Failed' mothers, 'failed' womxn: Demarcating normative mothering

4 authors:

Catriona Ida Macleod
Rhodes University
119 PUBLICATIONS   **952** CITATIONS

Tracey Feltham-King
Rhodes University
9 PUBLICATIONS   **22** CITATIONS

Jabulile Mavuso
6 PUBLICATIONS   **1** CITATION

Tracy Morison
Massey University
31 PUBLICATIONS   **141** CITATIONS

Some of the authors of this publication are also working on these related projects:

Project   Experiences of the pre-abortion counselling encounter in the public health sector, Eastern Cape, South Africa View project

Project   The Childfree 'Choice' View project

3 | 'Failed' mothers, 'failed' womxn: Demarcating normative mothering

Catriona Ida Macleod,
Tracey Feltham-King 0000-0001-8695-9367,
Jabulile Mary-Jane Jace Mavuso 0000-0001-9147-708X,
Tracy Morison 0000-0001-9088-1662

In this chapter, we show how the boundaries of acceptable mothering are demarcated and regulated through reference to the 'Other' (Woollett & Phoenix, 1997). Using examples of 'womxn' who refuse motherhood, terminate pregnancies and reproduce when considered to be too young, we outline how womxn who 'fail' at normative mothering or who deviate from expected reproductive decisions form the pathologised presence that pre-defines the absent trace of normative mothering and the successful accomplishment of womxnhood (Macleod, 2001). We use the term 'womxn' and 'womxnhood' to disrupt normative assumptions about gender and sex, here taken to be socially constructed, which write gender and sex onto individuals. In this chapter, the term 'womxn' denotes and recognises womxn-identifying persons with the biological capacity to become pregnant, including intersex and transgender individuals. We also use this term to foreground the experiences of womxn of colour, womxn from/living in the global South, trans, queer and intersex womxn, as well as all womxn-identifying persons who have been excluded from dominant constructions of 'womanhood' and feminist praxis on the subject (Ashlee, Zamora & Karikari, 2017; Merbruja, 2015).

Introduction

In this chapter, we show how the boundaries of acceptable mothering are demarcated and regulated through reference to the 'Other' (Woollett & Phoenix, 1997). Using examples of 'womxn' who refuse motherhood, terminate pregnancies and reproduce when considered to be too young, we outline how womxn who 'fail' at normative mothering or who deviate from expected reproductive decisions form the pathologised presence that pre-defines the absent trace of normative mothering and the successful accomplishment of womxnhood (Macleod, 2001). We use the term 'womxn' and 'womxnhood' to disrupt normative assumptions about gender and sex, here taken to be socially constructed, which write gender and sex *onto* individuals. In this chapter, the term 'womxn' denotes and recognises womxn-identifying persons with the biological capacity to become pregnant, including intersex and transgender individuals. We also use this term to foreground the experiences of womxn of colour, womxn from/living in the global South, trans, queer and intersex womxn, as well as all womxn-identifying persons who have been excluded from dominant constructions of 'womanhood' and feminist praxis on the subject (Ashlee, Zamora & Karikari, 2017; Merbruja, 2015).

Our aim is to illuminate how the 'failed' mother/'deviant' reproductive decision-maker are made visible, knowable and problematic, as well as how these processes construct,

reinforce and police the boundaries of 'normal' motherhood. To do so, we take a deconstructive view in which practices and signifiers are understood as always already inhabited by a chain of differentiated practices and signifiers. We draw on Derrida's (1976, 1978) device of *sous rature* (under erasure) that emphasises: the simultaneous necessity and inadequacy of a signifier, in this case 'mothering'; and how meaning is a function of presence (that which is written or spoken) and absence (the chain of suppressed signifiers upon which the meaning of the present is based).

We surface the 'absent trace' of good mothering using data from a range of studies on reproductive decision-making and with 'failed' mothers conducted under the auspices of Rhodes University's Critical Studies of Sexualities and Reproduction. Using selections of these data, we show how normative mothering is etched against that which it is not. We argue that 'failed' mothers and 'deviant' reproductive decision-makers are essential to the definition and demarcation of what is and is not acceptable mothering and, ultimately, successful womxnhood. Our work contributes to feminist research that centres the accounts of 'Others' – womxn deemed to be 'failed' mothers and deviant decision-makers' – in order to challenge the ways in which womxn are positioned within the regulatory frame of compulsory and natural motherhood and judged in terms of individual deviance (Woollett & Boyle, 2000). We start the chapter by outlining the theoretical approach that was taken. We then discuss how voluntary childlessness, abortion and teenaged mothering act as pathologised presences that simultaneously mask and enable normative understandings of mothering.

The pathologised presence and absent trace

In this chapter, we draw from Derrida's (1976, 1978) approach, 'deconstruction'. Derrida critiqued 'Western metaphysics' for being structured in terms of dichotomies or polarities – for instance truth versus error, being versus nothingness and so on. According to Derrida, the illusion of stability within a text is created through oppositions that define one another (such as immature and mature, single and married, etc.). These oppositions, he argued, do not stand as independent, self-evident, essential and equal entities, as shown through his method of deconstruction. Deconstruction highlights the insufficiency of these kinds of binary understandings. It shows how meaning is created through the privileging of the present term (e.g. 'immature'), while marginalising the absent one(s) (e.g. 'mature'), as well as how this process is linked to power relations. By highlighting what is absent, oppositions are shown to be supplemental or mutually constitutive in that each term relies on the other for its meaning.

By drawing attention to this, through deconstruction, the apparent stability of the text is undermined and shown to be contingent (Macleod & Durrheim, 2002; Macleod, 2002).

The concept of 'différance' underlies the deconstructive process. 'Différance' comes from the French verb 'différer', which means both to differ *and* to defer. 'To differ' refers to the notion that all language exists as a system of differences, rather than as something essential or of *intrinsic* significance. Thus, for example, 'mothering' attains meaning through its difference to fathering, working or nursing, to name a few. 'Deferral' describes the time lag or distance between the presence and the absence – 'whatever is consciously perceived (the present) may only be read in the past' (Sampson, 1989, p. 11). Thus, good mothering is premised on historical notions of what and who constitutes motherhood (which, for example, is not fatherhood and is not performed by a man). 'Différance' means that signifiers are always already occupied by an absent trace or network of absent traces. This implies that the present and absent terms simultaneously define, and interpenetrate each other, with the absent trace being the fall-away, the subordinate signifier to the presence. Meaning is a function of presence (that which is written or spoken) and absence (the chain of suppressed signifiers upon which the meaning of the present is based).

In this chapter, we draw on Phoenix and Woollett's (1991) adaptation of Derrida's deconstruction. They refer to the concept of 'pathologised presence/normalised absence'. In this reconfiguration, deconstruction enables the researcher to investigate how actions and practices that are foregrounded as problematic are inhabited from the inside by normative understandings. These masked normative understandings give shape to pathologisation of the highlighted actions and practices. For example, heterosexuality has, and continues, to act as the normalised absence in understandings of sexualities and reproduction. The term heteronormativity highlights this normalised absence. It brings the absent trace to the fore and allows questions to be posed about the supposed naturalness of heterosexuality, and the power relations inherent in assumptions regarding loving relationships. Thus, through the construction, privileging and normalisation of 'heterosexuality', 'homosexuality' is made visible and problematised. Both historically and currently in many contexts this normative absence produces homophobia and normalises violence. In the following sections, we use this deconstructive technique, bringing to the fore the normalised absence that inhabits the pathologised presence of voluntary childlessness, abortion and teenage pregnancy.

Refusing motherhood: voluntarily childless women

Childlessness, whether intentional or not, has generally been treated as a problem or social issue by researchers (Lynch et al., 2018; Shapiro, 2014). Unlike involuntary childlessness, however, approaches to the active and permanent decision not to parent (voluntary childlessness) have generally been unsympathetic. One of the first instances of substantive academic writing on voluntary childlessness appeared in 1920, as indicated in our history of knowledge production concerning voluntary childlessness (Lynch et al., 2018). This early essay published in the *Journal of Ethics*, concerned the moral implications of voluntary childlessness. To say the author is disapproving of the choice is an understatement. 'To deny the authority of Nature', she asserts, 'is not rational' (Robb, 1920, p. 205). She continues in this vein (Extract 1):

> To remain, voluntarily, childless, to renounce the privilege and to refuse the responsibility of parenthood, for any reason but the altruistic one of unfitness, is to be not a quickening stream but a stagnant pool. No man, no woman, can reach full spiritual stature without mating and natural fruition. No life that was ever lived was worth while [*sic*] for the mere living of it. (Robb, 1920, p. 205)

This overt castigation of people voluntarily forgoing childbearing makes the absent trace relatively clear: motherhood is natural, rational, a privilege (presumably not to be refused), a responsibility, worthwhile and a spiritual journey. In this way, 'motherhood is constituted as compulsory, normal and natural for women, for their adult identities and personal development, and is regulated through binary oppositions in which the warm, caring and "good" mother is contrasted with "bad" mothers, [or] selfish, childless and career women' (Woollett & Boyle, 2000: 309).

That such negative sentiments, and the taken-for-granted pronatalism that colours them, were written almost a century ago is hardly alarming. Pronatalism refers to an array of intersecting norms that work together to construct procreation as an imperative. Pronatalism encapsulates a number of key assumptions about having children, namely, that procreation is fundamentally located in human instincts and biology; a significant developmental milestone and marker of normal gender development for heterosexual adults; and beneficial to individuals, families and larger society (Morison et al., 2015). What is surprising, however, is how profoundly research on voluntary childlessness has been, and continues to be, shaped by such pronatalist assumptions, including ideas of womxn's 'unfitness' to parent (Kelly, 2009).

The scholarship still echoes Robb's (1920) assertion that the only valid reason to forgo childbearing is 'the altruistic one of unfitness'. The role played by taken-for-granted assumptions of who should/should not parent is illustrated in our systematic literature review and content analysis of scholarship on voluntary childlessness (Lynch et al., 2018).

The review comprises 196 studies published between 1920 and 2013 and includes an analysis of the main research foci during this time. Many of the topics of interest that we identified in these papers – such as correlates of voluntary childlessness, the motivations and reasons for choosing childlessness, and the physical and mental health consequences of remaining childfree – suggest 'a need to "explain" the phenomenon of voluntary childlessness, and the assumption that it would probably have negative consequences' (Lynch et al., 2018: 15). Those who are voluntarily childless are, for the most part, constructed as flawed, inevitably regretful, and as compensating for the absence of children (Morell, 1994). They are essentially failed womxn.

The sorts of research questions that are posed in relation to voluntary childlessness are seldom asked about motherhood, at least not for those of whom it is expected. Indeed, almost no literature exists that explores decisions to have children among womxn belonging to particular categories: married, middle-class, heterosexual and white (Morison & Macleod, 2015). In contrast to womxn who are deemed too young, too poor or otherwise unsuitable for motherhood, maternity is simply assumed to be an expected, natural and taken-for-granted part of adulthood for these womxn. It these privileged normative categories – white, middle-class, heterosexual – that function as a measure of one's suitability for motherhood (Ross & Solinger, 2017). Consequently, as Ross and Solinger (2017) explain, the maternal legitimacy of some depends on the illegitimacy of others. It is precisely this il/legitimacy upon which pronatalist stigma hinges.

The trouble arises, however, when these women refuse the heteronormative life trajectory in which motherhood is the defining characteristic and logical endpoint. It is only then that their reproductive choices come under scrutiny, while the choices of those deemed potentially 'unfit mothers' recede. Indeed, our review of the research on voluntary childlessness (Lynch et al., 2018) reveals an uncritical focus on particular groups – womxn who are privileged, married and (assumed to be) white and heterosexual – and the relative absence of others: poorer, black, queer people and those from the global South. This focus suggests that the problem, and what makes the topic research-worthy, 'is wilful non-reproduction among those ordinarily entitled and encouraged to do so: married, White, middle-class, able-bodied, heterosexual women/couples' (Lynch, et al. 2018, p. 34). Voluntarily

childless womxn who are deemed potentially legitimate mothers have thus become the focus of research, while those deemed to be potentially illegitimate mothers are largely ignored, echoing Robb's (1920, p. 205) early statement that the only valid reason to forgo childbearing is 'the altruistic one of unfitness'.

Significantly, researchers generally fail to acknowledge or to reflect on this research focus. In many cases, they do not even specify participants' class positions, racial identifications or sexuality. These characteristics go unmentioned because of their privileged normative status. Middle-class, white heterosexuality functions as an invisible, unquestioned norm. Thus, what makes voluntary childlessness worthy of research, we argue, rests upon invisible 'hetero-gendered, class- and race-based ideas about who is fit to reproduce' (Lynch et al., 2018, p. 34).

Recognising and naming the heteronormative, racialised, and classed basis of pronatalism, and hence of legitimate mothering, is important, and the first step towards deconstructing normative mothering. This recognition allows us to see how not only the absent trace of normative mothering but also legitimate mothering, comes to bear on groups of people in different ways (Morison, Macleod, Lynch et al., 2015). Those who voluntarily forgo childbearing interrupt the procreative heteronormativity embedded in class-, race- and sexuality-based understandings of the good life. Womxn who become pregnant and then choose to terminate the pregnancy disrupt a different set of tenets, to which we turn in the next section.

Abortion

As with voluntary childlessness, the dominant construction of abortion as deviance is underpinned by the idea that womxn are supposed to be and are always already mothers (as shown by Kumar, Hessini and Mitchell (2009) in their influential paper on abortion stigma). As absent traces for abortion, dominant constructions of motherhood are the means through which womxn who seek and undergo abortion come to be hegemonically understood as 'deviant reproductive decision-makers' and/or 'failed mothers'. A hierarchy is created in which womxn who do not have an abortion are 'better' womxn and mothers, than those who do terminate a pregnancy. Therefore, similar to those womxn who refuse motherhood in the first place (discussed above), terminating a pregnancy positions them as failed or 'bad' womxn. The creation of this hierarchy is illustrated in the two extracts below. These were produced from research on black womxn's and healthcare providers' narrated experiences of pre-abortion

counselling (Mavuso, 2018). Extract 2 [Trans.] below designates translated portions of text, in this case from Xhosa to English:

> **Nziweni [womxn seeking an abortion]:** Ja:: I can say that (.) to do abortion (.) it's not a (.) good thing at all you see, it is not a nice thing this. (1) so us womxn (.) or (1) … so that we save the souls of our children or so we will not be able to become pregnant (.) we can we prevent [pregnancy] (.) we can plan then. (.) Now with [family] planning we can use condoms you see? (1)

As well, Extract 3 below is from the perspective of a health provider,

> **Thembi [abortion health service provider]:** = OK our focus, right, when we do the counselling as much as we:: those who qualify, as much we give them the [Termination of Pregnancy TOP] service … we promote the family planning. Ja, that is where the problem is and we:: try now and push this long-term family planning [referring to Long-Acting Reversible Contraceptives] … so that now they don't default (.) Ja, we are trying to minimise (.) the defaulting and [that they] end up here [at the (TOP) ward].

In both extracts above, pregnancy prevention through use of 'family planning' is presented as a good reproductive decision, preferable to that of pregnancy termination. Extract 2 demonstrates how the pathologised presence of abortion is premised on the absent trace of being a 'good' womxn and mother, which gains meaning from the interweaving concepts of responsibility, foetal personhood, morality and self-sacrifice. Thus, 'good' womxn and mothers understand the foetus as a person whose (right to) life should be respected and the self as foetal container and protector, and subservient to the foetus' needs (see also Macleod & Howell, 2015).

Extract 3 demonstrates the mechanism of the 'awfulisation of abortion', which constructs abortion as an emergency solution and therefore an inappropriate method of fertility regulation (Sparrow, 2004). The service provider presents non-adherence to family planning as 'the problem' – and, in turn, long-acting contraception as the morally correct solution – without considering the relations of power and other contextual factors that shape sexual and reproductive decision-making. Importantly, this discourse links with gendered notions of responsibility to create the understanding that 'good' womxn are necessarily also 'good' reproductive decision-makers. They do not have a need for abortion in the first place, either

because they only have sex to procreate or because they take 'reasonable' steps to prevent pregnancy through reliable use of contraception (Granzow, 2007).

Dominant constructions of good motherhood, however, not only position womxn who undergo an abortion as 'failed' women. Our research, conducted with womxn (the majority of whom are black), on abortion decision-making processes shows that womxn choosing abortion also refer to constructions of good mothering when explaining their decisions. The extracts below, which were produced from our research in South Africa (where abortion legislation is liberal) and Zimbabwe (where legislation is restrictive) (Chiweshe, 2016; Chiweshe et al., 2017; Mavuso, 2015), reveal hegemonic understandings of mothering in these contexts and how they may be drawn on to deflect negative judgement.

Extract 4 (South Africa)

Anelisa: I am still young (.) my age does not allow me [to have a child] (.) I am not ready to have a child now and (1) I want (to put this aside) you see? So at least I can think about a child a little bit later.

Extract 5 [Trans.] (South Africa)

Zukiswa … I cannot say I will have this child and then take care of the child because (.) he won't grow up the same way as the [other] two children and it's going to be unfair to this third child. (.) It will be like I am … I do not love [this third child] enough so at least if we wait ok (.) until we have a stable house (.) stable home for them (.)

Extract 6 (South Africa)

Andiswa … the thing that made me make this decision I have small child. I just have a small child and I am not working.

Extract 7 (Zimbabwe)

Tina: I had a baby who was still young, who needed to be cared for and now I was pregnant again. I (.) thought again about the Shona culture, which says that children should not drink breast milk from the same breast at the same time, as this will affect their development. I also did not have any work so money was going to be tight and I could not take care of both children.

In the above extracts, participants draw on a 'family planning' narrative, in which a rational decision-maker makes good choices about the timing of motherhood and subsequent spacing of births. Importantly, at the heart of this talk is an ideal of mothering that is child-focused and invokes the image of the 'selfless mother' who constantly considers her potential and existing children's well-being. These extracts illustrate how child-centred ideals of motherhood can also, ironically, be taken up in attempts to mitigate against the 'spoiled identities' of failed mother, poor reproductive decision-maker, or 'bad' womxn (Morison & Macleod, 2013). Each of these participants justify having terminated a pregnancy by demonstrating how, in procuring an abortion or even despite this, they are in some way considering what is in their children's best interests – thereby adhering to the injunction to be a good mother.

Anelisa positions herself as a 'good womxn' by explaining that she is delaying, not eschewing, motherhood until she is ready to be a mother. Zukiswa, Andiswa and Tina argue that abortion is necessary to enable 'good mothering', i.e. spacing children so that potential and existing children are adequately taken care of. Consequently, in their narratives, 'doing' motherhood requires intense levels of engagement with (young) children as far as attention and care are concerned. For Tina, the cultural injunction regarding breast-feeding provides justification for terminating a pregnancy since doing so would enable her to support the development of her already-born child.

Also implied by Andiswa is the fact that 'good' mothering requires sufficient economic resources, which are mainly afforded by employment. The idea that poor mothers are necessarily 'failed' mothers reveals classed assumptions around 'good' mothering. 'Good' mothering is also, as indicated by Anelisa, age specific – therefore young mothers cannot be 'good' mothers (see the discussion below). Since the termination of a pregnancy defies the ideals of procreative heteronormativity, potentially labelling those who choose to get an abortion as 'bad' womxn, those who have procured an abortion must account for their choices. And it is these justifications that make visible the various assumptions that shore up 'good' motherhood, because it is through abortion that the womxn attempt to 'make right' the various ways in which the rules of 'good' motherhood have been transgressed (Mavuso, 2015).

The labour undertaken by the womxn to justify abortion and mitigate against harsh judgement by positioning themselves as 'good mothers' and 'good womxn' shows how dominant constructions of womxnhood and motherhood may be expanded to include abortion and thus used to form resistant, pro-abortion positions. This resistant positioning is necessarily limited, however, as it relies on a reinstatement of 'mother' as the absent trace of 'womxn'.

Thus, the womxn's justificatory labour also simultaneously exposes how hegemonic understandings of good mothering and womxnhood are limited and narrow as they exclude abortion at the outset (Sparrow, 2004).

Teenaged mothering

Teenaged mothers are constructed as risky subjects in much public discourse (e.g. the media) in ways that seem to be based on common sense (Chmielewski et al., 2017). For example, as noted by Feltham-King (2015), a South African undergraduate Psychology textbook (Extract 8) boldly claims that:

> An increase in adolescent pregnancies seems to be a problem worldwide. However, it is especially so in developing countries such as South Africa, where the problem is taking on critical proportions. Teenage pregnancies seem to be a problem particularly among black adolescents … teenage pregnancy may lead to a chain reaction that could be felt in generations to come. (Louw and Louw cited in Feltham-King, 2015, p. 171)

The assumptions and claims about 'critical proportions' made in this text are in dispute. While global evidence suggests that teenaged pregnancy and motherhood is not rare, contrary to this statement, the rate of teenage pregnancy has been declining in South Africa since the 1980s and has remained stable since the 1990s (Statistics South Africa, 2017). The language used in the excerpt epitomises a 'moral panic' about young motherhood: it is a problem of critical proportions, that is on the rise, and that will have devastating consequences beyond the young womxn themselves. The negative consequences of early reproduction are seen as varied in the literature: the disruption of schooling; the perpetuation of poverty and welfare dependency; inadequate parenting skills leading to poor developmental and health outcomes for the child; unstable family and partner relations; negative obstetric and health outcomes; and associations with HIV infection (for further discussion see Macleod, 2011). Scholars have argued, however, that it is not age per se that leads to the negative outcomes noted above, but rather a number of intervening factors, such as socio-economic status and access to healthcare. For this reason, critical feminists have questioned the enduring traction of the narrative that teenage motherhood is a growing problem, especially in the face of contrary evidence (Arai, 2009; Macvarish, 2010; Macleod, 2011).

Importantly in this chapter, however, the dominance of a 'social problem' discourse on early reproduction implies that good mothering can only occur in the context of maturity. This position is underpinned by taken-for-granted assumptions inherent in developmental

psychology theories. These theories reinforce an 'imaginary wall' between young people and adults, implying that the two comprise separate developmental stages. This demarcation of discrete stages was enabled by the emergence of the concept of 'adolescence' in the early 1900s (Macleod, 2011). Adolescence was theorised as a liminal space and distinct transitional stage between the developmental stages of childhood and adulthood (Mkhwanazi, 2010), with adulthood reserved as the appropriate developmental stage in which childbearing should occur. Prior to full adulthood, young womxn are depicted as lacking the emotional, social and economic resources and capacities for mothering by virtue of their relative immaturity. The 'adolescence-in-transition' discourse has therefore served to position the teenaged mother as inadequate, due to her developmental stage (Macleod, 2011). These taken-for-granted assumptions are evident in the undergraduate psychology textbook quoted below (Extract 9).

> Why do sexually active adolescents not use contraceptives? Apart from the fact that some adolescents are inadequately informed, the reasons are often divergent and complex. They do not plan intercourse; they feel guilty; they want to prove their fertility; they exhibit egocentric thinking and they are too shy to visit family planning clinics. (Louw and Louw cited in Feltham-King, 2015, p. 144)

Here, the dominant family planning discourse once more invokes the ideal of the good reproductive decision-maker with whom the teenager is contrasted. The adolescent is positioned as irresponsible by virtue of a number of developmental deficiencies: s/he is ignorant, egocentric, shy, irresponsible and guilty (presumably about sexual activity), and lacks the ability to plan. Similar to the health worker's statement cited above (Extract 3), the emphasis here is again on individual responsibility without acknowledgement of any contextual difficulties potentially faced in obtaining and using contraceptives within negotiated sexual partnerships. Therefore maturity, as implied in this extract, means being competent and able to mother, which in turn means being informed, selfless, reasonable, able to plan and responsible for managing fertility.

The construction of a problem-saturated view of teenaged motherhood has not gone unchallenged. Revisionist researchers (who call for the mainstream approach to be revised) have critiqued the cultural assumption of a married, heterosexual, middle-class nuclear family as the universal aspirational template (Chohan & Langa, 2011; Mkhwanazi, 2011; Geronimus, 1997). The pathologisation of teenage mothers is easily achieved, they argue, since young womxn who reproduce are often impoverished, poorly educated members of marginalised

groups or living in rural areas or communities in which there are low levels of social services and high levels of sexual violence (Speizer et al., 2009). Critical feminists point out that the kinds of families that have been privileged over time are aligned to historically contingent notions of gendered, classed and raced ideal family structures, none of which may be adaptive or even possible in particular circumstances (Ware et al., 2017).

It is not only teenaged mothers in general, but specifically those from 'black families' who are frequently positioned as the 'pathologised presence', as can be seen in this extract from the psychology textbook (Extract 10):

> Family disorganisation within black families, not only in South Africa, but also in the rest of Africa and even in the USA seems to contribute to a high incidence of teenage pregnancy. Research has shown that a nourishing family environment, especially a warm supportive family relationship can reduce sexual risk taking. (Louw and Louw cited in Feltham-King, 2015, p. 164)

This construction of the pregnant and mothering teenager as risky is not only raced, classed and gendered but also generalised (from the specific and notoriously raced South African context to 'the rest of Africa and even in the USA'). Many other risk-inducing social factors (such as unemployment or migrant labour) and contextual specificities are unacknowledged. Pregnant or mothering teenagers from black working-class families are often described in sensationalist and racist terms. The assumption is that disadvantage is transferred to successive generations by (black) families – both the family of origin and the family formed by the teenager – rather than by systemic and intertwined racial, economic and gendered oppression (Breheny & Stephens, 2008; Wilson & Huntington, 2005). Middle-class pregnant or mothering teenagers are, in contrast, described in muted tones: their behaviour is minimised or described as age-appropriate teenage rebellion. Underlying these characterisations of deviant or pathological mothering of black, working class or single mothers is the assumption that middle-class, white, two-parent families provide the more suitable context for child development (Woollett & Phoenix, 2007). Once again, taken-for-granted assumptions of who should/should not parent are reiterated in such constructions.

Conclusion

In this chapter, we have argued that the construction of 'good' mothering is premised upon 'failed' mothers/'deviant' reproductive decision-makers. 'Failed' mothers and 'deviant' reproductive decision-makers form the pathologised presence that occupies news space, public

debates and research questions. The pathologised presence (such as voluntarily childless womxn, womxn undergoing abortion and teenage mothers) requires explanation (e.g. concerning the causes such reproductive status), and an explication of the negative consequences that are assumed to follow these kinds of reproductive practices. Significant resources are spent on research and interventions to ameliorate the negativity implied in 'failed' motherhood and 'deviant' reproductive decision-makers.

But what assumptions are made in the plethora of discussions about 'failed' mothers and 'deviant' reproductive decision-makers? What network of absent traces is contained within common understandings of these 'bad' womxn? Using a feminist deconstructive lens, we have surfaced some of the absent signifiers inhabiting the pathologised presence of voluntary childlessness, abortion and teenaged motherhood. Using examples from our research, we have shown how in relation to these categories of womxn, the good mother is implied to be all that they are not. She is financially self-sufficient; heterosexual; generally white; from a well-integrated and stable family; rational; responsible for contraception and family planning; self-sacrificing; a protective container for the foetal person; cognisant of, and catering for, the needs of the children; careful to space children so that none is disadvantaged; able to engage intensively with young children; competent at preventing negatives outcomes (like stunting, poor health etc.); careful about her own health; not at school; and informed about childhood development. For her, childbearing is seen as natural and desirable, but only at *particular* times of her life. Motherhood is a privilege not to be taken lightly; it is worthwhile and leads to fulfilment.

Our research was conducted mainly in South Africa. Similar deconstructive processes in other contexts, or even within the same context, may surface other kinds of normative assumptions about mothering. What this deconstructive labour illustrates of cross-cutting significance, however, is the location of normative mothering within the intersectional power relations that structure people's lives. As we have shown, 'motherhood is constituted not as normal and natural for all women, but only for those who are married or in stable heterosexual relationships, who are not "too old" or "too young" and who are in the "right" economic and social positions' (Woollett & Boyle, 2000, p. 309). We have highlighted race, class, age, marital status and sexuality here, but ability, location, citizenship status, religion and cultural practices are equally implicated.

Following Derrida, the aim of deconstruction is not to discover the 'real' meaning behind signifiers. Instead, in surfacing the absent trace, the simultaneous necessity and inadequacy of the present are highlighted. Our analysis highlights the highly normative and

over-simplifying nature of the cultural discourses that connect female subjectivity with motherhood and dictate an exceptionally narrow and uniform set of conditions under which successful mothering and womxnhood can be realised. These exclude all but a few. Pointing to the intersectional power relations on which the pathologised presence of the 'failed' mother and 'deviant' reproductive decision-maker are premised does not mean a reversal of meaning. Instead, the signification of 'mothering' in general is shifted, from one in which individual womxn are held responsible for 'failing' or being 'deviant' to one in which the multiple social, gendered, cultural and economic power relations shaping womxn's lives are fully intertwined in the meaning of mothering.

Acknowledgements

References

Arai, L. (2009). What a difference a decade makes: Rethinking teenage pregnancy as a problem. *Social Policy and Society, 8*(*2*), 171. Retrieved from: www.journals.cambridge.org/abstract_S1474746408004703 (Accessed 13 February 2018).

Ashlee, A. A., Zamora, B. & Karikari, S. N. (2017). We are woke: A collaborative critical autoethnography of three 'womxn' of color graduate students in higher education. *International Journal of Multicultural Education, 19*(*1*), 89–104.

Breheny, M. & Stephens, C. (2008). 'Breaking the cycle'. *Journal of Health Psychology, 13*(*6*): 754–763. Retrieved from: http://journals.sagepub.com/doi/10.1177/1359105308093859.

Chiweshe, M. (2016). *A narrative-discursive analysis of abortion decision-making in Zimbabwe*. Rhodes University.

Chiweshe, M., Mavuso, J. & Macleod, C. (2017). Reproductive justice in context: South African and Zimbabwean women's narratives of their abortion decision. *Feminism & Psychology*. Retrieved from: http://journals.sagepub.com/doi/10.1177/0959353517699234.

Chmielewski, J. F., Tolman, D. L. & Kincaid, H. (2017). Constructing risk and responsibility: A gender, race, and class analysis of news representations of adolescent sexuality. *Feminist Media Studies, 17*(*3*), 412–425. Retrieved from: http://dx.doi.org/10.1080/14680777.2017.1283348.

Chohan, Z. & Langa, M. (2011). Teenage mothers talk about their experience of teenage motherhood. *Agenda, 25*(*3*), 87–95. Retrieved from: wwwtandfonline.com/doi/full/10.1080/10130950.2011.610993 (Accessed 3 December 2018).

Derrida, J. (1976). *Of grammatology*. Baltimore, MD: Johns Hopkins University Press.

Derrida, J. (1978). *Writing and difference*. London and Henley: Routledge & Kegan Paul.

Feltham-King, T. (2015). Risk and responsibility: The management of the teenaged pregnant woman within the antenatal healthcare nexus. Rhodes University.

Geronimus, A. T. (1997). Geronimus 1997.pdf. *Political Communication*.

Granzow, K. (2007). De-constructing 'choice': The social imperative and women's use of the birth control pill. *Culture, Health and Sexuality 9*(*1*), 43–54.

Kelly, M. (2009). Women's voluntary childlessness: A radical rejection of motherhood? *Women's Studies Quarterly, 37*(*3-4*), 157–172.

Kumar, A., Hessini, L. & Mitchell, E. M. H. (2009). Conceptualising abortion stigma. *Culture, Health & Sexuality, 11*(*6*), 625–639. Retrieved from: www.ncbi.nlm.nih.gov/pubmed/19437175 (Accessed 22 May 2013).

Lynch, I., Morison, T., Macleod, C. I. et al. (2018). From deviant choice to feminist issue: An historical analysis of scholarship on voluntary childlessness (1920–2013). In N. Sappleton (Ed.), *Voluntary and involuntary childlessness: The joys of otherhood?* (pp. 11–47). Bingley, UK: Emerald Publishing Limited.

Macleod, C. (2001). Teenage motherhood and the regulation of mothering in the scientific literature: The South African example. *Feminism & Psychology, 11*(*4*), 493–510. Retrieved from: https://journals.sagepub.com/doi/pdf/10.1177/0959353501011004004 (Accessed 10 December 2018).

Macleod, C. (2002). Deconstructive discourse analysis: extending the methodological conversation. *South African Journal of Psychology, 32*(*1*), 17–25. Retrieved from: http://sap.sagepub.com/content/32/1/17.abstract.

Macleod, C. (2011). *'Adolescence', pregnancy, and abortion: Constructing a threat of degeneration*. London: Routledge.

Macleod, C. & Durrheim, K. (2002). Racializing teenage pregnancy: 'Culture' and 'tradition' in the South African scientific literature. *Ethnic and Racial Studies, 25*(*5*), 778–801. Retrieved from: http://dx.doi.org/10.1080/0141987022000000268#.VI6ztsl5oZ0.

Macleod C. & Howell, S. (2015). Public foetal images and the regulation of middle-class pregnancy in the online media: A view from South Africa. *Cult Health Sex* (a Critical Studies in Sexuality and Reproduction, Rhodes University, Grahamstown, South Africa)*, 17*(*10*), 1–14. Retrieved from: www.ncbi.nlm.nih.gov/pubmed/26073852.

Macvarish, J. (2010). The effect of 'risk-thinking' on the contemporary construction of teenage motherhood. *Health, Risk & Society, 12*(*4*), 313–322. Retrieved from: http://eds.a.ebscohost.com/eds/detail/detail?sid=3fc70e7e-b115-481d-90ef-ff79dc143bee%40sessionmgr4003&vid=0&hid=4211&bdata=JnNpdGU9ZWRzLWxpdmUmc2NvcGU9c2l0ZQ%3D%3D#AN=51981762&db=sih.

Mavuso, J. M. (2015). Women's narratives of the processes of abortion decision-making: Justifying the decision to have an abortion. Rhodes University.

Mavuso, J. M. (2018). Narrated experiences of the pre-termination of pregnancy counselling healthcare encounter in the Eastern Cape public health sector. Rhodes University.

Mkhwanazi, N. (2010). Understanding teenage pregnancy in a post-apartheid South African township. *Culture, Health & Sexuality*, *12*(*4*), 347–358. Retrieved from: www.tandfonline.com/doi/abs/10.1080/13691050903491779 (Accessed 13 February 2018).

Mkhwanazi, N. (2011). Teenage desire in relation to sexual and reproductive health citizenship: Nolwazi Mkhwanazi interviews Catriona Macleod. *Agenda, 25*(*3*), 35–41.

Morell, C. (1994). *Unwomanly conduct: The challenges of intentional childlessness*. New York and London: Routledge.

Morison, T. & Macleod, C. (2013). A performative-performance analytical approach: Infusing Butlerian theory into the narrative-discursive method. *Qualitative Inquiry, 19*, 566–577.

Morison, T. & Macleod, C. (2015). *Men's pathways to parenthood: Silence and heterosexual gendered norms*. Cape Town: HSRC Press.

Morison, T., Macleod, C., Lynch, I. et al. (2015). Stigma resistance in online childfree communities: The limitations of choice rhetoric. *Psychology of Women Quarterly, 40*(*2*), 184–198.

Phoenix, A. & Woollett, A. (1991). Motherhood: Social construction, politics and psychology. In A. Phoenix, A. Woollett & E. Lloyd (Eds.), *Motherhood: Meanings, practices and ideologies* (pp. 13–45). London: SAGE Publications.

Robb, J. E. (1920). Having right and being right. *International Journal of Ethics, 30*(*2*), 196–212.

Ross, L. J. & Solinger, R. (2017). *Reproductive justice: An introduction*. Oakland: California University Press.

Sampson, E. E. (1989). The deconstruction of the self. In J. Shotter & K. J. Gergen (Eds.), *Texts of identity* (pp. 1–19). London: SAGE Publications.

Shapiro, G. (2014). Voluntary childlessness : A critical review of the literature. *Studies in the Maternal, 6*(*1*), 1–15.

Sparrow, M. J. (2004). A woman's choice. *The Australian and New Zealand Journal of Obstetrics and Gynaecology*, *44*(*2*), 88–92. Retrieved from: http://doi.wiley.com/10.1111/j.1479-828X.2004.00190.x (Accessed 3 December 2018).

Speizer, I. S., Pettifor, A., Cummings, S. et al. (2009). Sexual violence and reproductive health outcomes among South African female youths: A contextual analysis. *American Journal of Public Health, 99*(Suppl 2), S425–S431.

Ware, F. J. R., Breheny, M. & Forster, M. (2017). Reproducing the precarious position of young Maori mothers in Aotearoa New Zealand. In *Precarity: Uncertain, insecure and unequal lives in Aotearoa New Zealand* (pp. 136–146). Auckland: Massey University Press.

Wilson, H. & Huntington, A. (2005). Deviant (m)others: The construction of teenage motherhood in contemporary discourse. *Journal of Social Policy, 35*(*1*), 59.

Woollett, A. & Boyle, M. (2000). Reproduction, women's lives and subjectivities. *Feminism & Psychology, 10*(*3*), 307–311. Retrieved from: http://fap.sagepub.com/cgi/doi/10.1177/0959353500010003001 (Accessed 9 September 2014).

Woollett, A. & Phoenix, A. (1997). Deconstructing developmental psychology accounts of mothering. *Feminism & Psychology*, *7*(*2*), 275–282. Retrieved from: http://journals.sagepub.com/doi/10.1177/0959353597072012 (Accessed 10 December 2018).

'Failed' mothers,'failed' womxn: Demarcating normative mothering

Macleod, C

2019-12-20