

## INTRODUCTION

I think it began with food pouches. You know the ones—half-pint-sized vessels built from layers of laminated film. They contain mashed-up vegetables, laced with fruits to make kids eat it, and they have a convenient suck-spout to get it right down their gullets with minimal fuss or mess. Voila! Kid has their dose of veggies, and no one (mom or baby) has a meltdown.

I was standing in the aisle of the grocery store, holding two pouches in my hands, considering. On the one hand, the thought of getting something into this pipsqueak other than chicken nuggets felt like such an exhilarating win I could almost taste the success (apple-kale-mush-flavored success). On the other hand, shouldn't I be teaching her to eat food that looked like, well, food? Were there drawbacks to her not chewing or tactilely experiencing her food? What if she started demanding nothing but pouches (they seemed wildly popular with kids these days), and then she never learned to use a fork? What if I had a fork-challenged child going off to college one day? On the third hand (at this point in my life I had come to routinely wish I had three hands), she was presently screaming bloody murder at me for standing—the cart required constant movement to placate her, you see. There was no more time to think. I threw both pouches in the cart, grabbing a plastic spoon as an afterthought. *It'll be OK as long as I make her eat it with a spoon, right?*

Who knows, really. It could have been any of a million such moments that define modern motherhood, but I think that was the day I phoned my friend Jess, and we decided to write this book.

One thing has stuck with both of us since we became mothers: when you become a mother you enter a new world. That world involves a lot of

baby care, of course, but here we also mean that the new mother enters a world in which she shares a subtle, vibrating electricity with every other mom she sees—the shared grasp of the tingling, raw, so-earnest-it-makes-your-eyes-sting, obsessive love for this tiny creature for whom you are suddenly responsible. The suffocating grip of that love is arresting—and suddenly, when you walk past a mother ruefully considering two slightly different flavors of pouched mush in the grocery store, what might have once seemed a laughably absurd first-world problem is suddenly a codex to your own world. You know pretty much everything she’s standing there thinking. And because you know it, you know you are seen as well. Even if it goes unspoken, your struggles are seen and given space by some other mother who has been there. The planking eighteen-month-old refusing to get into the car seat is softened, here and there, by a knowing smile of a mother passing by with her four-year-old screaming something about Disney princesses. You don’t have time to discuss it (because buckles are hard to navigate while under pressure, and Elsa *cannot* wait), but you both know you know, and somehow it helps you get through.

The next day, when Jess and I were in an all-faculty meeting and supposed to be listening to something or someone, we wrote. Surreptitiously, but insatiably—in tandem but in separate seats, linked only by a shared document—we wrote up the beginnings of what would become this book. Even as professors, supposedly hired to discourse—to teach and to write—we found no time to discuss in person the Elsas and the buckles and the pouches and the many, many other mandates of “good motherhood” that were weighing down our spirits. Our renegade discontent wouldn’t be contained, though. So, silently, in protest of something much bigger than it all, we wrote our feelings.

As we continued writing our way into this book, detailing our thoughts in a stream-of-consciousness style, we circled around and around how much these worries stick with you. They grow as your child grows—from worrying about adequate nutrition to worrying if we’ve adequately helped our children develop character traits and habits that will equip them for success in the world. The worry sticks and grows. A persistent little mouse nibbling at the hem of your sleeve, gnawing away at your confidence. There’s another little creature that sticks with you, though, knitting your sweater back up from

the other side in bits and snatches: that community of mothers who *see* that persistent little mouse following you everywhere.

So what's up with the mommy wars, then?

If other mothers seem to be all we have to grasp at for solidarity in this equation, why is modern motherhood *also* marked by fights over the selfsame variables? Going back to the opening example: if another mother might be the only person who can really empathize with my agonizing decision between a vegetable-less life for my child and a possible future adult dependent on food pouches, why do I still think she might be judging me for not hand grinding my daughter's kale (which she obviously readily eats in this hypothetical Optimal Mother scenario)? In fact, why does the mother seem to fade away entirely from the maternal-fetal dyad?

As coauthors, we sat, a room apart, our simmering rage united only by interconnected screens, and our cursor suddenly slowed, pulsing interrogatively. Why, indeed.

### WHY, INDEED

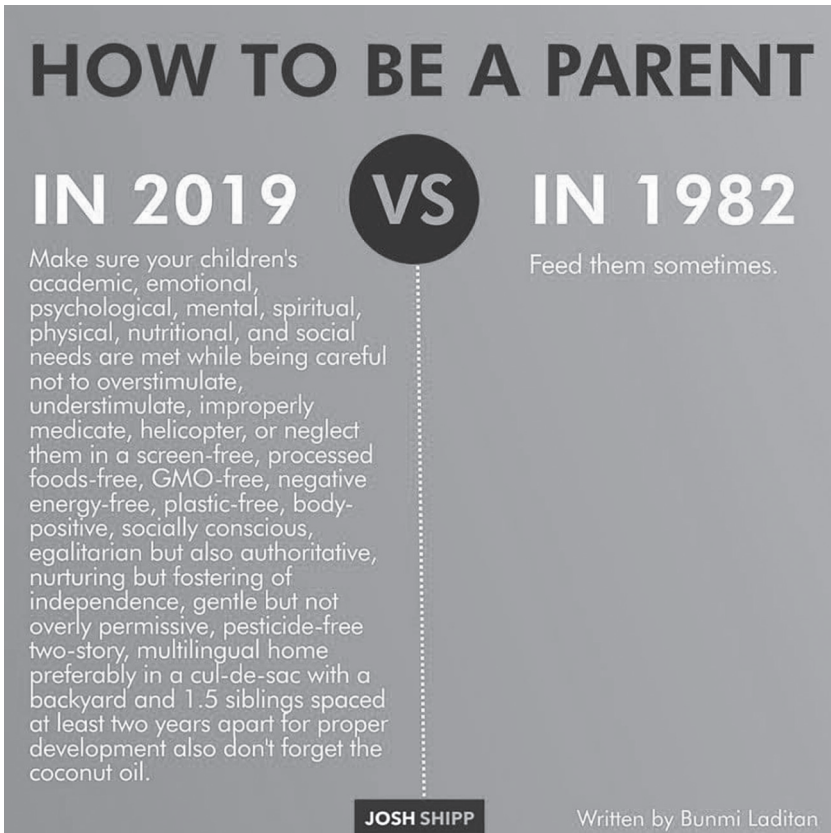
This book is our attempt to answer this question. From the beginning, we felt the internet and social media were a key piece of the puzzle. Perhaps our inspiration came from the fact that even while sitting in the same room with one another, we were communicating digitally, too busy to chat over a cup of coffee. Perhaps it's just a given that social media and smartphones infiltrate every aspect of our lives. Whatever the reason, we knew the internet as a source of parenting advice and as a host for parenting communities had to be a major part of our explorations. This kicked off a multiyear research plan where a large part of our time was spent joining a variety of mom groups on Facebook. What we saw, as a part of our formal observations, mirrored much of what we had informally observed in our (relatively) few years as mothers. On the internet, women are barraged with hosts of articles, memes, and infographics of what is "best," "healthiest," or "safest" for their children, with the implication that all good mothers would elect these things. This assumption (that all mothers would elect these things) seemed to create a perceived market demand for even more articles and infographics detailing

even more things mothers should do to keep their children healthy and safe. The resulting cycle was a perpetual motion machine of demands for mothers. Social media interfaces, like Facebook, offered women what seemed like a safe haven; many Facebook groups offer membership to special interest groups, such as women who support breastfeeding older toddlers, or women who are committed to adhering to guidelines from the Centers for Disease Control and Prevention (CDC) for safe sleep. However, mothers joining such groups for solidarity and support from like-minded mothers still often discover these supposed safe havens to be rife with contention, aggression, and peer pressure to conform to groupthink rather than providing comforting support and discussion. The more detailed findings of this book track exactly how such discussions play out, and explore how groups meant to support and uplift mothers somehow tear them down and incite division. The next several chapters present our findings from these months of digital study, separated by the “mommy war”—or subject-specific debate—that they take up. The rest of the chapter at hand is devoted to explaining how we define Optimal Motherhood and how we think we could begin to build a better future for mothers.

## **THE ROOTS OF OPTIMAL MOTHERHOOD, PART 1: THE CULT OF TRUE WOMANHOOD**

What exactly has created our belief that there is an Optimal Mother at all? How have we come to believe that there is a perfect answer to the food pouch dilemma—or any parenting question—to begin with? And when did these standards of perfection become attached to motherhood specifically? The meme in figure I.1 notes how parenting has changed over the years.

So, how did we get here? We believe the roots of this belief can be linked to the nineteenth-century concept of the Cult of True Womanhood. By the nineteenth century, housewives were seen as the moral force driving the entire household. It was thought that a woman’s purity and dignity permeated her entire house. Before this period, childbearing was seen as an inevitable part of a married woman’s life, something she had to endure as a descendant of a sinful Eve; by the Victorian era, however, a mother’s child-rearing was seen



**Figure 1.1**

Source: Xenia Tsolaki Metaxa Private Institute (2019).

as much more important than her *childbearing* (Freidenfelds 2020). This new emphasis on childrearing meant that maternal perfection was not only valued but demanded. Previously, women simply bore children. But now they were expected to have an impact on their upbringing in fundamental ways. For Victorians, maternal perfection was achieved through passivity: women were not to work, even in the domestic sphere, but rather to simply *be*, and in so doing, spread their purity to their families, strengthening and stabilizing them as strong family units. The standard wisdom of the day held that women had the power (and therefore the obligation) to stabilize the nation itself by creating strong, morally upright families.<sup>1</sup>

In the Victorian era, this concept applied to all aspects of women's lives as daughters, wives, *and* mothers (and for middle- and upper-class women, these were indeed most aspects of their lives, as such women were not employable in traditional jobs). The Cult of True Womanhood is still very much with us today, although it has adapted to the norms of our society.<sup>2</sup> Namely, we would argue that as women became more liberated over time, more able to leave the confines of the home, the demands for female perfection narrowed to focus *only* on motherhood, but with increased intensity. For instance, passivity was the name of the game for Victorian women's norms, whereas assertiveness and activity define Optimal Motherhood today. A Victorian mother was meant to demonstrate moral purity by example—her sheer presence could, in theory, purify her family and thereby the nation. In fact, some Victorian household guides advised women to outsource childcare so that they could better maintain an image of calmness and perfection for the short periods when they were in the presence of their children. A Victorian mother might, theoretically, have been able to simply demonstrate good and proper behavior to her children. Indeed, many Victorian motherhood guides make room for the possibility that mothers may not deeply *enjoy* child-rearing but may simply perform “goodness” while around their children to set behavioral examples (Nixon 2020).

Beginning in the 1900s, women were increasingly involved in the everyday care of their children as domestic servant labor became less common. Yet, linguistic patterns demonstrated that a woman's primary role was not purely defined by her identity as a mother. It wasn't until the 1970s that “parent” “gained popularity as a verb,” speaking to this emphasis of “woman” as interchangeable with “mother,” yes, but also suggesting that “mother” or “parent” was not her only or primary identifier (Senior 2014, 154). Consider how previous generations of mothers were apt to call themselves “housewives,” whereas now most women in similar roles use the term “stay-at-home mom” (154). As Jennifer Senior notes, “The change in nomenclature reflects the shift in cultural emphasis: the pressures on women have gone from keeping an immaculate *house* to being an irreproachable *mom*” (154). Enter the Optimal Mother. Mothers now had to be not only present and proper (a Victorian notion) but excessively involved as well. And their involvement had to be perfect.

### The Cult of True Womanhood and Optimal Motherhood Compared

In this book, we have set our sights on what we see as the mostly consistent trajectory of continuing the tradition of the Cult of True Womanhood, which we argue has subtly changed over time. We term this new transfiguration Optimal Motherhood. Optimal Motherhood involves all of the responsibility of the Cult of True Womanhood, with a couple of modifications: (1) as we've alluded to, it narrows its scope to involve only maternity issues; (2) it does so with a correlated increase in intensity of demanded perfection; and (3) it jettisons the collectivist values of shaping a nation for the more individualistic ideal of optimized personhood for which the mother is solely responsible (outside of community and state supports/assistance/relevance) and through which one reaps individual rewards relevant to only the individual nuclear family at hand.

It will be helpful to elaborate in some more detail the similarities and differences in these two feminine ideals. While cultural history is not within the scope of this book, at least a brief examination of the trajectory of the Cult of True Womanhood as it changed over the past 170 years will be helpful to the reader in conceptualizing Optimal Motherhood as it appears in the following chapters. One of the major differences is that Optimal Motherhood in the present day is highly individualistic *and* (and this bears saying *in addition*) stubbornly opposed to communitarian ethics. In fact, this difference is so vast that were it not for the shared imperative of female perfection between the two—their most important and overriding feature—it could nearly be said that Optimal Motherhood is entirely different from the Cult of True Womanhood. This is because, whereas the Cult of True Womanhood had everything to do with stabilizing national citizens through the combined efforts of individual women, Optimal Motherhood has only to do with personal improvement (extended to family improvement). It could be argued (and this will be elaborated on in the next section) that encouraging private citizens to better themselves is simply a way of outsourcing the labor of state improvement to individual citizens. Nevertheless, it remains important to our understanding of Optimal Motherhood that this selfsame means of private, personal improvement necessarily rejects *communal support* even while it contributes to a sense of nation-state moral superiority. As Senior notes,

“Today’s parents are starting families at a time when their social networks in the real world appear to be shrinking and their communities ties, stretching thin. Without the vibrant presence of neighbors, without life in the cul-de-sacs and the streets, the pressure reverts back to the nuclear family” (66). And since maternal caregiving can constitute as much as 74 percent of *total* caregiving, Senior’s statement should be revised to indicate that the pressure reverts back to the mother (Hays 1996).

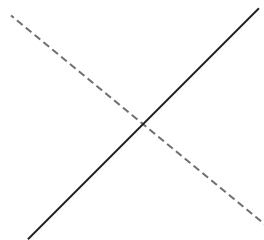
Thus, Optimal Motherhood is more individualistic than the Cult of True Womanhood was—but only insofar as it deprives mothers of their ability to *receive* support—and it is therefore much more insidious than the Cult of True Womanhood was. As problematic as nationalism itself is, one must at least admit that the Victorians were more direct in their motivations, and in exchange for female perfection, women were granted some sense of contributing to a higher (if problematic) cause. These women believed they were receiving something in exchange for their perfection. In Optimal Motherhood, women contribute to neoliberal aims of constructing a perfect country through individually contributed, individually perfected private families, but they are unaware that what was promoted ideologically as “being their personal best” or “ensuring a healthy family” was in fact a nationalistic act. They are thus paying the price—doing the work—without receiving anything in return. In this manner, mothers are both cut off from any awareness (a.k.a. psychological validation) of contributing to communal goals and (more importantly) taught to shun community *contributions* or aid. The Optimal Mother must perfect her family, and she must do so in a vacuum, because perfect women shouldn’t need help.

Another important difference (outlined in the previous section) is that the Cult of True Womanhood dealt with *all* aspects of a woman’s life: her role as a daughter, as a wife, as a hostess, and as a mother. Of course, in the Victorian era, the only women to whom the Cult’s mandates truly applied (middle- and upper-class women for whom employment outside the home would have been disreputable) did not work. It made sense in this context that the “entire scope” of women’s lives, as addressed by the Cult of True Womanhood, dealt only with their domestic relationships with others.



Optimal Motherhood has maintained the Cult's focus on women's roles in the home. However, since women's roles in the home have changed so vastly, its actual scope tends to deal only with maternity issues. There is a description for such relationships: they are called chiasitic.

As the scope of women's freedoms increased (solid line), the scope of the Cult of True Womanhood (dashed line) *narrowed* or decreased, to include only those activities that were necessarily domestic: in this case, motherhood seems to be the last stronghold of the Cult of True Womanhood (see figure I.2). There it has stayed embedded and, we believe, has intensified, as all of its ideological heft is packed into one realm of a woman's life. Senior notes that "history certainly suggests as much": "In the past, at just the moments women had gained some measure of education or independence, the pendulum often took a wild swing backward, with the culture suddenly churning out the unambiguous message that women ought to be seated back at the hearth" (2014, 151). Indeed, Sharon Hays explains that, ironically, many of the policies are aimed at social justice, such as "child labor laws and compulsory schooling . . . coupled with powerful efforts to solidify the family-wage (male-breadwinner) system. At the same time an increasing number of protective labor laws excluded women from certain kinds of work and cut back their hours so that their employment would not interfere with their mothering role. These combined actions seemed to have gradually resulted in the assimilation of the form of the cult of domesticity among working-class women" (1996, 43).



**Figure I.2**

Women's freedoms versus the Cult of True Womanhood.

Source: Nixon (2020).

## **THE ROOTS OF OPTIMAL MOTHERHOOD, PART 2: NEOLIBERALISM EXPLAINED**

If the Cult of True Womanhood is the scaffolding upon which Optimal Motherhood was built, neoliberalism is its building materials, the brick and mortar that allows Optimal Motherhood to affect so many women—even those who would like to believe they are above such Pinterest Mom aspirations. “Neoliberalism” describes the way norms in modern, developed nations are enforced not by literal state force but more subtly through adding a moral value to the behavior. In other words, we no longer put citizens in debtors’ prison, but we have talking heads like Dave Ramsey to drive home the message that if people were just disciplined enough, then they could avoid coming up short at the end of the month. The neoliberal message in this example is too general to be useful to specific families’ situations, yet it also simultaneously puts the burden on the individual family who should have tried harder to succeed. Such logic neatly sidesteps the responsibility of other organizations or groups to contribute to local success. Affordable health care, for instance, provided by the state, would be an equally valid hypothetical solution to such a family’s financial strain. Whether one agrees with universal health care or not, this example nevertheless illustrates the fundamental logic of neoliberal culture (which we argue defines our present moment in all spheres): deflect public recognition away from systemic or infrastructural gaps and failings and instead redirect focus on how the individual should have helped optimize their own life. As the zeitgeist of our era, the examples are endless. Body cameras are not the answer to police brutality against Blacks—combating systemic racism is. Teen pregnancy isn’t the crisis we should be addressing—it’s pragmatic sex education and contraceptive accessibility. Insisting on the importance of mammograms isn’t the answer to breast cancer—affordable health care is. Neoliberalism is especially noticeable in the realm of health care, and therefore in the realm of choices mothers are told they must make to ensure their children’s physical and emotional well-being. Particularly by “the 1980s and 1990s, [public health efforts] increasingly sought to leverage individuals’ choices to improve health on a population scale, emphasizing personal responsibility rather than

communal solutions such as political action to clean up health hazards in the environment” (Freidenfelds 2020, 105). For Optimal Mothers, this means a “good” mother “seek[s] information on children’s needs, . . . attempt[s] to meet those needs through their child rearing practices, . . . [and] they regularly reflect on their own childhoods, attempting to repeat what they felt was right and to avoid the mistakes their parents . . . made in raising them” (Hays 1996, 155).

The Victorian roots of the Cult of True Womanhood mixed with the particular flavor of 2000s-era neoliberalism has resulted in the strange alchemical mess that we are calling Optimal Motherhood. Optimal Motherhood is the imperative expressed by the meme in figure 0.1, that a woman is responsible for manifesting and perfecting every aspect of her child’s being: physical, spiritual, emotional, psychological, cognitive, and behavioral. It is simultaneously—and equally as important—the notion that “good mothers” will strive to do these things and do them properly, and “bad mothers” will fail or not try hard enough to do so (or, per attachment theory, not enjoy doing these things well). Reader, it is the mouse nibbling at your sleeve. It is every dilemma of how much screen time to allow, which direction to face a car seat, what clothes are currently least flammable, when to potty train, how to discipline, when to start kindergarten, and, yes, even which damn flavor of kale pouch to get.

But it is also the shadow crisis that follows each mouse nibble: Too much screen time results in poor social development, but what if my kid is the only one who enters elementary school with no digital literacy? Rear-facing is safer, but when are they too big for it? Might they suffer from not seeing our faces enough? Will a mirror make me a less safe driver? Haven’t those fire-retardant chemicals been linked to thyroid cancer? Potty training too early is supposed to be bad, but how else can I get them into the preschool I’ve handpicked and that I’m certain provides the best education for my child? Time-outs are useless, but how do I teach my child that hitting is unacceptable? Early literacy is important, but haven’t new studies shown that we start our children in curricular education too early, thereby stifling creativity?

It’s exhausting.

### **Class and Ideologies**

Of course, it will be obvious that in the Victorian era the leisure to simply “be” was one open only to middle- and upper-class women, and the same goes for outsourcing childcare. Accordingly, one undercurrent of this book will be to demonstrate how so many of the requirements of Optimal Motherhood today are class dependent as well. Meeting the World Health Organization (WHO) recommendation of two years of nursing, for instance, requires that one have the luxury of working from home or in a job flexible enough to allow constant disrobing and feeding, or that one have a partner with a job that pays well enough so that the nursing mother need not work. Sleep training may very well not seem to be a “choice” but, rather, a necessity for a single mother working two jobs who *must* rest or risk being unable to keep the lights on, so to speak.

It is imperative, then, that we acknowledge the demographic from which we drew our analytical observations for this book: native English speakers from the United States and Canada. More specifically, those who populate the online social media mothering groups we analyzed primarily fall into the categories of white and middle class. We are acutely aware that gender, race, and class are intersecting variables that affect all aspects of life, especially the circumstances that lead to choice—or lack thereof—in parenting decisions. While we attempt to acknowledge the limitations of our observations in this regard throughout this book, we know that focusing on white culture and privilege provides only one piece of the very complex puzzle that makes up modern mothering discourse. We hope scholars will heed our concluding call to extend and elevate the conversation surrounding online parenting debates and their role in constructing contemporary Optimal Motherhood by exploring the discourse practices of heterogeneous mothering communities.

### **The Roots of Optimal Motherhood, Part 3: Risk Aversion and the Modern Western World**

To stay with our previous building metaphor, where the historical Cult of True Womanhood is the framework on which Optimal Motherhood is built, and neoliberal ideals are the pleasant-looking and necessary-seeming brick and mortar that enables it to work so well, risk aversion is the electricity in the building—it is what keeps the whole thing running, like a perpetual motion

machine. At its core, Optimal Motherhood is the product of a risk-averse modernity, which is itself the result of a privileged, Western, first-world context.

As Nixon (2020) has argued, beginning with the development of germ theory and bacteriology in the 1880s, Western society increasingly believed that if risks could be identified (Nixon discusses such risk in the form of bacteria), they could by definition be avoided. The formula was deceptively simple for a society still rocked by post-Darwinian secularism and on the lookout for new modes of understanding and thriving in an often chaotic world. Although the Victorians of the 1880s did not yet have antibiotics or other effective cures for infectious disease, product advertisements in periodicals, often promoting a variety of antiseptic panaceas, spoke to the instantaneous development of a *fantasy* of a risk-free life (Nixon 2020). This fantasy (for it remains and will always be a fantasy) was only emboldened by ever-evolving Western medicine, which, as the century rolled over, began to develop cures only imagined in the 1880s.

Of course, all of these medical innovations as well as the beliefs surrounding them occurred amid a host of other modern-day developments. However, for our purposes, the development of twentieth-century medicine is a useful and clear example by which to make our point about risk aversion and its contribution to Optimal Motherhood today. As the theoretical availability of a risk-free life seemed increasingly possible (in this example, the hope of cures for disease *seemed* just around the corner), a funny thing happened: society became generally more paranoid about risk *because* they felt it was avoidable. To put it another way, the more that perfect safety and health seemed within Western society's grasp, the more people began to feel a pressure to maintain vigilance and *avoid* these risks. If disease were theoretically avoidable, it also seemed that everyone ought to do everything they could to avoid it. Thus, the moment disease was no longer seen as an inevitability, neoliberalism swooped in to make it seem like good, responsible people would obviously find ways to successfully avoid such risks.

Hypervigilance itself became nonnegotiable as well. Good, responsible people were always on guard against risk—always watching, always aware—and their careful vigil, like that of an ever-wakeful night watchperson, would ensure that no harm would come. If it did, then it must be the victim's own

fault. To keep with the disease and hygiene examples, as early as 1910, if a child died, a woman might be blamed for neglecting to keep a house clean enough to keep a child safe from disease (Leavitt 1996). Today, your downfall might be your choice of food for your baby or the way your baby sleeps. If something happens to your baby—catastrophic death, or something less serious, like a milestone delay or a tendency toward tantrums—a complex cocktail of historical demands on women, neoliberalism, and Western risk aversion point the accusing finger straight at the mother. She should have tried harder, remained more vigilant, cared more, and enjoyed parenting more.

Such risk aversion has had direct consequences for mothering beliefs and advice in our present era. Angela Garbes characterizes risk aversion in the United States as follows:

Perhaps the darkest side of pregnancy is being routinely infantilized by people who offer their advice and opinions on how to be the best possible host/incubator for your baby. . . . Eat nutritiously but not too much. No soft cheeses, deli meat, or raw fish. . . . Beware of coffee. Exercise, but don't elevate your heart rate too much. . . . Individuals arrive at pregnancy with habits, weaknesses, familial triggers, illnesses, predilections—the human baggage we are born with can accumulate over the course of a lifetime. Would-be mothers are no more or less virtuous than any other person, but our expectations for them immediately shift when pregnancy enters the picture. (38)

We would extend this to all of motherhood praxis, not simply to pregnancy. If neoliberalism inspires the belief that one should rely on oneself (instead of a community) to achieve success, and if the Cult of True Womanhood insisted that women were the core of family success, then this risk aversion added to the mix the idea that for mothers to fulfill their role as managers of their family's success, they had to be constantly on the lookout for risks of all kinds—and to work hard to avoid them. From the pregnant “good mother in waiting” to the “risk-conscious” good mother ad infinitum—who would “never ‘choose’ to place the ‘innocent’ child at risk” (Hookway, Elmer, and Frandsen 252, emphasis added)—the ideal citizen mother must choose (yes, must, from the moment a woman begins thinking about the act of procreation) to fulfill the duty of child-centered, risk-aware, blame-ready incubator.

## **“WE DROVE IN A BODY TO SCIENCE”: RISK AS SCIENTIFICALLY DETERMINED**

The quote “We drove in a body to science” is from George Meredith’s 1879 novel *The Egoist*. The full quote reads as follows: “We have the malady, whatever may be the cure or the cause. We drove in a body to Science the other day for an antidote” (4). Writing around the same time as the shifting attitudes toward medicine just mentioned, Meredith refers to the consequences of such cultural tendencies. Germ theory’s prevalence is, of course, just one example of the ways in which modern, Western science produced the tendencies toward risk aversion just described. Such behaviors were obviously not limited to the realm of germ theory and infectious disease. One could just as easily have used the example of Darwinian evolution instantly inspiring society with a sense of alarm lest they *devolve*. And, indeed, much of the Cult of True Womanhood was related to pervasive social anxieties that, without careful maintenance of the moral fiber of Britain’s children, British society might evolutionarily degenerate.

We use germ theory, then, as just one example of the overarching fact that, beginning in the late nineteenth century, regardless of the moral, physical, or existential dilemma, society turned to science for answers and a sense of stability (via a perceived ability to control outcomes through risk management). In a society increasingly less under the pervasive influence of the church, science seemed to be the new system of guidance in an uncertain world. What people knew was that they had “the malady” (that is, uncertainty), “whatever the cure or the cause,” and they needed to believe someone had “the antidote” (a means of certainty and control). In the 1880s, through to today, this was science.

It is no accident that Meredith capitalizes the word; this was not a conventional grammatical choice at the time. In doing so, he insists—and we would agree—that “Science” came to represent the new primary source of truth and certainty from the late nineteenth century onward. The problem with this, of course (as any laboratory scientist can attest), is that science is *messy*. Data is *messy*. Data science and quantitative research design are specialty fields, demonstrating the continued need for evaluating how we

understand science to begin with. There are rarely simple, perfectly generalizable recommendations without caveats and qualifications.

And yet, a subcomponent of modern risk aversion is a desire for and perhaps even belief in scientific results as unilateral conclusions that belie the messy data beneath them. A ubiquitous term we noted in our observations was “woo”—a pejorative term used to describe anything a speaker deems “unscientific” or bespeaking poor understanding of quantitative practices (we would note the rhetorical vagary of this term itself as bespeaking poor qualitative communicative praxis). As we will show, mothers’ scientific literacy itself is not generally lacking in parenting debates; in fact, the opposite tends to be true. Nevertheless, we believe that a pervasive cultural attitude that treats science as a single entity without individualized actors contributes to a tendency to problematically think about and invoke science in ways convenient to the user at a given time. This nostalgic longing for a singular (modernistic) authority to guide contemporary maternal decision-making poses a problem in the reality of complex life situations. In a society that believes risk awareness is equal to perfect risk avoidance, and one where women bear the brunt of the moral burden to attain such perfection, public health science itself then becomes an agent of guilt-ridden enforcement of Optimal Motherhood: “New knowledge and new technologies seem to hold out the guarantee of safety and happiness for our children, if only parents apply them meticulously enough. And, as with early pregnancy, parents feel anxious and guilty when they inevitably fall short of perfection” (Freidenfelds 2020, 198). Indeed, because of neoliberalism’s role in this tripartite mixture of maternal burden and risk aversion, the imperfect mother is necessarily instantly portrayed as an unloving mother, and public health recommendations picked up on the persuasive heft of this sensibility. Sharon Hays, among others, has recognized the socially constructed nature of what has come to be portrayed as a given fact: the conflation of good parenting with the extent of parental love. The depths of our love are measured by how well we do by proxy of our children. “Without question,” Hays confirms, “mothers experience their own child-rearing beliefs and practices as a measure of love for their children” (155).



### **The Complexity of the (Mother's) Postmodern Condition**

We offer, by way of our critique, several challenges to the logic of Optimal Motherhood, which we hope will inspire readers to begin to dismantle it, by questioning its authority and its logics. Postmodern thinking offers one of these inroads, and it is a way of considering the world that we will invoke throughout this book.

First, postmodernism itself has worked to disrupt the idea of universal authority. A postmodern approach to science might first advise mothers of the very fact (just mentioned above) that science *is* messy, and it rarely offers particularly clear suggestions for perfect behavior outside the laboratory. Second, postmodern thinking offers ways to reconfigure how we discuss knowledge creation and circulation. “Authors,” “geniuses,” and “truth” have also come to be seen as things that are created incrementally, over time, as ideas are discussed and mulled over by society. Thomas Kuhn most famously suggested, for instance, that there are no sudden “discoveries,” but that communities and societies slowly adapt their ways of thinking about and viewing the world, and thus society itself creates the supposed “discovery” or “genius” and their “sudden epiphany.” There are in fact no “eureka moments” where a superior genius suddenly achieves inspiration. Instead, there are many individual, subtle shifts that allow a thinker to slowly adapt and then reflect findings *back* to the society that in fact collectively shaped the thinker and their thoughts. It is then also society that diffuses a thinker’s findings among their peer groups, and so become as important (according to postmodern thought) as the thinker themselves in publicizing and circulating findings.

Postmodern views would argue that there is not even one single “author” or that knowledge itself can even exist independently of the whole collective activity of society. Gone are the solitary geniuses who emerged out of nowhere, simply to bestow their greatness on us. Instead, postmodernist understandings of the world ushered in a cultural view—pervasive for most of us today—that each thinker is simply one node in a nexus of interactions, each of us affecting some part of the other, like ripples in a pond. Even if I am no great physicist like Einstein, for instance, my discussion of Einstein with a friend may vastly change the way they think about space and time, and so *I* have become an Einsteinian actor myself—an agent of his theories through my

casual conversation with a friend. Taking this a step further back in time, Einstein was not simply a “great physicist” who emerged out of nowhere but was influenced by the artists and scientists of his time to consider space and time differently.

Third and finally, there is the postmodern viewpoint of “the death of the author,” developed by philosopher Roland Barthes. By this, Barthes means not only that, say, Fitzgerald was created *by* society as much as he created art *for* society (the first point above) and that readers’ actions in circulating information about Fitzgerald and *The Great Gatsby* are as important as Fitzgerald’s own (the second point above)—although Barthes does indicate these things. He also means something much more vast: that any reader of *The Great Gatsby* has their own interpretation and their own contribution to discussions and discourse about the novel, and that these discussions—which circulate via word of mouth (a network now expanded via social media)—create their own conglomerate meaning that is bigger and more expansive than *The Great Gatsby* itself or any intentions Fitzgerald had about it. Rather, *The Great Gatsby* is the sum of what people think, say, and believe about it, and act on because of it.

Of course, this all applies to more than actual literary authors. Consider the Einstein example above, or any recent argument you’ve had with a friend on Facebook. These discussions function as actors in their own right, spreading discourse (about conservative politics, about Black Lives Matter, or any topic) farther than the reach of the individual, farther, of course, than the reach of the actual author themselves, and often possibly using such discourse in ways the author themselves wouldn’t have imagined. If you’ve ever witnessed people on social media flinging Bible verses back and forth at each other, each arguing for opposite points using the same tome, you’ve seen firsthand how we are each authors of meaning and knowledge—both for ourselves and for those with whom we have contact.

“Author,” says the influential postmodernist philosopher Michel Foucault, is no longer about attributing discourse to an individual but involves a complex interaction of “the operations that we force texts to undergo, the connections that we make, the traits that we establish as pertinent, the continuities that we recognize, or the exclusions that we practice” (1984, 110;

among other things). Postmodern discourse—including and especially that which is born, grown, and circulated within and outside of social media mothering groups—is inherently influenced by many actants and actors, and these actors and actants act as nodes in a network that affect what we consider normal or expected in our lives.

One of our main claims in this book is that in the realm of parenting advice, this collective creation of knowledge has too often been erased, and parenting recommendations are treated instead like sacred, preexisting facts created by lone scientific geniuses in isolation. In addition to re-creating this much older view of unilateral authority handed down by individual geniuses, mothers further entrench themselves in actions and conversations that resist these postmodern notions of collective knowledge creation. Instead of coming together to mull over and make meaning of findings and data together, mothers in social media mothering groups fling data back and forth at one another like weapons, engaging in team-based polarizing discourse. This seems to be an inevitable outcome when data is treated as sacred, neat, and authoritative and handed down from on high. Therefore, we would suggest that the postmodern views of data, authority, authors, and knowledge creation offer a way out of—possibly the only way to begin to escape—these mommy wars.

Philosopher Donna Haraway (1990), too, urges readers to accept that there is no such thing as an autonomous, unmediated subject (that is, there is no person who isn't influenced by hundreds of thousands of tiny other things—people, places, ideas, events—over time). She also worries about a lack of collective awareness about our networked knowledge. This aligns with our sense that twenty-first-century mothers should not give in to the temptation to stake loyalties exclusively to one team or the other in any given maternal decision-making discussion—doing so assumes that beliefs and opinions can exist in vacuums. Haraway says, “Feminist embodiment resists fixation and is insatiably curious about the webs of differential positioning . . . linking the cacophonous vision and visionary voices that characterize the knowledges of the subjugated” (196). In our view, Haraway is imploring us to make space for a nuanced continuum of mothering decisions in social media mothering groups—to *acknowledge* that no one lives in isolation, even from the opposing

view or practice (as Optimal Motherhood would beg us to believe). We are all shaped by an infinite number of forces around us, and acknowledging that with self-awareness could very well be an important step toward relocating ourselves on realistic continuums within communities that also exist on these continuums, rather than deluding ourselves with the belief that we can in fact exist in pure, isolated opposition to any person or group of people around us. These very same people, after all, are actively shaping our perceptions of and beliefs about the world as we know it, including what prejudices and privileges we might un/consciously carry regarding the intersections of gender, race, and class.

Perhaps the most novel argument that postmodern scholars make room for comes from sociologist Bruno Latour and his emphasis on acknowledging the actions of objects in our networks. For Latour, not only people and discourse but also *things and objects* have lived lives through their impact on our own. Think of this as the philosopher's version of the butterfly effect. For Latour, and for our own thinking in this book, memes affect thinking as much as Facebook arguments do—especially because the latter is so often interspersed with the former. Google's algorithms, which influence what results an individual mom—whose data has been gathered and mined—is presented with when she googles “baby feeding,” are therefore also an actor. A mother's birth plan, presented to her doctor or midwife, has an impact on those people as well as their moods and assumptions about the mother, and, therefore, becomes a third-party actor. Technological encounters like cycle trackers, baby message boards, and phone-pinging milestone alerts have *all* become a part of this nexus. These apps have “mandate[d] heightened attention, early emotional investment, and round-the-clock concern” for mothers and pregnant women (Freidenfeld 2020, 113). Consequently, we argue that in women's maternity choices, these technologies are as influential as, if not *more* influential than, other humans she encounters face to face. Latour states that “*any thing* that does modify a state of affairs by making a difference is an actor—or, if it has no figuration yet, an actant” (2005, 71). For the purposes of consistency, we will call nonhuman actors “actants” in this book. Both other moms (actors) and the memes and data they use to support their claims (actants) affect the web of knowledge mothers find themselves navigating as they struggle to determine exactly how to be an Optimal Mother.

### Assembling Everything You Ever Wanted to Know about *Ethos*

One cannot discuss maternal decision-making without analyzing the *ethos*, or appeal to credibility and authority, in the hashing out of parenting advice. Most modern-day definitions and usage of the term “*ethos*” can be traced back to the rhetorician Aristotle. Aristotle (2007) refers to *ethos* in *On Rhetoric* when he reminds us that persuasive discourse (such as maternal decision-making—though we doubt this, specifically, was on Aristotle’s mind) is built on more than just content; the “kind of person” the speaker is can have as much influence, or more, over the audience as the form and content of a given speech (112). George A. Kennedy, translator of Aristotle’s *On Rhetoric*, suggests that Aristotle’s *ethos* was intimately tied to moral character (148). In short, Aristotle’s ethical appeal is about securing the audience’s trust by conveying a trustworthy character through a speech (38). Significantly, Aristotelian *ethos* is based on an *embodied* act of persuasion, one in which the audience sees and experiences the speaker speaking in order to be persuaded. The audience is persuaded based on the performance of the speaker’s past and present personality and actions and how they convey a sense of a trustworthy identity (or lack thereof) mid-speech. There is no room to doubt the significance of *ethos* to Aristotle and to persuasive discourse when he says, “character is almost, so to speak, the *most authoritative form of persuasion*” (39; emphasis added). With the invention and popularization of writing, however, one can (and should) argue that the rhetorical significance of *ethos* began to change.

When a face and name could no longer be scrutinized in the dynamic act of text making, *ethos*, and knowledge creation writ large, became dependent on what was written into and passed along via a static work. A fairly dynamic and flexible oral medium was exchanged for a fixed and predominantly inflexible print one. This transformation was solidified in the nineteenth century. *Ethos*, or, more specifically, Aristotelian *ethos*, did not have a place in nineteenth-century rhetorical theory, then, as the enlightened individual need only appeal to the authority of scientific Truth (with a capital “T”) rather than defer to their own moral uprightness or to the experience and reputation of others; the only “*ethos*” available to the modern writer was to report in error-free standard Academic English what science had already invented for them. It is here that we see traces of the intractable loyalty to one side of a data-driven debate that contemporary mothers feel pressured

to perform in social media mothering groups. In a world where “we drove in a body to Science,” there is a tension between what postmodern thought has suggested (that we all actively interpret and shape data and information *as* we receive it and converse about it) and the presumption that *ethos* must be maintained by a rigidly inflexible set of scientific Truths gleaned from data and studies. Here, we can see how Haraway’s call for women to acknowledge that we all exist in networks (communities) that shape us would alleviate some of this tension. Such subjectively discerned knowledge is likely to be scorned with cries of “woo,” however, as we noted earlier. And so, women are urged to uphold the *ethos* of their beliefs by parading around the studies they’ve found that validate them. What to do, then, when a mother from the opposing side of the debate parades around data for her cause too?

Here is one major dynamic we seek to explore in this book. This is Optimal Motherhood under pressure. The Optimal Mother must prove that she is Optimal. And she has been taught to do this on the virtue of scientific Truth claims as her proof of *ethos*, and to deny differing interpretations of data, or, rather, the actants and agents that affect how any of us accesses or perceives such data. When she meets her own match (that is, another other also tout-ing data, but in the service of an opposing view), the Mommy Wars erupt. Everyone’s identity as a good mother is at stake, after all, and if both mothers seem to have been playing the Optimal Motherhood game “correctly,” all that’s left to do is duke it out—digitally, anyway.

The problem, as we see it, is that social media mothering group discourse precludes the continuum of real-world parenting practices; though it has the potential to do so much good, the *ethos* work being done there is harming more than helping new mothers.<sup>3</sup> *Assembling the Networked Ethos of Contemporary Maternity Advice* serves as the subtitle of our book because part and parcel of advocating for dismantling the Mommy Wars is a conscious act of making visible *what* actors and actants are actually participating in these discourses and how they make claims to *ethos*. We believe that digital technologies, specifically search engine algorithms, memes, and social media interfaces, have become an actor in and of themselves in human reproduction, influencing not only procreative decision-making but also health outcomes affecting contemporary citizenship, thus shaping society itself from conception through birth—even (and especially) family nutritional and caretaking choices.

Even more radically, we conceptualize this techno-agent as one that is in many respects personified through the representative avatars of “people” encountered digitally in social media spaces. The “pings” and voices of social media activity are hard to escape when our smart devices confront us at every turn—in our pockets, on our desks, mounted on our dashboards, and all synced with one another. And yet, it hardly needs stating that such digital connections function quite differently, socially speaking, than direct interpersonal contact. As social media specialist Sherry Turkle has noted, our society has mastered being alone together (2012, 155).

Our aim in this book, then, is to shed light on a complex network of technology, social connectivity, and immediate information circulation as it has affected modern motherhood in a digital age.<sup>4</sup> In a Western world where digital interfaces have ironically allowed for more isolation than ever, message boards have usurped the *ethos* of midwives, and fetal threats and shouts of “bad mother!” are publicized at the click of a button. Such digital networks often serve as the only community-based resource for mothers in a neoliberal world that has isolated women from communities of help, but they necessarily lack the nuance and critical discernment that face-to-face support systems provide to individual mothers. The female support communities that do form online are formed around polarities (e.g., formula vs. breastfeeding groups, co-sleeping vs. safe sleeping groups) rather than unifying factors. Even this grouping factor tends to suggest to mothers that polarized party lines exist and must be towed by aggressive and systematic meme sharing and message-board vigilantism. Within this web of party-line advocacy, digital interfaces, and personal-but-impersonal social media connections, modern motherhood is made, and Optimal Motherhood has metastasized.

### CRITICAL DIGITAL HEALTH METHODOLOGY

More specifically, this book operates on the premise that conception, pregnancy, childbirth, and the experience of maternity are increasingly not simple biological processes but complex social constructs produced at the intersection of biological fact, technological interpretation, and the consequent synthesis of subjective experience. As scholars of feminist discourse and digital, scientific, and technological realms, we’ve organized this project

topically: each chapter addresses a different, generally contentious, issue along the spectrum of pregnancy, childbirth, and postpartum child-rearing. Each of these issues involves binary choices, or those that necessitate an either-or decision, on the part of the mother. Additionally, we have selected choices that must be made in the void of clear scientific consensus, enabling us to focus on individually determined decision-making tactics that occur at the intersection of risk assessment, outcome determiners, and information gathering. Ironically, these individual decisions often occur in digital social spaces, as mothers crowdsource, technologically supplement, and otherwise attempt to navigate choices that do not have clear answers but that have outspoken data-mongers supporting either side of the debate. Beyond this, we have generally organized the book according to biochronicity so that we track women's decision-making processes across the reproductive spectrum, through pregnancy and childbirth, and into early childcare decisions.

### **Methods**

In conjunction with the mandate of Internet Research Ethical Guidelines 3.0 (IRE 3.0) that “pluralistic approaches . . . foreground the role of judgment and the possibility of multiple, ethically legitimate judgment calls—in contrast, that is, with more rule-bound, ‘one size fits all ethical and legal requirements’” (franzke et al. 2019)—we met with our institutional review board (IRB) on multiple occasions to ethically plan, discuss, and revise our approach to this study.<sup>5</sup> A key area of contention in our study is articulated by IRE 3.0 as follows: “One notorious problem was that especially younger people were sharing more and more information online in what amounted to public or quasi-public fora (the latter protected, e.g., by passwords, registered profile requirements, etc.). But they often nonetheless expected that these exchanges were somehow private—either individually private or in some form of group privacy. Even though these expectations were not warranted by the technical realities of a given forum or SNS [social networking site], especially deontological ethics calls for respecting these expectations” (franzke et al. 2019, 7). That is, while we were deeply convinced that observing, documenting, and reporting on direct quotations from social media mothering group discourse would afford the most powerful insight into the phenomenon being studied, we knew, ethically, we would be compromising the understanding



of anonymity, confidentiality, and *privacy* these group members believed they had signed up for. Garnering explicit consent from group administrators, let alone from the thousands upon thousands of members within each group, would prove tedious and ultimately counterintuitive (believe us, we tried; see chapter 5, “Precious Little Sleep<sup>TM</sup>: Total Risk Aversion, Neonate Sleep, and the Erasure of Maternal Needs)—the subject that is aware of being observed and assessed cannot be assumed to be performing as if those conditions were not affecting their behavioral decision-making.

We chose to focus on Facebook because our key demographic (contemporary mothers in Western society—or, more specifically, white, middle-class, native English speakers of the United States and Canada) does a lot of discursing on that platform. According to the Pew Research Center, 75 percent of Facebook’s users are female, and the majority of users fall in the age range of eighteen to forty-nine (with a particularly high number of twenty-five- to thirty-year-olds using the platform) (quoted in Chen 2020). We investigated a sample of generalized and specialized (by binary-bound parenting decisions, including feeding and sleeping) new parent groups on Facebook. We used a random date generator to identify a more specific focus within a time span of four years (2016–2019, given that covering the entirety of maternal decision-making discourse in these groups would be quantitatively impossible). Within these randomly generated dates, we recorded the name of the group, the date and time of the original posts, and the attendant dates and times of comments and coded each response as PD (pregnancy decision), DRN (delivery room narrative), PDD (postpartum disorder discussion), PBF (pro breastfeeding), ABF (anti-breastfeeding), PFF (pro formula feeding), AFF (anti-formula feeding), MFP (moderate feeding position), PSS (pro safe sleep), ASS (anti-safe sleep), PCS (pro co-sleep), ACS (anti-co-sleep), MSP (moderate sleeping position), Other, or Unsure. Confidentiality was ensured, as usernames were removed and data was stored under password protection.

While our IRB did not allow us to use exact quotations and conversations from mothers in this book out of concern for women’s privacy, this nonparticipatory ethnographic approach allowed us to gather data and survey conversations to build the representative samples (thick descriptions of people’s subjective understanding and responses in the form of composites

and vignettes) that speak to the rhetorical pathways of these debates. Ethnography is a well-established research method common to anthropology in which researchers simply observe groups without interacting. It allowed us to ethically observe mothers' interactions online without invading individual privacy or needing to report specific quotations—instead, ethnography often relies on general rules, patterns, and findings.

We report on commonly used linguistic signifiers and discourse themes rather than on direct quotations in the identified groups. The direct quotations that do appear in this book were taken from *public* forums and media platforms, such as Instagram, and are documented anonymously whenever possible to protect users' privacy; we offer these public conversations as both relevant to and representative of similar debates that take place in the privately built maternal discourse villages on Facebook.

In the interest of exploring the lived experiences of those making and affecting maternal health care and parenting decisions, we also interviewed a convenience sample of mothers and health-care practitioners regarding their thoughts on postpartum depression, infant feeding, infant sleeping, and social media mommy groups. Facilitation and examination of these interviews, rooted in interpretative phenomenological analysis, allowed us to gather a richer and more detailed description of actors and actants in the networked *ethos* of contemporary maternity advice. The interviewed moms became new moms between 1996 and 2018 at the ages of seventeen through thirty, mirroring the demographics of those discoursing on the social media platforms we studied.

Because both face-to-face and online human communication are necessarily supplemented by techno-agents and digital data-human assemblages, we further label our approach as a “multispecies ethnography” (Kirksey and Hemlreich quoted in Lupton 2016, 4). A multispecies ethnography attempts “to research the entanglements of humans and their digital companion species, by investigating the nature of co-humanity and the co-evolution of these species, their symbiotic interminglings and becomings and their ‘mutual ecologies and coproduced niches’” (quoted in Lupton 2016, 4). In essence, we pay attention to things like the influence of memes, birth plans, labels on formula cans, and Facebook marketing (to name a

few actants) in maternal decision-making because they have critical agency in and of themselves irrespective of and in addition to the human actors in social media discourse. Any study of contemporary motherhood that willfully ignores these actants necessarily misses a key node in assembling the networked *ethos* of contemporary maternity advice.

## CHAPTER REVEAL

### **Chapter 1: It Was Never about the Coffee: CDC Recommendations, Fetal Alcohol Fears, and Figuring the Collective Body of Woman in Digital Public Health Campaigns**

Chapter 1 discusses the CDC's role in shaping discourses about fetal alcohol syndrome in digital public health campaigns in the United States. In February 2016, the CDC released a recommendation situated clearly on one side of a yes-no binary: *no* amount of alcohol was considered safe during pregnancy, and *no* woman of childbearing age should drink unless she was on birth control. Women were advised to carefully regulate their reproductive abilities, given the unpredictable and unruly nature of the process and given that any fertile woman's body should be ready to host a fetus product at any given time. Women blustered over the CDC publications and yet simultaneously felt their pervasive cultural heft.

In this chapter, we conduct a visual rhetorical analysis of images in the official CDC campaign, women's responses to the images on Facebook, and parodies of the original images to explore the impact of this campaign on middle-class women with internet access (those identified in studies as the most likely to engage in moderate wine drinking during pregnancy).

### **Chapter 2: Take Back the Delivery Room: Narrative Control, Traumatic Discourse, and the #MeToo Labor Movement**

In chapter 2, we analyze women's attempts at exerting discursive and experiential control over their labor and delivery experiences. We include the history of birth intervention practices predominating in the United States in the wake of germ theory through the 1980s, when women sought to take back control of desired birth experiences in the form of birth plans. Birth plans are often digitally circulated and crowdsourced in social media groups

but not always directly with care providers, creating a problematic battleground where women “lose” when delivery processes don’t go according to plan. Even more specifically, we consider the lack of voice given to mothers whose birth experiences are labeled “traumatic.”

In this chapter, then, we explore the raw and gritty gap in maternal social media discourse and the ways women are seeking to bring to light what actually goes on in the delivery room, drawing dark and disturbing but purposeful and powerful connections to the contemporary #MeToo movement and how women circulate postbirth birth stories to further empower larger communities of women in decision-making related to labor and the delivery room.

### **Chapter 3: We Have Never Been Normal: Postmodern Postpartum Experiences and Their Discontents**

In chapter 3, we discuss the social space in which medical diagnoses are constructed. In the postpartum period, *all women* experience hormonal changes that are unlike the hormonal baselines experienced in nonpregnant states. Thus, women often experience uncertainty whether their feelings are normal or abnormal and question when they should seek help; they also experience fear regarding the repercussions of seeking help knowing that the “normalness” of their state is assessed and observed by another who is, usually, a medical professional outside the woman’s immediate, local community.

This chapter has three parts. In initial foundations, we tackle the slippery issue of diagnostic binaries in and of themselves. Then, we address women’s self-perception and needs as weighted against the labels of “ab/normal.” Finally, we explore the structural design of support groups developed for a variety of postpartum conditions (such as postpartum depression), considering the structural integrity of those groups designed *for* versus those groups designed *by* the communities of women themselves.

### **Chapter 4: Breast/Fed Is Best: Whose Algorithm Is Feeding My Baby?**

Perhaps no parenting-choice debate has been as highly publicized as that of feeding methods. The very term “mommy wars” was usurped to explain binary online debates about infant feeding choices. Interestingly, however, breastfeeding advocates claim that formula companies marketed the phrase to further encourage a sense of marginalization on the part of both groups: online

debate would intensify, usage of the term “formula” would increase, and smart-ad algorithms would proliferate—complicating the issue even further.

In chapter 4, the history of infant feeding methods foregrounds our analysis of current social media discussion forums built around breastfeeding *or* formula feeding. After highlighting the rhetorical means by which *both* groups of women label themselves a marginalized and shamed population, we then analyze how algorithms influence women on such social media platforms. We conclude by comparing how commonly “breast is best” versus “fed is best” slogans surface and evaluating WHO code limitations for bottle-imagery prevalence, for example.

**Chapter 5: Precious Little Sleep™: Total Risk Aversion,  
Neonate Sleep, and the Erasure of Maternal Needs**

Among new mothers, perhaps the only issue as divisive as feeding methods is the agonizing process of getting an infant to sleep. There are equal cohorts of women vehemently protesting the permanent brain damage that is certain to result from the cry-it-out methods and those claiming that co-sleeping is a primary cause of preventable infant death. Mothers on both sides of the debate, then, are left in a high-stakes game of (1) validating their sense of personal efficacy and concern as caregivers and (2) owning their role, by proxy, as culprit in infant death or brain damage—no matter the choice they make.

In chapter 5, we review trends in scientific and “scientific” data regarding infant sleep needs and infant sleep training methods. We follow by analyzing social media interfaces that binarily embrace different sides of the infant sleep training debate. We note how discourse patterns from both groups tend to be offensive rather than defensive, castigating the opposed group rather than defending their own choices, and that mothers debate scientific data in this regard astutely but self-interestedly.

**Chapter 6: “Can I Get a Tweak?”: Toward a Politics of Female  
Biolinguistic Agency in the Age of New Media**

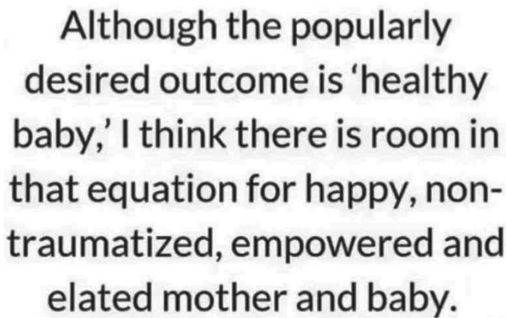
We end, ironically, at the beginning. Using specialized apps and filters, members of “tweaking” forums alter the contrast and color saturation of photographed home pregnancy tests, attempting to discern a “pregnant” line at the earliest possible date. Experienced “tweakers” act as organized service providers, and

users line up in digital queues requesting their tests be “tweaked” next. Yet these tweaking groups offer so much more than photoshopping skills.

Chapter 6 ethnographically considers women’s grassroots movements in new media spaces created for and by women actively trying to conceive. With their own language, unique and complicated menstrual cycle charting methods, and pregnancy test tweaking processes, these groups build community around reproduction and structure it according to evolving crowdsourced vocabulary that changes according to group-identified needs. Our analysis explores the ways in which these new media spaces offer novel avenues for collective female empowerment in health contexts, and we conclude with a discussion of how this could provide the beginning foundations for a women’s community ethics that first operates within digital spaces and then has the potential to expand outward into physical spaces, such as in lived communities and within clinics and doctors’ offices.

### **A VERY COVID CONCLUSION**

Instead of “sanctimoms” and “mom bullies” wreaking havoc with “anecdotal” in “shame groups,” we hope this book will inspire social media mothering



Although the popularly  
desired outcome is ‘healthy  
baby,’ I think there is room in  
that equation for happy, non-  
traumatized, empowered and  
elated mother and baby.

*-Mivifery Today*

**Figure 1.3**

Source: Puget Sound Birth Center (2018).

group discourse grounded in a sense of communal empathy and predicated on normalizing the real (but currently concealed) continuum of diverse mothering experiences (see figure I.3). Our “Very COVID Conclusion” outlines action steps so that rather than binaristic teams of mothers shouting at one another through the void of Web 3.0, our collective raised awareness can inspire productive changes. Let’s reinvent everything we thought we knew about the practices of maternal care and develop new sociocultural and political frameworks that can make that care and support more accessible to all. The first step toward doing this, we think, is debunking the myth that Optimal Motherhood is good, possible, or even exists at all. To that goal we have devoted this entire book. May mothers not be judged against the impossible standard of Optimal Motherhood—but reborn, empowered.





This is a section of [doi:10.7551/mitpress/12246.001.0001](https://doi.org/10.7551/mitpress/12246.001.0001)

# **Optimal Motherhood and Other Lies Facebook Told Us**

## **Assembling the Networked Ethos of Contemporary Maternity Advice**

**By: Jessica Clements, Kari Nixon**

### **Citation:**

*Optimal Motherhood and Other Lies Facebook Told Us: Assembling  
the Networked Ethos of Contemporary Maternity Advice*

**By: Jessica Clements, Kari Nixon**

**DOI: 10.7551/mitpress/12246.001.0001**

**ISBN (electronic): 9780262369374**

**Publisher: The MIT Press**

**Published: 2022**

The open access edition of this book was made possible by  
generous funding and support from MIT Press Direct to Open



**The MIT Press**

© 2022 Massachusetts Institute of Technology

This work is subject to a Creative Commons CC-BY-NC-ND license.

Subject to such license, all rights are reserved.



The MIT Press would like to thank the anonymous peer reviewers who provided comments on drafts of this book. The generous work of academic experts is essential for establishing the authority and quality of our publications. We acknowledge with gratitude the contributions of these otherwise uncredited readers.

This book was set in Adobe Garamond by Westchester Publishing Services.

Library of Congress Cataloging-in-Publication Data

Names: Clements, Jessica, author. | Nixon, Kari, author.

Title: Optimal motherhood and other lies Facebook told us : assembling the networked ethos of contemporary maternity advice / Jessica Clements and Kari Nixon.

Description: Cambridge, Massachusetts : The MIT Press, [2022] | Includes bibliographical references and index.

Identifiers: LCCN 2021057604 | ISBN 9780262543620 (paperback)

Subjects: LCSH: Motherhood—Social aspects. | Mothers—Psychology. | Social media and society.

Classification: LCC HQ759 .C618 2022 | DDC 306.874/3—dc23/eng/20220207

LC record available at <https://lcn.loc.gov/2021057604>