now though newer generations take the reigns; teamwork

fresh voices with new terms, some offshoots from older texts
some brand new homegrown in grassroots' imagined future
some are old-made-new terms reimagined with new depths
you teach me delighted to be an introducer

I gather your words old and new in my hands gently
keeping safe, holding them in Dictaphone-arms with care
recorded while they grew not wishing to miss any
placed with the others; stories from those who chose to share

you smile now as our conversation draws to a close
can I keep that sense of you as words are analysed
will I keep in touch let you know how the research goes
careful not to lose these gently gathered living-person-words when research-words are revised and revised

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Critical commentary

This poem embraces the research interview as a site of care (Harrison, MacGibbon, and Morton, 2001). It explores the mutual relationship of trust and care between participants and researcher. The poem highlights relationships that emerge within interviews including

being welcomed into a participants' space and hearing their stories. The poem represents the shared trust of an interview and the need for reminders of research including questions, Dictaphones and consent processes. The poem is framed by this with the detached title *The Research Interview* and the last line that captures the desire to do justice to participants' stories and the sense of them as a whole complex person while academic texts such as journals articles, theses, and abstracts go through revisions. Writing this poem was a way for me to discuss some of the joy and care that can be found in conducting an interview. The poem is drawn from fieldwork notes of qualitative interviews with trans, intersex and LGBTI activists undertaken by an openly trans researcher with previous involvement in activism (Humphrey, 2021). The complexity of 'insider' interviews is highlighted in the poem with references to "reading me" and "clocking me" and the ways in which I felt read by participants (Harris, 2015; Meadow, 2013). This is also shown with the use of language "define the terms". Language was important to the interview interactions and the wider project. The project embraced a poststructuralist approach to language that acknowledges that words performatively construct the world: "made solidly of words they flourish in this present". The broader research project addressed the 'iterability' (Derrida, 1973; 1988) of language particularly in relation to identity terms and this is seen through references to "reclaimed names" and "reimagined terms". This poem brings out the importance of language throughout the interviews, the project, and as way to capture the joy and care in qualitative interviewing.

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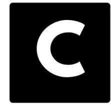

The Leftovers Dilemma

Reny Iskander

Leftovers are like an uninvited guest that does not leave. I never learned how to cook for one. Things do not come in ones back home, there is always plenty of everything for everyone, whether you know them or not. My parents always said, if we live together, we eat together even if we have different schedules, whatever happens we always have dinner together. Sharing food in many cultures such as mine, means sharing love and care and not just the actual meal. In my family, my aunt would cook a nice dinner and call all her nieces and nephews to share this meal with them without any special occasion. We would eat and watch a movie or play board games, nothing too exciting but everything so warm and comfortable. In a place where love is heavily monitored and happiness is hard to attain, food becomes an outlet; something around which we can gather to share one of life's most basic pleasures without facing any horrifying consequences. We learn that to show support to someone going through a rough time, you bring them food and to celebrate any happy news or occasions you cook the appropriate food. But I am not there anymore, I am here in the UK. I am alone and I am not sure if I will ever be able to have a community again, at least not like the one I had. When I get really sick here, I take care of myself all alone. I make myself hot drinks, soups and of course eat tons of leftovers; things that never happened to me back home because I always had the privilege of constant company. That's the thing about where I come from—you barely have any privileges as a woman, a religious minority or a leftist but you only realise how privileged you are to have a community when you are deprived of your support system that has been all that you had for so many years. When people ask me how my extended family is so close as if it is one huge nuclear family, I always say because we are a family of women. My grandmother had three daughters and she cares for each of them even now that she has become a great grandmother. My mom and aunts deal with all of us as if we are their own children. We were brought up to believe that cousins are siblings. When I talk to my grandmother about that, she says that we are all women and we are alone in this world of men and we have to look out for each other because otherwise we would not survive. If a Western person saw my grandmother, they would think she is the biggest supporter of the patriarchy. But isn't what she did and keeps doing, the true meaning of feminism and solidarity? Raising three powerful women with good education and decent jobs who have one another's back is what she did without ever hearing the word feminism in her life. My mother raised me like her mother raised her but adding to that she gave me so much more freedom than she had when she was my age. I grew up to cherish family and freedom more than anything else. And now the political situation back home dictates choosing one of the two. I hate these leftovers but I also hate not being able to be myself, walk in the streets, wear dresses, speak my mind or practice my basic rights—unless I decide that I'm willing to go to prison for it, get sexually assaulted or even worse, both.

There is always a risk. Any tiny decision can turn your life upside down and I mean something as tiny as which picture to post on social media or what dress to wear for an event. I decided to go back home for a bit at least, just to see how much I really am missing out on; thinking maybe my feelings are exaggerated. I told myself that once the plane lands I'll see everything I hate about this country and will immediately appreciate my leftovers. I wanted to prove myself wrong, that my place is not back home where I am cared for and looked after because I've had enough of this country. I like feeling safer, I like being able to wear my dresses and I love the fact that the only thing that controls my clothing choice is the weather, but the cold is another story to tell. Yet, the surprise came only a few hours after landing, an overwhelming feeling that said—this is where I belong. As my Lebanese friend so adequately puts it, we have a toxic relationship with our countries; we cannot be with them but we cannot do without them either. I found my family, my people, my language and most importantly my food. Going home to a hot meal waiting for you and a family to ask about your day and offer a helping hand without you having to ask. I know this world has become all about being independent, but do we have to be? The thing about countries of the South is that all they have is one another. If we do not have this support network, we cannot survive. When you have that, you start questioning all the individualism that capitalism has been promoting for years.

As a woman, I live in perpetual fear. Although I like to remind myself that I am a very privileged woman since I have a car so I am not forced to use public transportation, I live in a relatively safe neighbourhood and am surrounded by a relatively progressive circle, but I never feel safe. The constant feeling is that something bad is about to happen. When I left to live in a first world country, this feeling significantly decreased but I am still scared all the time, and the fear is doubled by loneliness. I still find myself calling someone to stay on the phone with me as I walk back home at night. They live thousands of miles away but I still cannot bring myself to walk home alone without someone on the phone because otherwise if someone attacked me, my people might never know what happened to me. The only difference is that back home, I never even walk home alone. Everything is a struggle for a woman, most of my choices are chiefly based on literal self-preservation. This is not the case for men—neither back home nor anywhere in the world. A man in Egypt only has to fear the regime if he is a political opponent. If he chooses to travel, it would be for personal preferences. For me, it had gotten to a point where it was physically dangerous to stay back there because I am constantly reliving every trauma I have ever encountered.

The idea that women should not only be seen as caregivers and rather be seen as equals to their male counterparts in all rights and responsibilities is at the core of my beliefs. Yet, the type of care that I speak of here is a different one, care that stems from the fact that we know that we are all in this together. The majority of people in my country do not know theories of feminism or support gender equality, but since childhood I saw how women found comfort and strength in one another. If a woman is subjected to any form of violence, she has an army of women to protect, nurture and defend her. When I started to read on feminism through my Western education, it felt like these women were victims of the patriarchy who did not have any agency and were not capable of standing up for themselves. However, when I started to form my own understanding of feminism, I began to see how, at least in my context, caring for one another in their struggle against male domination is at the core of my feminist values. I come from a traumatised region,

everything is traumatising and everyone is traumatised in one way or another. Every day you come across someone who is suffering and the suffering never ends. I am only here now because I could not stand to see women suffering that much. I felt like I had to do something and I keep telling myself that this is all part of the journey to be someone who has enough knowledge and resources to make this world less of a harsh place. Yet, the amount of people who had the same aspirations and ended up losing themselves or even their lives is horrifying. My career is going according to plan, I am learning to be kind to myself and to make my goal to help one person at a time. But this path is extremely lonely. Sometimes I wish I never knew that the world is messed up to this extent. Sometimes I wish I could just enjoy the warmth of my family and the delicious hot meals. I wonder why I ever chose the leftovers' path. When I was young my brain refused to imagine any scenario where I am not living amongst my family. Little did I know that being in my safe space would traumatise me to the point where I would be eager to leave and never look back. The thing is most people end up looking back and so do I. My mother looks at me with pride for being able to get a scholarship abroad and excel at my career but my feelings of shame and guilt for leaving my people to face the hardships of their daily lives overshadow any joy. The leftovers stare at me everyday as I sit in this big house alone and ask me, 'Which scenario do you choose? Stay here or in a similar place where you'll be your only constant companion or go back to the warmth of your old life and be a prisoner of your fear or an actual prisoner of the state?'

I am sure this might seem like an obvious decision to many, just live with the leftovers. The leftovers may not help but at least they cannot harm. But these leftovers resemble everything I truly hate about this world. They are a spitting image of capitalism, individualism and colonialism that took everything from my country except its warmth. I am here and I am alone because over a hundred years ago, this very country decided to mess my country up to the extent that to this day we cannot fix it and even for a decent education we have to go back to them. I think of all my friends and family members who were forced to make similar decisions when they were my age, the pain they went through and the constant coldness in their hearts. How much they long for home. A home that they do not know anymore. Don't get me wrong, I know how privileged I am to be here and to have those leftovers be my only problem now; I have also been blessed with people full of love and light to soothe me here. Yet, I am still hoping that maybe one day I could live in a world where the norm is for everyone to share their meals, care, love and happiness, without having to sacrifice their freedoms in return.

Critical commentary

When I started to think about Care, all I could think about was the women in my family in Egypt. I was already researching Western feminism and how sometimes various forms of feminisms and gender minority struggles are dismissed or marginalised. Additionally, I had my personal struggle with homesickness and the concept of home that I might be deprived of due to my personal and political choices. I began thinking of my life in England, how care is the only thing that I cannot find and when I took a step back and started

analysing the things that manifest this lack of care, I realised my leftovers dilemma. The presence/absence of care are currently defining my choices, the types of risks I take when accepting jobs and the topics I choose to publicly discuss. I know that if I express all my thoughts, I might be deprived of the care that I have always been used to. Yet, the problem is that I will essentially have to choose whether I want to be a completely free woman or a partially free woman with a huge support system and this is a decision I would hate to make. In writing this, I was trying to get all those ideas out of my head because it is a burden to keep carrying them around. What I now know is that I can denounce patriarchal gender roles while holding on to the care that glues all the women I know to one another.

Carriance: A feminist story

Muhammad Khurram

Bracha says: care-carrying—carriance—as responsibility-in-act
is what we need in a world
where trust is dead, yet
we need to trust in trust
in its presence, in its immortality: not its resurrection
because there is so much to care for
so much that we love, and are loved by
after all, matter matters, Karen says
to which, Ursula says: the bag, the net, not the spear
because we need to care-carry things, each other,
ourselves across uncertainties, violences, ever shifting
temporalities and spatialities, nourished and preserved by
stories that carefully care-carry us
to which, Sara says: to care is to be vulnerable
and to be vulnerable is to be anxious
about that which you care-carry
you are terrified, your breath always stuck
to which, Magdalena says: breathe, practice a feminist politics of vulnerability
because asking for help can be transformative not just for you,
but also for the one who helps, as Mia says Amoretta said
to which, I say: thank you all for reaching me,
I care-carry you all
to which, Khurram asks: dear reader, who are you care-carrying?
and will you care-carry (with) me?

Critical commentary

This poem speaks of how care is approached by feminists by citing feminists who care about caring and carry this commitment with them. Therefore, I start with Bracha L. Ettinger's notion of carriance. Ettinger defines carriance as simultaneously being both an attitude (caring) and an act (carrying), which means that carriance is seen as an act of responsibility towards ourselves and others. I turn to carriance because I believe that we owe it to ourselves and each other: to care-carry. What happens when we do so? We learn to tell a different story (the net, the bag) about how we carry the world and how the world carries us (matter matters). For example, Ursula Le Guin in *The Carrier Bag Theory of Fiction* (2019) argues that, instead of foregrounding the spear as being *the* heroic and violent tool

that human beings used to survive, our narratives about humanity would change fundamentally if we started to tell stories about the bag that held the spear. Le Guin argues to retell our origin myths to influence our present through changing the material conditions that structure our understanding of who we are as human beings. It is exactly such materiality that Karen Barad, a theoretical physicist, draws our attention to in their book *Meeting the Universe Halfway* (2007), wherein they argue for an understanding of agential realism to foreground the agency of matter. Matter is not some inert mass over which humans have agency, rather matter too has its own agency. In other words, humans do not just use the spear or the net, but the spear and the net generate different affects and realities due to their existence. Therefore, Barad stresses the importance of understanding how matter comes to matter, not simply in a linguistic or symbolic manner, but in a deeply material and embodied way, which includes the affects that are engendered by these materialities.

To address the affects that matter generates, I turn to the work of Sara Ahmed because the material dimensions of our lives are connected to our emotions and how those form us on a physical, bodily level. Particularly, I draw attention to Ahmed's articulation of anxiety as a necessary part of carriance because the materiality of our lives includes the inevitable loss that comes with it. After all, matter is not inert, it changes. Regardless of our best intentions to care-carry, to nurture life, loss is something that we also carry with us and something that shapes us. At times it is the inevitability of loss that makes us not to care to prevent the pain that we would feel when the loss occurs. In other words, we learn just how vulnerable and anxiety-inducing caring can be because we are afraid that we will not be able to carry those we care for and will not be carried by them. This sense of vulnerability is frightening and suffocating due to which we teach ourselves that it is better not to feel, not to care. There's only so much a heart can take. However, a feminist politics of vulnerability demands just such a resilience from us. In being soft, in being vulnerable, in embracing the leakiness of our bodies, we challenge the dominant power structures that would have us isolated, individualized, and living without regard for each other and ourselves. Accordingly, in talking about the anxiety attacks leaving her gasping for air, queer crip scholar Magdalena Górska argues that she did find strength in being vulnerable. Her anxiety attacks led to her embodied knowledge about the socio-political situation within which she found herself gasping for air. It was suffocating *and* empowering to find out how in being vulnerable, she found allies who sought to bring socio-political change to make breathing easier for marginalized bodies. Similarly, Mia Birdsong also tells a story of how we need to give permission to ourselves to ask for help because she learned from Amoretta Morris that sometimes in helping others we learn to be vulnerable. We learn to give shape to our loss and pain as we help give shape to another's pain. Through this process we transform ourselves for the better by recognizing how we do not and cannot live an individualized life cut off from others: we need to care-carry each other. With my poem, I hope that we care-carry, learn to care-carry ourselves and each other.

Bio

As an Aries Sun with Mercury in Taurus, Khurram has a deep and lasting sense of loyalty once nurtured. Coincidentally, he's also a graduate student of Gender Studies at University of Łódź, Poland, and University of Utrecht, Netherlands. His research interests are informed

by, and grounded in, Cultural Studies, Literary Studies, and New Materialism, all with a pinch of Psychotherapy.

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How women's care migration drives global and gendered inequality: A feminist issue

Johanna Marie Kirsch

Abstract

The continuously growing crisis of care is a result of neoliberal policies, intensified by globalisation. This article argues that global care chains are a driver of inequality, especially from a feminist perspective. The argument put forward is twofold. Firstly, Wallerstein's (1974) account of the 'world-economy' is applied to show how streams of human capital impact a country's position on the world stage. The 'care drain' generated in the countries at the bottom of the care chain manifests and fortifies their position in the semi-periphery or periphery. Secondly, it suggests that, adding to the global asymmetry on top of the countries' deprived structural position in the world-economy, women's liberation is hampered. Gendered inequalities of women as 'natural' caregivers remain in place for the women at the bottom of the care chain. Meanwhile, those at the top profit from the commodification of care work by outsourcing. Focusing on live-in elderly care, the case of Poland, which is in a unique position as a sending and receiving country of care migrants, serves as example for the argument presented.

Keywords

Care work; Care migration; Global care chain; Live-in elderly care; Gendered division of labour; Inequality; Wallerstein; Poland

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Introduction

Across different institutional contexts, European countries are facing a crisis in elderly care (Shutes and Chiatti, 2012). This crisis of care is a result of neoliberal policies, intensified by globalisation. The provision of live-in care work for elderly people in private households by migrant women is a growing trend, making up for the care deficit (Rogalewski and Florek, 2020, p. 5; Lutz, 2018, p. 578). In this article, I argue that this crisis of care is a feminist issue and that the 'global care chain' (term coined by Hochschild, 2000) is a driver of inequality. This argument is twofold. Care chains from poorer to wealthier countries leave the countries at the bottom of the chain disadvantaged. They are losing human capital creating a "care drain" (Lutz, 2018, p. 580) in their own country by repairing the one of another. This means, firstly, the manifestation and fortification of these states' position in the semi-periphery or periphery in Wallerstein's (1974) account of the 'world-economy'. Secondly, while the women at the top of the care chain are profiting from the commodification of care work by outsourcing, those at the bottom are, even more so, stuck in the gendered division

of labour. The women migrating are subject to precarious working conditions in a work that is undervalued. These migrant women as well as the women left behind back in the countries at the bottom of the care chain are forced to remain in their traditionally gendered roles as carers. I, therefore, argue that women's liberation processes are hampered in these countries. Overall, this means that women's care migration does not only drive global inequalities of structural positions in the world-economy, but also gendered inequalities of women as 'natural' caregivers. The east to west care chain from Ukraine to Poland and Poland to Germany is used as a case study for this argument, focusing on Polish women.

In applying Wallerstein's theory to the concept of the 'global care chain', this article aims to contribute to an understanding of how care migration can manifest power relations and inequality, on the level of international relations as well as in women's lives. Poland represents a unique example as it finds itself in the middle of a care chain, being the main source of live-in care migrants in Germany and struggling with a care crisis itself (Rogalewski and Florek, 2020, p. 9). Some care-related research has been done on Polish women already. One example is Krzyżowski and Mucha's (2014) work on transnational caregiving and how sociocultural practices of care might be modified caused by migration, i.e. emigrated daughters sending remittances to their elderly parents instead of providing care in person. Lutz and Palenga-Möllenbeck (2012) conducted a study on Poland and Ukraine, analysing care arrangements organised by women leaving the country in order to do paid care work for other families. Keryk (2010) discusses gender and care regimes in Poland and how these have changed in the last decades. These studies provide invaluable insights for my own analysis.

This article is organised into three sections. Section I marks a brief introduction into feminists' accounts of the commodification of care work, providing the basis for further discussion. In section II, firstly, Wallerstein's world-systems theory is applied to the concept of the 'global care chain' and the case of Poland. Secondly, it is argued that women's liberation in Poland is left in a regressive position due to the country's place in the care chain and world-economy. Section III concludes.

I. Neoliberalism: Care work as commodity

Marxist feminists in the 1970s and 80s shed light on how capitalism relies on women's unrecognized unpaid household and care work as invisible economic activities, reproducing the male-breadwinner model (Mulvaney, 2013, p. 28). As Fraser (2011, p. 377) explains, the ideal of the so-called 'family wage', a gendered construct where the man is providing for his family as the sole wage-earner, served to define gender norms. By valorising paid work, a culture blind to the social importance of unpaid care work was established (Ibid.). This naturalised gender injustices by institutionalising "androcentric understandings of family and work" (Ibid., p. 378).

Neoliberalism

More recent feminist scholarship has built on this, highlighting that gender inequalities have been aggravated further by neoliberalism (Mulvaney, 2013, p. 28.), which had been established globally as a prevalent policy model by the 1990s (Venugopal, 2015, p. 168).

Associated with free-market capitalism, neoliberalism is an ideology and policy model featuring "market deregulation, privatization and welfare-state withdrawal" (Ibid.). The contemporary norm of the adult-worker-model or "two-earner-family" (Fraser, 2011, p. 384) comes with a reality of low job security and declined living standards, while working more hours (Ibid.). Fraser (2011) argues that neoliberalism opened new ways of exploitation in which women's emancipation is intertwined with the "engine of capitalist accumulation" (Ibid.). She points to a myth of "a new romance of female advancement and gender justice" (Ibid.) in which flexible capitalism is ascribed higher meaning. This has, according to Fraser (2011), led to women from all social backgrounds chasing the dream of emancipation. How positive or negative the outcome depends on at what end of the spectrum the women find themselves:

> …at one end, the female cadres of the professional middle classes, determined to crack the glass ceiling; at the other end, female temps, part-timers, low-wage service workers, domestics, sex workers, migrants, export processing zone (EPZ) workers, and microcredit borrowers, seeking not only income and material security, but also self-betterment, dignity, and liberation from traditional authority. (Fraser, 2011, p. 384)

Outlining this, Fraser argues that second-wave feminism in fact helped strengthen capitalism's valorisation of paid work (Ibid.). She critiques the central role that waged work obtains and makes a plea for a "post-neoliberal anti-androcentrism" (Fraser, 2011, p. 388) where doing care work is valued by everyone as part of living a good life. To this day, however, even though they are active wage-earners as well, the 'lion's share' of care work is still done by women and a redistribution of care tasks is still pending (Lutz, 2017, p. 359; Fraser, 2011, p. 388). Deep gender inequalities are at work here. While "masculinity is defined as carefree" (Lynch, 2009, p. 412), the moral imperative on women to do care work makes them the "default carers in most societies" (Ibid.; see also Hanlon, 2009; O'Brien, 2007). Yet, being often viewed as a matter of personal affairs, the issue of care has long been neglected in egalitarian theory and analyses of inequality (Lynch, 2009, p. 411). Thus, this care-related inequality, or "institutionalized form of affective injustice" (Lynch, 2009, p. 414), remains a gendered issue that demands attention for real gender equality to be achieved (Lynch, 2009, p. 413).

The commodification of care work

Domestic and care work have been increasingly marketised and outsourced into a growing private sector (Lutz, 2017, p. 357; Benería, 2008, p. 2). In combination with processes of globalisation and neoliberal policies that weakened the state's role, these developments contributed to the resulting global "crisis of care" (Ibid.), or "crisis of social reproduction" (Mulvaney, 2013, p. 28). In the case of European welfare states, public, institutionalised care provision decreased and shifted to the private sector with 'cash for care' policies instead (Williams, 2018, p. 552; Lutz, 2017, p. 357; Williams and Brennan, 2012). A deficit of care and the import of migrant workers from poorer to richer countries is the consequence. In European Union (EU) member states, live-in care work has become a common solution (Rogalewski and Florek, 2020). In this arrangement, care is provided by an employee living in the care recipient's household (Ibid., p. 2).

With modern neoliberal policies relying on privatisation with the reduction of welfare expenditures at the same time, commodification is a crucial consequence. This includes the 'fictitious commodification' of care which is examined in accounts that build on Polanyi's (2001) work (Lutz, 2017; Fraser, 2014). In Polanyi's 'market society' everything becomes a commodity. Commodities, according to Polanyi, are goods produced for sale (Fraser, 2014, p. 547; Polanyi, 2001, p. 75). Based on this, Polanyi considers labour, land, and money as fictitious commodities because they were not originally produced for sale but are commodified on the modern market (Lutz, 2017, p. 364; Fraser, 2014, p. 547; Polanyi, 2001, p. 75). Fraser (2014) criticises Polanyi's understanding of fictitious commodification for being blind to the historicity of labour, land, and money. Polanyi's interpretation is, according to Fraser, ignoring that "none of the three is ever encountered pure, but only in forms that have already been shaped by human activity and relations of power" (Fraser, 2014, p. 547). Social constructions of labour, land, and money carry encoded forms of domination that predate their commodification (Ibid.). Fraser points out that this "construction of 'labor power' as a fictitious commodity rested on the simultaneous co-construction of 'care' as non-commodity" (Ibid., p. 550). This means that labour as a commodity depends on a gendered hierarchy differentiating between paid 'productive' and unpaid reproductive labour, where women do care work for free (Ibid.).

From this perspective, one could suggest that formerly unwaged care labour being available for money nowadays is a success for women and feminists. As Lutz (2017, p. 364) rightly states, this depends on at what end of the care chain the actors find themselves. Overall, the commodification of care work perpetuates the gendered division of labour, i.e. a division of work based on gender roles (Lutz, 2017, p. 359). Gender inequalities are integral to intensified globalisation processes (Bakker and Gill, 2003, p. 23). Migrant care work and global care chains are an example for this. These migration flows not only reflect the gendered division of labour and women's precarious position on the labour market, but also global inequalities between geographical areas. While the commodification of care work may be a solution for the care crisis in wealthier countries, this comes at the cost of creating one in the poorer sending countries (Stewart, 2011). The next section will elaborate on what that means in practice.

II. Poland in the 'World-Economy'

In this section, Wallerstein's (1974) world-systems theory is applied to the concept of 'global care chains' (Hochschild, 2000) to show how it can help to understand the way care migration impacts a geographical area's positioning in the world-economy. In particular, the case of Poland and its place in the care chain between Ukraine on the bottom and Germany on the top is discussed. This serves as an example to outline how neoliberal care regimes lead to a manifestation of the poorer sending countries' subordinate position in the world-economy.

Care chains and the 'World-Economy'

According to Wallerstein's (1974) world-systems theory, the contemporary world, since the 16th century, is a single capitalist world-economy. This means the entire world is one "unit with a single division of labor and multiple cultural systems" (Ibid., p. 390). The crucial feature of the capitalist world-economy are global production flows always aimed at

maximizing profit on the world market (Ibid., p. 398). This theory describes the global interconnectedness of capital and production processes that do not halt at state borders and are not contained to one geographical area's market, but also how the flow of capital shapes geographical areas' labour conditions and power positioning towards each other. Wallerstein describes three structural positions in the world-economy that is determined by the division of labour among regions: core, periphery, and semi-periphery (Ibid., p. 401). Originally, northwest Europe rose as the core area with Mediterranean Europe as the semi-periphery and Eastern Europe and the Western Hemisphere as periphery (Ibid.). When nation-states in core areas grow stronger, those in peripheral areas decline (Ibid., p. 403). The semi-periphery, Wallerstein remarks, "is both exploited and exploiter" (Ibid., p. 405).

Applying Wallerstein's theory to global care chains means highlighting care migration processes on a macro-level as movements that impact the world stage. Women migrant workers are human capital that move across borders and, thereby, shape the world-economy. In other words, the presence (or absence) of care workers on a local and national scale is linked to a country's position in the world-economy, on which states have varying influence, if any at all. These movements are movements from east to west, meaning Eastern European women migrate westwards for employment in the care sector (Katona and Zacharenko, 2021). The term 'global care chain' describes the sequences of transnational links between states based on both paid and unpaid care work (Hochschild, 2000). At the top of the care chain are women gaining freedom from their gendered responsibilities by outsourcing care and employing other women to do the care work. This describes the 'care gain' on the receiving end of the chain (Lutz, 2018, p. 580; Hochschild, 2003). Meanwhile the sending countries experience a 'care drain' with the gap opened by the women who left (Ibid.). The Global Care Chain Concept (GCCC) highlights the social cost for migrants and their left-behind family, such as 'transnational parenthood' (Lutz 2018, p. 580; Lutz and Palenga-Möllenbeck 2012). Moreover, the GCCC comprises "commodification of care work, migrants' precarious working conditions, and transnational social asymmetry" (Lutz, 2018, p. 580).

Combining both concepts, the place a country takes up in the care chain indicates and influences its position in the world-economy. The care chain from Ukraine to Poland and Poland to Germany is a useful example for this. Compared to other European countries, Poland is in a unique position. While Polish women make up the main proportion of migrant care workers in Germany, Poland faces a crisis of care itself (Rogalewski and Florek, 2020, p. 9). As a result, the country is not only a source of migrant care workers but also a host country, attracting irregular migrant care workers predominantly from Ukraine (Rogalewski and Florek, 2020, p. 9; Keryk, 2010, p. 431). Applying Wallerstein (1974), Germany as a Western European receiving country at the top of the chain makes up a core region, growing stronger by condoning the sector of undeclared live-in migrant care work that is making up for the state's policy failures (Lutz and Palenga-Möllenbeck, 2010). Poland, in this case, must be ascribed a structural positioning in the semi-periphery. Wallerstein's above-mentioned description of being exploiter and exploited fits this country's situation of host and sender country perfectly.

Poland as receiving and sending country

Looking at Poland as a receiving country, the Polish crisis of care was created through the government's policies regarding family life and women in the labour market. After the collapse of socialism in 1989, the Polish government supported a policy of re-familialisation, which meant encouraging women from the labour market to raise their children at home instead (Keryk, 2010, p. 433). This relieved the state from responsibility of providing public care (Ibid). In the mid 2000s, there was a shift in state policy from supporting the single-male breadwinner model to the dual-earner model (Ibid.). With EU membership, tendencies towards more family-friendly employment reforms began so that responsibility for the child and elderly care remained gendered and within the family (Ibid., pp. 433-435). Keryk (2010, p. 433) classifies the Polish welfare regime and social policy as "a hybrid of conservative and social democratic elements" (Ibid.). Caring for older parents is normatively deemed the children's obligation, which means in practice the daughters' one (Krzyżowski and Mucha, 2014; Keryk, 2010). Regarding elderly care, the state provides some assistance. However, public institutions have a bad reputation, partly due to people's aversion against anything public stemming from life under communism. Moreover, the places available in these institutions are not meeting the demand and private institutions are too expensive for most (Keryk, 2010, p. 434). Still, there is a need for women to work as well and therefore, as a solution, caregivers are employed to care for the elderly to make up for the deficit. These are predominantly Ukrainian migrant women, who are financially more affordable, or in some cases Polish women (Ibid., p. 438).

Polish women at the same time make up the main proportion of migrant care workers in Germany (Rogalewski and Florek, 2020, p. 9). The German care regime is built on the premise of elders being cared for by family members, i.e. women in families (Lutz, 2017, p. 359; Lutz and Palenga-Möllenbeck, 2010, pp. 421-422). The state reinforces this with transfer payments to home-caring family members which would be insufficient to pay for 24-hour care provided by nursing services (Lutz and Palenga-Möllenbeck, 2010, p. 422). However, most kin-carers are full-time employees and as it is not monitored how these (mediocre) allowances are spent, many turn to agencies that place migrant care workers from Eastern Europe in the household of their frail family member (Ibid.). This led to a growing sector of undeclared care work, making Germany one of the main receiving countries of Eastern European care workers (Lutz, 2017, p. 357; Lutz and Palenga-Möllenbeck, 2010). As Lutz and Palenga-Möllenbeck (2010) discuss, this large sector of undeclared care work is an open secret among the German media and population. With assurance of care being dependent on this sector, it is not in the government's interest to pursue these illegal employments. Consequently, they are turning a blind eye to these practices, "officially combating and tacitly tolerating care work migration" (Ibid., p. 427).

This also exemplifies how women's issues remain disrespected on a governmental level. The German state decisively ignores anti-feminist labour practices. The German case, however, is not just a bad exception. As migrant care workers often work undeclared, they are subject to exploitation and violation of rights. Neoliberal welfare states rely on legal as well as undocumented migrants to fill the gap their care regimes leave and therefore condone this informal market (Rogalewski and Florek, 2020; Lutz, 2018, p. 579; Ambrosini, 2015; Lutz and Palenga-Möllenbeck, 2010).

Gendered division of labour and traditional gender roles

The women at the bottom of the care chain are in an adverse place. Polish live-in care workers in Germany find themselves doing hard and precarious work that is at the same time undervalued. Their employment is usually organised by a chain of agencies (Rogalewski and Florek, 2020, p. 8). While the Polish employee is under contract with a Polish agency, the German family looking for a care worker deals with a different, German agency (Ibid.). That leads to an obscure situation about who is accountable for the care delivery and working conditions (Ibid.). In addition, due to the government's blind eye, since 2011, more and more migrant caregivers are working de-facto self-employed, losing protections posted workers enjoy (Ibid., p. 20). When facing labour law infringements, which are common, the migrant workers have no one to turn to. These infringements include; working beyond legal working time, not receiving minimum wage, not being paid for stand-by time (Ibid.). On top of that, the living conditions can be dire (Ibid.). These issues are not unique to the German case but typical overall (Lutz, 2018, p. 583).

Unfortunately, there is a general lack of data on migrant domestic work. The reasons for this are that the work is mostly informal, and that the collection of data is not in the states' interest (Rogalewski and Florek, 2020, p. 5; Lutz, 2018, p. 578). However, as Rogalewski and Florek (2020) mention, in addition to the Polish majority, there is a "substantial and growing" (Ibid., p. 21) proportion of Ukrainian carers in Germany. This indicates the troublesome position Poland finds itself in: experiencing a care drain itself, it wants to attract Ukrainian migrants. Considering that many richer European states are in need of care migrants as well, it seems doubtful whether Poland can compete. Going to Germany may be financially more attractive for Ukrainian women. Polish women in Poland are, therefore, confronted with caring for their elderly parents themselves, ending up undertaking unpaid care work.

Thus, I argue that Poland's position in the world-economy and in the middle of the care chain leaves the country and especially its women in an unfavourable and regressive situation. On top of the gendered division of labour, Polish women are in a situation that forces them to remain in their traditionally gendered roles as (unpaid) carers. The Gender Equality Index (2019) illustrates this as well. The country's progress lags behind the EU average with 55.2 out of 100 points compared to 67.4 as the EU average (EIGE, 2019b). Germany, for instance, is only 0.5 below the EU average (EIGE, 2019a). The Index includes, among other figures, the employment rate for both men and women, and also compares full-time and part-time work. Furthermore, it states that, with 73%, Poland has the highest share in the EU of informal carers for older or disabled persons being women (EIGE, 2019b). In Germany instead, 56% of informal carers for older or disabled persons are men, making Germany the only EU member state with more men as informal carers (EIGE, 2019a). These numbers support my argument that Germany as core country at the top of the care chain is advantaged. Poland in the meantime gets the short end of the deal with its position in the care chain: they remain economically in the world-economy's semi-periphery by which women's aspirations for gender equality are hampered.

Looking at the Gender Equality Index scores for other EU member states shows that Eastern European countries tend to have low scores while Western European countries have higher and above average scores (EIGE, 2019a; EIGE, 2019b). This correlates with my argument that

being at the lower end of the care chain hampers the overcoming of gender roles, because global care chains are typically east-to-west movements.

III. Conclusion

In this article, I discussed women's care migration as a driver for global economic and gendered inequality. After outlining feminist accounts on how neoliberalism brought about the commodification of care work, I applied Wallerstein's world-systems theory to the GCCC, arguing that a country's position in the global care chain affects its structural positioning regarding flow of capital and, in the end, gender equality. To support this argument, I put forward the example of the east-to-west care chain from Ukraine to Poland and Poland to Germany. I focused on Poland as a country in an especially delicate position as exploiter and exploited in the middle of the care chain due to being a sender and receiving country at the same time. Polish women are in unfavourable situations at both ends, i.e. migrating as care workers or remaining in the home country. While the migrant workers are suffering precarious working and living conditions in the receiving country, Polish women at home are experiencing the care drain from loss of human capital. This, as I have shown, enforces and manifests old gender roles, hampering feminist progress.

Overall, the global care crisis is a burning issue, for feminists and everyone else. As European societies are demographically ageing (Rogalewski and Florek, 2020, p. 10; Rechel et al., 2013; Giannakouris, 2008), the already acute crisis will exacerbate making contemporary practices even worse (Rogalewski and Florek, 2020, p. 13).

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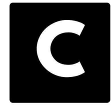

Commodifying vs. commoning self-care? The work of a *Fat Body Liberation Coach*

Philine Kreuzer

Abstract

Self-care has become a buzzword within recent years – not least since the COVID-19 pandemic has started and we are more than ever forced to look out for our own wellbeing and mental health. Reading Instagram posts on self-care daily, I am observing an appropriation of the term within neoliberal consumer-oriented discourse: Bubble baths and expensive meditation courses seem to be the main focus. Nevertheless, the concept has been around before, brought forward especially by Black feminists, famously by Audre Lorde. Keeping these conflicting notions of self-care in mind, this paper asks: How does the work of a Fat Body Liberation Coach activate self-care as a feminist intervention? In confronting Silvia Federici's understanding of the commons with feminist notions of (self)care this essay explores commodification, resistance, intersections of oppression and community. To approach the discourses around self-care this paper is drawing from an interview with Fat Liberation Coach Tabitha, who emphasises self-care practises in her work.

Keywords

self-care;
commons;
community;
resistance

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Introduction

Self-care has become a buzzword on social media within recent years – critiques of neoliberalism have pointed out how a (once) radical concept has been appropriated by the promises of lifestyle companies, floating our Instagram for-you pages with targeted ads that tell us to buy a new bubble bath or sign up for an expensive meditation course. But who has the means to access these recommendations? And is this what self-care is about? Black feminists and feminists of Colour have conceptualized self-care as a political resistance against different forms of oppression. Looking after oneself and listening to what one's body needs can teach a lot about setting boundaries and resisting capitalist ideals of always needing to be productive, reachable, and functioning. Brought forward most famously by Audre Lorde in 'A burst of light': "*Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare*" (Lorde 2017, p. 130, italics in original). Keeping these conflicting notions of self-care in mind, this paper asks: How does the work of a *Fat Body Liberation Coach* activate self-care as a feminist intervention?

To approach the discourses around self-care I conducted an interview with Tabitha who emphasises self-care practices in her work as a coach. Tabitha relates to herself as a "fat body liberation coach". As well as offering online coaching courses, she also hosts a podcast featuring monthly guests and conversations on harmful diet culture, racialisation of fatness and motherhood. I found it specifically relevant for my research to interview Tabitha, as she is addressing the tension of different understandings of self-care between a capitalist consumer-oriented notion and a feminist intervention. Tabitha's understanding of self-care relates to what I have been describing, she also sees an adaptation of self-care narratives in lifestyle discourses, however: "self-care is also taking your medication, self-care is also like drinking a glass of water, self-care is also like actually paying the bill in spite of the fact that you can't get out of bed" (Tabitha 2021). This paper argues that self-care can disrupt neoliberal individualized notions of caring and put emphasis on community, networks of support and resistance. Laying out the different notions of self-care and following Sara Ahmed's take on "Selfcare as Warfare" (2014) this paper shows that self-care is a means of survival for systemically oppressed groups.

To make this case, this paper is structured into five main sections: First, I will give an overview of the relevant literature and clarify the concepts I am using. Second, I will explain my methodology, the cornerstone of this essay. Following the description of the interview, I will analyse the most important themes that came up during the conversation: commodification, resistance, intersections of oppression, and community. In the last section, I will come to a conclusion in relation to my research question and offer an outlook on potential further research.

Self-care as feminist common or capitalist reproduction?

> The most anti-capitalist protest is to care for another and to care for yourself. To take on the historically feminized and therefore invisible practice of nursing, nurturing, caring. To take seriously each other's vulnerability and fragility and precarity, and to support it, honor it, empower it. To protect each other, to enact and practice community. A radical kinship, an interdependent sociality, a politics of care. (Hedva 2016, p. 13)

In their manifesto 'Sick woman theory' Johanna Hedva depicts care as a resistant practice, as something located outside or even against capitalist logics of production. Where can we position self-care within this understanding of care? Following Hedva (2016) and Lorde (2017), I argue that self-care as a communal endeavour is not only nourishing but also necessary to make feminist resistance against oppressive systems such as racialised capitalism possible. Hedva (2016) as well as Karla Scott (2016) are looking at self-care embedded in their specific positionality, speaking from a disability rights and Black feminist perspective: "I realized that choosing self-care is also an embodiment of black feminism that humanizes black women" (Scott 2016, p. 129). Scott draws on a tradition of Black feminists arguing that especially caring for others historically came to mean different things in different feminist approaches: White feminists have pointed to the oppressive character of naturalising care work as inherently feminine and rallied against being locked up in the household further claiming recognition of care work as work (Oksala 2016; Weeks 2007). In Black feminist tradition, care is understood as resistance against the

racist, capitalist system that has historically denied care for Black people (hooks 1999; Lorde 2017; Scott 2016). Coming from a Marxist perspective, Gargi Bhattacharyya (2018) similarly argues that "spaces of social reproduction offer the possibility of resisting the forces of global capitalism" (2018, p. 53) even though they are embedded in it. Reproduction is not only happening as means of reproducing the workforce for a capitalist system but "the labour of remaking human beings against the battering of racial capitalism takes place for the far more usual reasons of love, care, community, survival" (2018, p. 44).

Following this argument, I want to point out that caring and self-caring are not always clearly distinguishable; especially for oppressed groups, self-care "is about the creation of community, fragile communities, assembled out of the experiences of being shattered" (Ahmed 2014). Ahmed further argues: "Some have to look after themselves because they are not looked after: their being is not cared for, supported, protected." This means that we must look at the specific situatedness of self-care before accusing caring practices of neoliberalism all too quickly. Neoliberal self-care tells you that you as an individual are responsible for your mental health, for your wellbeing; lifestyle ads promise: You can buy your way to happiness (if you have the necessary material resources). If you fail to fix yourself, this is a *you* problem. Neoliberal discourses therefore individualise self-care, promoting it as a tool for "upward mobility for some women, those who accept [these] responsibilities" (Ahmed 2014) and those who are able to adhere to the dominant norms of society. In neoliberal appropriation of self-care, systemic factors of oppression are obscured and ignored. Radical queer, anti-racist, anti-capitalist self-caring on the other hand emphasises community work and survival in oppressive systems.

Does this make self-care a feminist intervention? Or is self-care closer to the notion of commoning? According to Federici (2016), commons can be "land, water, air commons, digital commons; our acquired entitlements (e.g., social security pensions) [...] languages, libraries, and the collective products of past cultures" (2016, p. 380). However, she asks, are they all equally fuelled with emancipatory potential? She proposes to look at the commons from a feminist perspective. *Commons* must spell *community* on behalf of (transnational) feminist solidarity: As long as our production and reproduction rely on the exploitation of others, as long as we detach ourselves from feminist and working class struggles in the Global South "[n]o common is possible" (Federici 2016, p. 386). Therefore, Federici's approach to the concept of commons is a call for "quality of relations, a principle of cooperation, and a responsibility to each other and to the earth" (2016, p. 386). Federici points to feminist interventions that correspond to this idea; she mentions the "*ollas communes*" (2016, p. 385), communal cooking pots women in Chile organised in times of economic crisis and limited food access for the poor, a feminist practice that was revived recently due to impoverishment of many during the pandemic.[1] Federici's (2016) focus on community as necessary for the commons is crucial for my analysis including reciprocal relationships, interdependency and a positive understanding of being accountable for our actions vs. an individualized understanding of self-care. Yet, I wonder are feminist commons necessarily the opposite of capitalist production? The idea of the commons has increasingly gained traction since the 1990s – not only within (radical) leftist discourses but as well in the appropriation and privatization by global capitalist institutions such as

[1] https://chiletoday.cl/chiles-olla-comun-through-history/, accessed on 20.02.2021

the World Bank (Federici 2016, p. 383). Arguing from a feminist Marxist background, Federici contends that in the face of globalised neoliberalism it is specifically important for leftists to activate the concept of the commons to build an "alternative to both state and private property, the state and the market, enabling us to reject the fiction that they are mutually exclusive and exhaustive of our political possibilities" (2016, p. 380).

I started the research for this paper with a similar assumption about self-care being a concept that has been increasingly used by neoliberal lifestyle consumer promises, asking myself: How does self-care in a neoliberal economy work? Can we build self-caring communities and who has access to them? As pointed out above, self-care is not the same for everyone. Rather than giving a rigid definition for what self-care entails, I want to point to what self-care does in a political context. This means that I start from the assumption that self-care becomes a feminist intervention when it is a communal practice, understood as a moment of resistance within a capitalist framework. However, acknowledging the different meanings of self-care according to different experiences of oppression and marginalisation, individual self-care also becomes part of this communal practice. As Ahmed puts it: "To care for oneself: how to live for, to be for, one's body when you are under attack." (Ahmed 2014). I will come back to these themes for my analysis of the material collected in the interview with Tabitha.

Methodology

Haraway (1988) advocates for a "[f]eminist objectivity" (1988, p. 581) as an epistemology that does not strive to universalize but rather looks for a partial objectivity, deeply dependent on the positionality of the researchers. Feminist research in this sense means to be held accountable for and to be aware of how the research becomes part of the culture and the space it interacts with. I consider this important in the context of my own research, which steps into an ongoing political debate. Following Sultana (2007), reflecting on one's own positionality is not "to self-indulge but to reflect on how one is inserted in grids of power relations and how that influences methods, interpretations, and knowledge production" (2007, p. 376). This essay is revolving around my interview with Tabitha[2], therefore I decided to describe my positionality in this research in relation to hers: Tabitha and I share certain characteristics that were helpful in "building trust" (Thwaites 2017, p. 2): We are both feminists, we are both queer, we are both hosting a podcast and we are both critical of the current capitalist economy. However, there were also significant differences between the two of us that influence our experience and perception of what self-care means. Tabitha is a Black, fat woman in a racist and fatphobic world, whereas I am White, and my body fulfils normative standards of being thin. Tabitha tells me about her experiences as a parent involving aspects of care work that are not part of my daily life. I want to point to this context of our conversation including these different positionalities to make clear that this essay does not want to paint a generalized picture of what self-care must look like but rather use a situated understanding as a gateway to think about feminist interventions.

[2]For anonymity's sake I changed Tabitha's first name. However, she told me, it was not necessary to further anonymise her, thus I kept the original name of her website, podcast, etc. without including the hyperlinks.

I will briefly explain how I gathered data for this essay. "Is self-care political? candles & meditation or communal support? Looking for a queer (feminist) activist who is willing to talk to me about self-care as a political act. Hit me up!" This is the content of the 'want ad' I posted on the queer dating and social app "Lex"[3]. I used Lex to recruit an interviewee for two reasons: First, by being a specifically queer online space Lex provides a pre-selected pool of people. As I wanted to specifically talk to queers/feminists for my research this seemed convenient. Hennink et al (2020) call this "purposefully selecting participants with certain characteristics important to the study" (2020, pp. 92f.). Second, I felt a certain discomfort in approaching possible interviewees directly because I would have felt like imposing my relatively small research on someone who is already doing lots of educational political work. Further, I wanted to pay attention to the "'affective atmospheres' of conducting any kind of social research in a pandemic" (Lupton 2020, p. 20) given the special circumstances including overwhelming screen time and considering that it is emotional (and physical) effort to talk about issues of caring for oneself in yet another video call. By posting the ad I could make sure I would only talk to people who reacted to my ad and therefore actively contacted me. So did Tabitha: she texted me saying she would be "up to chat about the politicality of self-care". After I told her that I was looking for an interviewee for a research paper for this course she agreed to meeting in a Zoom call.

In preparation for the interview, I gathered some more information about Tabitha: She calls herself "fat body liberation coach" who "guide[s] people feminine-of-center[4] to reconnect with their bodies through pragmatic self-care practices so we all can come to see that there is nothing wrong with living in a fat body"[5]. She is from the US but lives in a small village in the South of France. She also lived in a small German town for ten years which ended up being a good entry point for our conversation, both of us reminiscing about German bakeries. Next to her online coaching business Tabitha also hosts a podcast called "The Live Your Best Fat Life Podcast". I wanted to give the interview a conversational character (Hennink et al 2020, p. 116) and leave space for experiences I had not heard about, therefore I decided on a semi-structured, explorative format. I developed an interview guide with a small introduction explaining to my interviewee the topic of the talk and how I will be using the collected data. Hennink et al. (2020, p. 120) give an example of a possible interview guide that was helpful: I started with an opening question, followed by a set of key questions to dive further into the topic (some of them prepared, some of them came up during the conversation) and concluded with a closing question to "'fade out' from the interview" (2020, p. 120). The interview was conducted in English and has been audio and video recorded via the Zoom recording tool. I had already asked for Tabitha's consent to be recorded during our email conversation beforehand. I then asked her consent again at the beginning of the call, which she gave. During the call, I wrote down a handful of bullet points

[3] *Lex* is a lo-fi, text-based dating & social app for lesbian, bisexual, asexual, & queer people. For womxn & trans, genderqueer, intersex, two spirit, & non-binary people. For people of marginalized genders, inspired by old school newspaper personal ads" About us, Lex app, accessed on 03.03.2021

[4] I asked her about the choice for this term in the interview. She explained: "[T]here is a specific experience you are having as a fat person when you are read as feminine or woman because people are going to treat you a specific way and this is the experience I'm talking to so even if you are you know somewhere in the amorphous space between male and female you can relate to being feminized and treated a certain type of way because of that feminization." (Tabitha 2021)

[5] Quotes from Tabitha's personal website. For the sake of keeping Tabitha anonymous I decided to not put the link to her website in my essay.

– however, to avoid losing track of the conversation, I tried to focus mainly on listening. After we had talked for almost two hours, I started transcribing the interview. While reading through the transcript, four main themes occurred that I could reconnect to my theoretical framework: Resistance, Intersection of Oppression, Community, and Commodification. Some aspects surprised me, while others were described similarly to what I had expected. Instead of using a rigid coding method, I focussed on the quotes and aspects that were most relevant for this study, therefore combining an inductive method with a theory-based deductive approach.

Resistance, community, or commodification?

As outlined above, (self-)caring within a capitalist economy can be seen as a practice of **resistance** (Hedva 2016; Scott 2016). My interviewee Tabitha also made this observation in relation to her work:

> The foundation of capitalism is that you must be productive in order to be worthy, in order to be valuable, in order to be welcome. And if you are unproductive for whatever reason or unable to be productive then we don't care about you [...]. In these kinds of societies for people who are not productive, for example if you're someone who has a chronic illness, if you're someone who has a mental illness, if you're someone who has a disability, if you're old if you're young: It's important to try to stay alive and keep taking care of yourself; in spite of the messages that you're receiving that you are not valuable. (Tabitha 2021)

This entails that self-care is not about self-improvement or reproduction for the capitalist economy but rather a necessary practice and a tool for survival within but also against the system; this can also mean "find[ing] joy regardless of how much you oppress me or ignore me or devalue me" (Tabitha 2021). As briefly mentioned above, caring for oneself can mean listening to bodily needs and how to resist capitalist ideals of always needing to be productive, reachable, and functioning. This aligns with Hedva's statement: "Because to stay alive, capitalism cannot be responsible for our care – its logic of exploitation requires that some of us die" (Hedva 2016, p. 12). Thus, for some, survival can be resistance. Part of this can be to set boundaries. Scott (2016) phrases it very accurately when she writes: "It was so hard to admit that I needed to stay home and heal" (2016, p. 129). However, Tabitha argues that there is more to resistance than caring about oneself: "I also participate with grassroot organizations that are helping to make change policy because that's also necessary. Yes, change hearts and minds but we also need to change policy and think critically about how we build our society" (Tabitha 2021). Although I agree with Tabitha, I find it nevertheless important to add that there is a certain danger of placing the main responsibility of *changing* policy on already marginalised people. This runs the risk of enhancing the heavy load they already have to carry in everyday political struggles and survival. Instead, it is important to build alliances and organise in solidarity with each other. Building alliances with other organizations resonates with Federici's idea of feminist solidarity and joint forces putting an end to the separation of "activism and the reproduction of everyday life" (Federici 2016, p. 388).

Making a point about self-care as resistance also means making a point about the **intersection of different oppressions** and experiences of marginalisation. Talking to Tabitha reminded me once again that this world is more hostile towards certain bodies than it is to others. She tells me a story about chairs; she used to tour with her Body Liberation workshops in the US and remembers how hard it was to find a place that had adequate seating for bigger sized bodies: "As a fat person or as a marginalised person whatever kind of marginalization you have you're constantly doing these sorts of negotiations; because when you live in a non-normative body you have to constantly be doing this" (Tabitha 2021). Being multiply marginalised means spending a lot of time and energy on making the surroundings liveable for yourself. All this extra energy needs to be generated before other goals, such as for example being politically engaged, can actively be pursued. I have already touched upon self-care having different meanings depending on one's positionality. Hedva (2016) notes: "wellness as it is talked about in America today, is a white and wealthy idea" (2016, p. 3). An important lesson that Tabitha passes on to the people she works with is to take up space because "the more marginalization that you have you are actively talked and reinforced to take up less and less space. You become small and eventually disappear" (Tabitha 2021). She also recalls fatphobia frequently being left out of discourses about oppression in leftist spaces. Deriving her work and activism from her own experience, Tabitha acknowledges: "I have come to realize that it's not just about self-love or about confidence it's really also a problem of access and civil rights and justice and equity."

One aspect that frequently came up in our conversation was the **commodification** of self-care. Being a professional coach, Tabitha offers guided community support sessions called "The Fat Freedom Foundation". This includes weekly sessions of sharing experiences, communal "healing" according to Tabitha's "4-Step Framework for Body Liberation". To participate, Tabitha asks for a monthly "investment"; the participants can choose how much they pay; the minimum being 5$. The other options are 20$, 49$ or 69$ per month. Asking about these fees and how she positions herself in the debate on commodifying affective labour, Tabitha tells me: "I wrestle with it." She goes on to explain how she tries to make the sessions most accessible by offering a price range. However, "[p]art of your responsibility of being part of this community is also to give your resources to help support others" (Tabitha 2021). Oksala (2016) problematizes the increasing monetization of affective labour, she displays her ethical concerns on how to classify which affective labours should be commodified (2016, p. 292). Equally, Federici (2016) observes an alarming commercialisation of the commons. Would not remunerating Tabitha for her work account for a more anti-capitalist stance? Does commodifying these communal care efforts lead to losing their potential for resistance? In my conversation with Tabitha, it became clear to me that constructing a binary between good resistance and bad conformism is like taking the easy way out. Living and working within a capitalist system is more complex than that. Bills must be paid; physical and mental health needs to be taken care of in order to make resistance even a possibility. Nevertheless, I do feel a certain discomfort in this point of Tabitha's and my conversation regarding her emphasis on practicing self-care to be able to go to work and function within a capitalist economy, within *grind culture* that requires us to be active and factors into the notion of people only being valued by their activity. There is a difference of practicing self-care in community as a feminist common in order to be able to resist oppressive systems and recuperation oriented towards wage labour or

capitalist production. And yet, talking to Tabitha shows me that it is not that clear to tell apart the two, and decide which are feminist commons and which are capitalist (re)production. Social reproduction is "the business of life" (Bhattacharyya 2018, p. 40), and that means it is often a messy practice full of ambivalences and for the most part not clearly related to (only) one specific outcome.

As mentioned above, according to Bhattacharyya (2018) social reproduction can also become a place of anti-capitalist resistance which I observe in Tabitha's communal care approach. It may not be completely outside of the capitalist system, but neither is it completely devoured by it. I want to now turn to the most dominant aspect of my conversation with Tabitha: **community** and interdependence. Community is necessary when talking about self-care because both are mutually constituting each other. Everyone has a finite capacity for doing things, which makes us interdependent in multiple ways. We need support of others to be able to care for ourselves and make space for self-care, Federici (2016) calls this "cooperation, and a responsibility to each other" (2016, p. 386). This relates to Tabitha's experience of being a mother: "I must have these self-care things happen in order to be able to take care of my baby" (Tabitha 2021). At this point, it seems crucial to ask what community actually entails. Does a small family with two parents and a child, as it is the case for Tabitha, already constitute community? Tabitha calls her family a "very teeny tiny kind of micro community [...] we each take turns doing what the other cannot do". In calling child rearing a "communal experience" Tabitha also points to indigenous populations where "everyone is taking care of the children". This non-Western, anti-individualist notion of community entails dismantling capitalist socialisation that has taught us to be independent and not ask for help:

> It doesn't benefit us to be individuals, it doesn't benefit us to be rugged survivalist on our own. We survive better as a unit. And so that means that we have to build trust and we have to build care and we have to actually be interested in each other and develop skills in relating and having relationships. (Tabitha 2021)

But how to build this kind of community? Tabitha asks the participants of her communal programs to agree to being radically kind (being compassionate to yourself & to others) and radically consensual, to not give unsolicited advice but rather pay attention to the other person's needs. She emphasizes the importance of talking and listening to one another with openness. Is this what constitutes community?

> It's this lovely wheel; it's never broken nor is it like ever too thin because there are enough people and enough care going around. Nobody has to be 100% 100% of the time. This is the thing about caring community. (Tabitha 2021)

However, looking at Tabitha's "Fat Freedom Foundation" it shows that building community also always means the exclusion of someone. In this specific case different (monetary) factors select who can take part. Participants need to be able to pay at least the lowest tier, they need to have a stable internet connection and a device to use it. Tabitha acknowledges these hurdles in our interview: "These things are actually quite widespread in the Western world or the Global North however you want to call it. But the fact of the matter is that not

everyone has equal access to these things". It was particularly interesting to me to ask Tabitha about the digital possibilities of a caring community, as she had already embraced online practices before pandemic times. She names two main reasons for that, one being that her main clientele lives in the US; the other is related to her aspiration to give everyone an experience that caters to their individual needs. This way, she can avoid many possible (physical) barriers for her participants as illustrated in the abovementioned example of the chairs. She tells me about her experience of living in small villages, where she would be the only fat person, the only black person, the only (out) queer person and how, in the face of that, the online space is crucial. However, talking about being in a physical space for her workshops she recalls it as a "wonderful experience", being able to hug each other and sit together.

The way Tabitha understands community and care bring up questions regarding the position of community in Western capitalist society. How can it be avoided that communal care becomes something that just compensates for the lack of care that the state strategically leaves? Does this idea of community step into a vacuum that the increasing neoliberalisation and cutbacks in Western welfare politics have left behind? Federici's (2016) understanding of the commons refers to "political possibilities" (2016, p. 380) that are detached from states or their institutions and rather put self-organized communities at the centre. This seems to be a radical, even utopian orientation. Nevertheless, in my opinion, Federici's analysis runs short when it comes to the fact that (Western) states fail to take adequate responsibility for the care of their citizens. Offers such as Tabitha's "Fat Freedom Foundation" can also be seen as a response to this lack of state accountability.

Conclusion

Thinking back to the conversation with Tabitha, I realise that I could not find the clear answer that I was looking for when I started this research. Self-care, in the understanding that Tabitha uses for her work, is a feminist intervention in the sense that it disrupts neoliberal individualized notions of caring and puts emphasis on community, networks of support, and resistance. Nevertheless, in some aspects, her approach also conforms to capitalist reproduction logics, since 'caring' in her account also means to be able to go to work.

This analysis of self-care as a communal practice has some limitations. My sample is small, as it consists of only one participant. Thus, I cannot make general assumptions about self-care as a common or a commodity. However, I believe that talking to Tabitha as someone who is in constant exchange with many people in and outside of her community gave me the opportunity to combine different views on self-care and become aware of the possible tensions that come up while practicing it. I suggest that further research could go into more depth looking at how spaces of community care outside of state control materialise, and how this is influenced by whether accessing them is bound to financial cost or not.

My research showed that self-care means different things for different people and that it can be especially crucial for multiply marginalised people since they suffer from interlocking systems of oppression. Simply existing in this world as a multiply marginalised person costs a lot of energy; emphasising self-care acknowledges this. To my

surprise, the commodification through charging the participants did not seem to diminish the capacity of this community, Tabitha still seems to manage to create an environment of trust, exchange, and resistance. Yet, it puts barriers to the accessibility of this specifically digital space.

This essay explored the notion of self-care beyond being a buzzword on social media. It showed that practicing self-care within a capitalist system means to be confronted with ambivalences. In line with Tabitha, I employed a practice of embracing these ambivalences rather than holding on to rigid binaries of feminist common vs. capitalist reproduction. Following Bhattacharyya (2018), I record that there is a need for social reproduction and self-care as a tool for survival within global racialised capitalism. With Federici (2016), I hold on to the importance of feminist alliances and the potential of transforming self-care into collective care, and subsequently into a common, based on community. This essay showed that this goes beyond self-care, as apparent in Tabitha's work. Self-care is often the first step that can enable us to change systems of oppression that we are confronted with, either as the ones directly affected or as allies.

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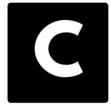
River Winding

Yu Wen Lee

Here is a river winding in your mind, that's your tear.
A gloomy person is engulfed
by fear, sadness,
and uncomfortable things
It is what it is.
So vulnerable,
so fragile,
missing all the happy things
far away from you.
Here is a voice approaching your place.
Don't be afraid; you know you will be here for yourself.
You start to feel your emotions.
Your heart no longer seems to be insensitive to pain.
Crying, screaming, being furious,
all show that you are who you are.

Reborn from the emotions,
stand up in a feminist way with supportive friends around you.
You know you are
strong enough,
brave enough,
loved enough,
encouraged enough.
It is calm after the storm;
flowers are flourishing by the river.

Dancing with your emotions, you are ready for the next journey.
You deserve yourself.



Dynamics

Georgia Lin

The folds in my sheets feel different

They contain the ticking seconds of a twelve hour day

This sick feels different.

I know enough about my swirling, inky mind

to grasp

at the gaps —

Gaps of compassion, joy, pleasure

Staccato

        Marcato

                Crescendo

Falling into the subway grates of my sweet acquaintance,

dearest, dull pain.

Articulating illness(es) fills me with guilt,

the waves of the Pacific that I long for

crashing into my fragile sternum,

indoctrinated with my cowardice.

The good Asian girl is submissive,

she is quiet,

keeps her pain wrapped in thin sheets of rice paper

bound in fumes of soft star anise,

wondering if her ache would dissipate

if she went home.

Boulders do not care if you fall,

it cares only if you hit your head,

only when the blood spreads like varicose veins

around the mossy rock.

S(mothering) and raising sickness

Staccato

        Marcato

                Crescendo

It wants to pacify me,

contain me in a heatwave,

Until I suffocate from recluse

Until I suffice with apathy.

It is too hot to collapse

so instead I fall inwards.

Fold my vessels into a bowline knot

until I can no longer taste sores,

Wrap self pity and menthol balm around my dry ankles

                                                            until I stay still.

I can only trust the existence of cyclones

who love to swallow my enjoyment,

demean my resistance,

twist my truths into being worth nothing more

than what is bought for me,

what sacrifices have been made for me.

My brain is a resonant gong,
surrounded by incense,
fogging my senses.
My pain presumptuously present
It is sweat and dug nails, imprinted on sullen face
Painting on my pores is release
from ignorance.

The folds in my sheets mirror the folds in my stomach
I bleed in sighs and stinging breath,
Staccato
Marcato
Crescendo
into heaves, confined in thought and memory
Cover eye bags with doe concealer
Hide puffed face with tangerine cream.

My roots are loose,
the silk string ties of my nerves
sliced by change into ribbons.
The most maddening hours of Sick
lets the sting survive for epochs.

Crumbling from scattered world,
frail time,
Sick treads into glimmering ponds, soft eggshells
waiting for soles.

I wait for a symphony to rescue me:

Staccato

    Marcato

        Crescendo

I look and seek and crawl and gravel for catharsis

by any means I can grasp.

mouth in hands,

stuttered breath,

fists in hair,

pendulum body

but

    I cannot stop the waste of good, alive time with faulty systems.

A fragile spring

Brings about new sheets, new folds

For what is made by me is paramount

Staccato

Marcato

Crescendo

cannot contain me.

It must hold my fragilities,

pains and pores

temporal dissonances,

for I hope I can make

joys.

Joys to transcend gentle, damning memories

fighting for recognition

When it should be the daisies on my windowsill

Bursting with colour

that deserves my presence.

Critical commentary

Dynamics explores embodied moments of pain from my lived experiences of depression, anxiety, and panic disorders as a diasporic Taiwanese immigrant woman of colour. It represents my desire for care and draws from disability justice activist Mia Mingus' concept of access intimacy, understood to be "that elusive, hard to describe feeling when someone else 'gets' your access needs" (Mingus, 2011). In the poem, I repeatedly reference musical dynamics of staccato, marcato, and crescendo, which symbolize the quickening of heartbeats and the "flight or fight" response triggered by panic attacks. I am also interested in the body as a site of both care and harm, for example, in stanzas where I write about skin and skincare as a form of self-care that can contribute to further internal marginalization of pain. My work is rooted in an intersectional feminist and disability justice praxis, with disability studies scholars such as Jina B. Kim (especially her work on crip-of-colour critique), Leah Lakshmi Piepzna-Smarasinha, and Mia Mingus' writings on transformative justice serve as foundations for my artistic and academic pieces. It is my hope that *Dynamics* contributes to a future where we invest in trauma-informed, culturally competent mental health care, particularly for multiply marginalized women of colour. We can simultaneously hold pain and joy as a result of mental illness, and thus we need to recognize that though sickness can blur our conceptions of time, we can imagine a future built on access intimacy and care.

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FEMM HORTUS (plant haptics)

Landon Newton

Critical commentary

abortifacients; felt containers; grow lights; projected animation; QR codes; soil; wire
multimedia installation; dimensions variable; 2021

FEMM HORTUS (plant haptics) is a multi-media herbarium of plants that have historically been used for abortion and birth control, focusing on the commonly found Wild Carrot (*Daucus carota*) or Queen Ann's Lace. This project calls attention to the history of plant medicine, herbal abortion, abortion-as-care, and the ways in which people have been managing their fertility throughout history. Each plant included in the installation has abortifacient, emmenagogue, or contraceptive properties. The interactive installation collects information on medicinal and historical use, abortifacient and contraceptive use, wild cultivation, plant migration, species range, and speculative plant-human connections. Abortion care has always been an essential element of healthcare and self-determinization. This work seeks to highlight the intimate and historical ways in which people have used and connected with plants, including the use of plants and herbs for abortion.

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A beautiful lesbian morning: depicting intimate lesbian lives in the Global South

A las disidencias que habitan el sur

Isabel Nuñez Salazar[1]

Illustration 1. The illustration shows, from the left to the right, Titi (Eliana and Rebeca's dog), Perlita (Rebeca's dog), Rebeca (Eliana's partner) and Pilo (Eliana and Rebeca's cat) in bed together. This is originally a family photograph taken and provided by Eliana, Rebeca's partner in their bedroom. The illustration was created by Amy Rogers.

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Critical commentary

Between 2016 and 2017, as a PhD student in the UK, I conducted fieldwork in Santiago, researching amongst different domestic arrangements what people think the term 'family' means to them, and whether family photography would play a role within families and close relationships. I took an intersectional feminist approach to research families (hooks, 2015; Collins, 2002; Kirkwood and Crispi, 1987; Barrett and McIntosh, 1982) and developed Morgan's concept of 'family practices'; social practices which drew people together and supported them to maintain material relationships and emotional connections (2011a, 2011b, 2004, 1996). In the summer of 2017, I visited the house of Eliana and Rebeca, a middle-class lesbian family in Santiago de Chile. During the interview, we shared meals, had long conversations and laughs in their home. The couple lived in a three-bedroom house with their animals, and they had a little garden wherein they grew some vegetables and flowers. They also ran a dog grooming business together and told me about what 'family' meant to them. In my postdoctoral project on making connections between the arts and sociology, I worked with Amy Rogers, who created the illustration above. She drew the original family picture (taken by Eliana) given by me and used the software Figma to add the original colour layers behind the scanned drawing. I created the idea of connecting an illustration, family photography and practices of care in the lives of Eliana, Rebeca and their animals.[2] The illustration shows us how the emotional and relational lives of Eliana, Rebeca and their animals are close to each other, all together in their intimate bedroom, being physically close, sharing a bed together and providing companionship. Companion, closeness, and sharing are all practices of care in Eliana and Rebeca's multi-species household (Charles, 2014, Brannen et al., 2013, Weeks et al., 2001, Jamieson, 1998).

For Eliana and Rebeca, 'family' related to the practice of taking responsibility in caring for each other and their pets. This lesbian couple made connections between emotions and practices of care; emphasising the importance of 'love' and 'care' for each other in everyday life, by supporting each other's decisions, and making a different way of living. By contrast, the straight couples that I interviewed did not mention emotions. Rebeca and Eliana worked hard to create a family in their home with their animals; having the freedom to enjoy life which, as a lesbian couple, in public is not always easy in Chile. They had a greater commitment to make their family life more egalitarian, primarily because the care responsibility is central to family practices. The illustration was chosen by both Rebeca and Eliana and represents the everydayness of a loving, intimate and caring family life. It is also a claim for recognition, making the lives of lesbian women visible, in a country which still marginalises LGBTQ+ people.

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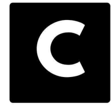

Sleep and care: Narratives of nurses on caregiving and sleep

Ayatree Saha

Abstract

This article attempts to locate sleep as a form of care, through the narratives of caregivers. I use sleep as a lens to understand care-work and the lives of care-workers, as well as to locate sleep practices among care-workers. Through everyday forms of negotiations, and interactions with patients, this paper unravels narratives of nurses in Kolkata, India, during the time of the COVID-19 pandemic. This paper addresses the lives of these women for whom caregiving involves emotional labour that constantly spills over outside their spaces of work. Stories of interactions with patients are also narrated, to look at how sleep is not an isolated physiological process but dependent on social conditions as well. The most important part of this discussion is how sleep is a right, as well as a desire, and is demanded as part of the process of care-giving. The care-giver tends to others' sleep, but lacks their own. It is in this context that sleep is a demand made as part of care-giving, not just by caregivers themselves but as a part of the larger social responsibility.

Keywords

Gender, labour, care-work, sleep, pandemic, emotional labour, lived experience, medical care, women, health

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The past two years have witnessed an enormous loss of lives and emotional catastrophes globally. The pandemic disrupted the existing patterns and routines for some, and created new schedules that fit into the dictated rules and regulations of lockdown. The usual sense of 'working hours' shrunk for some, and also left many unemployed. However, this was not the case for frontline healthcare-workers, who had to put in more 'hours' in order to accommodate the crisis that the pandemic created. This essay captures the narratives of nurses in particular, whose labour was significant in saving lives during the time of pandemic, at the expense of their own physical and emotional well-being. The paid and unpaid care-work performed by the nurses during this time, is tied to the performing of sleep, as a matter of central concern. This paper looks at the fraught relation between care-work and sleep, drawing from the fieldwork on night nurses and care-workers in Kolkata, India during the COVID-19 pandemic.

Sleep has gained little traction in social science research, with even less concerned with a discussion on caregivers' sleep. Simon J Williams (2011; Williams, Meadows and Arber, 2010; Williams and Crossley, 2008; Williams, 2007; 2005; 2001; Williams and Bendelow, 1998) laid out the groundwork for allowing the sociology of sleep to flourish. Jenny Hislop,

Sara Arber along with others have put forth the gendered nature of sleep in the context of women in UK (Arber et al., 2009; Chatzitheochari and Arber, 2009; Meadows et al., 2008; Arber et al., 2007; Hislop et al., 2005; Hislop and Arber, 2004, 2003a, 2003b). This article looks at the experience of sleep among women who perform paid and unpaid labour of caregiving during an exceptional time of the COVID-19 pandemic. Through the literature on sleep, care and gender, this article examines how the narratives of sleep offers an insight into the inequities of sleep, that is at tandem with their socio-cultural position. The negotiations made by the women within the institution of healthcare and family, offers glimpses into the lives of these women at the intersections of different forms of labour and social structures. It is the 'doing' and 'event' of sleep that this article examines rather than the biological phenomenon (Taylor, 1993; Aubert and White, 1959).

Methodology

This article is an attempt to highlight the nature of caregivers' sleep through articulating their experiences, and drawing the relationship between care and sleep via qualitative approach. In-depth interviews (Saha, 2021) with 18 nursing aides and attendants (aged 25-53) were conducted within hospitals in Kolkata, India, which included both public and private hospitals as well as outside the premises of workplace[1]. Nursing agents, who were recruited by organisations that provide the service of "at home nurses", were also interviewed along with the others. Five nurses worked at an agency that sent nurses to homes for post-surgical care, or elderly care. Interviewing women was not only intentional but also a result of the fact that the labour force comprised mostly of women. Since most of the interviews were conducted during the lockdown period of 2021, I had to resort to telephone interviews as well. The interviews lasted around forty-five minutes and were later followed up, either in person or via telephone. The questions were open ended, allowing free expression of their perceptions. Women who worked in hospitals or as *ayahs* in home, were recruited through first contacting organisations and hospitals and then via snowball sampling.

The interesting thing about speaking to them on phone during the initial phase, was the time. I had a small window to speak to them, and that was during their commute in the bus while they were returning to their homes. The conversations involved sounds of car honking, people screaming and shouting, network issues, missing phrases and sentences. The time of every conversation could not be more than forty- five minutes, as they had to go for their dinner. For those who had night shifts, my window was the morning hour when they would return, because they would go back and sleep, and then the whole day never had a fixed free time. It required a lot of patience, both on my part to ask questions and on theirs to listen and respond. The entire fieldwork was a patchwork, with intermissions, breaks, disruptions in between, to finally come about as it has. However, some preferred to speak during their night shift duty. Interviews were also conducted in the middle of the night. The impossibility of being present in the hospitals initially, or having these conversations in person, might have resulted in loss of a lot of details, that might have been possible to

[1] The interviews were conducted in Bengali and Hindi, depending upon the convenience of the participant. The interviews quoted here are translated into English. The names of the participants are not changed, as they did provide consent to use it. However, nobody was comfortable in letting me use the name of the hospitals or organisation they worked in.

garner otherwise. Given the short window available every day, it often became exhausting to continue and start all over again. However, I continued to follow up via phone calls along with visiting them in hospitals, that gradually allowed us to develop a sense of familiarity.

Care in feminist thought

Caring or care-work has been into discussion within the forefront of academia for more than fifty years now (Abel and Nelson, 1990). The issues that care-work brings to the fore are those of labour, labour of specific forms interlaced with gender and even race, ethnicity, class and economy. It also brings into prominence questions of morality, ethics and personal relationships (Mason, 1996). “Care is the activity of attending to others and responding to their emotions and needs” (Coltrane and Galt, 2000, pp. 16). However, responding to others needs is not uniform but is rather constantly changing. The emotions and needs are also dependent on the social and cultural norms (Woodly, et al., 2018). Thus, care needs to also be administered based on understanding and interpreting the needs and emotions of individuals as well as social and cultural norms. Care-work is the kind of work that accommodates affective relationships, and is thereby specific and very different from other kind of services that late capitalist economy produces. The work performed is physical, emotional, intellectual, and social.

Care-work, in particular, also involves emotional labour or “emotion work” (Hochschild, 1983), where the caregivers exchange emotions with the recipients. This emotion however is managed for a specific purpose, in this case, as a responsible employee whose role is to provide care duties, without ‘feelings’. Care-work also involves body-work, where one assesses, touches, monitors, treats, handles other bodies, where the workers can be a subject of power or exercise power over the bodies that they constantly handle (Twigg, et al., 2011). Care-work often involves a sense of affective connect that might be sustained over a period of time, even when this arrangement is through paid employment. Care-work both formally and informally is performed mostly by women, globally. Silvia Federici in her work, *Wages against housework* (1975), argues how capitalism formulates this kind of work as ‘love’ and unwaged labour. The invisibilisation of house work, including care-work, stemmed from the absence of any form of social contract. The absence of wage allowed this to be transformed into a natural attribute rather than a socially, rather economically, constructed phenomenon.

Jennifer Mason (1996), on the other hand, tries to conceptualise care as a sentient activity and active sensibility, by bringing together the debates on care as love and care as labour, attempting to transgress the distinct dichotomies. In this context, women are both involved in paid and unpaid care duties, where distinctions between emotional and physical labour become complex, along with the association with organisation (James, 1992). The care duties involved in the workplace and the one performed within the household have differences yet are activities that are sentient, time consuming, detail oriented, and often at par with socially sanctioned norms. The social norms here are associated to women, thereby making this a gendered labour. However, there is pertinent evidence of negotiations in our everyday lives that indicate the numerous choices made even with already prescribed duties.

The work of a nurse, nursing aide or attendant comprises of duties that are also done by domestic workers, like cleaning, or reproductive labour (such as feeding, sponging, tending to any form of bodily discomfort, etc.). But it also involves the skills required to administer medicine, taking temperature, inserting catheter, lifting or carrying the bodies, which require a certain amount of physical strength. This is also accompanied by the requirement to soothe the patients, keep them company, which makes compassion a significant aspect of their work. Thus, their labour involves a range of menial tasks to affective labour which requires a special combination of skill. This article analyses the complexity of this work, that with along professionalization, expects distance and disassociation from patients, but often puts the burden of this on the workers both physically and emotionally. They ensure calm amidst the chaos, and cleanliness amongst contamination. They often not only tend to the patient's bodies but also those of their family members, cleaning not just the body but also the environment. Thus, this kind of work is constituted by myriad forms of labour, which are difficult to sum up within a single rubric.

Care in the Indian context

In India, women's work is complex because of the identities associated to specific forms of labour. The 'dirty' job of cleaning has a history of caste hierarchy and oppression associated with it (Sen, 2009). It is based on a social identity that accompanies abjection, stigma and exploitation. When the conversation on 'women's work' within India comes to the fore, it is cleft into caste and class identities. Thus, not only is the category of 'women' not homogenous, but the kind of labour performed by them is also diverse and often associated with caste and class identities (Ray, 2019). The bodily labour within a family is often outsourced to women belonging to the margins, thereby often creating a crisis within their own families (Bhattacharya, 2017). However, the multitude of kin networks often allow certain tasks to be shared. But even then, there remains a certain distancing of specific kinds of work by upper caste and class women, which are then assigned to women in the labour market. What continues, however, is the feminization of all of the affective, communicative, emotional labour, fractured on the basis of social and cultural identities.

The umbrella category of 'nurses' which is more professional and the informal categorization for instance those of *ayahs* is difficult to distinguish in India. The formalization of the profession, by registering nurses through training is only recent and minuscule. There still remains vast number of unregistered nurses or *ayahs* who continue to work within the informal labour market. A common sight within the hospitals is this hierarchy between the trained nurses and *ayahs*. The nurses are employed formally by the hospitals, whereas the *ayahs* continue to tend to patients and other menial tasks without proper wages. In one of the hospitals I visited, the job of the nurses was only to administer medicines, make hourly check-ups and keep notes on patients' conditions to be reported to the doctor. The cleaning, feeding, changing of clothes, and other menial, 'dirty' jobs had to be done by *ayahs*, who were separately paid by the family of the patients, and not by the hospitals. Thus, this essay tries to locate sleep, amidst this complex socio-political relation, and capture the care-workers' perception of their own sleep.

Sleep and Space

When labour, or work, comes into question so does the issue of rest, or sleep. The body that sleeps is equally significant as the body that labours. This section looks at how sleep is organized around labouring hours, by de-prioritising it.

Among my interviewees, there are two clear demarcations of space- the places they work (hospital or other people's homes) and the place they go back to after work. Some of my respondents live in hostels which are shared by other women as well. Some, on the other hand, go back to their families, comprised of three people or more, which also meant continuing with care duties after work[2].

Those who lived in the hostel did not have cooking, cleaning or any other responsibilities. They only had to change clothes and have dinner (which was made by a cook). They had the liberty to sleep without having to attend to others' sleep needs. But their sleep, or specifically the quality of sleep, did depend on the other people sleeping in the same dormitory. Given so many of them slept together in a room, frequent commotion did cause sleep disruptions.

> **Ranita (30):** Often just as I fall asleep, someone starts talking loudly or closes the door so loud that it wakes me up, and then it becomes difficult for me to sleep again. I am a light sleeper, so the slightest noise interrupts my sleep... sometimes I have to ask them to be quiet.

> **Anjana (28):** After reaching the hostel, I take a bath, wash my clothes, have the breakfast which is given, and then go off to sleep... Usually I am so exhausted, I immediately fall asleep, but sometimes it is difficult. But mostly sleeping at night is more difficult than during the day, which is strange, because initially it was the opposite. Over the years, night shift work has increased, which makes it easier to sleep during the day, rather than at night. After a few consecutive days of night shift, I lay wide awake on days when I have morning shift, and then have difficulty waking up in the morning. So, there are days when I work with very little sleep.

The natures of my participants' sleep were dependent on the circumstances, with no adherence to socially prescribed time. Since their sleep is tied to issues such as the time of commute, time of labour and time of every other quotidian chore, there remains a constant lack/leftover. There remain the memories of pain, injuries, traumas, death, bodily remains of fatigue, commutes and every other movement that culminates at the point of sleep. There is a greater sense of freedom of movement and of stillness in the space of hostels, because of no attachments or relationships that require attention, apart from themselves. They do not quite have to worry about the other's sleep: not in the sense that they might disturb someone's sleep, but more so that they are not responsible for it.

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[2] None of my respondents lived alone. Some lived in hostels, where the rooms were shared by others. Others lived with their partner, and children. In most cases in-laws were also residents in the same household.

> **Anjana (28):** This is the only time where sometimes I sleep peacefully, because the bus is not crowded and sitting by the window helps me to sleep. It is better than my own bed. It's not like I don't like my roommates. It's good to come back to people who understand what we go through, but sometimes there hardly is time to think or even listen to music without ill patients around…sorry I don't mean it to sound it like that.

The commute, as I mentioned, becomes an integral part of their lives. Napping in public places is quite common, particularly in a city like Kolkata. So, falling asleep on the bus is quite normal. But what then arises is the guilt that accompanies her statement. This guilt of trying to have little space for themselves seems to stem for the ethics of nursing they have been trained in. The expectation to care, to tend to people and their comfort somehow translates to undermining their own feelings in order to align with what is expected. Somehow saying that they want to a little time alone seems inhumane to them. Being healthcare-workers, they feel that they are supposed to take the burden of everyone's care.

> **Namita (40):** Night shift work became difficult after I got married. I mean I can't sleep during the day, there is so much work. Cooking, cleaning, and after kids… just don't ask (laughs). I used to be so tired, my eyes would burn at times, but thankfully God created afternoons, I slept peacefully. My husband used to be out at work, my in-laws also slept, I had nothing to do. After few years, I sometimes slept for like an hour or two during the day, but then I felt guilty as my mother-in-law then had to cook. Moreover, my husband faces difficulty if I'm not around in the morning, so I stopped sleeping. Now, since I am in administrative duties, I don't have to do night shifts, unless it is absolutely necessary. I think after a while I used to sleep when I can, the rest just continued… Having a kid changed things, especially with respect to time. It was so difficult to manage all at once. I have been in night shifts taking care of patients, so staying awake at night was not the problem, but somehow it was a lot more difficult to have a crying baby in my arms. Caring is part of both my job and at home, in a sense it is my duty. I cannot stop doing that. My mother-in-law helps with cooking, but mostly it's me. The administrative duty allows time for the kids, otherwise I don't know what I would do (laughs). But it's not like I can't manage, I do it all.

Namita's experience of reproductive labour, parenting as well as performing body-work expressed the interlaced reality of the gendered body. This experience was different from the previous ones. Namita's sleeping pattern is not just informed by her own choices but by the kind of gendered labour that she performs. Not only does her formal care-work inform her sleep, but so does her reproductive labour. The distinct form of care that her child needed is distinguished by her, with a sense of urgency, that is both physical and sentient. She needs to tend to the children not only while they are awake, during the day or night, but also pay keen attention to them while they sleep. Not only do crying babies disrupt the sleep of the woman, but so does the need to be constantly attentive. This shift at night is continued from daytime work, housework and emotion work (Venn, et al., 2008). In the cases of nurses with children, the emotional work is a continuous process, thus making it a distinctive kind of labour. Not only do they continue caregiving as part of their

employment, along with housework, but also continue it as long as they inhabit the domestic space. Along with the daily chores that are performed, emotion work for them does not quite end. As Namita states above, her sleep was so pushed to the periphery that she chose to completely obliterate its importance.

The stark difference between living with other members in a household and a hostel is this sense of the freedom to sleep. The women in households prioritise everyone else's sleep, despite their everyday labour which amounts to a lot more time in a day than that of men. Despite the stress from the work, the lingering trauma of witnessing death, pain and illness, they need to carry on the process of social reproduction. They might not be the last one to sleep, but the amount of labour they have to fit in between their waking hours, not just as a contractual/informal labour, but also as a disposal of moral duties, is extensive. The above discussion illustrates the complications of sleep with regard to care-work, in two different as well as overlapping contexts. The night time is not uniform, or tied to uniformity of sleep.

Patient care: Stories of interaction and care

In focusing on the relation of care and sleep in the pandemic, the vulnerabilities that accompanied it cannot be left out. As much as spaces, social roles and relationships inform conditions of sleep, exceptional moments like this provide a different kind of narrative.

> **Subhashree (26):** There was this one lady in the Covid ward, I wasn't attending to her, but one of the nurses could not come in for a night shift that day and I had to work. She was around seventy years old, but she did not seem like seventy. She looked very young; she was beautiful (laughs). Nobody had called asking about her after her admission, she never used to talk much and kept looking out of the window. That night after everyone slept, I came for a round to check whether everyone was doing fine, and she was awake. I asked her, if she needed anything, or whether she was in pain, and she only nodded her head saying 'no'. I took a chair and sat there for some time, waiting for her to say something, but she did not utter a word. Now we are supposed to ensure patients sleep on time, eat their food and have their medication, but we usually do not engage a lot personally. So, I did not know what to do, so I started telling her a story of my first patient. Actually, I made that up, from things that have happened around, I felt like a story writer (giggles). She listened to me keenly and after a while, said "You don't have to do this, I am fine". I told her, "I know, I have nothing to do, nowhere to go, and not many people to talk to, so..." She looked at me for a while and said "You seem lonely, I am lonely too. I lost my husband last week, we only had each other, so I also have nowhere to go." I felt so bad for her, because she was on her way to recovery and would have to leave soon. For the first time, I did not ask her to sleep. I sat there with her, which was anyway breaking the rules, but as I said I did not know what else to do other than keep her company. Keeping people company is what we have been trained to do. I dozed off after a while, it was already 3 am and woke up at 5. I woke up to see her sleeping. I was scared, that she might die on me... I was scared because one patient died around 3 or 4 am,

> like the monitor went "tiiiiiii" (the sound of heart flat-lining) and I intubated him, and the doctors came and it was horrific. I was actually asleep when this happened, it was a slow day, everyone was monitored, doing well, and suddenly this happens... it went from complete silence to complete chaos...

This form of crisis, of losing the loved ones during the pandemic, left so many vulnerable and lonely. This story is not just about patient care, but about care that stems from a certain kind of viscerality. Despite the norm of distance and objectivity that is supposed to mediate this professional relationship, it often spills over outside the frame. This form of social care is not dictated by job expectations, but through emotions that are practised every day. It creates effects of collective companionship and provides hope for solidarities against the mechanization of waged labour. We are always looking for stories of care, emotion, nurture, something that reassures us, provides hope and promise. And more often than not these stories lie in the mundane, not always in the extraordinary or exceptional, not always elaborative, but often simple.

Nurses interact with numerous patients, and each interaction has a history and a context. Every patient has a story, of suffering, and pain. Caregiving by the nurses, even by job description, does involve emotional and psychological support.

> **Rojina (25):** There was this ten-year-old patient who was deaf, she could not speak ... I don't know sign language, but there was a bond that was formed. I had to stay with her at nights, she was very critical. It took her more than a month to recover. But I remember when it was the last day, and she knew it was the last day, she said "don't go" ... I mean not said, but you know, ishara kiya (indicated). I was so emotional, she was such a nice kid, who suffered so much at such a young age. I still miss her, I never had to speak to her, but somehow, she understood what I wanted to say, and I understood her as well. [...] We are trained through role-playing and in many other ways about how to interact with patients, but these kinds of moments are always unexpected. I actually like my job because of times like these.

A few of my respondents/nurses/caregivers did talk about their joy of "serving people". For them, it seems that a deep-seated moral and ethical responsibility comes with the work of providing care. These forms of affective connections are often sustained for longer periods of time and do not fade away easily. These relations then produce stories, which are a result of a deeper form of affective relation that exceeds the normative expectation of what constitutes being a nurse. This is distinct from the caregiving which goes unrecognized as work and is unpaid: the care of children, family, and elderly as is made clear by many of my respondents. Sleep practices are then, associated to the kind of care-work that the women perform. The unpaid care-work in the women's domestic sphere is seen to be almost constant in everyone's lives, that results in constant worry and anticipation of care needs of others. This then informs sleeping habits, or rather the constant sleep disruptions. The paid care-work which also involves different forms of emotional engagement that are unacknowledged, adds layer to their experience of sleep. The sleep disruptions here, are

part of job responsibilities, and the sleep schedule being part of the social role that is performed every day.

Caring in the time of pandemic

It is not always a choice of whether the nurses can or cannot sleep, both in terms of the bodily requirement of it, but also as a sense of obligation. With the particular form of training that they have received as well as the practise of 'not sleeping' that comes with the job, that they have achieved, they do not require sleep or rather do not 'feel sleepy'. Often the tendency to not sleep, is not based on years of practise but based on the consequence that sleeping might bear. Debasmita maintains her fear of bearing the doctor's "scolding" if anything goes wrong, which is also the reason she avoids sleeping at night in the hospital. The hierarchy within the institution gives a sense that to sleep or not to sleep is not just a moral conundrum, but also in the very constitution of the system where nurses are held responsible for most night-time activities. The relation to sleep then is not just directly linked to patient care, but also to the institutional mechanisms.

> **Namita (40):** We get very little opportunity to sleep at night, but it's not like it has never happened. There have been days, when there have been no critical patients, and I just had to go on a round once. If there is no emergency, it is all about maintaining the quiet. The silence at night can just disappear with one little incident of commotion, which can range from sudden cardiac arrest or labour, or a bursting appendix or simply someone falling. We are responsible for everything, doctors do not like to be disturbed unless absolutely essential, so we too try to maintain things as they are. Gradually I got used to it. This is the job, I have to do it, is there any other option?

> **Rojina (25):** There are times when the patient does not sleep, and so I have to stay awake with them. With the pandemic, the protocols are also strict and I have to be very careful with every procedure. I have to constantly think about the safety of the patient because either the immune system is already compromised and if something happens because of me...it is difficult. But the benefit of being a home nurse is that I often do get to sleep, especially when the patient is asleep, and often I know that they might not wake up... Some also like to talk, especially elderly people. Nobody talks to them much throughout the day, once in a while someone comes up and asks how everything is and goes away. I feel bad for them. They tell me a lot of stories, but patients are not advised to stay up the whole night, so I have to draw a line and ask them to sleep. They finally do listen, sometimes they don't, but then their body is usually too tired and they fall asleep.

I looked at the patient-nurse relationship in relation to its association with sleep. It was not only an attempt to loop sleep into the conversation, but also to place how acts of care are also part of negotiating sleep. The association of 'sleep' with 'patients' is linked to the acts of care that are performed in different ways. Often by accompaniment, or consoling, or just by looking over, caregiving is prioritised over sleep. The pushing of sleep to the periphery is

not a mere matter of chance, but a deliberate act of labour, that often seeks respite through modes like storytelling or humour.

> **Rojina (25):** The pandemic has changed the way we used to interact with patients. We see fewer patients but have longer working hours. The people at home also do not feel comfortable. They get concerned about where I have been, which other patients I have seen. Some even demanded that I only visit them and nobody else. But that was not possible, because then we would be paid even less. Now the work feels very frustrating because it seems they do not want me, but I have to be there anyway. New cases also stopped coming in, and we thought we might lose our jobs, but then that did not happen (sighs). A lot of people died and are continuing to die. I feel sad, because in hospitals you see death a lot more than here (refers to her job).

> **Subhashree (26):** The pandemic has been difficult, some days I did not come back home because I had to work for more than twenty-four hours. Sometimes I used to come at 2.30 at night, and it was difficult, so often I chose to stay back. I used to be very tired when I came back, so used to sleep right away. But on some other days, I just could not sleep…usually the days when the condition at the institute was really bad. People were just coming in, and there was really little we could do. So many sisters left because of COVID which increased our workload and all we could do is be there.

> **Tanushree (39):** I was very scared to be honest, working during that time. I had actually thought of leaving so many times. I had children at home, and in-laws who were old. My father-in-law has high blood pressure, diabetes. All of them needed constant care anyway. The pandemic really scared us. I could not leave them and stay somewhere temporarily. But I was scared of what my work could do to them. Every day I used to come back and clean everything. And since then, everything has become all about cleaning… I used to sleep in a separate room though. It mostly was because of fear, even though I knew it would make no difference, but it calmed me.

These three narratives bring out the way the women's work intertwined with the crisis that led to a change in sleeping arrangements and patterns. It changed the ways of interaction with patients due to the strict protocol as well as a change in sleeping habits. But what did not change was the irregularity of sleep associated with care-work. Performing care-work involves disruption of sleep, and that was the scenario even before the pandemic. Healthcare-workers are usually trained and used to crises related to health. Their sleep is usually aligned with the intense kind of work that they do, which usually entails lack of rest, lack of sleep. The pandemic simply added on to the existing dire conditions of labour. Along with the usual distress, it added on to the anxieties about their own lives along with those of others. "The activity of care can be distressing and demanding since it involves emotional work in addition to physical care tasks" (Bianchera and Arber, 2007, pp. 200). In a situation where things were mostly unknown, their caregiving not only involved physical

care tasks but also emotional work, which seemed to be more of a requirement than the prior (as seen in the stories shared above).

When to sleep is almost completely regulated by both the labour demands of the institution of the hospital as well as the family. *Where* one sleeps is also regulated by the kind of work the caregivers engage in. *How* they sleep is definitely not the representative of lying down on a comfortable bed and sleeping, but wherever and however they can manage. Their sleep is fragmented and not unified by the logic of eight hours. What normal time means for most, revolving around work and sleep is completely disrupted, if not destroyed. The pandemic in itself disrupted the logic of time, making things even more difficult for some. With COVID also came a very specific form of trauma from the innumerable deaths witnessed by caregivers. Debasmita had to work for fourteen days and stay in isolation for seven days:

> **Debasmita (29):** It was so weird, I had so much time. I never had so much time for such a long time… I could sleep all day, and I thought it would feel good, because I hardly could get sleep, but on the contrary, it made me even more tired. I am a person who wakes up so early and prays, I have difficulty going back to sleep after that.

Sleeping: An act of Care

I employ sleep as a site in the lives of care-workers/ caregivers located in the city of Kolkata, mostly during the pandemic to bring together the general problem of extraction of labour and the specific nature of care-work. This essay looks at the intersection between these private spaces of disability and recovery, and the temporal cycles of care-work forged *between* the different caregivers over a certain duration of time. What emerges in this documentation is that the forging of these temporal forms of work takes place only through extremely nuanced and delicate affective negotiations between different agents of the field of work including the actual caregivers and the patients. This dense and delicate web of activity consists of the exchange of speech, emotions, debt and obligation that circulate between these agents and patients. The attempt has been to bring out the tenderness and precarity which constitutes the "betweenness" of the individual caregivers as embodied forms of labour, and patients as embodied sites of disability. In this ethnography, the subjectification that results out of this circulation of affects and values (in the strict sense of labour-values), is a gendered subjectification.

I set out to locate the relation that the nurses have with sleep in relation to the kind of work that they do. Being caretakers of patients, children, the elderly, spouses, they themselves do not get to verbalise *their* need for care. The exhaustion that might be carried due to these enormous tasks, affects their emotional and physical well-being, which goes unaddressed. Veena Shatruguna and her colleagues (2008), demonstrate how women neglect their afflictions, in their case, back pain, and how their admission in hospitals create a crisis within the family.

The need to sleep on time, to wake up early and be productive works in the same rubric as working and tiring ourselves to have a good sleep. However, when neither work nor sleep has a fixed temporal placement, things become fuzzy. When the night becomes the time to

work and the day to sleep, especially with shifting duties like that of nursing, which continue to change, the bodily need and their relation to labour become intricate and complex. In most cases, as seen above, there is not quite a distinct demarcation, of work time and sleep time. Whenever asked the basic question of when they go to sleep, most resorted to telling me about the night time, even when they do not have any fixed routine that dictates their everyday. Their sleep is dependent on their labour hours, commute time, chores and responsibilities at home and more. The desire or right to sleep is hindered with the need to do care-work that demands to be prioritised, relegating sleep to the periphery to the extent that it is reduced to a mere necessity. It is not about quantity of sleep and not even the quality, but more about performing a necessary. Sleep, then, occurs with the lingering remains of guilt - of sleeping and not doing the chores, of worry (Arber and Ginn, 1995) - whether everyone is fine and asleep, of fear- that one might get caught while sleeping on duty. Women's sleep is regulated through these modes of indoctrination of social expectations, that also pertain to nursing ethics. But despite these factors, evidence of night time solidarities, of covering for one another, letting others sleep, or just keeping each other company to get through the night, shows the collective processes of bargaining.

"*Waking Up*" (Fo and Rame, 2013), portrays a woman's frustration towards her husband who continues to sleep, without bothering about cleaning, cooking, washing clothes or even talking to her. The play mocks how men tend to get rid of their responsibilities and rather burden women with more work, which isn't even considered work, as all of this continues to be unpaid labour. As several Marxist feminists argue, the economy would fall if women started demanding payment for the unpaid labour that is constituted as part of their 'duty' and 'responsibility' (Vogel, 2017; Kotiswaran, 2011; Pande, 2009). The twenty-four hours which apparently seem to be available equally to everybody, however, seems to be a packaged myth. Not only is the division of labour unequal, but its distribution throughout time is also inequal. Caregiving being an intrinsic part of everyday is allocated as the task of women, and thereby her labour does not end with her working hours of employment. Rather, different kinds working hours spill into each other for women, through the course of those same twenty-four hours. Working women with children, dependent families and housework do not have the same means of using or differentiating time that men do. Moreover, paid care-work adds on to the emotional wear-and-tear that interacts with the emotional work within the domestic space. In most families, women continue to perform housework and caregiving despite their own illness, their deteriorating mental health and with no expectation of reciprocal care.

The lie of 'love', that the dual and interdependent systems of capitalism and patriarchy conveys, disguises this extremely important form of labour as 'instinctive' and not labour at all, even as it forms the basis of the continuance of the economy and society. Can this lie be resisted through the act of sleep? As Jonathan Crary (2013) and many performance artists suggest (Allsopp, 2016), the constant demand of labour and productivity can be resisted through the act of sleeping. This does not mean dissolution of a crisis of care, but rather forming and participating in networks that allow the possibility of resistance. Caregiving does not need to be withdrawn but rather needs to be shared, waged, recognised and practised widely, to allow spaces for negotiation. Isn't letting someone sleep also an act of care, and therefore prioritising sleep negotiates with the demands of labour? It might seem futile, but acts of sleep are not merely passive but can have dynamic and powerful

motivations. Getting the patients (ready) to sleep at night, ensuring they are asleep, keeping them company while they are asleep, are all tasks that involve emotional work. Putting a baby down to sleep is culturally varied and involves fascinating performances, as seen through different lullabies that are used by caregivers across the world. Hannah Reyes Morales (2020) illustrates, through use of photographs in the *National Geographic Magazine*, how different cultures use lullabies to coax children to sleep. She suggests that these lullabies act as windows into the parents' hopes, fears and dreams for the future. Sleep forms a part of care and thus the demand for sleep is one that allows one to rethink the intense form of labour that is extracted from us. The demand for sleep is important in the conversation about caregiving and care-work. Sleeping is social and so is influenced by the factors of gender, class, religious practices, occupation, age and the intersecting relationships amongst these factors, and not only an intimate and private affair as discursively portrayed (Ekirch and Banks, as discussed in Rimler 2017). This essay tried to elucidate the relationship of care-work and sleep, and the gendered ramifications of this in different spatial and temporal settings. Given that sleep is embedded in this web of social relations, the onus of equal, pleasurable and just sleep is not on an individual, but should rather be a collective social responsibility. Resistance through and for sleep can only come about if sleeping rights can also be equal, where everyone will be able to sleep.

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Invisible Care Work: Perspectives of a Mexican Mother During COVID-19

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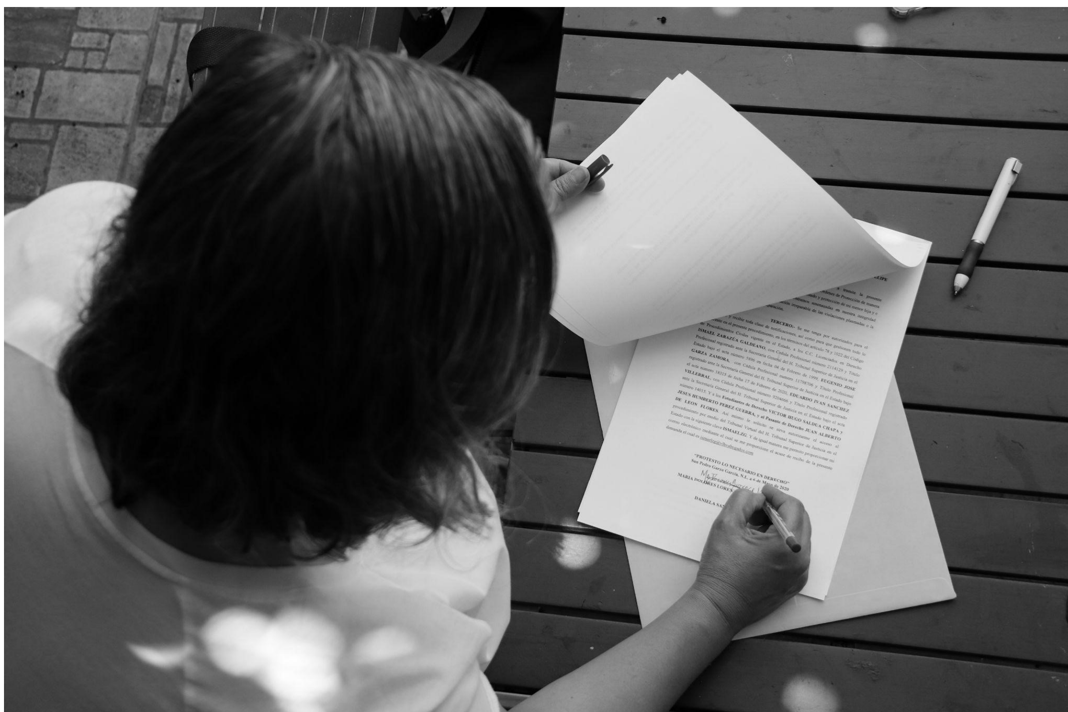

Critical commentary

For many middle-class working mothers in Mexico, the lockdowns caused by the COVID-19 pandemic restrictions allowed their children a glimpse of the care work they perform outside the private sphere for the first time. Such glimpses into the otherwise invisible care work, provide hints into how mothers subvert and resist broader structural oppressions within a Mexican context. This creative piece presents a series of photographs of the author's mother taken between March 2020 and July 2020, during the first lockdown of the COVID-19 pandemic in Mexico. By implementing a participatory research method, the author contemplates the relationship with her mother and explores the hidden ways in which her mother challenges patriarchal structures in Mexico. At the same time, it invites viewers to gain insight into the various forms of invisible care work that is carried out by a middle-class Mexican mother and reflect on their own relationships with their maternal figures.