

# Back to Work? Childcare Negotiations and Intensive Mothering in Santiago de Chile

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In this article, I reflect on the negotiations involved in childcare arrangements during the first year of life in two groups of mothers in Santiago. I focus on the ways in which local imageries of motherhood interact with global tendencies in intensive mothering and the current public encouragement of increasing women's participation in the workforce. In this study, low-income and lower middle class women prioritize staying with the baby over the year, becoming the main caregiver, and opting for giving up work and other relationships. In contrast, middle-class women go back to work by month six and combine different childcare alternatives. I argue that these women embody two ways of being a mother following different kinship expectations, relationship with expert trends, and cosmological aspects of motherhood. Consequently, they follow different paths in childcare decision making and in the management of concomitant emerging feelings such as guilt.

**Keywords**

Chile, early mothering, childcare, class, guilt

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## Introduction

During 2010, the words of Ximena Ossandón, the state delegate responsible for public daycares and kindergartens of the recently assumed center-right government of Sebastián Piñera, raised a polemic among Chilean women when she suggested that daycare opening time should be reduced,

the idea is that daycare never replaces the mother or the family. Whenever a mother can be with her child, she should; but when the mothers decide going drinking, to the beach or have a coffee with a friend by leaving the child in our rooms, then that is what we want to avoid . . .<sup>1</sup>

Her moral judgment of women making use of the public provision of daycare—overlooking women's necessities and often difficult situations that lead them to make use of daycare—made a wide range of the population angry, to the extent that these statements were instrumental in her giving up the post. In a newspaper response, journalist María José Viera-Gallo criticized her ignorance of the situation of women in Chile:

. . . as an abnegate mother [of nine] you should know that no one enrolls a child in a kindergarten because they just don't feel like looking after them, or prefer going to the beach or having a drink with her friends [ . . . ]. They work long hours every day, they feed their families and they not always have someone to help with childrearing. Many are single moms. [ . . . ] and they cannot afford to have a nanny to replace the kindergarten. Actually many of them work themselves as nannies [ . . . ]. Most of the daycare dependencies that you lead have a welfare role, this is, they help the child to overcome poverty. [ . . . ] many of those children for whom you work are better off at daycare than at home. Apart from quality food, they receive education and love; something that unfortunately does not happen in every home. And, you know why this is? [ . . . ] because life is tough out there, people work hard and arrive home knackered. [ . . . ] I don't know if you have heard of UNICEF, but all the available research suggests that children require an established routine, and fixed times. Free changes of timetable depending on parents' disposition produce confusion and instability.

Viera-Gallo finishes ironically: "as a devotee of Virgin Mary [ . . . ] you should take pity of the hard reality that other women live, far from the frontiers of privilege such as you and me". This polemic between two women who belong to the local elite brings up the complex ways in which the incommensurability and prejudices regarding mothering in different groups in this society takes place in a context of changing policies and expectations regarding childcare, work, and the moral duties for mothers. At the same time it

brings to light the complex ways in which long long-standing imageries of motherhood and womanhood in this country—heavily enmeshed with Catholic ideals of *marianismo* (Montecino, 1996; Morandé, 1984; Stevens, 1977) relate to current everyday life, expert knowledge and policy. Both place profound abnegation as the only possible starting point for understanding and judging motherhood and womanhood—by either judging some women's capacities as (abnegate) mothers or justifying why some of them (including herself in the case of Viera-Gallo) may not be able to attain these normative goals.

In this article, I focus on the negotiations involved in childcare arrangements of children during their first year of age by sixteen mothers, with different work, education, and income situations in Santiago de Chile. By paying attention to childcare decision-making and their management of emerging feelings such as guilt (Guendouzi, 2006; Sutherland 2010) throughout the process, I observe that the lower-income and less educated women in this sample tend to embrace the principles of intensive mothering (Hays, 1996) or attachment mothering (Faircloth, 2013), and consider their responsibilities as economic actors only secondarily during this period. In my study, higher-income and educated women tend to look to authority that validates their development as individuals whose motherhood is but one dimension of their existence. These findings contrast with contexts such as the United States in which the “cult of domesticity” seems to have excluded the less privileged such as African American, Latina, and Asian American women (Glenn, 1994) who have been hardly constrained into these mandates or, on the contrary, have been encouraged to work outside by policy (Douglas & Michaels, 2004). They also contrast with the assumption of a dominant parenting ideology of the privileged middle class (Hays, 1996)—both local and global—operating as the starting point for evaluating the rest.

In order to account for the specificity of childcare during the first year by two groups of women—which I divide into middle class highly educated, and lower and lower middle class women—I consider the ways in which long-standing specific imageries of motherhood in this context meet expert knowledge and global parenting tendencies (Faircloth, Hoffman, & Layne 2013; Lupton, 2011) that are currently being spread by public and private entities. I argue that there are fundamental differences in the expectations of kin relationships and kinship values between the two groups of women that are at stake in their “intensive mothering” discourse and practice. More specifically, I claim that in this context differences should be acknowledged taking into account cosmological and religious implications of how motherhood is embodied in different contexts in the city. This article contributes to the literature on “good mothering” which usually accounts for “white, middle class

values and experiences” in Western contexts (Sutherland, 2010, p. 312; Wall, 2010; Warner, 2005; see introduction to this issue), situating the tensions between current mandates and long-standing ideologies and practices of motherhood and class in different contexts in Chilean society.

## **Early Childhood, Childcare and Women in the Workforce: Policy and Class**

In recent years, public policies oriented to infancy in Chile<sup>2</sup> have expanded their objectives in line with other countries’ aspirations and concerns regarding both children and women, and not only health but also economic and educational aims have entered the equation. For example, the country’s concern with increasing female participation in the (formal) workforce—one of the lower in Latin America with 43% (Instituto Nacional de Estadísticas, 2011)—seems to match other public concerns such as the need to improve the mediocre results of Chilean children in various international tests measuring developmental attainment, under the motto that school achievement can be enhanced if intervention begins early in life (UNESCO, 2003). Aiming at leveling the substantive differences in both female participation in the workforce and childcare arrangements in families of different class and income,<sup>3</sup> in the past decade a renewed proliferation of policy leading toward extensive provision of expert professional childcare materialized in an increase of publicly held free-of-payment-daycare by 505%: from 509 daycare centers in December 2005 to 3259 in December 2009. Kindergartens also increased from 1469 in 2005 to 2944 in 2009 (Encina & Martínez, 2009).

Of course childcare availability does not necessarily influence family values and childcare arrangements in the short term, and there is no evidence that the proliferation of daycare for children younger than 2 years in Chile has influenced female participation in the workforce (Encina & Martínez, 2009, p. 22). As Acosta, Peticara, and Ramos (2007) have observed specifically for lower income Chilean women, work outside the home is only possible if women perceive that this decision does not affect the functioning of their households in any respect or in cases of extreme necessity: “Taking into account costs and benefits, paid work would not offset the “abandonment” from home” (Acosta et al., 2007, p. 58).

With a rather different inspiration, mostly based in developmental psychology and attachment theories (UNICEF, 2001; Wall, 2010), the policy Chile Crece Contigo (Chile Grows With You) aims at securing opportunities for new citizens by attacking biological, psychological and social inequalities from the beginning of life (Silva & Molina, 2010, p. 20). The policy consists of

... a system of integral infant protection whose mission is to accompany, protect and support integrally every child and their families through actions and services that are universal [for every child] and by focalizing special support in those who are more vulnerable: it adapts to the specific needs. (Chile Crece Contigo, 2014)<sup>4</sup>

The policy encourages women to participate in workshops (childbirth preparation, early stimulation, baby massage, childrearing tips) and to be informed of the different stages of their children up to 4 years.<sup>5</sup> During pregnancy, mothers receive music CDs for the perinatal period to enhance the child's language development. Every child born in a public hospital receives an *ajuar* or layette worth US\$400, which includes a cradle, clothes, diaper bag and a "secure attachment set" consisting of a nursing pillow, a sling type baby carrier, and a booklet on secure attachment. Several posters promoting long-term breastfeeding are placed in public hospitals and surgeries. Health and education professionals as well as women celebrate this policy, which has also become inspiration for similar policies in other countries in the region.<sup>6</sup>

The mentioned policies evince the relevance that experts and the Chilean state ascribe to early parenting and childhood, in line with what has been taking place in other contexts in recent years (Gillies, 2005; Stefansen & Farstad, 2010; Wolf, 2007; Valencia, this issue). They also show how these efforts provide potentially contradictory messages to parents particularly during the early stages of the lives of infants. In such a context, a range of queries requires to be untangled. What are the specific priorities and limitations that different women in Chile confront at the time of making their decision regarding childcare during the first year? To what extent these policies enable and constrain women's choices? What appears as specific to these women? How does the Chilean case confirm or challenge earlier scholarship about women's processes? Before tackling these enquiries I will briefly introduce some of theories regarding the cultural specificities of Chilean motherhood.

## **The Sacralization of Motherhood and its Metonymical and Metaphorical Edges**

The idea of motherhood and mothers as a somehow sacred aspect of our profane everyday life has a long history in Latin America. Despite the lengthy controversies around it (Browner & Lewin, 1982; Derks & Heessels, 2011; Ehlers, 1991; Navarro, 2002 ) the label of *marianismo*, meaning not only devotion to Virgin Mary but also a conceptual tool for an understanding of gender in Latin America has been present for decades. For example, Stevens's (1977) model of *marianismo/machismo* presents the image of an aching

woman resigned to violence. In this role of “*mater dolorosa*”, she acquires a moral superiority and the characteristics of a martyr through her abnegation toward her children, for whom she becomes “a royal personage whose wishes must be gratified, and the ever-loving always forgiving surrogate of the Virgin”<sup>7</sup> (Stevens, 1977, p. 60). In line with this Chilean academics (Montecino, 1996; Morandé, 1984) suggest that in Chile gender roles are constructed on the basis of the—physical but also psychological—absence of the father, and the sacralization of the mother. This argument follows from the strength of the miscegenation process of abused indigenous women abandoned by the colonizing men as the founding moment of Latin American kinship and gender (see also Octavio Paz, 1959). Inspired by the figure of the Virgin, the mother throws herself into the nurturing and protection of the son. Thus, the mother–son dyad consists of the starting point from which gender identities are shaped; the woman easily identifies herself with the single mother, and the man with the son without a father (“*huacho*”). Facing the absence of the father, a “dominance of the woman in the stability of everyday life” is “secured in the affection” (Montecino, 2003, p. 60), generating dependence and gratefulness from the man-son toward the woman-mother (Montecino, 2003). In spite of the enormous changes in Chilean society, qualitative research on motherhood in Santiago (usually with low-income families) in the past 50 years highlight these aspects, for example, in women’s discourses in which phrases such as “children are the joy of home”; “a woman without kids is selfish, abnormal, not even a real woman”; “children are the eternal companions of their mothers, life without them is empty and lonely” are recurrent (e.g., Godoy & Reynaldós, 1984, pp. 240-243; Mattelart & Mattelart, 1968; Murray, 2012).

Away from *marianismo* and mothers’ embodied experience of motherhood, Maya Mayblin’s (2012) discussion of how mother love is conceptualized and experienced by the inhabitants of a Catholic town in the north of Brazil leads to similar yet complementary conclusions. Mayblin reminds us that Christian ontology necessarily confronts the tension between dualism and monism, considering the implications of the understanding of god mainly as a divine absent creator and/or to human–divine continuation within the world, following the initial relationship between creator and creation. Similar to saints and some objects, she claims that for people in this town mother love is situated in the place of mediaries or those who may be at some point considered standing as metaphorical to the divine, but who also may be treated as gods themselves, metonymically (Mayblin, 2012, p. 241). Mayblin also observes that the idea of maternal love is reminiscent of *agape*, the kind of Christian love that has a theological rather than romantic origin; an ontological premise (Mayblin, 2012, p. 246) that is spontaneous, abundant, indifferent

to value calculations and creative. Motherhood references the origin of love (Mayblin, 2012, p. 248) as an initial engine. Certainly, expectations and ideals escape everyday reality regarding mother love, yet, she suggests, they still operate as an important moral and cosmological reference. Mayblin's analysis is useful for a comparative analysis of motherhood in Chile and other Christian contexts in which mother love real and ideal, embodied and desired, moves along the axes of the metonymically, or as bad metaphors of divine love.

## Method

During 2010-2011, as part of my wider research project,<sup>8</sup> I studied the process of becoming a mother in a heterogeneous group of 16 mothers living in different areas in Santiago de Chile, who I selected following differences in class, years of education, income, and health affiliation (public or private).<sup>9</sup> Following an ethnographic approach that would illuminate the processes of growing both children and mothers (Miller, 1997), I first met these women during their third trimester of pregnancy and visited them on a monthly basis mostly at their homes—I also went with them to some medical checkups, shopping, and walks in the park—until the baby turned 1 year of age.<sup>10</sup> Throughout this period, I got acquainted with these mothers' rooted and changing feelings, expectations and involvement with relevant relations regarding motherhood, and the contradictions they experienced throughout this relatively short but radically intense period of time.

In this article, I make use of a heuristic strategy grouping these women in two: lower and lower middle class informants with secondary or technical degrees (10), and tertiary educated, middle-class informants (6), as considerable differences related with them having gone to university and having a fulfilling job or not at the time they became pregnant. The lower middle class and lower class women were working as clerks, secretaries, technicians, hair-dressers, or in call centers when they became pregnant. One is a technical nurse. Only one had been a full-time housewife in the last years. Their ages range from 21 to 38 years. Middle-class informants include an economist, a lawyer, an accountant, a psychologist, an actress, and a postgraduate student. Their ages range between 26 and 34 years.

## Motherhood as a "Totalizing Experience"<sup>11</sup>

From our initial meetings, a "motherly aura" involving the pregnant women belonging to lower and lower middle class was much more pronounced than in the others. The soft and sweet voices, slow movements, and feminine delicacy that most of them performed highlighted their change of state and status,

attuned with the “miracle” of a baby. In our conversations about the expectations regarding their relationship with their babies they highlighted their desire to consolidate a close, everlasting bond, which was not limited to a romantic discourse or declaration of intentions. Actually, these women started putting in effort to consolidating the relationship, starting with the baby in the womb. For example, an early devotional attitude toward the baby materialized in three cases in the use of sonogram images as icons placed as altars in living rooms, or framed surrounding the television set. At the same time in our recurrent conversations on how they anticipated their baby’s personality and taste, these women proudly emphasized the fact their babies will be spoiled, *fundidos*, highlighting that they will require full attention by them and their families—and that they can afford to do it (Murray, 2013).

This early child-centeredness (Hoffmann, 2000, 2003) and the sometimes explicit assumption that this is “the one relationship for life” reached its extreme expression in Melanie (technical nurse, 22 years) who once told me “now I have my baby, he (the father) can pack and leave if he wants” saving herself from the problems that they could ever confront as a couple. This kind of attitude—one which would seem to confirm the thesis that motherhood is the crucial self-identification in this context (Montecino, 1996; Morandé, 1984; Stevens, 1977)—differed clearly from tertiary educated women who were involved in a much more procedural acknowledgement of the baby and who would hardly put the balance in favor of the child at this stage when contrasting their most relevant relationships.

By the end of their pregnancies the women in this first group (lower and middle lower income women) had already developed a script of early motherhood characterized by a full devotional attitude that included, among other features, a strong resistance to the idea of going back to formal work or being physically separated from their babies in a near future. Their commitment to “staying with the baby” (Murray, 2013) involved the strategic planning of a delay in their return to work for at least a year after the baby was born, by making use of medical leaves (Murray, 2011, 2013) or being made redundant at work; turning their priorities into action. Plus, these women backed their mothering decisions with the ubiquitous expert discourses on attachment and long-term breastfeeding campaigns in Chilean healthcare institutions. These feelings and practices were celebrated and reinforced by medical professionals who encouraged long-term breastfeeding, “attachment (*apego*) practices” and longer maternity leaves (Murray, 2012).

Most of these women spent most of their time in the physical presence of their baby—the exception was Muriel, a hairdresser who went back to work when the baby was 3 months old leaving her with her mother, arguing that she needed the business to keep going. Relative co-sleeping was the rule and



long-term breastfeeding (exclusive for 6 months and ongoing for more than a year) was a universal, taken for granted practice. These “attachment parenting” (Faircloth, 2013) practices appear as long-term rooted standards of mothering, far from the resistance or even activist tone that they acquire in places such as the United Kingdom, the United States, or France (Faircloth, 2013a; 2013b).

The process was not free of contradictions, as various coexisting cultural scripts of motherhood and reproduction (Miller, 2005) and contradictory authoritative knowledge (Jordan, 1997) collide at different stages along this period (Miller, 2005, pp. 24-26). For example, Kelly (31 years, mother of two) made explicit some of the tensions that mothers felt a month after giving birth:

... at surgeries, we have these workshops for mother and child attachment, breastfeeding, etc. But then, by the third month you are supposed to go back to work ... it doesn't make sense. Why do they tell us all these things about maternal milk and stuff; if I am back to work, I'll have to give her formula anyway. It is all contradictory.<sup>12</sup>

These women felt that medical professionals (particularly pediatricians) were or should be their allies against an exploitative work system that also attempted against their performance as good mothers during the first year. However, ambivalent feelings toward their mothering practices and decisions often emerged by month six. These feelings were usually undermined or neglected by these women, as they made them feel deeply uncomfortable.

Valentina (26 years, mother of two, pharmaceutical technician) is a lively woman who grew up in an emblematic working class neighborhood in Santiago and had recently moved from her parental home into a rented flat in another neighborhood with her partner and daughters. As other women in this group, when she heard that her second baby was diagnosed with reflux she felt relief rather than anguish, as she knew she could stay for a longer period of time off work by making use of medical leaves,<sup>13</sup> and that it was a condition she could easily look after if present at home. Actually, she was grateful to the pediatrician who saved her from searching another one that would diagnose “something” that would allow her to stay close with her baby for a longer period. With the use of leaves, Valentina managed to stay at home for six months with her girls, her main and almost only company. The slow pace of their days started with a session of TV watching together in bed (while breastfeeding or allowing the baby to sleep), followed by doing some housework or cooking, while listening to music and talking to her elder daughter, having lunch, and then back to TV watching. She usually stayed in pajamas

or wore a loose tracksuit and rarely went out. By month six, Valentina had gained weight and started to mention subtly some of her contradictory feelings in our conversations. She missed socializing with coworkers and with her family, now in a distant neighborhood. She also felt overwhelmed by housework—never a full responsibility while living at her parents' house—and realized she was often in a bad mood. At some point Valentina mentioned that she might be depressed. Month after month I heard about her plan to send her eldest daughter Maria (4 years) to nursery, but she always found a reason to avoid doing it, even if she mentioned in several occasions that she “could benefit” from attending preschool. By the seventh month, Valentina negotiated with her employers to being made redundant.

The other women in this group confronted similar contradictions in different degrees. They all mentioned missing the socializing, with a social life reduced to a few family members and a narrow circuit of friends' visits—in households and neighborhoods where life in the street is heavily restricted. Dressing up for work, leaving the house for a while, and “their independence” were concrete aspects of their “old lives” that these women longed for. As in Valentina's case, these longings hardly led them to change their situation, while they only allowed them to appear underhand in our conversations, evincing what I perceived as guilt and shame (Sutherland, 2010). Their reluctance to going back to work exceeded their resistance against the fact of bad labor conditions and income, as some sort of revenge. The density of their script of the “good mother”—who stays with her babies at home for at least 1 year—led them to a, sometimes oppressive, solution: the use of medical leaves for “depression.” So even if isolation and long hours locked in at home were an important or the main source of their discomfort and sadness, after the babies turned six months, four of these women made use of this well-known achievable alternative for obtaining leave at this stage. The limits of what they call depression, as well as the boundaries between “fake” and “true” symptoms, were blurred and unstable. Ignacia had decided to make use of these leaves early in time. In one of my visits, she felt she may be really depressed,

I am like stressed, I am like depressed. But I don't know if it is this. I don't know if I will get a leave for this, I don't know if it is that or something else. But I am kind of irritable; I get angry because of anything. I have realized that whenever Ignacio [elder son] says anything I shout at him and then I am sad. I don't sleep well either. I cannot say that I could definitely go back to work, I cannot leave him [5 months old baby] alone [ . . . ] the other day I saw in the news the story of a baby who died because of reflux, drowned in her vomit. I've got to be here, looking after him. (Ignacia, 28 years, mother of two)

Later in the year, their necessity of going on with life while staying with their babies at home (Acosta et al., 2007) led them into creative informal ways of generating income. Cora started embroidering towels. Kelly decided to quit work and make chocolates and cookies for her husband to sell to his coworkers. Dafne and Ignacia arranged with their employers to being made redundant for a good settlement while selling clothes to their neighbors. By the end of the year, these women started delegating the care of the baby gradually to their own mothers and mothers in law, while still quite reluctant to think of daycare during the second year. Two knew they would not send the baby to daycare until they go to school.

## Confronting a Judgmental Environment

Compared with the previous group, and in line with middle-class women elsewhere, women in the second group were much more involved with expert information than the first one. They were active searchers in books, magazines and the Internet of “the latest trends” in intensive parenting and related topics, such as humanized birth or *anthroposophic* medicine<sup>14</sup> (Murray, 2012). They also subscribed to baby-center websites and started reading several books such as *What to expect when you are expecting* (Eisenberg, Murkoff, & Mazel, 1984/2005) early during their pregnancies, while manifesting their concern with cognitive development and a pedagogical, “civilizing” attitude toward their babies, resembling their counterparts in other contexts (Furedi, 2008; Hays, 1996; Hoffman, 2000, 2003; Weisner, 1999).

If these practices make them closer to middle-class women in other contexts, there are also important differences. Even if it was hard separating from their babies, none of them expressed a desire to stop working or become stay at home mothers; one of the most conflictive decisions and source of struggle elsewhere (Elvin-Nowak & Thomsson, 2001; Guendouzi, 2006; Johnston & Swanson, 2006). Actually, they all went back to work 4 or 5 months after childbirth, apart from a postgraduate student who stayed at home for 8 months. After sorting their alternatives, two opted for their job’s daycare (employer’s obligation by law in Chile), while three decided to leave the baby at home with a nanny. Their own mothers and mothers in law were mostly not a realistic alternative as main helpers, as they either had full-time jobs, were engaged in other activities, or were simply not considered competent enough for these women’s aims with their children. Rosa (26 years, postgraduate student) was the main carer during 8 months after leave and—inspired by attachment parenting mandates and long-term breastfeeding—planned to stay with the baby during the first year. She still attended classes and went out with friends or shopping sporadically, while her mother looked after the baby.

Her mother had offered even further help, but Rosa declined to restrain her from other activities. More important, she was afraid that her mother could spoil the baby (*malcriarlo*, literally, bad rearing), in extreme contrast with the idea of the *niño fundido* or spoiled child which women in the first group anticipated. By month nine she was offered a full-time job and left her baby Gaspar with a nanny at home. She relieved her guilt by reminding herself that she had managed to stay longer than most mothers.

Irene (30 years, economist) returned to work when her daughter was 5 months old and took her to her work's daycare from 9 a.m. to 5 p.m., as she preferred to have her baby close to her rather than with a stranger at home. Even if at first she suffered thinking that her baby was spending most of the day in a building basement in center town (where the nursery actually was) she soon got used to it and to people's judgmental comments on her baby being the youngest at the daycare. She relieved her guilt by reminding herself that she was lucky to be able to stand up from meetings when it was the time to feed the baby: She had worked hand in hand with La Leche League in order to attain breastfeeding and identified herself as a probreastfeeding mother. She also counted on medical leaves that her pediatrician—skeptical of her priorities—had provided. They were there “in case they were necessary”.

These somehow more “transgressive” decisions confronted women with the judgmental voices of family, friends and medical doctors who preferred longer stays at home. Judgments were particularly hard on women who decided to leave their babies at daycare. For example, Cecilia (29 years, lawyer), told me: “my father kept saying [ . . . ] ‘my poor little baby alone at the day care.’ My sister said ‘poor thing at such a hot place [during the summer].’” They all want him to stay at their home during the day with a nanny; that is a solution for them. The picture became worse if the babies were getting ill too often, allowing for suspicion of “bad mothering,” adding extra pressure to the existing anxiety and improvised temporal rearrangements such as working from home, grandmother care and nannies. Still these women developed various discourses and practices that helped them to face the judgmental eyes surrounding them: Irene and Cecilia visited their babies several times during the day at the daycare, highlighting the fact that they could breastfeed. Cristina (29 years, accountant) noticed that one of the day care workers had a marked preference for her son, a sign of the special attention and love he received during his stay.

These women's situation is different to the ones in the first group on a range of grounds that I could not detail here. They not only enjoyed their much more fulfilling and better paid jobs (*sentirse realizada en el trabajo*) but also maintained a relatively active social life, restricting their solitary days to the first month or two after giving birth. They kept a more balanced

sharing of responsibilities and childcare related duties with their partners, and had paid help with housework. In short, they were more explicit about not losing what they considered important aspects of themselves and their relationships in a radical change or “totalizing experience.” Not surprisingly, they hardly gave up on their prepregnancy bodies as the first group did during this period and worked in regaining shape (an easier task considering that they also gave up breastfeeding earlier than the first group, at 6 months in average).

## **Appropriating Global Trends in Mothering in Santiago: Kinship**

Despite the contradictory feelings and confusion that low-income and lower middle class women confront during the first year as mothers, they approach early motherhood as an enchanted experience overall. They embody the ideology of the “totalizing experience” of motherhood (Salem, 1985) and self-identify with this role shadowing any other alternatives. They dismiss other personal interests and duties such as formal work, and relationships including partners, under a code in which blessings and contagion of grace are immediate, even though mostly achieved through hard work and sacrifice (suffering).<sup>15</sup>

Throughout this period, these women develop narratives and practices aiming explicitly at the consolidation of a relationship that has as its goal an everlasting physical and psychological proximity, to the extent of mutual dependency.<sup>16</sup> Therefore, these women’s “intensive parenting” aims—it would be misleading not to consider their mothering as intensive—are somehow at odds with the goals of Bowlby’s (1988) attachment parenting idea of developing a secure base for the child to explore the world outside confidently (in an individualistic society such as the British (Strathern, 1992)).

Furthermore, the early building of the relationship follows a gendered script that secures certain continuity of women’s role. As Valentina put it “I like girls better because they are more attached to their mothers than boys. Boys are too independent and difficult to handle.” Six of the women in the first group mentioned at some point their preference for baby girls based in their belief of them been more “vulnerable”, “dependent”, and more likely to become a friend in the long term, an assumption certainly based in their own experience of mother–daughter relationship or at least their construction on it (Mayblin, 2012; see also Han, 2012 on the current expectations on motherhood in low-income families in Santiago).

Middle-class mothers express a different set of parenting goals and fears which are in line with a more individualized (in the sense of Beck &

Beck-Gernsheim, 2002) perspective of relationships, following what child psychology describes as “independence”, aiming at autonomy, self enhancement, and separateness (Keller, 2007, p. 33; Raeff, 2010) for both mother and child. The need for privacy and time for their own arises at an early stage. For example, Cristina—an extreme in the group—complained several times that her son is too “*mamón*” (literally that who sucks milk, meaning that he is too attached to her): “I just can’t cope with a child that is too dependent on me.” She needed fresh air from time to time, and assumed that she had returned to smoking in order to have some forced time aside, in the balcony, while staying at home. She also felt that having a beer in the evening made her feel somehow away from the motherly aura. This kind of attitude resembles French mothers’ fear of the *enfant roi* (child king) in which the mother becomes “enslaved” to her child, as the child becomes spoiled (Suizzo, 2004, p. 309), precisely the opposite to the search of the *niño fundido* (spoilt).<sup>17</sup>

Tertiary educated women engage with middle-class concerns and trends that are present in other societies. They search for expert information from pregnancy—while relating cautiously with their own mothers’ advice—they prioritize cognitive development and are concerned with the baby’s performance usually comparing with peers. It is also in this group that “good enough mothering” (vs. intensive parenting) seems a desirable and possible option at this stage, considering the range of other competing selves these women embody. Pediatricians, family and friends many times challenge their wants, while nannies, daycare, and work appear as places for relief.

These two groups of mothers in Santiago evince the need to contextualize the appropriation of global tendencies in mothering—their advantages and constraints to women—within different kinship systems and cosmological aspects of motherhood. For instance, “intensive mothering” ideologies, clearly devoted to the middle classes in other contexts, manifest in specific ways among different women in this study. As we have seen, recently adopted mandates by the state and experts—such as long-term breastfeeding—redefine and reinforce existing mothering practices in the low-income women, while other societal wants, such as women’s participation in the workforce and the use of day care from an early stage, are much harder to adopt, appearing as a threat to the good mother. Actually, many of these women make use of the intensive mothering ideologies and experts to avoid going back to work during the first year.

Women’s mothering experiences and normative kinship expectations vary strongly considering education and income. This is in tune with inequalities and differing tools for self-expression, and ways of defending their needs against both their social and expert surrounding. The different aims and expectations placed in the relationship, together with their differing

possibilities and constraints permeate their decisions and management of feelings such as guilt and anxiety. As we have seen low income and lower middle class women cannot afford those decisions that appear as self-evident to middle-class women and that lead to self-fulfillment beyond motherhood. On the other hand, middle-class women need to develop strategies to justify the limitations of their “intensive mothering” during the first year.

These women’s experiences of motherhood are different in a way that seemingly opposite paths are established during the first year. How can we understand this? Maya Mayblin’s (2012) discussion described above on the Christian tension between dualism and monism and mother love in the north of Brazil, provides a usually overlooked yet illuminating aspect to consider when comparing these Chilean women’s experience: their cosmological and ontological premises. In the case of this study it is women themselves that attribute a more metaphorical or metonymical edge to their embodied motherhood and mothering practices. This means that what is at play in each group when having a baby is somehow different and, for instance, allows us to approach the diversities in their feelings and decision making. Middle-class women in this study hardly attain the fulfillment and aspirations that the first group appear to find and defend, while the attained maternal self by low-income and lower middle class women appeared normatively as a strong, unbeatable force, closer to a metonymic divine presence (Mayblin, 2012) that compensates for the pain, sacrifices, and contradictions they incur in the name of good motherhood. In other words, middle-class women seem to embody a mothering experience that is openly less totalizing or closer to a metaphoric mothering experience regarding divine grace.<sup>18</sup>

Overall, these considerations suggest the need of a more cautious account than the lineal class–power association regarding motherhood, intensive mothering, and inequality. Even if blurred and changing, what women put in the balance is different. Decisions, the sense of guilt and the ways to overcome it, also differ. Middle-class women have a lot of privileges compared with low-income women, including the possibilities of “self-realization” in different activities. At the same time the metonymical experience of motherhood of the low-income group allows a fulfilling experience of motherhood in itself. This, to the extent that several problems and limitations may be (or should be) overcome with the mere existence of the child, together with what they feel as the right care given. Not surprisingly, what is at risk with (what they understand as) low-quality mothering is much more serious than what those on the disenchanted side may ever encounter. Still, these women’s experience is also far from the overabundance that both the *marianismo* thesis and Mayblin ascribe to (ideal) mothers. For every woman in this study achieving their mothering standards and the decision making involved was

always a reason for struggle and anxiety. In changing societies in which income, education, and values such as self-independence or “personal realization” are being redefined, motherhood itself should be put into evaluation and not remain as an unquestioned category.

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### **Notes**

1. See [www.belelu.com/2010/07/carta-a-ximena-ossandon/#](http://www.belelu.com/2010/07/carta-a-ximena-ossandon/#)
2. After 150 years of child-oriented policies in Chile, in the past decades, baseline public health aims such as lowering of mortality rates and nutrition problems reached developed countries standards (Jiménez de la Jara, 2009).
3. In 2006, 62% of women belonging to the higher income decile participated in the workforce, while only 28% of the poorer one did (Encina & Martínez, 2009, p. 6). At the same time 82% of women in the first quintile claim the mother as the main carer of the child during the first two years, dropping to a 56% in the 5th quintile (2009, p. 7).
4. My translation from Spanish to English.
5. See [www.crececontigo.gob.cl](http://www.crececontigo.gob.cl)
6. For example, Uruguay has recently launched a program “Uruguay Crece Contigo.” In tune with this enthusiasm during 2011 the congress approved an extension of fully paid maternity leave from three to six months for working mothers, consolidating a national commitment to attachment, and long-term breastfeeding as the most beneficial for mother and baby.
7. My translation from Spanish to English.
8. FONDECYT Iniciación en Investigación (2010-2013) “Motherhood and Early Childhood in Chile Today: a Study of Mother–Infant Dyads from an Ethnographic Perspective” No. 11100432. Funded by Consejo Nacional de Ciencia y Tecnología CONICYT. This project involved the participation of 16 women in Santiago and of another group in Araucanía region (2012-2013).
9. The original grouping of mothers: Group 1—upper- and middle-class informants with tertiary education, who use the private health care system and gave birth in private clinics; Group 2—lower middle class informants with secondary or



- technical education, who use the public health system with a mixed arrangement of care in the prenatal period and who gave birth in private clinics under a copayment system; and Group 3—lower class informants who participate in the state health care system and who gave birth in public hospitals.
10. I also interviewed several professionals involved in the process: gynecologists, midwives, pediatricians and nursery professionals working in public and private practice.
  11. I have taken the concept of “totalizing experience” as a parameter for contrasting motherhood experiences from Tania Salem (1985). See also O’Dougherty (2013, pp. 185-186).
  12. Fieldwork took place before the extension of maternity leave to six months that started in 2011.
  13. These women’s interpretation of medical diagnoses as multilayered narratives in need of subtle analysis by them is an important topic that I could not address in this article.
  14. Anthroposofic medicine follows a holistic approach combining conventional medicine, homoeopathy, and naturopathy. It was founded in the 1920s by Rudolf Steiner.
  15. In other words, these women work their priorities on a theory of kinship in which ‘what is given’ (by nature or biology) and ‘what is made’ over time and in shared activities; the traditional tension between the unchangeable and given by birth and shaped by the ordinary, everyday activities of family life” (Carsten, 2004, p. 6) operate coordinately.
  16. In this context it should not be surprising that one of the important arguments that Bueno and Segura (2011) heard from lower middle income parents in Santiago who did not want to send their children to childcare was their “fear to lose the child’s closeness and preference” for them once they started going to nursery.
  17. These findings match quantitative research (Herrera, Valenzuela, Araos, & Montt, 2006) which supports the idea that educated classes privilege independence as a value much more than the rest of society even within less individualistic societies (Catholic as against to Protestant ones, for example), and that the more educated value socializing with others much more than the less educated.
  18. Middle-class women in this study tend to escape this metonymical sense of mothering as unachievable and are closer to what Maureen O’Dougherty (2013, p. 184-199) has described for middle-class women suffering postpartum depression in Brazil: those who know that they are not in the track of metonymic excellence, according to Mayblin’s (2012) argument.

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