

Title: The ‘good’ attached mother: An analysis of postmaternal and postracial thinking in birth and breastfeeding policy in neoliberal Britain

Abstract:

In the last twenty years, a new parenting philosophy has garnered increasing attention and popularity. Coined by William Sears in the early 1980s, attachment parenting (AP) proposes that secure attachment between parent and child is necessary for optimal development and therefore ‘good’ parenting. Simultaneously, neoliberalism, a socio-political context defined by market logic, has emerged as the dominant global trend. In this paper, I examine the correspondence between attachment parenting, and the broader ideology of intensive mothering it expresses, and the parenting-related policies advanced by the neoliberal state. Specifically, I focus on how birth and breastfeeding policy in Britain aligns with AP, contextualising the emergence of attachment parenting and its appearance in contemporary state policy as the result of two features of neoliberalism: postmaternal and postracial thinking. I draw attention to the experiences of black mothers and, through this lens, reveal the raced, gendered and classed dimensions of ‘good’ parenting. In my examination of these policies, I argue that postmaternal and postracial thinking have enabled the emergence of attachment parenting, an approach that individualises childrearing and relies upon an uncritical appropriation of the so-called ‘traditional’ practices of racialised women.

Keywords: attachment parenting; postmaternal thinking; postracial; neoliberalism; breastfeeding; birth

Introduction

Parenting today is defined by a growing list of ever more specific decisions and duties (Edwards and Gillies 2011), often made in the early years of child-rearing. Increasingly individualised, these choices, which include infant feeding options and sleeping positions, have taken on tremendous significance in neoliberal society, a socio-political context defined by market logic (Larner 2000). The significance invested in child-rearing practices is even

more immense as these choices are understood as having the potential to shape future societies. A new parenting paradigm, attachment parenting (AP), has emerged to guide child-rearing choices and has grown in influence with the entrenchment of neoliberalism. In this paper, I examine the correspondence between attachment parenting, and the broader ideology of intensive mothering it expresses, and parenting-related policies advanced by the neoliberal state. This process is illuminated by examining motherhood through the perspective of black women, revealing the raced, gendered and classed dimensions of ‘good’ parenting that neoliberal ideology seeks to disguise.

Coined in the 1980s by American paediatrician William Sears and his wife, Martha, a registered nurse, attachment parenting has attracted an increasing amount of attention across the globe. AP builds on the foundation of attachment theory, developed by psychologists John Bowlby and Mary Ainsworth in the 1950s (Bretherton 1992). While attachment theory’s most central tenet is every child’s need for ‘committed caregiving’ from one or a few adults (Bretherton 1992, 770), the Sears’ articulation of this notion emphasises particular parenting *techniques* and it is increasingly their vision of attachment that dominates popular culture. In 2012, *Time* magazine ran a cover story on William Sears, featuring an image of AP enthusiast Jamie Lynne Grumet breastfeeding her three-year-old son. The story, provocatively headlined ‘Are you mom enough?’ generated a great deal of controversy and commentary and thrust attachment parenting into the mainstream. In the same year, attachment parenting gained a foothold in the United Kingdom with the founding of Attachment Parenting UK and the establishment of a number of Facebook groups by attachment parenting followers.

This period in contemporary British history is also marked by successive governments’ fortification of the neoliberal project since the election of Margaret Thatcher in 1979 (Hall 2011). More recently, Conservative-led governments have implemented austerity policies since 2010. Initiated partly in response to the 2008 global economic recession, the

Conservatives' austerity measures are a tangible demonstration of the global dominance of neoliberal ideology. The austerity program aims to reduce public expenditure, particularly focusing on 'reducing welfare costs and wasteful spending' (HM Treasury 2010, 5) and has disproportionately affected women (Fawcett Society 2012) and people of colour (Khan 2015). This approach to public spending also shapes the government's promotion of 'good' childrearing practices which, more recently, have focused on the importance of early interventions (Gillies 2012). While the promotion of breastfeeding, for example, predates the Conservative government's tenure, these programs have now taken on a more explicitly individualised and consumerist ethos. For example, in 2013 the Nourishing Start for Health pilot scheme was launched, an initiative to encourage the breastfeeding rates of low-income mothers by rewarding them with shopping vouchers. More recently, former Prime Minister David Cameron announced the expansion of a scheme to offer parenting classes to reinforce his claim that families, rather than the state, 'are the best anti-poverty measure ever invented' (2016).

This paper will advance a critique of such policies, focusing on birth and breastfeeding policy in particular, as an indicator of attachment parenting's favoured position, and will address the following three questions: how does attachment parenting align with the policies promoted by the British neoliberal state? How does the emergence of attachment parenting in state policy reflect the claim that neoliberalism relies upon a disavowal of the maternal (Stephens 2011)? Finally, how does the correspondence between AP and policy rest on the dismissal of race and racism? Before exploring these questions, I first address how both postmaternal and postracial thinking have enabled the emergence of attachment parenting, an approach that individualises childrearing and relies upon an uncritical appropriation of the so-called 'traditional' practices of racialised women.¹

Neoliberal posts: postmaternal thinking and the postracial

In the twenty or so years since ‘neoliberalism’ emerged as a key conceptual tool to analyse our current globalised socio-economic context (Peck, Theodore, and Brenner 2009), it has generated a great deal of scholarly interest and debate over how best to conceptualise and for some scholars, resist it. Critical scholars in particular have made important contributions to the efforts to critique and resist neoliberalism and indeed, to draw attention to the complexity and incoherence of the concept itself and how it appears in the state, among other institutions (see Bezanson and Luxton 2006; Hall 2011; McRobbie 2013; Spence 2012 for examples). From motherhood studies to political science, feminists and critical race scholars have examined the race, gender and class dimensions of neoliberal ideology and developed sophisticated analyses of how neoliberalism functions *through* race, gender and class while purporting to be beyond them (Duggan 2003).

The central focus in this paper is on neoliberalism’s (and by extension, postmaternalism and postracialism) appearance in the state, primarily NHS health policy.² Often theorised as requiring the shrinking of the state, I follow Loïc Wacquant in his claim that neoliberalism *produces* a new kind of state which performs the necessary functions of circulating and upholding neoliberal values, including individualism, self-governance and the celebration of the market (2012, 74). The neoliberal state monetises welfare and redefines citizenship through the lens of self-sufficiency all the while evading meaningful recognition of the raced, gendered and classed structures that govern society. This paper is concerned with two features of neoliberal governance that reveal these structures; the postmaternal and the postracial.

Theorised by Julie Stephens (2011), the postmaternal describes the processes by which practices and policies associated with mothering are disavowed (x). Stephens argues that this disavowal is made possible by the advent of neoliberalism which asserts individualism and self-sufficiency as defining characteristics of good citizenship. Such measures of citizenship

place mothers in the precarious position in which their participation in the waged labour force is demanded while their reproductive and care labour is required to perpetuate neoliberal production but is undervalued and essentialised (Vandenbeld Giles 2014). These contradictions manifest themselves in public policy which, reconfigured by neoliberal governmentality, bids ‘farewell to maternalism’ (Orloff 2006, 231), reducing or limiting the supports previously available to support mothering and cultivating new kinds of maternal subjectivity shaped by neoliberal notions of consumption and choice (Craven, 2007).

Such a gendered critique of neoliberalism points out that the devaluing of care has particular consequences for women, broadly increasing their responsibilities in both the private and public sphere and foregrounding economic productivity as a defining feature of good citizenship. By measuring women’s citizenship through this lens, their contributions, performing the essential function of social reproduction, are relegated to the private sphere, hidden away from the all-important market (Arat-Koc 2006). This privatisation of maternal responsibility is fertile grounds for the emergence of attachment parenting which emphasises individual child-rearing decisions as a solution to the ‘social and emotional diseases that plague our society’ (Sears and Sears 2001, ix).

Stephens explains the emergence of postmaternal thinking as a consequence of what she calls cultural forgetting. Bolstered by neoliberal investment in the myths of autonomy and self-sufficiency, this cultural forgetting not only enables the myth of the impossible unencumbered self (2011, 7) but also affects the tools we take up to resist postmaternal thinking, demonstrated in the way second-wave feminism is remembered, namely as a movement whose main aim was increasing women’s participation in the labour force. In this paper I draw attention to another kind of neoliberally produced cultural forgetting that occurs alongside and is intertwined with the disavowal of the maternal; the denial of race.

As Alana Lentin and Gavan Titley (2011) argue, in our current neoliberal context ‘[r]ace has been semantically conquered, but it remains deeply ingrained in the political imaginaries, structures and practices of “the West”’ (49). This absent presence enables the dismissal of racism as legitimately shaping the experiences of people of colour while simultaneously mobilising race, especially blackness, as a signifier of failed citizenship (Roberts and Mahtani 2010). Although neoliberalism requires imagining racism as a historical problem that has been overcome, race continues to play a significant role in the construction of the ‘ideal neoliberal citizen’ (Roberts and Mahtani 2010, 249) and in the very organisation of the state (Kapoor 2013).

In our contemporary postracial context, the jettisoning of race as a legitimate framework through which to analyse and address inequality and the reality of people of colour’s lives is enacted through appeals to progress and fairness. If racism has been overcome, any attention to the disadvantaged experiences of racialised people is deemed suspect (Kapoor 2013). The disappearance of race is also enabled through the process of culturalisation in which demands that racialised people adopt ‘Western values’ are framed not as neo-imperial imposition but rather as a polite request for integration: ‘it is the cultural norms, values, traditions and lifestyles of outsiders which are now held to be problematic, rather than physiognomy’ (Lentin and Titley 2011, 50). The perceived failure of people of colour to meet the standards of neoliberal citizenship are read, then, not as a consequence of entrenched racism but as a result of poor choices. Further, any capacity to organise to resist these persistent but disguised forms of discrimination and oppression is precluded by the closing down of race as a site of shared community and the accusation of racism ‘against those who invoke it to point to its historical legacies and to use race for any kind of progressive purpose’ (Kapoor 2013, 1035).

Considering the interaction between postmaternal and postracial thinking facilitates an intersectional analysis of motherhood that attends to its gendered and raced dimensions.

Developed from black feminist theory, intersectional analysis views oppression as multiple and mutually constitutive (Crenshaw 1989; Collins 2000; Dill and Zambrana 2009). Thus, an examination of motherhood through only a gendered lens would be incomplete and could not account for the experiences of women who live at the intersection of gender and other social locations. Intersectionality calls for attention to the overlapping, interlocking nature of gender, race, class and other social locations that shape both the institution and experience of motherhood. While postmaternal thinking rightfully draws attention to the gendered consequences of the neoliberal restructuring of the welfare state in its focus on the devaluation of maternal care, the concept does not address how race, especially racial difference, is mobilised to justify this restructuring and exacerbates marginalised women's ability to meet the prescripts of 'good' motherhood (Bloch and Taylor 2014). For black mothers in the Global North, this impossibility is marked by the contrast between 'the myth of the primitive or Third World woman' (Johnson 2008, 901) who is a 'naturally' capable attachment parent and their pathologised status in the West. My analysis of the state's alignment with certain principles of attachment parenting and the postmaternal and postracial consequences of such alignment brings these two points of cultural forgetting together.

The emergence of attachment parenting

Attachment parenting is a 'child-centric parenting technique in which children's needs are ideally met on the child's schedule rather than that of the parent' (Liss and Erchull 2012, 132). The central tenet of attachment parenting is the promotion of 'secure attachment' (Dear-Healey 2011, 383) between mother and child, facilitated by activities such as natural birth, extended breastfeeding, babywearing and co-sleeping. Despite its name suggesting otherwise, attachment parenting is a prescriptive doctrine for women. As Terry Arendell (2000) argues, what we call motherhood, the 'social practices of nurturing and caring for dependent children' (1192), can be performed by anyone but historically has consistently

been a task assigned to women. Attachment parenting, with its nostalgic reference to a past in which infants received biologically beneficial care, relies upon and expands this assignment, emphasising practices that can only be performed by mothers such as birth and breastfeeding. In its emphasis on the importance of building a secure relationship between *mother* and child, attachment parenting ‘both assumes and reinforces the traditional gender-based division of labour’ (Arendell 2000, 1194) and idealises a parenting relationship in which mothers are ‘totally responsive to an infant or child’s emotional needs’ (Dear-Healey 2011, 392).

Examinations of the phenomenon of attachment parenting are few. However, given AP’s dependence on the mainstream success of attachment theory,³ there is much to learn from the thriving body of work that examines and critiques the theory of attachment and maternal deprivation as articulated by Bowlby, Ainsworth and others (especially from a feminist perspective, see Hays 1998 and Contratto 2002 for examples). Scholars have made significant contributions to critiquing how attachment theory has historically and contemporaneously been taken up in ways that perpetuate conservative gender ideology and support neoliberal welfare-cutting policies (Duschinsky, Greco, and Solomon 2015). Despite these and other long-standing critiques of attachment theory (Eyer 1992), ‘attachment’ and ‘bonding’ continue to inform the state’s thinking about what qualifies as good child-rearing (Allen and Duncan Smith 2008; Field 2010; Lowe et al. 2015).

How might this enduring emphasis on attachment be understood by parents? The philosophy of attachment parenting provides one translation of attachment theory into practice but there have been few studies of how parents take up the philosophy of AP, especially of how attachment parenting’s promotion of particular parenting activities might more closely align with the state’s neoliberal politics. Of the research on AP that has been carried out, I identify two important gaps. First, there is a dearth of literature in this field focused on the impact of race and other markers of difference. Studies of attachment parenting report that the majority

of its adherents are white, middle-class women but offer little explanation for these raced and classed realities (Green and Groves 2008; Liss and Erchull 2012). Secondly, few studies have located their analysis of attachment parenting in a neoliberal context (exceptions include Bobel 2002; Bueskens 2001; Reich 2014). Without attention to these dimensions, the ways in which attachment parenting is utilised by neoliberal states in the promotion of ‘good’ parenting and the raced, classed and gendered dimensions of this promotion can be overlooked.

My analysis of attachment parenting responds to these gaps and interprets AP as one, particularly poignant example of the dominant ideology of intensive mothering (Faircloth, 2013), an ideology that defines good parenting as the ability to invest significant levels of physical, emotional and financial resources into child-rearing (Hays 1996). The physical resources AP requires are evident in the philosophy’s emphasis on embodied parenting activities; AP promotes “more touch, less stuff” (Sears and Sears 2001, 12) facilitated through skin-to-skin contact, breastfeeding on demand, babywearing and bed-sharing. Attachment parenting also requires emotional investment in one’s children; parents are expected to submit themselves completely to the needs of their children and develop the capacity to read and respond to their children’s cues. Finally, the Sears’ advice to take extensive maternity leave and hire domestic help as well as their implicit preference for mothers who do not work outside the home (2001) suggest that access to financial wealth eases the practice of attachment parenting. While many AP enthusiasts might be drawn to the practice by its purported rejection of consumerism and elevation of the mother-child relationship as sacred, the existence of a burgeoning AP industry (Phipps 2014) as well as the practice’s predominantly middle-class membership suggests otherwise.

Like AP, intensive mothering requires mothers to continue to be the primary caregiver, guided by experts who will advise on best child-rearing practice. For attachment parents, the

Sears are the experts whose copious books and exhaustive website can answer every parenting query. The contradiction at the centre of intensive mothering is the insistence that women dedicate copious amounts of energy to raising children while simultaneously remaining committed to their economic productivity. This contradiction is captured by the concept of postmaternal thinking; the elevation of waged work as a signifier of good citizenship requires the evacuation of maternal and caring values from the public arena while concurrently heightening care responsibilities in the private sphere. The notion that children *require* this level of attention and care collides with the expectation that parents ought to engage in paid work to support their offspring.

Thus, attachment parenting is ‘good’ intensive mothering taken to its logical conclusion; AP fulfils the remit of what intensive mothering requires, ‘emotionally demanding, financially draining, labor-consuming child-rearing’ (Hays 1996, 4), albeit concentrated in the early years and with a particular focus on physical attachment between mother and child. That the women who manage to practice AP are seen as ‘ridiculous’ or ‘extreme’ reveals the contradiction Hays identifies; between the expectation that women dedicate themselves completely to ‘good’ parenting and the neoliberal demand to maintain economic productivity.

These contradictions created by intensive mothering are racialised in two ways. First, the ideology of intensive mothering emerges as a consequence of the neoliberal decimation of state support for childrearing, a phenomenon largely captured in the adoption of welfare-to-work policies and their particular effects on parents. Such decimation is made possible by drawing on ‘racialized anxieties’ (Kandaswamy 2008, 707) that position people of colour as outsiders to the nation, undeservedly depleting ever-dwindling resources (Tyler 2010). In the construction of ideal neoliberal citizenship, blackness is associated with ‘anti-market behaviors’ (Roberts and Mahtani 2010, 249) thus enabling the mobilisation of anti-blackness to garner support for public spending cuts. The discursive construction and cultural

deployment of racialised figures such as the ‘welfare mother’ (Collins 2000) or the ‘baby mother’ (Reynolds 2005) operate as justification for the enactment of neoliberal policies.

Second, through the elision of race as a reasonable explanation for inequality, women of colour’s inability to meet the standards of intensive mothering is framed as a result of their individual failings rather than a consequence of the withdrawal of state support and the ongoing effects of structural, gendered racism. Through reducing its provision of services and material aid, the state not only achieves its aim of a reduced welfare bill but responsabilises those who rely on said services (Gillies 2012) and contributes to the production of parental and particularly maternal subjects for whom accepting greater responsibility for the well-being of their children is an indication of ‘good’ intensive motherhood. The ideology of intensive mothering thus operates through postmaternal and postracial thinking; it is contingent on both race and class privilege and the withdrawal of state support for all but a few caring activities.

As an example of this ideology, attachment parenting adds yet another dimension to this debate in its embrace of ‘nature.’ AP enthusiasts argue that attachment is achieved through adherence to attachment parenting tools, drawn from the philosophy’s belief in the fundamental power of ‘nature.’ As the Attachment Parenting International states, for its adherents, attachment parenting involves a return to the ‘instinctual behaviors’ of our ancestors (2014).

In their belief in the notion that AP is merely the expression of the natural, attachment parenting enthusiasts often problematically conflate instinctual desires with the current parenting practices of people in the Global South. From Mongolia to Kenya, racialised women in the Global South are constructed as better mothers because they continue to (naturally) be attuned to their babies’ desires, unlike their European and North American

counterparts. Aside from the homogenisation of women in the Global South and the absence of critical attention to the legacies and realities of poverty, colonialism and global economic inequity, this perception also puts racialised women in the Global North in a precarious position in that the culture of their ‘homeland’ should predispose them to AP philosophy and therefore locate them as ‘good’ mothers. However, the historical and ongoing pathologising of mothers of colour (Collins 2000; Roberts 1997), particularly black mothers, in the Global North forecloses this possibility and overlooks the particularities and complexities of maternal practices.

Attachment parenting and intensive mothering in policy

In the fourth of their numerous books and parenting manuals on the subject, *The Attachment Parenting Book*, William and Martha Sears (2001) identify seven ‘tools’ essential to the practice of attachment parenting: ‘birth bonding, breastfeeding, babywearing, bedding close to baby, belief in baby’s cry, balance and boundaries and beware of baby trainers’ (4). The Sears’ emphasis on baby care reflects broader societal investments in the potential transformative significance of the early years of a child’s life. They argue that these baby Bs enable the building of a close, life-long bond between parent and child and make frequent reference to the tools’ ‘biological’ grounding. In this section of the paper I will analyse the ways in which two⁴ of these tools, birth bonding and breastfeeding, appear in British public policy arguing that the British state’s correspondence with attachment parenting techniques and more broadly, intensive mothering, reflects the postmaternal and postracial thinking endemic to neoliberal governance.

Like the states that came before it, neoliberal state intervention in women’s maternal practices has a long history. Reflecting Wacquant’s (2012) conceptualisation of the neoliberal state as a ‘space of forces and struggles’ (73), recommendations about childbirth, bonding

and infant feeding in particular have been the subject of vigorous debate with the state going back and forth about what constitutes ‘good’ mothering. While the championing of ‘natural’ birth and breastfeeding that characterises contemporary British policy can be traced back to at least 1970 (Carter 1995) and emerges independently of the rise of attachment parenting, I will focus on the promotion of these activities since 2006, when the National Institute for Health and Care Excellence (NICE) first began issuing public health guidance (Kelly et al. 2010). NICE is a non-departmental public body, first established by the New Labour government in 1999 in an attempt to address the ‘postcode lottery’ that resulted in patients in different parts of the country receiving unequal treatment. Today, NICE provides guidance and advice to support the National Health Service (NHS) including publishing guidance on the promotion of public health and is thus responsible for promoting breastfeeding, ‘natural’ or ‘normal’ birth and close bonding between mother and child.

Birth bonding

The Sears identify the moments after childbirth as playing a crucial role in the establishment of secure attachment, a phrase that echoes the criteria established by attachment theorist Mary Ainsworth. While they include disclaimers to allow for medical necessity and tiredness, they nonetheless describe a number of ‘tips,’ some with clearer class implications than others, to ensure bonding between mother and baby including skin-to-skin contact, the postponement of medical procedures that require separation, breastfeeding, maternity leave and the employment of a cleaner or housekeeper (Sears and Sears 2001, 37). NICE (2014) guidance also emphasises bonding, recommending skin-to-skin contact, delaying separation ‘unless these measures are requested by the woman’ (73) and encouraging the initiation of breastfeeding within an hour of birth. Further and most significantly for this analysis, NICE’s bonding recommendations are couched in broader advice that encourages ‘low-risk’ women to give birth ‘at home or in a midwife-led unit’ (2014, 7). According to their evidence, in

such settings women are more likely to avoid interventions or ‘unnecessary medical routines’ (Sears and Sears 2001, 38) that can disrupt the bonding process.

My intention here is not to claim that such guidance is incorrect, both the Sears and NICE describe their recommendations as evidence-based, but rather to analyse how such recommendations correspond with and are framed in ways that reflect neoliberal ideology, particularly postmaternal and postracial thinking. When what is understood as ‘best for mothers’ aligns with neoliberal rationality, the risks to mothers are manifested in the gradual narrowing of ‘appropriate’ choices and the withdrawal of structural supports for childrearing. The first evidence of this neoliberal influence is in NICE’s clinical practice director, Mark Baker’s summary of the benefits of such a recommendation. Baker is quoted in *The Guardian*: ‘Surgical interventions can be very costly, so midwifery-led care is value for money while putting the mother in control and delivering healthy babies’ (December 3, 2014).

Baker’s analysis communicates three points: first, it points to cost-cutting as a primary motivation, revealing the well-established economic bent favoured by neoliberal governance. Second, it suggests that saving money and the promotion of (neoliberal) maternal autonomy and child health are goals with equal value, further revealing the far-reaching intrusion of economics into all avenues of social life. Finally, the attention to maternal autonomy contributes to the celebration of self-governance central to neoliberal citizenship (Bryant et al. 2007). The specific kind of maternal autonomy mothers are intended to embrace is constructed for the purposes of reinforcing neoliberal values and reproducing the same decision making in others. Baker’s explanation demonstrates the twin duties performed by the neoliberal state – the cutting of welfare spending is accompanied by an investment in ‘health-related technologies, programs, and healthcare and public healthcare arrangements that aim to produce new kinds of citizens’ (Polzer and Power, 2016, 13), such as the rise of

prenatal genetic counselling (Samerski 2009) and the much-discussed shopping-vouchers-for-breastfeeding promotion scheme mentioned earlier. Among other goals, such programs and technologies contribute to an ideal of ‘good’ motherhood that prioritises a narrowed definition of choice that supports some women and excludes others (Craven 2007).

In this way, responsibility for good health outcomes is shifted to individuals, in this case, individual women, making the right choices while also contributing to the marginalisation of those women unable to fulfil the remit of maternal autonomy and optimal child health, whether through their own ‘poor’ choices or the realities of increasing racial, classed and gendered inequities (Bloch and Taylor, 2014). For the remainder of this section I will discuss the promotion of this kind of birth as first, the co-optation⁵ of feminist health activists’ efforts to resist medicalisation especially through the very same language of maternal autonomy and choice, and secondly, as an indication of the productive power of the new public health discourse, both reflecting the neoliberal values I describe above.

‘Natural’ birth as a response to medicalisation

NICE’s identification of maternal autonomy as an important factor in the development of birthing guidance is testimony to the success of feminists and birth activists who, since the 1970s, have criticised the medicalisation of childbirth and called for maternal choice and autonomy. However, as Alison Phipps (2014) points out, the medical community’s embrace of ‘straightforward births’ (NICE 2015) has involved less ‘protecting women from the process of medicalization’ and more ‘[the] neoliberalized practice of using “normal birth” as an indicator and target’ (Phipps 2014, 107). The neoliberal promotion of ‘normal’ birth constructs such a birth as advantageous to women as citizens while also contributing to cost-cutting efforts and legitimating a model of ‘good’ motherhood that celebrates pain and sacrifice (Baker 2010). It also aids in the production of neoliberal maternal autonomy in

which mothers are ‘empowered’ to choose, as long as they choose parenting decisions that fiscally save the state money and ideologically contribute to the circulation of neoliberal values such as self-governance. This new vision of maternal autonomy builds on the arguments made by feminist critiques of medicalisation and reflects the growing ‘symbiotic relationship’ (McRobbie 2013, 124) between neoliberalism and (liberal) feminism. That the state has embraced the promotion of ‘natural’ birth reflects not only its tendency to co-opt ‘resistant counter-discourses’ (Polzer and Power, 2016, 14) but also reveals the limits of liberal feminism’s very articulation of freedom and the consequences of centring this version of feminism as the defining feature of women’s activism (Stephens 2011, 29). Neoliberal maternal autonomy and citizenship gestures towards feminism, channelling women’s newfound educational and employment skills into the home where they might professionally manage their families (McRobbie 2013). Measured by performances in key “signal moments” concentrated in the early years of mothering, this model is only available to certain women as it is intensely individual and effaces gendered and raced realities (Kukla 2006).

The fight for more empowered and autonomous experiences of pregnancy and childbirth rests on a critique of medicalisation. However, like much of mainstream feminist activism, this critique has largely been advanced by and in the interests of white, middle-class women (Brubaker 2007; Johnson 2008). Underpinned by a ‘return to nature’ narrative, such a critique often involves the simultaneous appropriation and dismissal of women in the Global South, centred in the myth of the Third World Woman (Johnson 2008, 901). This problematic construction not only perpetuates racist narratives about women of colour in both the Global South and the Global North but also relies on patriarchal interpretations of white women, using women of colour’s supposed inferiority to construct white women as civilised, capable mothers. In a postracial context the mobilisation of ‘primitive’ cultural practices serves as justification for the withdrawal of adequate funding and support services; if more women are

giving birth at home and in standalone midwifery units, the impact of funding crises and personnel shortages is softened. This is particularly true for black women whose alleged ‘obstetrical hardiness’ (Bridges 2011, 117) has historically led to a lack of adequate care and discriminatory experiences within the health service (Phoenix 1990). That past feminist activism to bring women choice and autonomy has failed to take these experiences into account is evidence of its white, middle-class focus. Black women’s status as not quite belonging to the nation and thus further delegitimising their claims on the state result in a particularly racialised disavowal of their maternal care especially given dominant constructions of black mothers as hard workers (Reynolds 1997). Black women’s social and economic exclusion is both dismissed and worsened by neoliberal policies and practices which position black women outside the possibilities of ‘good’ motherhood by failing to acknowledge or address their experiences of racism and sexism. In such a position, both black women’s claims on an increasingly punitive welfare state and their capacity for maternal autonomy, shaped by the demands and experiences of white, middle-class feminism, are similarly impossible.

‘Natural’ birth as essential to public health

By the mid-2000s, the promotion of ‘normal’ birth was the defining feature of birthing guidance in the UK (Phipps 2014). That ‘normal’ births are ‘cost-effective’ (NICE 2014, 197) and have potential long-term health benefits make them an essential part of the new public health model. More than just the prevention of ill health, the contemporary public health model forms part of the neoliberalisation of state policy which identifies good health as an essential government priority and marker of good citizenship (Petersen and Lupton 1996). The prioritising of good health enables the state’s entrance into an ever-growing list of different aspects of people’s lives and, in this case, uses expert knowledge to promote particular types of birth that have moral implications (Baker 2010).

Contemporary public health discourse defines good health as the ‘condition which is least disruptive of production’ (Petersen and Lupton 1996, 67). This good health is simultaneously individual and collective as citizens are deemed individually responsible for making ‘healthy’ choices for the benefit of the wider community. The link between health and good citizenship has particular consequences for women whose good health is directly tied to the reproduction of future citizens (Petersen and Lupton 1996). Pregnant bodies in particular are constructed as always already in need of surveillance and possible intervention from medical experts who task women with remaining ‘endlessly receptive’ (Lee and Jackson 2002, 125) to new advice. Though NICE’s guidance is largely directed at NHS healthcare providers, shaping what options they make available to pregnant women before and during labour, it also performs a public health function. Through this function, NICE guidance produces a certain kind of ‘good’ motherhood performed by consumer-citizens who will make individualised decisions about healthcare that is best for *their* baby and themselves rather than draw attention to the broader social determinants of the health of children and mothers.⁶ The capacity to make (the right) choices is central to this version of ‘good’ motherhood and thus invokes the neoliberal maternal autonomy described earlier.

Encouraging women to make informed choices about how and where they give birth is a laudable goal. Medical practices that subordinate women in the experience of childbirth reflect broader capitalist, patriarchal ideologies that lead to physical and psychological harm and deny women agency (Rothman, 2000). To return choice to women in this arena is a significant victory and is particularly effective when underlined by economic reasoning. However, these choices are not made available in a vacuum. As Crossley points out, the problem with emphasising choice in these circumstances is that choice is governed by the ‘irrevocably unequal’ social relationships between doctors and patients (Crossley 2007, 559). A woman’s choice to have a ‘natural’ birth is constrained by the doctor’s assertion of

superior (medical) knowledge and the threat of the potentially fatal consequences of such a choice. Further, that such choices take place in the context of ‘limited’ budgets and an ‘urgent’ need to cut costs must be acknowledged. When particular types of birth, especially home births, are conflated with ‘good’ mothering, the political circumstances that make such advice financially prudent are effaced. Babies’ poor outcomes become the result of their mothers’ choices rather than a consequence of broader socio-economic realities, thus enabling the withdrawal of state services and programs that might address these structural concerns. Further, drawing a link between a mother’s ‘economically productive and health-promoting’ (Polzer and Power, 2016, 16) choices and the health of her baby advances the belief that such a link is definitive, closing off even the possibility of recognising how broader social and economic issues contribute to babies’ health and placing additional pressures on women and their care capacities at a socio-economic moment in which caregiving is given little value.

As argued above, my aim is not to dismiss the potential benefit of granting women the opportunity to assert some control over their birthing experiences. Rather, I wish to draw attention to the political context in which such options are made available and the potential dangers they pose to all women, and especially those who are marginalized. The emphasis on more ‘choice’ for individual users of the NHS has been a particularly effective tool in the neoliberal arsenal, enabling a long-term stealth privatisation strategy towards the NHS by successive governments since the election of Margaret Thatcher in 1979 (Page 2015). Privatization of the health service disadvantages women (Sexton, 2003), both as health workers and as users of the service. Alongside the emphasis on more ‘choice’ is ‘responsibility’ in the neoliberal project. Encouraging women to ensure that they have an ideal birth experience for the benefit of bonding is arguably one of the first examples of the transfer of all responsibility for children’s optimal development to their mothers. This

practice aids in the cultivation of a particular kind of maternal subject, one whose (correct) choices save the state money and enable her to take responsibility for herself and her children, reducing the burden on the state. Limiting choices to those that are fiscally responsible (at least for the state) and cutting services that might otherwise support mothering increasingly undermines the asserted goal of maternal autonomy. In such a context the work of maternal care is easily minimised and usurped by increasingly complex maternal responsibility (Wolf 2011, 67).

Breastfeeding

‘Choice’ and ‘responsibility’ are also common themes in British breastfeeding discourse. The World Health Organization (WHO) and the United Nations Children’s Emergency Fund’s (UNICEF) adoption of the ‘breast is best’ mantra shapes national responses including the NHS’ promotion of breastfeeding since the 2000s (Phipps 2014). Contemporary promotion of breastfeeding is based on evidence that suggests that the practice has far-reaching effects for the health of babies and mothers. The NHS Choices website reports that breastfeeding reduces the rates of infections, diarrhoea, obesity and diabetes in babies and ovarian cancer, postpartum depression and breast cancer in mothers. For both the Sears and the NHS, breastfeeding also plays a crucial role in strengthening the bond between mother and child; both suggest that mothers initiate breastfeeding within an hour of giving birth in order to ensure the beginning of a successful breastfeeding relationship. The Sears (2001) go one step further calling the hormones released during breastfeeding ‘attachment hormones’ (2001, 53) and arguing that the release of these hormones helps to build the secure attachment AP encourages.

Though there has been growing criticism of the ‘breast is best’ model (Himmelstein 2014) and even some assertions that the superiority of breastfeeding is overstated (Colen and

Ramey 2014; Wolf 2011) my concern here is not with the finer details of the biological benefits of breastfeeding. Nor is it my intention to undermine the potential benefits that might accrue to women and mothers when breastfeeding is recognised as an essential activity that requires support. Instead, my analysis is focused on the justifications used to promote breastfeeding, especially how they coincide with the neoliberalisation of British health policy which, among other effects, leads to the removal of this support for mothers. In particular, I am concerned with the emphasis on cost benefits and breastfeeding's link to 'good' motherhood and how these factors justify the retraction of structural support to the detriment of all mothers, particularly black mothers.

One example of the focus on cost is a report commissioned by UNICEF UK and published in 2012, aptly titled 'Preventing disease and saving resources'. In the foreword, written by Mike Kelly, director of the public health division of NICE, Kelly identifies two challenges facing the NHS: 'the state of public finances and therefore the pressure in real terms on health services funding' and 'the recurring and vexing problem of health inequalities' (2012). Kelly suggests that breastfeeding holds the answer to both these challenges, situating the social problem of austerity and inequity in the bodies of mothers, particularly the 'disadvantaged' who are repeatedly identified as 'at risk' for choosing formula over breast milk. By imbuing the individual act of breastfeeding with this level of significance and emphasising the 'cost savings' (Kelly 2012), NICE and UNICEF UK shift responsibility for easing NHS budget constraints onto the shoulders of mothers thus contributing to the privatisation of childrearing. This individualised attention also overlooks broader structural realities such as economic inequality, uneven access to healthcare resources, and discrimination in the maternity services that contribute to health inequalities in the first place.

'Deserving' breastfeeders

Nearly all breastfeeding promotion materials recognise a ‘socio-economic bias’ (Dyson et al. 2006, 18) in the UK’s breastfeeding rates. Women with lower than average incomes and fewer school qualifications are among those least likely to initiate and continue breastfeeding until the recommended six months. However, despite this recognition, rather than developing policies that address socio-economic inequality, the state’s intense focus on breastfeeding has led to the construction of an idealised version of motherhood that equates breastfeeding with ‘good’ mothering (Blum 1999). In the climate of ‘pressure’ on the state’s purse, women’s capacity to dedicate all energies to the successful rearing of children and be good citizens is measured by this intimate, sometimes painful act. In conjunction with the pressures of intensive mothering, women’s failure to breastfeed can be read as a failure to save the state money, an especially dangerous proposition for women already understood as ‘undeserving’ (Page 2015, 110) such as lone mothers, migrants and racialised women.

For black mothers then, their capacity to feed their infants ‘correctly’ is a measure not just of ‘good’ motherhood but also an indication of deservingness; practices that limit black women’s use of state resources draw attention away from whether they are and ought to be citizens in the first place. This awkward position may explain why, despite black women’s successes⁷ in breastfeeding, they continue to be framed as failing breastfeeders, in need of specialised intervention from the state (Ingram et al. 2008). The construction of black motherhood, as a social problem the state needs to solve, contributes to and exacerbates black women’s lack of belonging (Phoenix, 1990).

Black women’s precarious deservingness is couched in broader discourses about British citizenship. Black people’s undeserving status was legislatively established by the Thatcher government in 1981. The Nationality Act ‘effectively designed citizenship so as to exclude black and Asian populations in the Commonwealth’ (Tyler 2010, 63). As Imogen Tyler points out, the reaffirming of whiteness as central to ideal British citizenship coincided with

Thatcher's neoliberalisation of the British state (2010, 62). In her attempt to articulate a new vision of the state's [reduced] responsibility to its citizens, Thatcher asserted a particularly racial dimension which reinforced blacks' status as outsiders. Today, Thatcher's neoliberal project is more entrenched than ever, though now articulated through a more 'compassionate' Conservative ideology (Page 2015, 118) that tolerates, for example, lone parents, as long as they 'play by the rules' (129) of economic productivity. Thus low-income mothers are subject to particularly intensive exhortations to breastfeed such as the scheme described above in which their reward for breastfeeding is participation in the 'freedom of the market' (Power 2005, 653).

Nature and work

The 'naturalness' of breastfeeding plays a crucial role in its exalted status. Though the NHS and NICE avoid language that refers to 'nature', it is the logical implication of claims such as the notion that breast milk is 'perfectly designed' for babies (NHS Choices website). The Sears (2001) are more explicit in their embrace of nature, documenting the various benefits of breastfeeding including serving as a 'natural' form of contraception and stress relief. This emphasis on nature puts all mothers in the precarious position of being understood as 'naturally' capable of appropriately feeding their children but still in need of expert advice and guidance (Apple 1995; Carter 1995; Lee, 2014; Murphy, 2003). For black mothers, this association with 'nature' evokes historical and ongoing racial oppression that constructs black women as unduly strong and thus responsible for their family and community's problems (Blum 1999; Reynolds 2005, 1), an oppression that is rarely named⁸ or addressed in a postracial context.

As Tracey Reynolds (1997) argues, black women's 'super strength' is indelibly linked to their capacity to work; and as AP scholars have identified, participation in paid work often

represents a potential barrier to breastfeeding (Green and Groves 2008). The struggle to continue breastfeeding once women have returned to work aptly demonstrates the contradiction the concept of intensive mothering identifies as I described earlier; because ‘breast is best’ women are expected to continue breastfeeding, at least for the first six months of their children’s lives and possibly until the age of two, but women also ought to maintain their participation in the paid labour force to ensure they meet the neoliberal criteria of self-sufficiency. For black mothers, the dominance of a ‘reductionist discourse on slavery’ (Reynolds 1997, 100) has enabled an image of black womanhood fundamentally defined by the capacity for work outside the home (though of course this persists alongside the stereotype of the welfare-dependent black mother). In combination with the undeserving status I outlined above, this can result in black women choosing not to breastfeed (Awoko Higginbottom 2000; Blum 1999) which in turn further compromises their ability to be read as good neoliberal citizens.

This cycle of failed citizenship is not addressed by NHS or NICE policy. Women do not have an explicit legal entitlement to breastfeeding breaks at work, instead employers are ‘encouraged’ to make such allowances (Maternity Action 2013). The NHS Choices website suggests that employers ought to support breastfeeding because of ‘business benefits’ such as ‘reduced absences’ and ‘lower recruitment and training costs’. Such encouragement enables individual businesses to ‘support’ breastfeeding in a manner that least disrupts the overarching goal of economic productivity and puts the onus on mothers to balance work and breastfeeding. Such policies also fail to acknowledge the deleterious effect breastfeeding can have on women’s earning potential (Rippeyoung and Noonan 2012), further embodying the intensive mothering contradiction. Through these absences, British health policy individualises mothering and promotes an illusory vision of motherhood within the reach of few women.

When it comes to breastfeeding, the ‘choices’ are rather limited; breast is the only acceptable option (Andrews and Knaak 2013), and the responsibilities are significant – the power to solve health inequalities and contribute £278 million (Renfrew et al. 2012) to the British economy. That the alleged health benefits of breastfeeding are framed in this way, as reductions to an overtaxed health budget, is a reflection of the widespread acceptance of neoliberal thinking. Women’s infant feeding choices are consumer practices and represent consumer-citizens’ efforts to take ‘greater responsibility’ (Page 2015, 145) for not only their own health but for the health of their children and the country’s economy. The championing of breastfeeding embodies both the centrality of health in contemporary neoliberal formations of good citizenship and the shift of responsibility for health and well-being from the state to individual mothers. In this way, the state can overlook the continuing effects of racial, classed and gendered structures while simultaneously policing racialised bodies who threaten the survival of the neoliberal state (Kapoor 2013, 1041).

Departures and divergences

The length of time spent breastfeeding represents one point at which attachment parenting departs from British public health policy.⁹ Though the NHS adheres to the WHO recommendation that children be breastfed into their ‘second year and beyond’ (NHS Choices website), NICE, UNICEF UK and other British health bodies have concentrated their efforts on improving the rates of breastfeeding in the first six months. Breastfeeding beyond this period tends to generate suspicion and negative attention for mothers (Faircloth 2013) though the Sears (2001) attempt to remedy this view by emphasising the health benefits of extended breastfeeding (63). The prioritising of extended breastfeeding signals attachment parenting’s unique and precarious position in contemporary British society; while the belief in the importance of attachment that underpins AP philosophy has largely been endorsed by the state and the wider public (Allen and Duncan Smith 2008; Broer and Pickersgill 2015; Gillies

2012; Lowe et al 2015), there is also apprehension about the ‘extreme’ (Faircloth 2013) nature of some AP practices. While the NHS never explicitly recommends attachment parenting, it is keen to promote skin-to-skin contact, breastfeeding, babywearing and parental self-care and tends to avoid 'baby training' (Sears and Sears 2001, 7), a ‘misguided’ approach to parenting that requires babies to be ‘trained’ to fit into adult lives unobtrusively (Sears and Sears 2001, 119). In short, while the techniques associated with AP have been endorsed by the state and global health organisations, the all-encompassing practice of attachment parenting itself appears to have had less success. AP’s ‘extreme’ reputation has meant that it is more likely to appear as a subject of ridicule in the media rather than an appropriate and effective form of parenting.

It is precisely this unique position that makes attachment parenting worthy of examination. It captures the contradictions and inconsistencies of a neoliberal state that demands mothers’ participation in the workforce but withdraws the support many women rely upon to make work outside the home possible. AP’s rise in popularity must be read in conversation with the state’s endorsement of analogous practices and the increasing tendency to turn towards self-styled parenting ‘experts’ to inform policy-making (Freeman 2016; Lee 2014). When particular parenting practices are framed as ‘choices’ that align with neoliberal rationality, the extent to which these choices are made possible or undermined by structural inequality (for example, the building of a birth centre in one area and the cutting of maternity staff in another) is obscured. Further, in its reliance on a nostalgic vision of nature, AP evokes contradictory racialized discourses about ‘good’ motherhood that homogenize and appropriate women of colour’s mothering while also perpetuating a pathologised construction of their motherhood as inferior. Attachment parenting is but one expression of the convergence of neoliberalism and feminist demands for choice and autonomy; other, more ‘structured’ forms of child-rearing can also reveal the limits of a marriage between feminism

and neoliberalism (Faircloth 2013, 20). The benefits of the state offering women bodily autonomy and celebrating mothers' efforts cannot be ignored. There may be opportunities for women to use these narratives as proof of the need for state support. However, these opportunities are limited by the white, middle-class dominance of childbirth and pro-breastfeeding movements and the co-optation of these movements by neoliberal forces. My intention here is to draw attention to the particular kinds of complementary work performed by both AP and NICE guidance in promoting a vision of good parenting underpinned by certain hegemonic ideas about citizenship and the intersection of race, class and gender.

Conclusion

The vision endorsed by NICE and the Sears combines neoliberal notions of choice and autonomy with conservative constructions of nature and motherhood. Through this combination, parenting practices are measured by their effect on the health budget and wider economy. The argument I raise here is not that women ought to be deprived of birthing and feeding choices; the fight to enable women to exercise choices in these concerns is an important feminist victory especially in how it forces the recognition of women as subjects. However, these victories must be accounted for with attention to the context in which they occur and the particular groups of women they benefit. In this way it is possible to see how attachment-aligned practices in fact narrow the choices available to women (Craven, 2007) and leave little room to organise around demanding better support for child-rearing. This is particularly dangerous for racialised women who, despite being associated with nature, find that their capacity to choose 'well' is already compromised by their marginalized social location.

In a context in which the effects of gendered and racial inequality are disguised as individual failings, attachment parenting continues to rely upon an individualist narrative by giving

trivial parenting decisions great developmental significance. The construction of attachment parenting as a singular, technical solution to the problems wrought by capitalism and patriarchy with little attention to the larger structural issues that govern choice, enables the philosophy to be used to reconcile neoliberalism's central principles of freedom and autonomy with the state's regulatory concern (Murphy 2003), making attachment parenting look like freedom while obscuring how the state shapes parenting choices. In its current conceptualisation, attachment parenting placates rather than disrupts neoliberalism and 'resists, but not too much' (Bobel 2008, 121).

Though attachment parenting is my focus, it is not the first and will most likely not be the last parenting trend to cohere with neoliberal notions of 'individualised' good parenting. As I've suggested above, the push to promote breastfeeding or 'natural' birth is not unique to attachment parenting. Indeed, the tacit promotion of bottle-feeding that began in the early 1900s was couched in a language of national health and maternal civic duty that we might find familiar today (Carter 1995). That there is disjuncture between the appearance of some AP techniques in public policy and the mainstream reception of attachment parenting itself reveals the broader project at work; the cultivation of a particular kind of maternal subject who takes full responsibility for her parental choices. Such a subject raises her children on a so-called level playing field free of sexism, racism and class inequities. Thus any demands for material aid are replaced with a focus on individual acts and, most importantly for this paper, exhortations to parent more effectively (Gillies 2009).

In this paper I have described how some tenets of attachment parenting appear in and are endorsed by British health policy. I argued that these endorsements are shaped by the postmaternal and postracial thinking central to neoliberal ideology; in these policies' emphasis on 'choice' and 'responsibility' they contribute to a self-regulatory model of neoliberal citizenship. Further, this emphasis helps to turn mothering into a private matter

that does not require societal support but that the state nevertheless advises while simultaneously constructing an elusive model of motherhood that is increasingly impossible to fulfil, even with access to the racial and economic privileges this model relies upon. Racialised mothers, especially black mothers, are positioned outside the parameters of such a model given their precarious state of belonging. Any attempt to acknowledge or address such a position is thwarted by the notion that such matters as race no longer play a definitive role in people's experiences, if, in fact, they ever did (Kapoor 2013).

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Notes

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¹ See the Sears' (2001) reference to Marcelle Geber's work in Uganda for an example. The use of research in 'traditional' societies is also borne out in attachment theory, see Mary Ainsworth's (1967) *Infancy in Uganda: Infant Care and the Growth of Love*.

² Though the state is the focus of my paper I present my analysis with two important caveats. First, I note that state policy may be carried out by midwives and other healthcare workers in unexpected and sometimes subversive ways, contrary to its purpose (thanks to Robin Hadley for suggesting this point). My intention is not to measure the success of state initiatives but rather their nature. Second, that the state is not the only institution responsible for dispersing these notions of 'good' motherhood (for example see Phipps, 2014 for a discussion of the role played by the National Childbirth Trust and La Leche League in promoting the particular kinds of maternal practice discussed in this paper).

³ While it is clear even in the name of the philosophy that AP builds on the theoretical foundations laid by Bowlby and Ainsworth, the Sears' own description of how they chose the title 'attachment parenting' suggests a rather more strategic approach: 'I realized we needed to change the term to something more positive, so we came up with AP, since the Attachment Theory literature was so well researched and documented' (Sears, Attached at the Heart blog).

⁴ British public policy tends to adhere to most of the baby Bs with the exception of 'bedding close to baby.' While the phrase is sufficiently vague and capable of capturing a number of sleeping arrangements, the Sears' emphasise bed-sharing as the most appropriate tool to support attachment. NICE guidance discourages bed-sharing but does encourage room-sharing for the first six months of an infant's life. In 2014, NICE reviewed its guidance on co-sleeping and recommended that health workers share "balanced information" with parents rather than telling them explicitly not to bed-share (Durham University News). A detailed analysis on how this and other AP tools correspond with British policy is beyond the scope of this paper.

⁵ There is a growing body of work examining the confluence of feminism and neoliberalism especially as it contributes to the promotion of a particular kind of 'good' motherhood. See McRobbie (2013) and Phipps (2014) for examples.

⁶ This is evident even within NICE guidance on caesarean sections. Though the guidance was updated in 2011 to clarify women's right to request a planned caesarean, the recommendations frame such a request as something that needs to be debated to "ensure the woman has accurate information" about the "risks and benefits" of caesarean sections. Though my focus in this paper is on attachment parenting, I argue that while some parenting choices are valued over the others, much of the work of 'good' parenting ideology is to produce mothers who will accept responsibility for said choices. This is perhaps best demonstrated by the 2016 National Maternity Review that emphasises differences and the need for personalised care.

⁷ In initiation and duration of breastfeeding but not exclusivity.

⁸ In the few circumstances in which public discourse does recognise 'racism' it is often characterised as the unfortunate prejudices of rogue individuals rather than a structural concern.