


Spring 2023

“A Beautiful Thing, to Not Be the Everything:” Raising a Child Within and Around Negotiations of Capitalism, Community, and Care

Trinity A.H. Delano
Bard College

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“A Beautiful Thing, to Not Be the Everything:”

Raising a Child Within and Around Negotiations of Capitalism, Community, and Care

Senior Project Submitted to
The Division of Social Studies
of Bard College

by
Trinity Alanna Hawkins Delano

Annandale-on-Hudson, New York
May 2023

“... the connectedness with others and common interest expressed by community othermothers model a very different value system, one whereby ethics of caring and personal accountability move communities forward.”

~ Patricia Hill Collins in *Black Feminist Thought*

“The affective care-relational world runs its life in parallel to the political-economic world; consequently, it is as important to understand it, and find ways of developing and resourcing it, especially if the ethics of care are to help subvert the ethics of capitalism.”

~ Kathleen Lynch in *Care and Capitalism*

“For reproductive work, insofar as it is the material basis of our life and the first terrain on which we can practice our capacity for self-government, is the ‘ground zero of revolution.’”

~ Silvia Federici in *Re-Enchanting the World: Feminism and the Politics of the Commons*

dedicated to

the women who are my own family and kin: my mama, my sister, my aunts, the wise women
who have helped to raise me, and the lovely friends who have helped grow me up

and to my grandmothers, Grandma Ruth and Grandma Georgia, who are everywhere now

to the women who shared their experiences with me, thank you for your words and your time and
your enthusiasm

to the people everywhere who care for us when we are little and don't stop when we are older,
and to those who care for children who are not their blood kin

and finally, dedicated to the pursuit of a world that is more caring, for both human and
nonhuman life, a world compassionate and where care is not an afterthought but rather is the
point

for perhaps 'to care' for each other—
is the point

acknowledgements

I would not have been able to complete this without the support of so many—thank you to everyone along the way.

Thank you to my advisor, Allison McKim, for patiently guiding me through this process. This project would not have been possible without our weekly conversations. Thank you for your thoughtfulness and reassurance throughout—your knowledge, words of encouragement, and enthusiasm grounded and inspired me when I needed it most.

Thank you to the members of my board—Jussara dos Santos Raxlen, Jim Keller, and Alys Moody—for reading and thinking through community and care with me. Thank you to professors at Bard and GW who have helped me to think deeply and critically, through so many different mediums and avenues of thought. And thank you to those throughout my life who have helped me to think compassionately. I have learned so much from all of you.

Thank you to my family for their unconditional love, support, and belief in me. Thank you to my Mama for constant love and care, compassion, optimism, and for raising me with a feminist and positive perspective on the world. Thank you to my Papa for loving me always and for teaching me to look for the whimsy of the world and for reminding me always to think outside-of-the-box and with curiosity. To both of my parents, thank you for inspiring me with the importance of interconnection and community throughout my entire life. And thank you to Shane, for being the most wonderful sibling anyone could ever hope to have—you are my first conspirator in all things magical and my best friend always. I love you all up to the moon and beyond, more than tongue can tell, and into the universe forever more.

Thank you Jake for the endless support you lovingly surround me with—thank you for the delicious meals, patiently listening to all of the ups and downs, and graciously allowing me to rely on your unwavering kindness so often. Thank you Isabelle Jade for being in my life—your love and constancy means the world and always will; Callie for your uplifting visits, compassionate understanding, and persevering friendship; Sam for respites of silliness and consistent generosity; Leyli and Osha for being my fictive kin since the earliest days; and thank you to all of the supportive, sweet, thoughtful people who have inspired and amazed me in so many ways while I have been here at Bard. I appreciate all of you more than I could ever say.

Finally, thank you to the musical chairs of camaraderie in the library—joyous even on the most stressful of days. I could not have completed this thesis without all of the beautiful people here collectively cheering each other on. Thank you to new and strengthened friendships and the joyous feelings of encouragement and solidarity—care and community felt so present thanks to all of you.

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BEGINNINGS

I spoke to sixteen thoughtful, kind, hard-working women throughout the course of this project. Some were new mothers and some had been mothers for many years. After expressing interest in participating in my research, they generously shared their time with me, graciously allowing me to ask questions about their lives and how they managed the ‘challenge’ of childcare in an area of rural, upstate New York.¹ Toward the end of the interview, I would ask each of them a question about a favorite recent memory of someone—themselves or someone else—caring for their child. While the women I talked with described many difficulties in finding, managing, and sustaining childcare, this was a moment in the interview where they would almost always pause and then sometimes laugh, relating a story to me that often revolved around a small moment in their life where their child had brought a smile to their face. Children are so joyous, I was reminded as these women told me about bathtub bubble bath hairdos, a grandmother and grandson hooting like owls in the backyard, an equitable toddler who wanted to buy her friend a dress so he, too, could twirl around in one.

Despite these beautiful moments of joy, finding and providing care for young children—especially those under school-age—is a complicated and inequitable task. And it is still a task that falls, predominantly, to women (Hays 1996: 20). As I began this project last fall, I hoped to research a topic at the intersection of community and social reproduction. The task of forming and sustaining communities I knew to be one of many social reproduction responsibilities that has an uneven gender distribution—like childcare, community care is in our collective imaginaries a feminized space. When I began this research, communal childcare and social reproduction work was the initial topic of my inquiry. I hoped to find, specifically,

¹ On the poster I used to recruit interview participants, I tried to catch attention with the question “Childcare challenges?” I therefore presume that all of my participants identified with childcare sometimes being a challenge in their lives.

moments where childcare was communal, outsourced to the community, or occurring within a collective, shared labor space. Out of necessity, this project transitioned into one where I searched for community where it was primarily absent, as the feeling or practice of community within childcare was difficult to find. Instead, I found in my data the vestige of community-based social reproduction. Community was not easily discernible, but instead had to be distilled from the broader conversations I had with mothers about how they were negotiating their childcare arrangements.

Our gregarious species is kept afloat through the networks of social reproduction and thus this work fully saturates the social fabric. The networks of care we create are both fluid and structured—some of these networks exist within the market and some exist beyond it. Regardless of the sphere within which care is occurring, everyone is almost always heavily relying on others. In the United States, care work is increasingly feminized, and remains a space occupied by many who identify as women. With this in mind, I focus on a population of care workers present and essential throughout our society—mothers. My research evolved to focus specifically on situating mothers and childcare within a theoretical framework based on Black feminist thought, socialist feminism, and the works of family and gender scholars such as Arlie Hochschild. The following is an exploration of the choices—intentional and unintentional—that mothers make while negotiating the sharing of care work relating to childcare.

I place the social reproductive labor of childcare in dialogue with ideas of community and the individual's understanding of what community can be. While this exploration is in itself important to understanding how individuals negotiate often isolated work, the broader context of this research places this study in conversation with research on capitalism, social reproduction, and gender, with the goal of understanding how mothers experience and negotiate the

contemporary social structure that privatizes and devalues such care work, while rendering them responsible for it. Additionally, I seek to understand how the presence or absence of community influences the ways in which mothers negotiate shared care work for their children. Central to this exploration is the idea that care is anti-capitalist in nature. It is work that preserves, even in its non-commodified and non-corporatized forms—in a neoliberal state that doesn't aspire to protect “affective relations” (Lynch 2022) that aren't producing any measurable capital. In *Black Feminist Thought*, Patricia Hill Collins demonstrates that shared child care arrangements in African American communities actually “challenge prevailing capitalist property relations” (2000: 182). In this research, I endeavor to further examine potential challenges to the capitalist structure that are elicited through childcare negotiations.

I found that women usually pieced together childcare using a patchwork of resources to facilitate the necessary care coverage, thereby relying on multiple sources of care. The active management of this patchwork of care is challenging in and of itself and often still does not provide enough help with care work. I present an argument that revolves around two spaces in the structure of childcare arrangements and negotiations: the informal community of kin, friends, and neighbors and the market. I argue that spaces of intentional and unintentional community are essential in providing care support for mothers and children where institutional and state support—such as schools, work, or state-funded childcare—are absent. Simultaneously, negative spaces created when there is a perceived absence of community are consistently filled with market-based solutions. Grounded in this, I argue that the scarcity of formal support for structures of community childcare strengthens dependency upon the market, while contributing to the invisibility of existing networks of community. This reinforces the creation of inequitably

gendered social reproduction responsibilities and their inequality and diminishes the perceived potential of community as an attainable form of childcare.

To begin, I discuss existing literature on capitalism and care, and existing feminist theory on social reproduction as it relates to childcare and networks of community care. I then detail the methodology used and provide an overview of my sample characteristics. I divide my findings into three sections. First, I focus on placing the market within the context of childcare. This section analyzes the absence of the state and the resulting gap that is filled by market-based solutions. Here, I also explore how mothers make sense of the ever-present nature of the market as it relates to their childcare arrangements. Then, I position community within my research—its creation, presence within childcare, and perceived absence. I move from a discussion of familial care, to a discussion of friendships as community, neighbors as community, and finally institutions as they relate to community and childcare. Finally, I explore knowledge accumulation and the various ways in which this is a shared process, analyzing strategies of gathering advice, philosophies, and information on raising and finding care for children.

CHAPTER ONE: EXISTING LITERATURE

Though care work is fundamental, it is highly devalued. The space in society that care work occupies also presents multiple contradictions. For example, care work is unavoidably indispensable—everyone, at some point, or at all points in their lives, needs care—and yet it is continually stripped of most of its socially recognized value. As social scholar Kathleen Lynch writes, it is difficult to assign a “metricization of value” to something that is, by market standards, “immeasurable” (2022: 134). Care work also evades placement into a public or private sphere. Social reproduction theory tells us that care work is essential for the propagation and continuation of community. Political and social scholar Nancy Fraser explains that social reproduction helps to “[sustain] horizontal ties among friends, family, neighborhoods, and community” (Fraser 2016). The care work that goes into social reproduction is not wholly in the family, nor the community—it works at several simultaneous levels. Care work is commodified (Bose, Litt, Zimmerman 2006: 200), corporatized (Lynch 2022: 61), and systematically made inaccessible to those who work to care for others (Bose et al. 2006: 236)—and yet we still all desperately need it.

As I endeavor to frame this research question, it is necessary to identify several different ways in which care and community are thought about. The literature relied upon for this review spans previous research on care work and theories of care, community, power, social reproduction, and feminist socialist perspectives on these concepts. I recognize that existing care work research is particularly important in illuminating broader social issues. Many individuals have occupations that revolve around care work—occupations that are paid, though not well. Care work is an occupation that is unique, though, in that many of those who work actively in care are unpaid laborers. As I will discuss, these unpaid laborers are the people who raise us,

cook for us, clean for us, and manage our young days. Sociologist Sharon Hays places mothers at the nexus of care work as it is mothers, in particular, who face “the paradox of nurturing in a society that does not nurture” (Hays 1996: x)—the position of mothers within care work is both revered and dismissed. Mothers, and *their* negotiations of care work and community, are the focus of this study as they are positioned between market and non-market care, while simultaneously engaging in care work themselves.

Social Reproduction and Care Work

According to sociologist Nancy Fraser, social reproduction can be defined as the essential work that goes into the “creation and maintenance of social bonds” (Fraser and Leonard 2016). As Fraser notes, gender often dictates the distribution of social reproduction work both within families and society, with women having the “lion’s share of responsibility” for this work (2016). Care work is a fundamental portion of the social reproduction of labor and social relations. The care work researched here is primarily limited to those tasks which are typically associated with motherhood and revolve around childcare management and other parenting responsibilities—both social reproduction tasks that have been and remain feminized. My research will concern itself with these “private” practices, but will attempt to examine if, when, where, and how these private practices are brought into collective spaces of knowledge sharing, resource sharing, and general redistribution of this type of work.

Social reproduction can be thought of, most simplistically, as the other essential arm of capitalism. While production is the purpose of a capitalist society, this production would be impossible without functional and relatively healthy laborers. Social reproduction work is the reproduction of laborers—children who grow into adult workers—and the care and training of these laborers. It is also, as Fraser reiterates, the work essential to forming and keeping “social

bonds” (Fraser and Leonard 2016). Carole H. Browner and Carolyn F. Sargent emphasize the importance of earlier work by Ginsburg and Rapp in “demonstrating that the social organization of reproduction was intrinsically linked to the production of culture” (2011: 3). Stretching this definition, we can also think of social reproduction as the production of community.

Framing the Crisis: The Devaluation of Care

Over the past century, care work has been increasingly feminized. This process of feminization has been a catalyst in the devaluation of care—though care work has never had much value in society. Feminist writer Susan Hawthorne analyzes aspects of why it is that certain work is so devalued (2002). Central to this, she argues, is that the work that goes into social reproduction and the labor that has been historically deemed ‘woman’s work’ is not “counted in the global economy unless it is performed for pay” (Hawthorne 2002: 156). As this labor does not actively produce capital, it is less prized. Also contributing to this devaluation is the system under which care is occurring. As Lynch argues, through the logic of capitalism, there is “a moral legitimation for the cheapening and exploitation of care,” based on heavily gendered views of social ideology (2022: 131). From this perspective, there is a deeply embedded social devaluation of women, simultaneously stripping the value from care work—both “exploitable thing[s]” (Lynch 2022: 131).

Sociologist Evelyn Nakano Glenn, illuminates the possibilities for a world where care is both valued and deemed as important work (2000). Glenn argues that the current state of highly depreciated care work “stems from its being defined as a privatized, feminized, and therefore devalued domain” (2000: 84). For care work to move from this domain, shifts in the social conception of care is necessary (Glenn 2000). These are shifts imperative in both our collective definitions of what care is, and of how its work is handled in our society (2000). The crisis of

care is also concisely identified by Glenn as a result of “a privatized and gendered caring regime in which families, rather than the larger society, are responsible for caring, and in which women (and other subordinate groups) are assigned primary responsibility for caregiving” (2000: 84).

The crisis of care is categorized as having four distinct features (Bose, Litt, and Zimmerman 2006). Two of these are far more macro than the scope of this study—though still extremely relevant—and are based in globalization and “multilateral (supranational) organizations” (Bose et al. 2006: 11). This crisis of care goes hand in hand with its devaluation, churned along by the pressures of neoliberal politics and systems of globalization. The other two identified aspects of the care crisis are “the commodification of care” and “the care deficit” (Bose et al. 2006: 10). These are features of the care crisis that inform the purpose of this study, as the ways in which mothers negotiate care strategies are inevitably—if latently—in conversation with these dilemmas.

Grey Market, Networks of Kin, and Other Mothers

Within the research and the theory that surrounds the sharing of care work, there are a handful of definitions that circle between the spheres of intersecting resistance to and adaptability within a society that devalues care. Fictive kin, other mothers, and the grey market are the primary concepts that populate the existing research on how mothers outsource care through non-market means. In *Black Feminist Thought*, Patricia Hill Collins discusses the seemingly organic formations of alternative childcare practices that many women employ within Black communities (2000). Collins defines other mothers as “women who assist bloodmothers by sharing mothering responsibilities” (Collins 2000: 178). These are women who are generally biologically related to the children being cared for, such as “grandmothers, sisters, aunts, or cousins” (Collins 2000: 178). For Latina mothers, there is also an interdependence on other

mothers for child care (Bose, Litt, Zimmerman 2006: 257). Sociologists Pierrette Hondagneu-Sotelo and Ernestine Avila note that “reliance on grandmothers and comrades for shared mothering is well established in Latina culture” (2006: 257). Their child caring strategies are made even more fluid through a transnational mothering that may “span stretches of geography and time” (2006: 262). In my study, the extent to which mothers (or bloodmothers) rely on other mothers is of central inquiry. I aim to analyze where and when other mothers are being relied on and if there are potential inherent patterns in how other mothers are called upon as a negotiated strategy of child care support.

Collins makes a distinction between other mothers and the fluid category of ‘fictive kin,’ which “extend beyond the boundaries of biologically related individuals” (2000: 179). Sociologists Linda Chatters, Robert Taylor, and Rukmalie Jayakody co-authored a study surrounding the networks of ‘fictive kin’ within African American communities (1994). Interestingly, they found that for respondents of both lower and higher socioeconomic status (SES), the support sought from fictive kin tended to differ (Chatters, Taylor, and Jayakody 1994: 304). Those with a higher SES might seek fictive kin support for “socioemotional assistance” while those with a lower SES might use these networks for “instrumental support (i.e. child care, transportation, financial assistance)” (Chatters et al. 1994: 304). My study pursues this line of thinking, situating my participants—who primarily had a higher SES—within these previous findings. While I couldn’t conduct a comparative analysis, the findings from my sample somewhat complicate this finding, as some of my participants with a higher SES sought out fictive kin for socioemotional assistance as well as instrumental support. For example, Megan—whose joint household income (JHI) of \$400,000 (a higher SES)—relied on individuals “like a family friend” for childcare support when her husband was out of town frequently. This

could be seen as using fictive kin for “instrumental support,” while in other relationships she had sought out more “socioemotional assistance,” such as guidance on parenting philosophies (1994: 304). My study faces the limitation of including participants who are primarily middle and upper-middle class and white. However, fictive kin proved to still be an important factor in the child care decisions my participants made. That socioeconomic status is a relevant determinant of how fictive kin networks are employed helps to frame this study within the context of class.

Historically, those who are marginalized—by class or race—tend to be those who intentionally employ strategies of collective care. In *The Cultural Contradictions of Motherhood*, Hays notes that immigrant and working class women in the early 19th century strategized around limited support by “[forming] networks of reciprocity, helping each other out with child care, domestic labor, and subsistence” (1996: 36). Sociologists Pamela Herd and Madonna Harrington Meyer make the case for an altruistic vision of the reality of care (Bose, Litt, Zimmerman 2006). They acknowledge the importance of networks of kin—who may or may not be biologically related—in child care (Bose et al. 2006). In this grey economy of care, there is a “dizzingy degree of reciprocity between extended family members, neighbors, and friends” (Bose et al. 2006: 330). This is not to say that cooperative care is always the ideal, or is always chosen under auspicious and neighborly circumstances. While this care is doubtless occurring, it is still devalued because it is care work—work that is not for a profit, and perhaps this is why it receives little attention.

Isolation or Community: The Public and the Private of Caring

In this research, I hope to further frame potential separations among and intersections between isolated and shared care work. I define isolated care work as social reproductive labor that is contained to the nuclear family. The tendency, here, is that this labor is usually shouldered

by women. Shared care work occurs both through market and nonmarket avenues. I define this shared work as occurring whenever individuals other than the nuclear family are relied upon for support. While much literature surrounding this topic discusses the common case of isolated care, there is seemingly less examination of shared care—beyond the phenomenon of networks of kin, other mothers, and other mentions of the grey economy (Collins 2000). Further research is needed to understand where, perhaps unintentional and almost unknowing, shared care is occurring—this study contributes to this research. Care work literature that mentions child care specifically scrutinizes the market-based aspects of this care, while skirting around the edges of spaces, places, and occasions where shared care may be occurring. Finally, there does not seem to be much synthesis of types of shared care into a singular study. I add to conversations surrounding shared care through distilling the patterns of community surrounding childcare negotiations, arrangements, and challenges.

Within caring relations, there is a private and a public sphere. According to sociologist Mary Romero, “our conceptualization of work and family conflict remains stagnant” because we view the issue of childcare as a private matter (Bose, Litt, Zimmerman 2006: 245). Maintaining child care as a private sphere issue runs the risk of ensuring cycles of classist and sexist oppression, where higher socioeconomic status mothers outsource childcare to “a poorly paid female employee” (Bose et al. 2006: 246), and lower socioeconomic status mothers suffer the consequences of a system that is not designed with child care in mind. There is also a more collectivist approach to care that is found in some research—specifically within feminist visions for more equitable social reproduction—that incorporates other mothers, fictive kin, and methods of shared mothering, and inhabits both the public and private spheres of care. This collectivist approach is what I went in search of as I began this process and conducted interviews. It is

difficult to pinpoint exactly where these strategies coalesce as they are not wholly public or private, but perhaps somewhere in between. Again, there is a contradiction in definition and categorization. Kathleen Lynch argues that any such separation between the private and the public in the context of care is “a false dichotomy,” but one that is purposefully employed for reasons of neoliberal ideology (2022: 113). With these separate public and private spheres, the individual can be concerned for others and concerned for themselves simultaneously (2022: 114), ultimately allowing “liberalism [to define] affective relations as private rather than public matters” (Lynch 2022: 114). In turn, this makes even the conceptualization of a more communal form of care difficult.

Market and Non-Market Care

Essential to this study is the recognition that much childcare is happening in market-based spaces and through market-based means. This market-based care also happens to be what most might first think of when they consider childcare strategies, or the outsourcing of social reproductive labor. As sociologist Arlie Hochschild discusses in *The Second Shift: Working Families and the Revolution at Home*, labor devoted to cooking, cleaning, and child rearing is also labor that can be market-based through the hiring of “the day-care worker, the baby-sitter, the maid—a woman usually in a blue collar position to whom some white collar couples pass much, although not all, of the work of the second shift” (2012: 25). The second shift refers to the unpaid social reproductive labor that women—predominantly—usually unequally engage in once they are done with their first shift, at work.

Many parents use some form of market-based care labor, but “for the average American, outsourcing is not a primary solution” because of the sheer financial restraints to this possibility (Hochschild 2012: 25). Some parents might use market-based care for certain aspects of their

child care arrangements, while relying on a combination of grey economy methods for other areas of needed care. This is a very common strategy within child care arrangements, as care is often “‘fragmented,’ divided among several caregivers, and between ‘private’ and ‘public’ settings” (Glenn 2000: 87). Such was the case for my participants, though most had the financial means to primarily outsource care. It is the aim of this study to distinguish patterns among the negotiations between market and nonmarket childcare strategies that could further explain the necessity of patchworked care, even among families in the middle and upper-middle class.

Another aspect of market-based care that is worth examining here is its continuing pattern of devaluation. While much care work is ‘paid,’ the underlying societal conception of care is that it shouldn’t be valued for reasons that revolve around care work existing in a strange dimension of definitions. Sociologist Bridget Anderson examines some of these contradictions, which highlight what I later on refer to as the entanglement of the market (Zimmerman, Litt, and Bose 2006). When care for children is market-based, the “employers [the parents] are not only looking for a laborer [...]; they want somebody ‘affectionate,’ ‘loving,’ ‘good with children’” (Bose et al. 2006: 232). Here, there exists an inherent contradiction that Anderson illuminates—namely, that “real care cannot be commodified,” but that this is precisely what we have asked to be done (Bose et al. 2006: 232). In the case of employees who are paid to do care work within the family, there is yet another contradiction. Anderson argues that through the phrase “part of the family”—common in employers' reference to care workers—the workers’ own family is erased (Bose et al. 2006: 236). Part of my study hopes to examine this exact contradiction, that to feel good about outsourcing care we have to somehow make it familial, or at least draw the commodification out of the transaction. This will be further explored especially in the market section of my findings.

In *Care and Capitalism*, sociologist Kathleen Lynch identifies “secondary care relations” where care is based upon “lower-order interdependency relations” (2022: 23). As Lynch notes, these are relationships that do inherently involve a level of attachment (2022: 23). Secondary care also characterizes the occurrence of community-based care (2022: 23). In Lynch’s model of care relations, there are two other levels: primary and tertiary. Primary care is defined as “love relations [that] involve high interdependency and are characterized by strong attachments, intimacy and responsibility over time” (2022: 23). These are care relations that apply to the family. Primary care could also plausibly be extended to include grey economy care networks, such as fictive kin or other mothers. Tertiary care relations are defined by their solidarity and are characterized by their broader social and “political expression” (Lynch 2022: 23). Based on Lynch’s levels of care, secondary and tertiary care relations can be seen as a space of much potential (2022). It is in the tertiary level where changes in the societal evaluation of care hold the possibility for the recognition of interdependence within all caring relations. But where does shared care fit within this possibility? While Lynch identifies levels of care, there is also a binary to care illustrated here that is quite stark (2022). Furthermore, it is realistically difficult to think of care as an act occurring outside of the market. Instead, perhaps we should focus on the interaction and entanglement of market and community care, using the potential of tertiary care relations to revolutionize our comprehension of what community care could accomplish.

Market-based care inevitably weaves its way into most of the discussions within this study and I feel the exploration of where care is shared reveals perhaps even more about when it is not—or cannot be—shared in a non-market way. However, it is also through the negative spaces surrounding mothers’ negotiations of market-care where unintentional or unsuspecting shared care labor or care knowledge might emerge. This research reaches into these negative

spaces—where market and non-market strategies are perhaps murky or overlapped, and where boundaries are ill-defined or near impossible to pin down. As I conducted interviews and analyzed my findings, I began to realize that the murkiest of places were those where community was in some way contributing to networks of support for childcare. This is an area where my literature review fell somewhat short. More data and analysis is needed to further understand community, its creation, and its potentials for childcare practices through a sociological lens.

CHAPTER TWO: RESEARCH METHODS

Before focusing on my findings, I present an overview of the characteristics of the participants in my study. I then move to an explanation of the methodologies of my research, my process of recruitment, how I conducted interviews, and the strategies used for analysis of the resulting data. This chapter concludes with a discussion of my positionality within this research and the personal experiences that led me to focusing on the topic of community within childcare for this project.

Sample Characteristics

Over the course of this project, I spoke to 16 women, all of whom identify as mothers.² I also had email correspondence with around ten additional people who had expressed interest in my research. Many of these women wanted to be interviewed but, ironically, childcare challenges or another aspect of juggling children, home, and work got in the way of scheduling a meeting. Many of the women I spoke to were excited to be interviewed and share their experiences with me. Interviews lasted from 25 minutes to an hour, depending on how much time my interviewees had to spare. Most of our conversations took place virtually while some were conducted over the phone and three were in person meetings. During my recruitment process, the majority of mothers who expressed interest in participating had at least one child under the age of 7. All women I spoke to were in heteronormative relationships—or had been in the past. One adoptive mother expressed interest in participating, but we were never able to schedule an interview. My interviews were thus all conducted with women who were biological mothers and where there was currently, or had been in the past, a male partner in the picture.

² See appendices for complete overview of participant demographic information.

The mothers I talked to were busy people. I interviewed one woman while she baked a cake for her five year old son. During my first interview, the conversation was paused so my interviewee could sign for a package from FedEx. One woman I spoke to talked to me while she fed and played with a child she was babysitting—her own toddler was asleep—while another person I spoke with moved me haphazardly around on Facetime while she entertained her baby with a ball. Other women spoke to me during their work lunch breaks, from bed, at a cafe, or while their husband was watching the kids. Everyone I spoke to was almost always multitasking, even though they also often expressed that they felt guilty for not doing enough or for asking for help. For all of these women, childcare was presenting a challenge in their lives.

Out of the women I spoke to, 14 women are white, one woman is Asian, and one woman I have identified as Latina.³ When asked about how they identified themselves ethnically or racially, two women also noted that they are Jewish. The women I spoke to mostly were in a position of financial stability. To determine class for this project, I primarily focus on the interviewee's estimated income levels. The estimated joint household income (JHI) of my interviewees ranged from below \$50,000 a year to slightly over \$400,000. Three women have joint household income levels between \$300,000 and around \$400,000. One woman's JHI was \$250,000. Six women had a JHI between \$80,000 and \$180,000—the most common income bracket in my research. Two women had a JHI of \$50,000 or slightly less than this. Based on Pew Research income level brackets for the region of New York state that these interviews took place in, most of the interviewees in this study were all placed in the middle income tier, though those who earned over \$250,000 are more comfortably in the upper middle class or above (Pew Research Center 2023). Several interviewees expressed that they came from a middle class

³ Based on my own errors, I failed to ask this participant, Maria, any demographic questions. I base these assumptions of Maria's ethnicity based on her accent and her discussion of immigration from a Spanish-speaking Latin American country throughout our interview.

background but suggested that they were now slightly better off financially. Despite some higher income levels, most interviewees who used a form of market-based childcare expressed that the cost of such services was a financial burden in some way.

I have insufficient estimated yearly income for three of my interviewees. However, based on other information gathered from our interviews I estimate each of them to be in the middle income bracket. I base this primarily off of their level of education and occupation. For example, Melody owns her own property management business, and Maria discussed how she and her husband went about designing their own house. The third woman, Katrina, I estimate to be of a slightly lower income bracket based on information she gave me during the interview. She had a lower education level (Associate's) and described her weekly income while she worked in childhood education as being around \$400 a week. Based on her partner's job, she does not qualify for the New York state childcare program Headstart, which she described as being problematic financially.

The highest level of education of the women I spoke to ranges from an advanced degree to some college, though the majority have a Bachelor's degree. Six women have a Bachelor's degree, five women have a Master's (one of these women has two Master's degrees), two have a Doctorate, and one has an Associate's degree. I have insufficient data for the remaining 2 women. 75% of the women in my study had either one or two children. Six women had one child, six had two children, two had three children, one had four children, and one had five children. Most mothers I interviewed were the biological mothers of all of their children, though one mother had two older step-children as well as her biological infant. 11 women were married, and three women were separated. Two of these women were repartnered while one was now a single parent. One woman was unmarried but living with her child's father—their relationship

status was unclear and was not fully disclosed to me during the interview⁴—and one woman was a single mother by choice, though she now had a partner.

The occupations of my participants varied. Based on their current occupations (some described to me previous employment and work as well), most worked within jobs that presumably required a higher level of education. One woman is a professor and scholar while three women had administrative occupations at institutions of higher education. Two women worked within primary and secondary education—one working for the school district and the other as a special educator. Two women are freelance writers, one of whom also works part-time at a local shop. One woman does administrative work at a nonprofit organization, another woman is a therapist, and another a childcare provider—grouped together as each of these occupations fall into the category of social reproductive labor. One participant is a property manager and another woman works remotely part-time⁵, while the remaining three women I spoke to are currently stay-at-home moms.

Data Collection

My research is concerned with both the negotiation of paid, market-based care (nannies, daycare, babysitters, etc.) and non-market care, such as that provided by family and neighbors, and the way knowledge about this care is shared. Through the 16 interviews I conducted, I trace how larger processes of community and social reproduction shape how individuals negotiate these particular situations. While sharing care work with a spouse or partner is relevant to this study, the main focus is on understanding how care work and questions about its practice are

⁴ Interviews served as major learning points for me during the process of this project. By the last interview, I was feeling more confident in my ability to ask questions and navigate the interview in a way where I could gather the information I needed by the end of our conversation. For this interview with Anna, I realized afterwards that I should have asked explicitly for her relationship status if she was willing to share with me.

⁵ I unfortunately lack data for the exact description of this participant's occupation (Nicole).

outsourced to some form of community beyond the individuals' partner. This includes family members (other than the mother's partner), friends, and other groups where care work knowledge and care labor are shared. This study will focus on women and mothers as prior research on social reproductive labor shows that they are disproportionately responsible for this work. For the purposes of this research, I interviewed mothers who have at least one child currently under the age of 18. Throughout my recruitment process, I tried to leave the definition of motherhood open to my participants. For participants to be eligible for my study, they had to identify as a mother, but they did not need to be the biological mother of a child they care for. For example, adoptive mothers and grandmothers who act as the primary caregiver for a child would both be eligible.

To examine these questions, I conducted qualitative interviews. This method is informed by contemporary qualitative practices. These interviews were intended to be conducted in-person, when possible, and in a location of my participants choosing. The majority of my participants, however, opted for virtual interviews which took place over Facetime, Google Meet, Zoom, or the phone. The interviews were recorded, processed, and transcribed. I then used codes to analyze, synthesize, and organize the data from my interviews. In coding these interview transcriptions, I worked to recognize emerging patterns, repetitions, and recurring phrases or experiences. Codes included categories that focused on care types, desire, culture, family, physical care, family, labor, emotion, market, and contradiction. While my questions prompted the participant, most questions are structured in such a way that the participant is able to answer the question based on their interpretation of what it is asking. For example, I asked the following question: 'Would you mind telling me about what sorts of childcare arrangements you have currently?' This question allowed the participant the freedom to describe to me what they

would like me to know about their childcare arrangements, without confining the participant to answer about a certain kind of arrangement. I structured the order of my questions so that further prompting could occur if necessary.⁶

To recruit participants, I relied on a combination of selective and snowball sampling. As my research is concerned with the experiences of mothers, I decided, selectively, to start my snowballs from places where mothers may be. Online and in-person groups of mothers are two places where I began my snowball sampling. I hung fliers in several small towns in upstate New York. Primarily, I placed fliers in areas with high foot traffic and where mothers and children were likely to be present. This included libraries, community centers, health food stores, cafés, laundromats, and other local businesses. I actively worked to recruit participants from multiple online Facebook groups—primarily town and county community groups, parent groups, and mom groups from the area surrounding where I conducted my study. This method unintentionally worked as a snowball sample as others on Facebook would share my post, helping me to reach a wider potential pool of participants. I attempted to begin another sample through homeschooling groups, though this snowball was unsuccessful. After conducting interviews, I snowballed my sample by asking the interviewees if they knew of anyone else who might have been interested in taking part in my study. This had the potential of allowing me to recruit participants from a broader population than if I used selective sampling alone. However, my research failed to start many snowballs through this particular method, so I primarily relied upon the various spaces and places where I posted fliers or social media blurbs to ensure recruitment from a somewhat varied population. For purposes of confidentiality, I give

⁶ The questions I asked were open-ended and I allowed the participants to take as long as they needed to answer each question. Open-ended questions were strategically chosen for my study as they allow the participant to lead the discussion, in a guided way.

pseudonyms to all participants in my research and change any other easily identifiable information. All quotes are my participants' own words.⁷

Limitations

There are obvious limitations to my research. Primarily, the time constraint for this project made it difficult to complete a conclusive study. The methods of participant recruitment and my location inevitably influenced who the participants I ended up interviewing were. This research was conducted in rural upstate New York. While I had hoped to gather a somewhat diverse group of participants, based on the location many of my participants were demographically similar. I expected that many of the people who might respond to my recruitment would be middle class or upper-middle class—this unfolded as I had expected. This study would undoubtedly be strengthened if I were able to successfully interview a larger sample size of mothers from varying backgrounds, with varying class statuses and racial identities. However, the unintentional feature of this study—that it was based on a narrow population—has several benefits. This research resulted in data from a group of primarily white, middle and upper class women. These mothers—while often studied as a group in classic research such as Arlie Hochschild's *The Second Shift*—to my best knowledge have not been extensively studied within the context of communal care (Hochschild 2012).

Studies of communal care work surrounding mothering have primarily focused on women of color and generally communities where individuals have a lower overall socioeconomic status. Communal care in these communities is extremely important to

⁷ In certain cases, I exclude some filler words (such as “like”) without specifying that these words have been removed. However, I keep such words unless they interfere with comprehensibility of the quote and do not remove them if they contribute to the conversational tone. I also at times use ellipses to exclude portions of quotes where interviewees were repeating words to arrive at what they actually wanted to express, or brackets to include only certain portions of longer quotes.

understand. However, community-based care does occur in other settings—and in all sorts of communities. It is worth pursuing the question of why communal care has not been as extensively researched within white populations, or within more affluent populations. This observation raises the question of whether communal care is occurring at all in these communities, and if it is not, why not? My study has the limitation of most likely being inconclusive in terms of comparing vastly differing experiences of care work in terms of demographics. This limitation, however, offers potential illumination of a group where this phenomenon has not been as extensively studied. In doing so, I place my findings in preliminary conversation with previous research on forms of communal care within different populations.

My Positionality as Researcher

As I thought through my positionality in this research, I tried to analyze certain aspects of my upbringing that might be relevant. In thinking about this positionality, I relied on Susan Hawthorne's description of thinking about feminist knowledge (2002: 38). According to Hawthorne, conducting research through a feminist lens allows for "a style of knowing and knowledge making that is both critical and reflective," and that acknowledges lived experiences (2002: 38). I draw on this philosophy to position myself further within this research.

As a young child, I remember being surrounded by other mothers. Some of these other mothers would even refer to themselves as being a second mother to me. Quite often, my mother would bring me to a group where I would play for hours with other children. Peripherally, I recall the constant presence of a handful of women who would socialize while the children played enthusiastically. Playdates were an exciting event for me, but I never thought then that there was also an exchange of childcare occurring while I socialized with my friends. Later on, as an older child, I was homeschooled for several years. During this time, there were also several

groups I was a part of where mothers—and sometimes fathers, too—were quite involved in a way that reflected communal-based care. I draw on these past experiences as I investigate the interconnected spheres of care work, where this work is shared, and how mothers negotiate this in a multidimensional way. As I talked to my participants about their experiences, I tried my best to research with the approach of Dorothy Smith’s feminist standpoint theory—I see my participants as subjects and myself as a person attempting to “understand the relationship between [their] everyday world and the organizing forces surrounding it” (Risen 2022). There is much need for further explorations of the intersection of community and gendered social reproduction labor.

Within this research, I recognize my identity as a young, white woman may have at times influenced my participants’ interactions with me. I interviewed those who identify as mothers for my research. My participants may have felt comfortable with sharing sentiments such as “women are in a really fucked up position here” or “don’t keep score” as a piece of advice when it comes to managing the inequality of household tasks. I base this assumption on societal expectations that are still pervasive—essentially, because I am a woman, I am somewhat expected to ‘mother,’ or at some point to become a mother, and to care throughout my life in various settings. However, my participants may have not shared certain aspects of their experiences and challenges with me because of my young age. A few of the women I spoke to did comment on my age during our interview, noting that they were somewhat surprised I was interested in the topic of childcare. Megan, for example, noted that “it’s interesting, when someone’s interested in this subject from, you know—who’s younger and not already immersed in it.” As I am not a mother, I cannot understand the many intricacies of motherhood and what this identity entails,

but my positionality as someone who identifies as a woman may have allowed for honest conversations with my interviewees based on our shared identity of womanhood.

Final Notes

As I begin the discussion of what I have found in this research, I wish to reiterate that I am immensely grateful to all of the participants in my study for taking the time out of their busy lives to speak with me and share their experiences. I am conducting this research because I want to hear the voices of those who are actively caring in a world where care work is simultaneously ignored and harshly devalued.

As is the nature of qualitative research, I have found it necessary to change my research question as I gathered data and as the data began to shape my understanding of the world of childcare and its many difficulties in this region of upstate New York. Patterns that were originally expected, especially relating to gender, emerged and solidified. In keeping with Arlie Hochschild's work in *The Second Shift*, it appears that even 30 years after the book's original publication in 1989, women are still doing more than their partners in terms of childcare and household management (2012), as they navigate the spaces between home, market, and the in-betweens. In keeping with Hoschschild's findings, while some women expressed an egalitarian division of labor in their homes, they would also usually express feeling guilty for this—even when in some cases it was clear that they were still managing the brunt of domestic and social reproductive labor. This pattern extended into their management of market and nonmarket care. Here, too, it was generally described by my participants that they were the ones searching for the daycare program that would be the right fit for their family, collecting the

necessary knowledge for parenting, arranging playdates, or building community in some way or another.

Over the course of the interviews conducted, there were several outlier experiences that helped to illuminate certain absences within other narratives. One such absence was that of perceived community—both intentional and unintentional. Many of my participants had strong ties to specific communities—familial communities, work communities, and especially communities they had created themselves—but they often had a hard time recognizing that they were part of these communities, or recognizing when they might rely on a community for childcare related support. This project has thus not departed from its initial purpose of investigating community formation in relation to childcare management. As I will discuss, however, the market made its way into most interactions surrounding childcare.

CHAPTER THREE: THE ENTANGLED MARKET AND OUR TRANSACTIONAL SELVES

This research began as a search for the presence of community within childcare arrangements, negotiations, and management. Initially, I was searching for patterns that might reveal where, why, or how mothers were relying on community as a source of childcare. Throughout this research, it instead became clear that moments of community childcare are difficult to define as they are extensively tangled up within both market care and the individual's perception of community. Though I did not expect to find many moments of intentional communal care for children—I refer to this as *collective care*—I did find instances of this occurring here and there, intertwined and intermingled almost always with market care and the patchwork of childcare arrangements that most families were actively piecing together. The mothers I spoke to illuminated a wide array of practiced childcare. Consistently, my participants detailed various arrangements—as opposed to a single locus of care—that fit around their schedule, their partner's schedule, and the needs of their other children (if they had more than one child). This applied to mothers who worked full time, part time, or who were stay at home moms. The common thread throughout was that there was not a fixed position of singular care for the child, but rather a fragile and adaptive net of childcare that was strategically managed by mothers to best fit the family's particular situation.

This network of care is illustrated through the varied arrangements that the mothers I spoke to described. As the majority of the women had more than one child, childcare arrangements were often different depending on the child's age. Thus, many women were actively engaged with multiple types of care. Nine women had children that were currently enrolled at least part-time in a daycare or preschool—four of these women had children who attended a home daycare, while the rest attended a daycare center. Six women had children that

went to school five days a week and had after school activities on certain days—for their school aged children, this was the primary care during the week. Six women were the primary caregivers for at least one of their children. If care was not institutional, market-based, or primarily provided by the mother, family was relied upon as either regular or occasional care. 80% of the women I spoke to relied on family at some point as either full-time or part-time caregivers for their children. For the women whose children were now slightly older, family care was less so a part of their lives. For those whose children were toddler age or below when I conducted the interview, family was usually still a large part of their caregiving network. I incorporate data both from the previous childcare arrangements that mothers described to me and from their current arrangements. Based on these previous and current descriptions of arrangements, seven of the mothers I spoke to—almost half—described a setup of kin as a primary or recurring source of care at some point within their childcare story.

While the “solution” for market-based jobs is market-based childcare arrangements, there is still an exceptional amount of non-market juggling involved in covering all needed hours of care for young children. Returning to definitions of support, my definition includes all types of market-care, friends, neighbors, family, and intentionally supportive groups (both free and paid for). In terms of childcare, I define support based on how my interviewees described its opposite—aleness. Since feelings of aleness usually occurred for my participants when they were their child’s primary caregiver for long periods of time, defining support became a process of searching for moments of familial or communal forms of care. Most women I interviewed wished they had more support, while a few felt they had plenty of support—these cases usually included a network of friends who also had small children. In the United States, the state does not provide many resources to make childcare accessible or easily available to parents.

While almost all middle class parents must devote a good portion of their time to working, the care of children is still not factored into the difficult equation of time management that capitalism presents.

The market was consistently present throughout my participants' relationships to childcare, acting as a key part of the ways in which mothers assessed, managed, and made sense of their current, occasional, and potential childcare arrangements. I observed the market as an omnipresence regardless of whether or not childcare arrangements were technically formed within the market or outside of it. This pattern further illustrates the ways in which capitalist-informed interactions permeate the intimate spaces in which we might feel these modes of thinking and interacting are inappropriate. In the first part of this section, I will discuss the strategies mothers I spoke to used to make sense of care that might exist outside of the market. This section will also highlight the comparative ease, for some mothers, of transactions that revolved around the market and the ensuing difficulty of pairing this ease with the intimate nature of childcare. The second part of this section will bring the state into the picture. Here, I will discuss the state's role in childcare—for my sample of participants—and the overwhelming reality of its absence as an actor in the lives of parents with young children. I argue that the omnipresence of the market frames our relationship to collective care though obscuring potential reimaginings of current structures and systems of childcare while simultaneously concealing the importance of preexisting networks of community support.

'Out of the Kindness of His Heart': The Blurred Boundaries of Non-Market Care

As other sociological research and theory has posited, when living under capitalist systems the individual cannot really separate themselves from this pervasive economic structure. The transactional self exists because of this inability to pull the self out of this system.

Throughout my interviews, four of the women I spoke to—Emily, Lisa, Jennifer, and Meredith—described situations that I identified as instances of applying a mindset of transaction to a situation that could have just as easily been defined by its nonmarket characteristics.⁸ The other situations described were almost the opposite of this—where nonmarket terms were applied to situations where there was an actual transaction occurring. I will discuss both of these patterns.

I identify moments of transactional selves in my data by looking specifically for market terms—words that could easily be found in a market/monetary transaction—within contexts that are outside of the market. Emily, for example, originally relied on her father as a primary caregiver for her young son.⁹ However, for reasons both related to different worldviews and expressions of market related anxieties, she had decided to no longer rely on her father as a primary caregiver. Emily explained, “So in no way do I want to minimize [my father’s role as caregiver], but it was hard to also manage the emotion of, you know, like, well, I don’t really want to owe this person anything—I don’t want it to be held over my head.” Using the word “owe” revealed that this was a care service for which Emily felt there was the possibility for market-adjacent repercussions—specifically, debt.¹⁰ Though her father was not being paid for the service and was watching her infant son “out of the kindness of his heart” there was still a perhaps unintentional social expectation that this service could not be entirely separated from the market. For Emily, the transactional self inserted itself into the space of nonmarket care and was one of the reasons she switched the strategy of care for her child. Now, she is the primary caregiver for her son instead.

⁸ This translated to this pattern coming up for 25% of the women I talked with.

⁹ He was an unpaid caregiver.

¹⁰ Emily also used other market-related words as she described the free childcare her parents provided. She didn’t want to “max that care out,” “stretch [her parents] too thin,” and also described that she and her husband had initially offered to pay her father for this care, but he had refused compensation.

Lisa expressed a similar confusion when it came to the blurred lines surrounding nonmarket childcare. She explained, “I paid my mom once and I felt, like, I felt obligated to because I don’t want to be like, ‘Oh yeah, Mom, come like watch our kid.’” There were reasons that Lisa described to help establish when payment was unnecessary for childcare within the extended family—either the ‘free’ care service was not relied upon “frequently” or the childcare was seen as quality time with the child for the family member. Frequency of use as a criteria for how often ‘free’ childcare was permissible suggests that there might be an eventual cap on an individual or family’s allotment of this service. Lisa justified free childcare with the logic of a transactional mindset. In other words, ‘free’ childcare was okay, Lisa expressed to me, as long as the childcare ‘provider’ was receiving something in return. Their compensation, so to speak, was seen as desired quality time with her young child. Lisa’s experiences with navigating nonmarket care shows the difficulties that come about when we attempt to extract the market from our—even familial—interactions under a capitalist system.

Market language used to refer to nonmarket practices appeared in other interviews as well, with similarly blurry and confusing boundaries and often with only slight language cues that pointed toward a market mindset. Jennifer explained to me, for example, that her children’s babysitter had offered to “get them off the bus for free.” Her next door neighbor had also volunteered to do this “for free.” Jennifer had taken the next door neighbor up on this, but not the babysitter. Here, the word “free” worked its way into Jennifer’s descriptions of these nonmarket interactions, again an example of the market’s presence in spaces where it does not necessarily need to be. Jennifer had taken her next door neighbor up on this offer, but not the babysitter. This suggests that the blurriness of this boundary with the babysitter was more complicated as it was a nonmarket offer coming from someone whose care services were usually based in transaction.

While the market was not always brought into discussion of care negotiations that were based in more intimate arrangements, market adjacent language was used to describe these particular care situations for 25% of the women I interviewed. This corresponds with existing sociological theory on the pervasiveness of the market and capitalist tendencies and the historical construction of both post-Regan Neocapitalism and Welfare Liberalism (Bellah et al. 2008: 263). The structure of both of these forms of market fail to thoroughly convince the individual of capitalism being the overarching answer (2008: 266). The persuasive solution provided is to present the market through “[borrowing] rhetorically from the earlier images of community ties and concern for the common good” (2008: 266) I argue that it is in part within this illusion where we find ourselves with the challenge of disentangling ourselves from the transactional self—somewhere within our capitalist system we have been partially convinced that there is a root in the community. There has been much sociological research on the reach of the market into our personal lives, but there should be more research that specifically analyzes these tendencies within the context of childcare decisions, and specifically arrangements of collective care. We will now turn to an analysis of the negotiations, decisions, and management of care that exists inside of this market.

‘A Beautiful Thing, to Not Be the Everything:’ Intimacy and Feeling in Market Spaces

As I talked with mothers about their current childcare arrangements and how they felt about these arrangements, most explained that they were either currently—or had been in the past—using some form of market-based care. I do not include school as a market-based care system as this is generally care that is state-funded and within an institution. These market-based care options varied and included the following: preschools, daycare centers, in-home daycares,

summer camps, babysitters, and nanny shares.¹¹ Those who used market-based childcare clearly recognized that they were paying for a service. Despite most of my participants being comfortably in the middle or upper-middle class, childcare was often proving somewhat of a financial difficulty for many families. Katrina explained that the financial responsibility of daycare had been a challenge, especially when she was using this care for her older children:

It's not [cheap]. When my older boys were in daycare, I worked there. I taught the preschool upstairs. It was \$185 a week for each of them. And I was making \$10 an hour. So, you know, that was back in 2010 and [2011]. So I had to apply for—like, there's a childcare subsidy in [my] county, so I had to apply for that. Because I literally, you know, was working to pay the daycare.

Meredith relied on part-time preschool and family helping out for her 4-year-old daughter and 18 month old son's childcare. When I asked her about which childcare services she was paying for, she explained, "We pay. We paid them [the preschool]. That's it. That's pretty much all we have in the budget right now." However, childcare arrangements were marked by more than simply the monetary side of things. There was also a tendency for mothers to remove the market from their childcare arrangements, specifically when discussing care that was entirely market-based.

As my participants explained, searching for, deciding upon, and sticking with a certain market-based childcare provider was based on factors that emphasized feeling, instinct, and trust just as much as financial ability and convenience. Samantha, for example, added an extra 40 minutes to her work commute so that she could drop her younger child off at an in-home daycare center she was familiar with and had a connection to—her oldest child had gone to the same daycare center and the provider was a family friend she had grown up with and trusted.

¹¹ One mother I spoke with had two children who were enrolled in a private school—I am unsure of how this was paid for, but it is possible that it was out-of-pocket as the school was outside of the family's town and was not the local public school. I am not including this as a market-based care arrangement as I have insufficient data to make this categorization.

Katrina—who now is a stay at home mom—described her daycare saga to me. She is the mother of four boys—three are in school while she watches the youngest. Katrina worked as a child educator before leaving her job to care for her youngest child, Nate, full time. There had been a “good daycare” that Katrina had used for her older boys. It was also a provider that she switched Nate into when a previous daycare was just not working out for her family. The daycare made room for her child on short notice and didn’t even charge her for the first two weeks of care, while she was still paying the previous provider. Katrina described her relationship with this market-based care in the following way:

So like, when I'm telling you that daycare was like... when they closed I felt like I was going through a divorce, like, I was so sad. So sad! Because they—they raised my children, you know? They, like, to this day, my five year old is in kindergarten—he hasn't been there in two years—and to this day, he still asks, ‘When are we going back there?’ You know?

This daycare experience was more than a transactional one for Katrina. It was an important part of her life and her children’s lives. However it was still a market service resting on a transactional care relationship. Katrina had placed an intimate relational feeling into this market transaction by comparing the experience of a trusted childcare provider closing with the experience of divorce.

Networks of familiarity had influence over the care choices that (predominantly) mothers were making about their market childcare arrangements. As mentioned earlier, Samantha based her care choice on a family connection:

I know the family. I actually went to... I went to school with her younger brother and my parents know her parents just from living in the area. Actually, they own a small farm so a lot of people know them. And so, I knew the name instantly when she told me. I said, ‘Oh, I know of her. I went... to school with her little brother. So I didn't know her. I didn't know her personally, I just sort of knew of her. But I did know her brother, and obviously I knew her family name in the area, and then obviously getting a personal reference from my high school friend was helpful as well.

Samantha's decision making process surrounding childcare was embedded within interpersonal connections and relationships. Though Samantha did not specifically know the daycare provider that she was now "very comfortable with," she had based choice of this care on previous connections and a trusted friend's recommendation. Here, Samantha constructs a web of familial and community connections that allow her to feel comfortable with the market-based care she is relying on for her children.

If a family connection or friend referral was not present in a mother's choice-making strategy, it was likely that she would at some point bring up the concept of trust. Alida, another woman I spoke to, poignantly described to me her experience with bringing her toddler to daycare for the first time:

I don't think people talk about that a lot. But it just feels like you've trained your body to really respond to this tiny human, and then you kind of have to turn it off a little bit and trust people that you don't know very well, to just do it. But it's also a little bit of mourning that you're never gonna be the everything again, because, you know? Which... is a beautiful thing, to not be the everything. It's a relief. But it's also sad, because it's just never going to be that way again. And so when I got up here, I think it was a little emotional to be dropping her off. And you know, she was fine. It was great that she was totally fine... she had a great time. And I really love our daycare. [...] We'll be so sad to leave them because we've been there for two years, and we just adore them. They're really, really lovely.¹²

This emphasis on trust as a factor in deciding the place where one's child will be cared for throughout the day is completely understandable, warranted, and anticipated. It is a "relief" to find a space that can be trusted with this care, and it is, in a way, the market that is providing this relief. However, this relief is not found in a part of the market that exists as a cold, clean transaction. The childcare portion of the market is, rather, a space where one can and does feel "love" toward the people providing the service when they provide a space that elicits these feelings of reliability, comfortability, and familiarity. Referring to childcare as a part of the market is in no way an attempt to assert that childcare is a financially strong sector of the market.

¹² Prior to enrolling her daughter in a daycare, Alida had been using a nanny share.

According to the Bureau of Labor Statistics, in New York state—where this study was conducted—the average annual wage for childcare workers (excluding childcare administrators) is only \$33,060 (2023). Though childcare is expensive and within the market, childcare providers are not paid enough.

As discussed earlier, part of this is rooted in our devaluation of care work—historically feminized and consistently stripped of its invaluable contribution to the social reproduction that holds our society together. My findings also point toward what Arlie Hochschild describes as the “commercialization of human feeling” (2012) where emotional labor and work becomes a “profit motive [and] is slipped in under acts of emotion management, under the rules that govern them, under the gift exchange” (2012: 119). My participants were engaging with both their market and nonmarket childcare providers in ways that reflected this “transmutation” of emotions (Hochschild 2012: 118). Within nonmarket care arrangements, the women I spoke to were using “feeling rules” to navigate situations of ambiguous care—actively, they were maintaining “a mental ledger with with ‘owed’ and ‘received’ columns” for the feelings associated with these blurry boundaries of childcare outside of the market (Hochschild 2012: 78). Essentially, my participants were validating the emotional labor involved in care work with their reflexive reactions of emotion (such as love or a feeling of gratitude). Here, the market was benefited through the further recognition of emotional labor within childcare—labor that is appreciated but unpaid when one accounts for the other more practical labor also involved in the work of childcare. In nonmarket settings, my participants were also effectively bringing the market into the childcare arrangement—even when this was based in care through familial avenues. However, further research is needed to understand how these transactional inclinations may work

together to undermine potential collective care strategies that exist outside the realm of the market.

CHAPTER FOUR: FICTIVE AND FAMILIAL KIN

Again and again throughout my interviews, community was most defined by its absence. For those who were in a position where they felt a strong sense of community, it seemed that it was still difficult to communicate what this felt and looked like. For those without a strong sense of community in their lives, the aspirational ideal was also hard to convey as when a moment of community existed, it was often unacknowledged or mentioned as an aside. Women I spoke to who expressed a strong sense of community were the outliers in my research. However, this was complicated by instances where it seemed community was occurring, even if my participants themselves did not feel that it was.

Based on this recurring absence or variation in understanding of community, as I analyzed my data I worked to distill a definition of community from the various stories of care that my participants shared with me. I then worked to find examples of *this* definition of community throughout my interview data. For the purpose of this research, my distilled definition of community is mostly drawn from what my interviewees described as not being there. I define community as a sense of connection with others, where there is the possibility for mutual support,¹³ and where there is a feeling of shared experiences.¹⁴ Community formation can be characterized as being organic or spontaneous¹⁵ as it does not need to occur formally through the state, an institution, or the market—though it may form adjacently to any of these social actors. Finally, community is dependent on relationships—networks between family, friends, and

¹³ This is based on my interview with Maria, where she noted that her town lacks connection. She wishes she lived in a place where people were actively “helping each other out.”

¹⁴ This is taken from Emily’s account of community where there was a shared sense of experience. She noted that she had “found community in that way” with one of her neighbors who also had a small child, noting that they could “vent” with each other.

¹⁵ This is borrowed from Jennifer’s description of community, where she noted that “there’s a difference between like paid care and then care that just sort of happens organically between friends,” later adding that some care “just kind of like occurs organically in an [...] area.”

neighbors, and more formally organized gatherings—that are essential for any sense of community to exist at all.

The absence of a perceived community was often described at both the personal and institutional level. A community “connection” was missing in the rural areas where many of my participants lived, and institutions were not successfully filling these gaps, especially when children were under school age. As Maria, a Latina mother of 5, explained, “[The town where I live] is very, it’s not very connected. Like, that’s how I feel always.” She continued, “It’s not like you can connect, like somewhere where there’s like a whole connection where people are gonna be like helping each other out. And ... a lot of the resources that I found over the years were ... kind of weird because it was mostly meant to be for parents who were staying home.”

Lisa, a 34 year old white woman who works for the local school district, spoke to me over Zoom. She was sitting in her bed and it was after 8pm. We had moved our meeting to a later time to accommodate her son’s recently changed bedtime—she was trying to prepare him for daycare where he would be napping on a different schedule. “We don’t really know anybody where we live,” Lisa explained to me when I asked her about communities she was a part of where childcare might take place informally. Katrina felt similarly, saying, “our area is really lacking [community]”. Emily, a stay-at-home mother of a 6 month old son told me that she could see community occurring maybe when her son is older but for “right now [the] focus for childcare is really on Mama.” Meredith’s initial reflection on community was, “I can’t think of any sort of communities that I’m a part of.” Though, like some other women I spoke with, when prompted with further questions she did end up thinking of sparse circumstances where community was happening in some way. A fewer number of women could think of moments

when informal care was occurring rather easily. However, these women were the outliers in my pool of interview data.

The shape of these conversations coalesce together into a question that I believe is asking this: *Why is community so difficult to perceive?* It seemed that the overarching and repeating pattern throughout my interviews often revolved around community being hard for the women I spoke with to pinpoint—either in their personal lives or as an aspirational ideal. “So it’s kinda all on us,” Jennifer, a 42 year old woman who works in communication at a small liberal arts college, explained to me, summing up what other women had been expressing less explicitly. By “all” she was referring to both childcare and juggling work and household management. For Jennifer, it was the absence of “governmental support, or even community support” that contributed to the extreme amount of stress and responsibilities placed on the shoulders of parents. For several mothers of young children, community was something that they hoped would manifest in their lives when their children became a little bit older. In this chapter, I discuss how reliance on kin and friends for occasional or regular support filled gaps in otherwise market-based care. While these kin and friend relationships were not always perceived as ones in which collective care or community was occurring, they provided much support where more formal structures of care were absent.

Other Mothers and Kin as Community

While conducting interviews, I was actively searching for instances and particular situations in the lives of these white women that might involve an “other mother” that could align with Collin’s definition of this type of figure in Black communities (2000: 178). Interestingly, some women expressed a possible desire for this shared mothering, sometimes pointing to other cultures or friends from different backgrounds where they perceived shared

mothering to be occurring. The women who expressed a desire for this—for, essentially, “other mothers” to be a part of their lives—were sometimes women whose own mothers and relatives lived far away, but were also sometimes women in situations where families did live nearby (Collins 2000: 178). This presents one of the contradictions in my research: some women were eager for familial support, while having the option for this at the same time.

A common feature that was shared across some of my interviews was a feeling of being alone. This aloneness was not always sustained—it came and went at different times for different individuals. I asked each person that I spoke to to share a time when they felt most alone in caring for their child. Most women shared with me that they had felt most alone when they were their child’s primary care provider, which usually was the case when the child was under six months old. The feeling of being alone dissipated when either they returned to work or had additional help with raising their children. Most women I spoke to had a husband or partner. However, the amount of support that these women received from their partners varied significantly. Traveling from one end of the spectrum of support to the other, one woman, Jennifer, described to me that she felt her husband “works too hard” and is “chronically under rested,” while describing their division of labor in the home as “pretty egalitarian.” Another woman I spoke to, Lily, told me: “The best advice I got while I was pregnant was you’ll always be doing more, so don’t keep score.” The level of support Lily described seemed to resemble this piece of advice—her partner took out the garbage and did the dishes, while she explained that she did “everything else.”¹⁶ Women who were able to rely on family, kin, or some form of fictive kin were less alone.

¹⁶ Any identifying information has been changed to the best of my ability. The names of people and organizations have been assigned pseudonyms and when necessary to obscure identity, and certain ages have been slightly modified to ensure that these particular individuals cannot be identified.

As we discussed communities of care, Emily and Megan—both white—brought up friends they had who were from different cultural backgrounds and gave me their interpretations of these childcare practices that their friends had shared with them. Emily explained her perception of the presence of community in other cultures with two examples:

Yeah, [my friend] said in Nigeria there's definitely more of a village that helps when somebody has children. And same in Japan, like my sister in law and everybody there, we actually just had a friend give birth yesterday in Japan and the postpartum experience and support in Japan is just so radically different than it is in the US where you get, you know, your one to two days in the hospital, and then they're like, here's a list of support groups see-ya.

Megan also described childcare experiences that several of her friends had had in other cultures, noting that the maternal grandmother would often help out for the period directly after birth:

I just think there's some cultures, like, my friends who you know, my friend who... was raised in Hong Kong, her mother came—her mother's actually Thai—and just lived with her for three, four months. And really helped her and just kind of made sure everything was good—cooked for her, they tended to her. Another friend of mine, who was Korean, her mother did the same. And then, you know, I have a friend who was raised in Uganda whose mother was like, you know, who just... she has five children. She's a single mother. And like, she just knows, she gave birth to them, one of them in her car by herself. Which, you know, I think she trusts herself more than the medical institution in a way.

For women I spoke to whose own mothers were not available for this care, other communities had to be relied upon. Though some women only expressed a desire for more support, others described that they did have networks of other mothers who they could rely on when they needed.

Other mothers were more likely to be present in the lives of women whose own mothers were not living nearby. When I talked to Alida about how she usually went about gathering knowledge on raising children, she spoke about relying on some older women in her life—women who had already raised their children. Though Alida did not rely on these women for childcare specifically, her knowledge networks did involve other mothers—people she could rely on if she needed some form of support. Alida's own mother lives on the other side of the

country, but she has been able to find childcare knowledge-based support from other women who are slightly older than her peers. She explained:

[My mom] has two good friends who have also become like aunties to me, and one of them is in New Jersey and she's been really helpful as kind of an East Coast mom. So they're—all three of them are nurses, and very unfazed by things and they have been my mentors. And when we moved up here, I actually ended up working in a kitchen for a little bit with two women who were mothers of four, so I kind of seek out my elders. And that has been really helpful for me... As much as I love my peers, they're also a little anxious and I find some of the people who have already done this can have a little more, like, hindsight, and are much less nervous. Whereas I've found with my peers, people my age, we will sort of text and cheer each other on or just say, like, you're doing great. It's gonna be okay. And that I get from them a little more. So, in terms of advice about things, definitely I kinda go more towards my elders.

Alida is describing what can be thought of as an instance of fictive kin. Though the “East coast moms” are not related to Alida through blood ties, they nonetheless act “like aunties” in her life.

As mentioned earlier, fictive kin is a concept used in various feminist theoretical frameworks to establish non-biological relationships that may act, at times, similarly to biological ones (Collins 2000; Stack 1997). Earlier than these discussions of kinship, however, the concept of fictive kin also had made its way into Durkheimian social thought. Fictive kin, to Durkheim, can be created through various avenues, where the act of kin incorporation becomes key to the actual relationship (Lamanna 2002: 91). For example, fictive kin could be created through adoption, having a godparent, or even from some kind of emotionally intense shared experience (Lamanna 2002: 92). For Alida, fictive kin was created based on proximity to two of her mother’s good friends—individuals she felt she could rely on and trust for advice and support when her own mother was too far away to provide immediate assistance. Despite acknowledgement of fictive kin, Durkheim maintains “that *all* kinship is constructed rather than consanguineal”—a framework of thought that is very much related to this paper’s examination of community construction (Lamanna 2002: 92).

Kin was also relied upon for childcare for some of my participants. Here, however, there was a clear division between those who felt that they could rely on kin whenever necessary because they were family and those who felt that kin ties did not allow for the fluid exchange of favors, asks, and support. Meredith, for example, lived in the same neighborhood as many family members—her aunts, uncles, and own parents all lived nearby. Meredith explained to me that she felt she could easily depend upon—and often depended upon—this network of familial support: She described relying on family for childcare when she first went back to work, and then again when market-based childcare was not working out:

And then... I commuted down to the city. So I'd leave the house at, you know, 6am to get on a train. And, you know, my husband would leave around the same time to go to work. And then my mom would watch her until my husband got out of work at five, he'd be home by 5:30. And then I'd get home at 7:30. When my mom got sick, my father-in-law and aunts stepped in. And we tried finding some daycares, but the only daycare that we could find only had one day a week open. And then, I mean, that was a whole other—I had an issue with this daycare, because they basically kicked her out after like, a month and a half. Which was really frustrating. [...] And then the pandemic happened. And so yeah, so my aunts and my father-in-law kind of really pick up the slack. And then when the pandemic started, my job went remote. And so I was working remotely, and my father-in-law would come over [...] for a couple hours every day so that I could get some actual work done.

Later on in our interview, Meredith described again relying heavily upon her system of family support while she was experiencing health issues after the birth of her second child. During this time, she explained, "...my father in law, my sister, my husband took a ton of time off of work. And my aunts and uncles stepped in to take care of all the kids. Which... we were very fortunate to have them here." For Meredith, networks of kin provided essential childcare arrangements that could be negotiated outside of the market.

As discussed earlier, Meredith did have some ambivalence about her extensive reliance on unpaid care. However, she explained that options other than leaning on family for support was

“not in the cards right now.” While kin childcare arrangements are still complicated by transactional selves and the influential sway of individualism, kin ties—even in contemporary American society—remain ones in which feelings of familial obligation are present and affective. The reason for this seems to be partially historical. In *Habits of the Heart: Individualism and Commitment in American Life*, the influence of individualism on the formation and maintenance of kinship is discussed (Bellah et al. 2008: 113). Kinship is seen as a relational network that was once more important than it is today, especially for the middle-class (2008: 114). Despite this, there is a sense within contemporary kinship relationships that persists—they exist “as one of the few contexts within which one can count on others nearly unconditionally” (2008: 113). This was apparent in Meredith’s description of reliance on kin. Though Meredith expressed that she would have preferred to “afford more help, so that I didn’t have to, like, call in and ask on family so much,” her kin ties existed as a support network that she could somewhat easily depend upon. Kin relations remain an area where the market cannot always permeate, though this is complicated by an individualist ambivalence as within kin contexts we cannot fully exert our own will (2008: 113).

A characteristic of individualism that makes reliance on kin difficult to manage is when there is a discernible conflict of worldviews. This complication was evident in a conversation I had with Emily, who had previously relied on her father for childcare support. Earlier, I mentioned that Emily was conflicted about this care partially because of blurry nonmarket boundaries. The other reason she cited for her hesitancy in continuing this arrangement—and for her decision to move away from this arrangement—was that her father’s parenting perspectives contrasted with her own views and philosophies. She explained:

I don’t want it to be held over my head in any way later on down the line... When some of those more bigger conflicts come to light of, you know, whether it be

political or just a general parenting philosophy... I didn't want to feel challenged at all in that way. So that was part of... the reason why I decided to ultimately kind of take that off the table... and appreciate the time spent and the effort spent—and he did awesome. Him and my son have an amazing relationship, because of... but also to preserve that amazing relationship and not let personal differences eventually erode that in any way was important. [...] My dad is not as much of a planner as I am and of course, the anxiety of returning to work, I'm like, 'I need to make sure that you can give him a bottle!' And my dad wouldn't do it until like four days before my first shift. And that was just like, stressing me out. Yeah, it's like, little red flags. I'm just like, 'Okay, like, you know, you're gonna be the one doing this all day, right?' You got to fully be in it. [...] I would say it was both a trust building exercise and not so much that.

Here, Emily was describing the difficulty that emerges within kin relations—they “place restraints on our individual decision making” (Bellah et al. 2008: 114). Lily described a similar feeling—though she had not relied on kin relations for primary childcare for her toddler at any point. Lily noted:

...I've given my mom, like, little inches and miles but there's also just, like, the generational gap and... she just doesn't take me seriously, sort of... like the boomer, I know everything... but then I still have my mom take [my daughter] for walks in the stroller and I was like, 'Just don't go to the playground.' And then she went to the playground! And I was, like, I just like, I literally just said don't do that. And for me that's, like, you can never watch her again. Like I just can't have you specifically not listening to me and lying about it and, like, this isn't a puppy. This isn't my fancy new computer. This is my baby and this is, like, the most important thing. I can't... I can't—I need full transparency, you know?

For Lily, too, there was a certain sense that she could not trust her mother to care for her child because there was no guarantee that her mother would follow the criteria she had set for *how* she could be a part of the toddler's care. For both women, reliance on their parents as a primary caregiver for their children meant the simultaneous relinquish of some of the parental control that, ultimately, they valued more than this kin-based nonmarket care. Networks of kin were thus both essential for certain childcare arrangements where the market was not a preferred or available option, but also complicated by these tendencies of individualism.

'Take Your Pants Off' Friends: Complications and Possibilities of Friendship as Community

For many of the women I spoke to, friends formed an integral part of their lives and support systems. However, the extent to which these women felt they could rely on friends for childcare support—or support related to, in some way, the facilitation of childcare—varied and was characterized by feelings ranging from gratefulness and relief to guilt or disappointment. On one end of the spectrum, there were women who had friends who they used as essentially extended kin networks—interchangeably, they would watch each other's children with very little notice. On the other end of the spectrum, there were women whose friends could in no way be relied on for childcare—these were usually friends who led busy lives and could not relate to childcare challenges or responsibilities, as was the case for Lily.

Though many mothers expressed feeling alone, isolated, and lacking in solid friendships at times, one mother I talked to felt especially alone. Lily, a 29 year old home childcare provider and mother of a toddler, expressed that her friends mostly disappeared when she gave birth to her child. She had expected support, but instead this support had faded away. She told me that she did have new acquaintances, but not the “real deal,” “take your pants off” kinds of friends. She confessed that she could cry even just talking about this feeling of abandonment:

I think I still often [feel alone] but really in the beginning I think just like my expectation when I had [my daughter] of the warmth and receptiveness that I thought I would get from my friends... I believe that I could, like, cry talking about it... I feel alone often. I have friends but it's not like it's your girlfriend, like, take your pants off, do your own—it's not like be-yourself type of friends... Nobody gets it. I'll try to talk to my friends about what it's like to be a mom. They're like, 'Why can't you just do it this way?' I'm like, 'You fucking idiot. There's reasons why I can't do it that way.' You know, like, you just don't know what it's like. Yeah, it's lonely. I don't have, like, anybody who really gets me and gets the motherhood experience at the same time. But now that [my daughter's] getting bigger, I feel less lonely because she's my friend!

For other mothers, friendships continued after the birth of their children, but they were changed friendships. For Katrina—and several other mothers as well—having friends who existed outside of the identity as a mother was essential. Posing this statement as a question to me, Katrina reflected, “Not to sound rude or anything, but I don’t really necessarily want to have a big mom friend circle?” A stay at home mother of four boys, Katrina felt that any time that was for her to “be herself, the person and not just the mom” was most happily spent with “preexisting” friends she had had before motherhood. This was also the case for Samantha and Nicole.

Megan, a writer and mother of two school aged children, told me that when she and her family moved upstate from the city they had a few friends who were essential to this transition. She explained:

So we have old friends within the, sort of, within this world and a few of them have moved upstate so we see them. And one person who is really essential to my life here is a friend of mine named Raina, who I used to know in the city and I ran into her when we first moved here and our kids were in the same ballet class... She was never married to her daughter's father, but they had... they were in a relationship and they have since, you know, separated—he's remarried. He's a very hard... he's a very hard person. So I think, you know, she's been in a tough situation with her daughter needing extra help and I've been in a hard situation, because my husband's not around much. So we've really relied on each other, just that I can drop off the kids with her and she can drop off her daughter with me. And they don't go to the same school anymore, but there's almost like... it's like a family friend. And I have other people in our world that, you know, there's a lot of families that are in our world where I feel we could do that, like maybe three or four different families, where kids can be dropped off, or we... we could watch their children.

As Megan explained, Raina was a friend especially important in her new life in a rural setting.

This friendship was one that was based on a previous, pre-child relationship. Now, both Megan and Raina have children and their children get along and would take extracurricular classes together. Megan noted that she has relied on Raina often, while Raina has also relied on her—both women have been in difficult positions where they are at times lacking complete partner support in childcare.

As the above stories illustrate, there were a few different types of friendships that were usually present, in some form, in the lives of the women I spoke with. I divide these into the following categories: jump ship friendships, partition friendships, transition friendships, and strategic friendships. Jump ship friendships refer to the pattern that some women described where friendships were lost after they gave birth to their child—especially with individuals who did not have children, such as in Lily’s case. Partition friendships—what Katrina described—have two (flexible) criteria. Firstly, the friends were usually relationships made before children were in the picture. Secondly, women would often describe that plans with these friends would not involve children. A transition friendship is illustrated through Megan’s story of her friendship with Raina. In these relationships, both involved either had children, were thinking about having children, or enjoyed being around each other’s children. In these contexts, the friendships were also made before children were in the picture but continued with the journey into motherhood. Finally, strategic friendships refer to developed or developing friendships that revolve around the shared experience of motherhood. These friendships were made after children were a part of their mother’s lives.

Megan, when talking to me about being friends with other parents, explained that “we tend to be attracted to people that would be our friends outside [of the childcare world] and have similar backgrounds in a way.” This was also expressed by Jennifer, a mom of two school aged boys, who explained to me that she had a preference when it came to strategic friendships: “I prefer to do playdates, where like, I’m friends with the adults, and my kids are also friends with the kids.” Although this was not always a possibility, this arrangement would make for “really good friends.” Jennifer explained:

Going one or the other doesn't work as well, like, my kids are friends with the kids and we're friends with each other. And I don't, and I'm not friendly with the

parents. That's just miserable. And then if I'm really good friends with the adults, but the kids don't play well together. That doesn't really work either. Strategic friendships are not always deep connections, though they can be, and are often marked by circumstance. Usually, circumstance is part of these friendships as the relationship between mothers is dependent on the situation of shared childcare—for example, a playgroup, playground, or story hour at the library might be a place where strategic friendships would develop. I use the word strategic because this is what these relationships are characterized by—a shared, common need for cooperation and connection. Usually, these connections are based much more so on the child's needs than the mother's needs. However, Jennifer—when describing what I define as a strategic relationship—did note that friendships involving the various moving parts of two mothers and at least two children require, still, a certain degree of cooperation and approval of all parties involved. If the children get along but the parents do not, the relationship is unlikely to flourish. Similarly, if the parents enjoy each other's company but the children are disagreeable, the friendship does not have much hope of lasting.

The transition friendships that were described to me were most related to what Carol Stack refers to as 'fictive kin' while the other friendships described to me—jump ship, partition, and strategic—were much more clearly defined by what they were: relationships between friends (1997: 59). The research that Stack conducted in 'The Flats'—an impoverished, urban Black neighborhood in the Midwest—clearly differs from my research and sample characteristics in most ways (1997). However, this particular analysis of community ties is insightful into the relations that I am trying to describe and place within a theoretical framework. Transition friendships align with the criteria for fictive kin—they are relationships defined through their differentiation (1997: 59). Fictive kin are defined by their reliability and their potential for support—friends can be raised to this designation when they “more than adequately share the

exchange of goods and services” (1997: 58). Transition friendships were likely to exhibit this heightened sense of reliability—for either emotional support or in-a-pinch childcare. As Megan explained, the friendship with Raina that held much space for mutual support was better described as a “family friend,” where relying on each other was an expectation and a possibility. Based on this reliability, these two women were able to have “their social relations [...] conducted as kin” (Stack 1997: 58).

In terms of community formation, strategic friendships and transition friendships seemed the most valuable for a person’s accumulation of support and shared experiences. Strategic friendships hold the possibility for organically shared childcare in the form of playdates and the exchange of relevant information, while transition friendships provide the basis for sustained relationships that may be strengthened through the shared experience of motherhood. Both networks of kin and these types of relationships among friends existed in my data as moments of simultaneously appreciated and underappreciated community. Neither of these relationships provided comprehensive childcare support, but they did fill in negative spaces in my participants’ experiences where there was a missing piece in terms of childcare support or a feeling of community. This missing piece was, for the most part, based on an absence of either the market, the state, or more formal structures of organized community. As I will discuss in the next chapter, formal community did at times make its way into my participants’ lives—as did the existence of neighborly structures of support. Overall, however, my participants relied most heavily on networks of kin support when it came to outsourcing the labor of childcare through nonmarket means.

CHAPTER FIVE: RITUALS OF COMMUNITY IN AN INDIVIDUALISTIC SOCIETY

As I searched for experiences of collective childcare occurring beyond the nuclear family or outside of market-based interactions, it became increasingly more difficult for my participants to define or locate what this could be described as in their lives. Networks that included family and close friends were more easily understood as a space where nonmarket care could be occurring. Childcare occurring beyond these more immediate circles of relations and based outside of the market was more challenging for my participants to pinpoint. Nonetheless, this type of community care was indeed present in my participants' descriptions, though it was sometimes obscured by their own perceptions and definitions of what community was and could be. Here, I discuss the somewhat hidden presence of community childcare arrangements between neighbors and the limited role of more formal structures of community—such as organizations and institutions—within childcare support

'Because She's Our Neighbor: ' The Obscured Joys of Proximal Community

All of the women who participated in my study lived in upstate New York. This is a primarily rural area where forests and fields surround small towns. There are some smaller cities in the area where I conducted interviews, but the majority of my participants lived in more rural or town-like settings. This meant that many of the women I spoke to had neighbors that lived within walking distance, or neighbors that lived within their small apartment complex. Those with tightly knit neighborhoods expressed greater feelings of community support. This feeling of strong neighborhood community was expressed by three women. For the other 13 women, neighbors were described within the context of somewhat contradictory language. Neighbors were seen as both a reliable source of emergency childcare support, but also as a resource that could only be used in certain situations and with certain constraints. Here, I will discuss these

stipulations and the joys of certain aspects of neighborhood community that mothers expressed to me.

Neighbors are those who live nearby—they form what I will refer to as the individual or family’s proximal community. This community is defined based on a collection of individual choices to reside in a certain area—on a certain block, in a particular apartment building, and so on. Of course, these choices—especially from a sociological perspective—are more so social possibilities dependent on the individual’s background (their race, age, and class in particular). Settling in a particular area, especially for those with more flexible financial means, might also be based on career or the desire to raise a child in a certain setting. For others, the choice to settle in a particular area might be influenced by the proximity of family. For example, Kaiya moved back to the east Coast after she had children “mostly to be around family.” All of these moving parts contribute to where families decide to live. There is then a degree of randomness when it comes to how individuals will get along with their neighbors and how easily strong proximal communities may take shape.

Maria—a mother of three grown children, and a 14 year old girl and 5 year old boy—described a somewhat unacknowledged proximal community. When she and her husband were struggling to manage work and transportation of their youngest child to and from daycare, she explained that a neighbor helped out: “And then so, our neighbors were helping [laughs]. Like, there was a guy, Mr. Peter, he would drive [him] a few times a week, and then other people will drive him a few times a week and like that.” Maria also explained that she used to watch a neighbor’s twin girls almost every evening while their mother worked:

And I noticed too, because a few years ago when [my daughter] was little, there was this mom in [my town]. And, you know, like, the kids were her friends and they were twins—twin girls. And I had them here all the time because their mom was working [as a] restaurant manager and the dad was doing shows, like, that

was his job so he'd travel a lot. So like, you know, it was very difficult for her to have someone for her kids. And sometimes it'd be like 11:45pm and she would be coming to get them. It was like that. And sometimes, like, my older kids will go and babysit them. But again, it's like that, that someone that you trust, like, someone that you can get like that? It's very hard and the only reason I could do it was because my schedule—I'm not working late at night so I could have them over after school. And they will stay here until very late.

Even after describing how she had provided a form of collective care for a mother in her town, in the same interview Maria had also expressed that there was no community in her area. This contradiction, when it came to a sense of proximal community, seemed to surface often in the descriptions that participants gave me of community—and its absence—within their lives. Maria felt there was little to no community where she lived, but also at times relied upon or provided a proximal community. Maria is originally from a Latin American country and told me that it was very common there to drop off your kids without any scheduling involved, noting that comparatively, child care in the United States is very structured and formalized. Her descriptions of the patchy community in the area was complicated by the more strongly felt perception that community was altogether absent. As described above, Maria was actively engaging in social reproduction, creating reciprocal care in a place where she felt there was very little community. However, the contribution she herself made to the creation of community care in her area remained, to Maria, unacknowledged as social reproductive work.

The four women who described strong existing proximal communities to me were Alida, Jennifer, Emily, and Evelyn. Alida is a 39 year old woman who works as a program coordinator at a small liberal arts college in the area and is also the mother of a 3 year old girl. Alida has a bachelor's degree and a joint household income of \$80,000. Jennifer—a white 42 year old—coincidentally works at the same college within communications. She has a masters degree and a joint household income of \$165,000. She is the mother of two boys; the older one is 7 and the younger one is 5. Emily is a white, 29 year old with a joint household income of around

\$160,000. She has a Doctorate and used to work in healthcare—now she stays at home to watch her 21 month old son. Evelyn is 35 and the mother of a 4-year-old and 1-year-old son. She has a master’s degree, works as a therapist, and has a joint household income of \$300,000. All of these women had no trouble discussing community within their neighborhoods and, unlike others I spoke to, did not require further prompting to discuss these communities—sometimes bringing up more theoretical explanations for how and why these communities worked in their lives.

Jennifer greeted me with a firm handshake and a radiant smile. I talked to Jennifer in her office, to the backdrop of white noise sounds that hummed out of her computer, providing us with some privacy. I quickly learned that Jennifer is a fast talker, and she covered much ground with each of the questions I posed. She and her husband both work full time, making childcare for their young children a challenge. However, a proximal community was strongly articulated as present in Jennifer’s life. Jennifer described an instance where a neighbor stepped in to help with bus pick-up time— a common gap in childcare arrangements between when the child leaves the institutional care of the school but the parent is not yet finished with the typical nine-to-five workday. Jennifer explained, “Our neighbor—next door neighbor—has gotten them off the bus before just for free, because she's our neighbor. And we love her and she loves us.” Jennifer also shared with me that there was a good amount of community in her neighborhood during the COVID-19 pandemic:

During the pandemic, when all the kids in the neighborhood were stuck at home, we had recess together and we would all just go to somebody's house and like play on their swing set and hang out and then everybody would go back to their house to, like, do their home school. So there's that kind of stuff too, that just kind of occurs organically in an [...] area.

For Jennifer, perhaps a few factors contributed to her sense of proximal community. First of all, there was a blurred line between neighbors and friends. The neighbor who would help to get Jennifer’s children off of the bus was described as a relationship where there was mutual love.

This neighbor, though described to me as the “next door neighbor,” was really more of a close and trusted friend. Circumstance also seemed important for the development of this feeling of proximal community. The pandemic was an abnormal social time—but during this time many found community in unlikely or previously understated places. This seemed to be the case for Jennifer as well, as community occurred in her neighborhood during this time “organically.”

Emily explained to me, “My community right now could also consist of neighbors. We have neighbors with little kids that, maybe not so much... I wouldn't rely on all of them for childcare, but there's one that I could rely on as part of, like, my childcare community.” Emily and her family rent in a building where there are two other rental units. Part of the structure of this living arrangement could be what contributes to her stronger sense of proximal community. She described to me that she is friendly with everyone else who lives in the building and that they frequently interact with each other, “[seeing] each other all the time in the driveway and just like out and about, or like, knocking on each other's doors and stuff like that.” Childcare from neighbors was a future possibility for her, based on her trust of the other families who lived in the building and their expressed willingness to watch her son. She had yet to take them up on it, though.

Alida described having regular dinner parties with neighborhood families where organic childcare occurred as the children and adults all hung out together, dancing, eating, and playing. She noted that these dinner parties had evolved over time, becoming much more regular, less stressful, and based very much on proximal community:

Our neighbors have become much more... Now it used to be kind of stressful to have a dinner party where you'd want everything to be clean, or... But now, it's... it's gotten much better with certain friends who come over pretty often, where they kind of know the drill... They come over, our kids trash the living room with toys together and have a great time. And especially with our neighbors, we make each other dinner and then we usually have a dance party at the end. [...] And the

kids have a blast. And we do a lot of winter dance parties in our house. So they were over once and [our daughter] was like, it's dance party time. I'm like, 'Oh, okay, I guess we'll do this with them.' And then they were like, 'Can we do this always?' Yeah, we've started to kind of have that really very casual, very, like, kids playing together. And it's really nice because they're our neighbors so they can easily come and it's just sort of a low stress.

For Alida, it was with neighbors “especially” where the ease of a type of regular, co-parenting style of childcare could occur. Under the specific circumstances of Alida’s neighborhood dinner parties, children and parents could casually—but regularly—get together with little stress involved. Proximal community here is functioning as a type of organic, collective care where the occasional isolation of childcare is temporarily lifted through a multi-family gathering. Alida is engaging in social reproductive work through her commitment to hosting these regular gatherings that actively build community and a space of collective care.

Both Alida and Jennifer spoke of themselves engaging in what I consider to be fluid household dynamics, while Emily more so shared the strong potential for this dynamic. I came across the term “fluid households” while reading a selection from social psychologist Faye J. Crosby’s book *Juggling: The Unexpected Advantages of Balancing Career and Home for Women and Their Families* (1991). I am borrowing this term, and changing, slightly, Faye’s definition of it in order to better apply this concept to my own data and research. Crosby notes that “fluid households are the best indication not of irresponsibility but, on the contrary, of responsibility and of caring,”—somewhat similar to extended kin networks, fluid households have long been a strategy of lower income Black families to navigate otherwise challenging child care situations (1991: 56). For the purposes of this research, I define a fluid household as one in which there are strong and repeated extensions beyond the nuclear family. Several of my interviewees expressed desires for child care situations resembling this, while two of the people I talked to—Alida and Jennifer—actively participated in a fluid household dynamic.

Even for Alida and Jennifer, who at other points in our interviews expressed strong proximal community, neighbors would often be reserved for, as Alida put it, “a real emergency.”

For example, Jennifer explained that her husband had had to go to the ER recently:

We thought he was having heart problems. And so we were like, ‘Oh my God’ and it was midnight. I’m like, what are we gonna do? Like, it’s midnight, you don’t have any family locally... We guess we could call our neighbor, like, watch the kids while I drive him to the ER, but it’s the middle of the night. It’s—so he ended up driving himself to the emergency room. [...] There’s, like, nobody. Your kids are asleep. Like, who’s gonna watch your kids while you take your husband to the emergency room in the middle of the night?

In this situation—arguably “a real emergency”—Jennifer and her husband elected to handle the issue themselves, rather than relying on their proximal community. As mentioned previously, most of the women I talked with did not share the same sense of proximal community that Alida and Jennifer expressed. Instead, neighbors existed in their lives as a potential for community care—a sort of back-up plan for when the usual care plans fell through or as a resource reserved for only absolute emergency situations.

For others, neighbors were almost never relied on, even when the mothers I spoke to expressed extreme challenges related to time management and childcare options. Lisa, who also has a young 16 month old child, explained that she did not have much she felt she could rely on in terms of proximal community:

We don’t really know anybody where we live. I have like—there’s a girl that lives behind us who... she’ll take care of our pets and stuff, but I’ve never, like, asked her for anything for the baby. I mean I know she has... a niece and nephew, and I’m sure she would absolutely love to—she thinks my son’s like the cutest thing—but I’ve never asked her cause I’ve never really needed to. But other than that, like we’re—we just live on a road like, we don’t—we’re renting somewhere and I have no idea who half the neighbors are.

Nicole—a 32 year old who works from home and is the mother of a 6 month old son—also mentioned that there wasn’t really anyone nearby that she felt she knew well enough to rely on.

Throughout these examples of proximal community, my participants had difficulty knowing

exactly when these potential resources could be relied upon. For some, there was an ambivalence in reaching out for help—either because they felt the situation was inappropriate or because they didn't know anyone in their area. Emily, for example, felt she could reach out to her neighbors for childcare assistance if she needed to. She was renting, but lived in the same physical household as other families. Lisa, who was also renting, felt differently. She lived on a rural road and didn't know as many of her neighbors which presented challenges to her potential network of proximal communities. This suggests that longevity of residence in a single area is beneficial to the individual's experience of proximal community. This is corroborated with the example of Alida, who has over time developed strong and cooperative relationships with her neighbors. This prompts a necessity for further inquiry into how class might affect the development of these neighborhood networks in rural settings.¹⁷

Even if mothers had proximal communities that they could trust for potential childcare, it is unlikely that this care would be relied upon without considerable hesitation. Part of the explanation for this is rooted in historical conceptions of motherhood, while part stems from the nature of our individualistic, market-centered society. More research is needed to further understand the current role of the proximal community in the lives of families in rural areas. Sociology tends to focus more so on social phenomena that occur in urban settings. Though urban areas are more heavily populated—meaning that more social interaction is occurring there on a daily basis—the particular spatial aspects of rural communities deserve sociological attention as well, especially when it comes to understanding how to structure better support for families as they attempt to manage childcare. Census data shows that across regions of the United States, “poverty rates were consistently lower for rural residents” (Bishaw and Posey

¹⁷ Studies have been conducted on strong neighborhood communities in lower income neighborhoods—but in an urban setting. Carol Stack's research on kin networks within Black communities in a city is one key study of this (Stack 1997).

2017). While none of the women I interviewed were living in poverty, childcare still presented a financial burden for many of them. The data I've collected implies that negotiations of childcare would be even more complicated and challenging for lower income women living in rural areas. A deeper sociological understanding of the proximal community would likely help to illuminate how to best meet current needs with cooperative solutions.

'A Place in the Community: The Absence and Potential of Institutions and Organizations

Maria was cutting a piece of gluten-free cake that she had baked for her youngest child, Leo. As she talked to me about community, she gave him a spoon and some blue icing, supervising while he decorated. Maria explained to me that there really wasn't much support for parents when it came to the creation of community organized activities or care for children. Libraries, she noted, were one of the few resources that did have programs for children, open to the community, but these programs were usually offered during typical working hours. Maria explained, "It's not meant to be for parents who are working, because, like, if you're working, you can't make it there."

For a handful of women, there were more formally organized structures of community that were helpful to them at certain points in their childcare journeys. However, these were predominantly organized events or recurring meetings that were meant to exist as a support for new mothers, such as the breastfeeding support organization La Leche League or paid-for community support such as postpartum yoga classes. In terms of more formally community organized childcare support, the women I spoke to did not have many experiences like this to share. For the mothers in my study who had children who were of school age, the school as an institution was an active source of childcare within their lives. However, there is not an institutional actor that provides such care for younger children. Work, as an institution, similarly

does not contribute to nonmarket childcare support. One of my participants—Kaiya—had the unique experience of working at a nonprofit where her children were welcome to accompany her to work:

And so the staff here and my kids feel safe to go into that space independently without my supervision. It's just downstairs from my office and we can hear them pretty much if they need anything from me. And so they can spend quite a long time in the space down there where there's, like, a little kitchen, you know, and toys and things like that. And there's usually a bit of cleanup afterwards, but they do feel comfortable enough to do that.

This was not the usual experience, however, of childcare and work interactions. Overwhelmingly, if community was present in my participants' lives, it existed within their networks of family, friends, and neighbors. Though community was difficult for many to pinpoint in their lives, it was usually *there* in some form, even when it was hard for them to recognize. However, community in a more formal sense, was much more of an absence.

For two mothers I spoke with, the perceived absence of parenting community that they experienced prompted them to create community. Both Alida and Evelyn described active ways in which they engaged explicitly in community creation in their areas. Both mothers had noticed an absence in adequate community support in this region of upstate New York. To fill this gap, they had worked to facilitate their own communities of support surrounding motherhood and its challenges. For Alida, this stemmed out of earlier efforts to connect virtually with her preexisting friends who were now also mothers. She had since brought this effort of community to her own neighborhood:

I would say I recently sort of brought that to [my area] because I've got a lot of friends in the neighborhood—a lot of moms and just generally friends who could use the space of sitting and making together, especially in the winter. So we've started doing—I hosted them the other night [...] Like, sitting together and chatting was a really nice—in a kid free environment—big win for us and not expensive, and felt productive, a thing for just us. So... those spaces have become really important to me to make.

Evelyn was involved in community creation as well. She described noticing that she needed a support network of other mothers, and then actively working to make this happen in her surrounding area:

So I pretty quickly realized I needed a network of friends who were moms. And so I actually started something called the Hudson Valley. Parents group—when I was like three or four months postpartum—with a friend of mine. Yeah, so I kind of developed that network that I really was craving. And so that was four years ago... We then had a Facebook page and then, like, an email list serve. And I've basically stepped away from it, although then when I was postpartum with my youngest, I started this, just like spontaneously started, another little parents group. Although in both cases they were definitely moms, like, there was occasionally a dad but more moms and so I also have this text chain of 35 women...

Evelyn and Alida were able to work toward a solution to the lack of community support for mothers in their area through community creation. This was not a solution that was as easily available to some of the other women I spoke to—Evelyn and Alida were the only two participants in my study who both perceived an absence in their community while also recognizing their own labor in contributing to community building. Other women were building community in their own ways but often did not recognize their work in the area of social reproductive labor.

CHAPTER SIX: FORAGING FOR SHARED KNOWLEDGE

Knowledge accumulation, storage, and replication is vital for the social reproduction of society. Currently, we are in an age of excessive information. Parents have at their fingertips a wealth of knowledge on childcare advice. I asked my participants to share how they usually went about gathering knowledge and advice pertaining to raising children. Everyone I spoke to had thoughtful ideas, ponderings, and experiences to share. Most women had thought about this question quite a lot, and often throughout practical, feminist, and philosophical levels. Many also described an arc to their knowledge accumulation experiences. As new mothers, they relied most heavily on others. Once their child was older, or once they had a second child, they relied more so on their own expertise. For example, Evelyn explained that “at this point, I don't ask a lot because I have two kids and I feel like I have many more of the, like, a lot more of the information, or at least the frameworks that, like, I lacked [with my older child].” While the ways in which mothers gathered knowledge on child rearing varied and incorporated usually at least two strategies for gathering information—and despite the vast reach and influence of the internet—interpersonal and relational knowledge sharing was the preferred method of collection for most.

The women I spoke to described using a combination of knowledge accumulation strategies. Everyone described using at least two distinct resources as they foraged for knowledge about parenting and childcare. Eight women described friends, or other interpersonal avenues, as being a key part of their knowledge accumulation. Seven discussed matrilineal knowledge as a source they would rely on, though only 4 women expressed this as a primary resource. For five women, social media was a regularly relied upon resource. Another three women mentioned relying on their own innate knowledge for the purpose of navigating

parenting strategies. Five women I spoke to also discussed other resources as a part of their knowledge collecting strategies. This included reliance on experts, their own education in childhood education, area organizations, and parenting books. However, these resources were usually mentioned as an aside and were not usually the primary resource that mothers would use.¹⁸

Inward Knowledge

Inward knowledge was turned to by certain mothers I spoke to only when they lacked other more community or relational-based resources. The self as a knowledge resource was mentioned by a handful of the women I talked to, though only three of the women I interviewed felt they were most reliant on their own instinct or intuition as their primary knowledge resource. Melody perhaps explained this phenomenon most definitively: “I feel like I was just born with the knowledge to know.” In other moments and other interviews, this inward knowledge was described by the women I spoke with as “resources within myself” (Kaiya), “instincts” (Lily), “motherly instinct,” (Melody), or “my own intuition” (Emily). For all of these women but Emily, there was a certain feeling of isolation in their lives that they expressed to me during our interviews. Inward knowledge was thus turned to either as a tool or strategy for navigating the gathering of knowledge without any clear familial guide or trusted friend as resource. Important to note is that these women did not use their inward knowledge exclusively. They often would rely on other media sources as well, but matrilineal knowledge and knowledge from friends was notably absent from their descriptions of knowledge accumulation.

¹⁸ Katrina mentioned using parenting self-help books. Rachel described using parenting books “occasionally.” Kaiya had done a lot of reading and research on her own and Megan described reading various parenting books.

Melody became a mother when she was 19 and told me that during that time she relied on her “motherly instinct.” Later on, with the birth of her second child and moving closer to family, she also depended on matrilineal knowledge from her mother:

So, I had him when I was 19 so I believe a lot of his care just came innately, like, innate motherhood, because like, I was 19. I knew nothing about children or anything. I had lived with my first husband, we moved to North Carolina, so I didn't even have family around. So it was just me and this newborn, and, you know, I had to keep him alive. So I don't... and the internet really wasn't huge back then. This was 13 years ago, so 2010. So, you know, it wasn't, there [weren't] so many blogs, and like mom's talking, and so... So I guess I got, I guess I was—this is gonna sound really weird—I feel like I was just born with the knowledge to know how to take care of him. Like, just my actual instincts took care of him, really, I think.

For Melody, inward knowledge was necessitated from a situation where she was very much on her own, living in a new place without the time to establish a preexisting community and without any family living nearby. Her inward knowledge—as opposed to relational knowledge or knowledge gathered from the internet—acted as her main source of information during her time as a new mother. However, it seems unlikely that inward knowledge was necessarily a first choice, as once Melody was within proximity to family again she shifted to rely equally upon matrilineal knowledge.

Kaiya is the mother of two daughters, ages 5 and 4. When I asked her about how she had gathered knowledge on raising her daughters, she described to me an intentional process of gradually turning inwards and to “resources within.” Similar to Melody, using herself as a resource for knowledge was not the only source that Kaiya relied upon. She explained to me that she also relied on books, internet sources, and “relational resources—like what [her] sister's friends were doing or what [her] mom had to provide information-wise” when they were available to her. Kaiya, however, described her inward knowledge differently than Melody, Lily, or Emily did. Kaiya did not describe relying on “instinct” or “intuition,” but rather noted that she

was actively choosing to locate this knowledge within herself, guided by a parenting class she had taken presented from a nonviolent and decolonizing perspective. This class, Kaiya felt, gave her the tools with which to turn within herself for the resources she needed to be the parent she wanted to be for her daughters. Later on in our interview, Kaiya noted that she felt that her “internal resources” were helpful, especially when she was “unable to build connections with other parents” for reasons out of her control, or was left feeling like an outsider at a certain daycare her children had previously attended.

These circumstances of reliance on inward knowledge are unique, but in both Melody and Kaiya’s case there was an expressed feeling of isolation that worked to necessitate their turn toward inward sources. For Melody, this decision was based on her own instinctual feelings about how to mother—the knowledge came to her “innately.” For Kaiya, this decision was an intentional one, but one that she in part turned toward because of the absence of other connections with parents in her life. It was more of a philosophical practice for her—but still one in which she learned from outside resources. For both women, though, this was not the only resource relied upon. When other resources—like family or friends—were available, they would be relied upon.

Matrilineal Knowledge Accumulation

The women I spoke to were split in terms of reliance on family as a source of knowledge. For a third of the women I spoke to, like Nicole, family—and especially mothers—was the first place to turn for knowledge. “The first person I’ve asked [about a childcare related question] is my mom, but then... obviously, Google, and I honestly spend a lot of time on Reddit, unfortunately,” Nicole explained to me. Similarly, Maria noted that her own mother was a primary source of childcare knowledge. Maria explained, “When my oldest was little I [relied] a

lot on my mom. [...] My mom helped me so much with her. [...] And I guess a lot of the stuff that I learned, I learned from my mom because we [Maria and her siblings] were nine altogether.” Jennifer also cited her mother as a main source of knowledge: “My mom and my mother in law are both sources of knowledge in terms of caregiving practices, for sure, especially my mom—she and I text all the time. And we're just kind of in touch, often about things like that.” Melody told me that in terms of gathering knowledge she relied heavily on “just my mom and my motherly instinct.” I posed the question to Meredith, and she gave a similar answer, saying that “When my daughter was first born, I leaned a lot on asking like my mom and my aunts questions.”

For all of these women, their own mother was a source of knowledge that they could rely on for advice and reassurance. Nicole, the mother of a 6 month old son, still relies heavily on her mother as a resource for knowledge gathering. For women with slightly older children, like Maria, Melody, and Meredith, their own mother served as a central resource figure when they were new mothers. Two women shared with me that their mother had recently passed away, leaving them without this essential resource. The reach and influence of capitalism has pushed us away from constructing parenthood as something that is connected to past knowledge. Instead, we construct evolving and vastly varying philosophies and schools of parenting—philosophies which are usually in some way marketable. Knowledge sharing is thus made to seem transactional, much in line with childcare practices themselves. However, the strength of matrilineal knowledge has not vanished, as is evidenced by the women I spoke to and their expressed importance of mother as knowledge resource.

Whether or not the continual presence of a relied upon matrilineal knowledge is a beneficial or harmful phenomenon for women is what must be explored further. I am doubtful,

though, that the importance of this knowledge source will diminish anytime in the near future. A more fruitful exploration, then, might be on the expansion of who we consider as mother figures in our lives. This expansion could be facilitated by sociological research on community, the creation of community, and the sustenance of, particularly, intimate communities. Presently, work is being passed, generationally, from mother to mother—both the physical work of rearing children and the social reproductive work of shepherding childcare knowledge through time. How can we expand our definition of mother to include the community? This need not be read as an effort to end matrilineal knowledge sharing practices, but rather as an effort to reduce the inequalities of social reproduction.

Reliance on “Friends Who are Currently Going Through it”

Beyond matrilineal knowledge, the next most relied upon resources for mothers was split between friends and resources that were media-based. While some mothers did explicitly express that they used these resources interchangeably, usually resources were somewhat hierarchical in their preference and use frequency. Reliance on friends and other mothers—as opposed to their own mothers—as resources for knowledge accumulation was more usual among the younger participants in my study. Several women cited generational reasons for using resources other than their own parents when it came to questions they might have about children and childcare.

Lisa, who is 34, for example, mentioned that her mom was “old school” and that she “couldn’t ask her questions because, you know, times have changed.” Emily, 29, primarily relied on friends and the internet for childcare advice, and went a bit deeper into an explanation as to why her mother wasn’t the first person she turned to for guidance:

I would honestly say it's more my friends than my family. At this point, there are things that I'll run by my mom, but I feel like we, we grew up in such a different—we went through motherhood in such a different phase of [parenting

and with] such a different style of parenting, that I feel like the more traditional way of parenting versus, like, for me, personally, I subscribe more to gentle parenting, and that that sort of realm. Not that she fully disagrees with that, but it's just not always completely synched with, with mine, or what the current modes are kind of transitioning to. Yeah, so I find that like, friends who are currently going through it I can vibe with better than my parents who did it, you know, back in the day [*laughs*]. But I do always appreciate that perspective, too.

Lily is also 29 and expressed a similar difficulty with relying on either her mother or her child's paternal grandmother for advice. When I asked her if she relied on anyone in her family for questions relating to childcare that she might have, she responded, "Not really. I mean, [my child's] got both of her grandma's and they're both really good, but it was like 30 years ago that they—" Here she changed directions and began to tell me about her preferred method of knowledge collection, which involved asking questions of friends and other mothers—not her own.

The rejection of matrilineal knowledge for these women did not mean that they would never rely on their mothers for certain types of information. These women were, however, making strategic choices as to when they would use their own mothers as a knowledge resource. Primarily, this was for "simple" information, a word that Emily used when describing her knowledge gathering strategies to me. By "simple" she was referring to information that was practical rather than philosophical. Feeding questions, sleeping questions, teething questions—these were all acceptable matrilineal knowledge resource areas. However, when it came to philosophies of parenting, these mothers were more likely to turn to friends or the internet.

Social Media Meaning Making

The internet, and social media specifically, was enmeshed within the knowledge gathering practices of many of the women I spoke to. Books were also relied upon by some,

though not as often and more so as a source of philosophical parenting advice, rather than comprehensive advice, knowledge gathering, and information sharing. Here, I will focus specifically on the ways in which the mothers I spoke with actively engaged in knowledge sharing. Though some mothers did look toward “experts” for answers to childcare questions, there was more often a tendency to outsource questions to an online community—another form of relational knowledge accumulation. Social media, especially, was a source that mothers I talked to would choose to use for both knowledge accumulation and a sense of community. However, social media as a knowledge source was complicated by two factors: its presumed validity and potential emotional consequences.

Katrina, a 39-year-old mother of four boys, explained that she did use social media to gather knowledge. For her, social media was used primarily for a sense of community and to generate ideas related to parenting or organization. When I asked Katrina about how she gathered childcare or parenting knowledge, social media was the first resource she mentioned:

So with the advancement of social media, I follow a lot of... I'm 40, so like, I'm on the Instagram train. I have Tik Tok, and I have all the other stuff, but... Facebook and Instagram are the two. And I follow a lot of cool accounts that really inspire me to, you know... that give great ideas or just make you feel like you're not alone? Or, you know, kind of some mom humor in there, but also some great tips. I mean, I'm sure I've Pinterest what I wanted a command station to look like. I used to have a full mudroom of cubbies and hooks and I definitely found that on Pinterest, and then I found that it did not work for us at all. So that got ripped off the wall.

Katrina described using social media as both a place of inspiration and as a resource of community, explaining that it would help to mitigate feelings of isolation and loneliness. Katrina later on added that, “social media, you know, we don't have to see each other, like we have that support online and, and in the messaging, and there's the post and then chiming in.” Spaces of social media are characterized by their interactionary nature—one can be as involved as they choose to be. Katrina mentioned gathering most of her knowledge from books and social

media—she did not rely on other sources such as friends or matrilineal knowledge. Her own family lived far away, which presumably contributed to this reliance on media-based knowledge.

Meredith, who was introduced previously, relied heavily on matrilineal knowledge to begin with. After her mother passed away, she lost this invaluable resource and support in her life. Meredith described:

And so I—like I didn't have that resource anymore. And, like, COVID... we just, like, shut down with everything... A lot of reading, googling things, mostly? And then also, Instagram, weirdly enough. So there's a lot of like, I mean—you kind of have to filter out the crazy—but there is a lot of Mom stuff on Instagram that I started following. And then following a lot that I felt like I didn't agree with or was making me in a weird mental space for feeling terrible that I'm not doing all these things for my child.

As Meredith described, social media was a helpful resource when other spaces of knowledge in her life were no longer available. Later on in our interview Meredith analyzed why she had turned to social media as a resource. Her reasoning was that the COVID-19 pandemic facilitated this change for her, as everything was going virtual and in-person resources were largely unavailable. Though social media had proved helpful to Meredith, this helpfulness was defined by two negative criteria. Firstly, she no longer had access to the resources she would have liked to primarily use and secondly, there were personal emotional and mental drawbacks to relying on a network of social media content for knowledge accumulation.

Samantha is a 43-year-old mother of two children—a 7-year-old boy and a 3-year-old girl. She was active on social media, but described that her use of platforms such as Facebook had changed over time. Originally, Samatha had been an avid Facebook user for the purpose of collecting information and asking questions of other mothers, using local Mom groups to do so. As her children became older and she gained more experience being a mom she said that she will still go on Facebook mom group pages, but for the purpose of answering questions and providing input where she can. Samantha was the only woman I spoke to who specified this particular

engagement with social media sources, but based on my own experience with the parenting Facebook groups I joined to conduct this study, it is highly likely that many other mothers are engaging in this behavior as well—offering advice and answering questions where they can.

This behavior is evidence of community building within the context of social media. Sociological studies of such behavior have previously revealed that knowledge sharing in a virtual setting is an increasingly occurring phenomenon. Sociologists Chia-Shen Chen, Shih-Feng Chang, And Chih-Hsing Liu examine the potential explanations behind this specific type of knowledge exchange (2012). One of the findings of their quantitative study was that individuals would join virtual knowledge sharing communities specifically based on the virtual space being a spot where they could “discuss a specific topic” (Chang, Chen, and Liu 2011: 645). This was facilitated by the nature of the virtual community being one where motivation, incentive mechanism, and satisfaction were present for the participants' interactions (2011: 646). Another study, based in Taiwan, revealed “that self-esteem, absorptive ability, and trust are the driving forces of sharing” for virtual communities (2012: 639).

These studies align with the reasons my participants expressed as their motivation for knowledge accumulation from virtual spaces. The women I spoke to noted that they were actively incorporating filtering strategies into their interactions with social media—as Meredith said, “you kind of have to filter out the crazy.” This implies that while not all information on social media platforms is trusted, there is a degree of trust that emerges when this “crazy” content is sifted out. Self-esteem also seemed to play a part in the decision to participate in such knowledge sharing. As Samantha described:

And then I also do use Facebook, local community boards—people are asking about child care all the time. So now that I've been through it, I try to chime in and help whenever I can. So I'm always curiously, you know, looking at those types of posts and just seeing what's going on in the area because I still know a lot

of people that are obviously still having children and I like to be able to... you know, 'Hey, I saw that go check it out,' or 'I remember I read this. Maybe this place has an opening!'

Samantha was able to feel good about herself when she could provide answers to questions that other mothers had on virtual community platforms. The term “absorption capacity” which is defined as “the ability to both absorb and apply knowledge” was also clearly present within the descriptions participants gave me of their social media use (Chuang and Shu 2012: 678). For example, Katrina described interacting with ideas for parental organization strategies on a social media platform. She implemented this ideas in her life when they worked for her and turned to new ideas when she needed them.

However, neither of these studies specifically recognize online knowledge sharing as a strategy of community building. As mothers were actively engaging with—usually—other mothers and content related to childcare and parenting, they were able to both relate to the knowledge being shared and quickly apply this knowledge to their lives. As my findings illustrate, knowledge sharing strategies was one of the ways in which the challenge of childcare is supported through community. While the internet and social media facilitates creation of these networks of support, my findings suggest that this was not the preferred approach to the sharing of knowledge. Rather, trusted, interpersonal relationships were relied upon. It is also telling that in the group of women I spoke to, only three spoke in depth about reliance on inward knowledge. Our individualistic society is built upon a lie of presumed independence and the discussion of motherly instinct or intuition is complicated and political—both a pride of ‘good’ motherhood and a tool of patriarchal oppression. Instead, meaning-making surrounding “intuition” or “motherly instinct” needs to recognize the fatal flaw that rests in assuming mothers will possess these instincts on their own while also coming to terms with the possibility that everyone can both possess and learn these instincts. This would both help to remove essentialist language from

common discourse about mothering and provide increased impetus for strengthening community support in the sharing of childcare related knowledge.

In the context of raising a child, there are various contemporary spaces of knowledge storage that parents may rely on. Based on my data, these storage facilities, so to speak, can be categorized in the following way. Knowledge is stored and accessed by mothers through various media, within circles of family and friends, and within institutions. A final place where knowledge is stored is within the self. Below, I will discuss the various strategies that the women I spoke to used to navigate parenting and childcare questions. While it is on the one hand difficult to track how knowledge is shared and passed through time, it is at the same time somewhat easier to acknowledge. These various strategies emphasize the inherently communal nature of the dissemination of knowledge—perhaps a initial starting point for the recognition of the potential for community based childcare support.

CONCLUSIONS

Being “the everything” is impossible, no matter who you are, how you are coping, or what resources you are relying upon. “To not be the everything,” as Alida put it, is not only “beautiful,” but is also absolutely necessary and unavoidable. The difficult part of this—as I was able to see more clearly through my data—is recognizing this inevitability and somewhat surrendering to it. The individualism of our capitalist-centric society makes this sickeningly hard to do—all while the social reproductive labor essential to capital production churns on, visibly and invisibly interconnecting all of us through networks of reliance, dependence, and care. None of the women I spoke to were actually “the everything” to their children—and many were in a financial position where childcare was a challenge, but not an unmanageable one. Most were able to outsource their childcare through the market, if they wished to do so, and all of my participants had multiple people in their lives—beyond the nuclear family—whom they could rely on for support and guidance if and when they needed to. However, their perceptions of these networks imply that while community was present in their lives, they could not always identify it being there as a possibility for them to lean on.

Simultaneously, assumptions about motherhood roles and the underlying influence of individualism made it difficult for some women to envision ways in which community in their lives could be expanded toward a system of support that moves beyond the transactional. Those who could do so were in the minority of my sample—and were still imagining this on a somewhat individualistic level. Thus, the market fluidly crept into the many gaps and exchanges within my participants’ childcare negotiations. The market was subtly everywhere—it was, in some ways, “the everything” and whether or not this was beautiful was hard to say, as it did in many ways provide the necessary childcare support, and without it many mothers might have

been immobilized by the sheer responsibilities of around-the-clock care. While the market's presence was not necessarily harmful to the women I spoke with, the implications of its omnipresence are perhaps latently controlling the possibility of even conceptualizing better systems of childcare and social structures of community support.

By shifting the societal focus from capital accumulation to community creation, childcare could be entirely reimaged. This shift is not something that would occur quickly, but we are perhaps gradually already embarking on this path out of planetary necessity. Instead of shying away from the enormity of a paradigm shift, we might embrace its possibility for new solutions and new ways of thinking. To begin with, for example, we could work toward supporting existing networks of community on the local level. Canadian sociologist Susan Prentice suggests that we should work to meet community childcare where it already is, “establishing a [care] delivery system that respects these strengths—building participatory, user-responsive, community-governed care” (Prentice 2001: 215). This strategy is a decentralized one based on individual community needs, but the suggestion recognizes that already and consistently, the community is responsible for much more childcare delivery than the state (Prentice 2001: 214).

Paradigm shifts within the social world occur when certain facts reveal themselves to be incompatible with existing theoretical frameworks. There are certain measures that could be put in place to quickly and effectively make childcare less of a challenge for mothers—especially mothers with children too young for school. One such solution would be enacting a universal, state-funded daycare and preschool program. However, this really would not be enough of a solution. A paradigm shift is required to place a value on care work that is not market-based, but that instead rests in the deeper development of an appreciation of community-based mutual support. Community reproduction, as it exists now, is social reproduction because community

has proved necessary for the functioning of a capitalist system. The ideal would be somewhat a reverse of this triangle. This paradigm would be based on a social structure where social reproduction and any capital production were both contributing to and for the purpose of community creation and maintenance—a world value was not placed on the pursuit of capital, but rather on interconnectedness and care.

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Appendix A. Interviewee Demographics

Age, Race, Joint Household Yearly Income (JHYI), Highest Level of Education, Marital Status, Occupation

Name	Age	Race	JHYI (estimate)	Highest Level of Education	Marital Status	Occupation
<i>Alida</i>	39	White	\$80,000	Bachelor's	Married	Coordinator (w/in Higher Education)
<i>Emily</i>	29	White	\$160,000 ¹⁹	Doctorate	Married	Stay at Home Mom (used to work in healthcare)
<i>Evelyn</i>	35	White	\$300,000	Master's (2)	Married	Therapist
<i>Jennifer</i>	42	White	\$165,000	Master's	Married	Communications (w/in Higher Education)
<i>Kaiya</i>	33	Biracial Asian and White	\$50,000	Master's	Seperated	Administrative work for nonprofit
<i>Katrina</i>	39	White	*Estimated income, lower middle class	Associate's	Divorced / Remarried	Stay at Home Mom (used to work in early childhood education)
<i>Lily</i>	29	White	\$50,000 (less than)	Bachelor's	Seperated, child's father lives in same house	Babysitter
<i>Lisa</i>	34	White	\$100,000 (a little over)	Bachelor's (+1 year graduate)	Married	Works for School District
<i>Maria</i>	—	Hispanic	*Estimated income, middle class	—	Married	Special Education Teacher

¹⁹ While Emily was working, she brought in an additional \$60,000.

Appendix A. Interviewee Demographics (cont.)

Age, Race, Joint Household Yearly Income (JHYI), Highest Level of Education, Marital Status, Occupation

<i>Megan</i>	40	White	\$400,000	Bachelor's	Married	Writer
<i>Melody</i>	32	White	*Estimated income, middle class	—————	Separated / Divorced / Repartnered	Property Manager
<i>Meredith</i>	34	White	\$101,000	Bachelor's	Married	Stay at Home Mom
<i>Nicole</i>	32	White	\$250,000	Bachelor's	Married	Works (remotely)
<i>Rachel</i>	52	White	\$120,000	Doctorate	Single Mom / partnered	Higher Education in Social Sciences
<i>Samantha</i>	43	White	\$100,000	Master's	Married	Director / Administrator (w/in Higher Education)
<i>Vivien</i>	38	White	\$300,000	Master's	Married	Artist / Shop worker / Freelance Writer

Appendix B. Child Information

Number of Children (#), Child's Age (oldest to youngest)

Name	#	1st Child Age	2nd Child Age	3rd Child Age	4th Child Age	5th Child Age
<i>Alida</i>	1	3 y.o. daughter				
<i>Emily</i>	1	21 m.o. son				
<i>Evelyn</i>	2	4 y.o. son	1 y.o. son			
<i>Jennifer</i>	2	7 y.o. son	5 y.o. son			
<i>Kaiya</i>	2	5 y.o. daughter	4 y.o. daughter			
<i>Katrina</i>	4	13 y.o. son	11 y.o. son	5 y.o. son	3 y.o. son	
<i>Lily</i>	1	2 y.o. daughter				
<i>Lisa</i>	1	16 m.o. son				
<i>Maria</i>	5	18+	18+	18+	14 y.o. daughter	5 y.o. son
<i>Megan</i>	2	7 y.o. daughter	5 y.o. daughter			
<i>Melody</i>	3	13 y.o. son	9 y.o. daughter	Newborn son		
<i>Meredith</i>	2	4 y.o. daughter	18 m.o. son			
<i>Nicole</i>	3	21 y.o. step-son	19 y.o. step-daughter	6 m.o. son		
<i>Rachel</i>	1	5 y.o. son				
<i>Samantha</i>	2	7 y.o. son	3 y.o. daughter			
<i>Vivien</i>	1	2 y.o. daughter				

Appendix C. Care Information

Care Description, Institution Care, Private Market Care, Nonmarket Care, Occasional Care

Name	Care Description	Institution Care	Private Market Care	Nonmarket Care	Occasional Care
<i>Alida</i>	Previously used a nanny share. Currently using a daycare.	—————	Daycare (previously nanny share)	Friends with kids, neighbor will babysit	Grandmother, grandaunt
<i>Emily</i>	Previously, the child's grandfather acted as primary caregiver. Currently mother is primary caregiver.	—————	—————	Grandfather (previously)	Grandparents, friends have offered to watch
<i>Evelyn</i>	Both children are in daycares (each child is in a different daycare).	—————	Daycare	Uncle will watch kids when needed	
<i>Jennifer</i>	Both kids go to school and have afterschool activities and network of some neighbors who will help out.	School / Afterschool	Summer camp, babysitter	Friends with kids	Grandparents, neighbor will get kids off the bus
<i>Kaiya</i>	Both children go to daycare. They are occasionally watch by family members or accompany their mother to work.	—————	Daycare	Aunt and aunt's partner, grandmother	Work community will help to watch children
<i>Katrina</i>	Previously, daycare was used for older and younger children. Now, older children go to school, the youngest goes to playgroup and preschool with mother as primary caregiver.	School	Preschool	Playgroup, children go to their father's on the weekends	—————
<i>Lily</i>	Mother is primary caregiver.	—————	—————	—————	Grandmother helps out very occasionally
<i>Lisa</i>	About to transition childcare arrangements to a daycare. Previously, husband was the primary caregiver with babysitters helping out more occasionally.	—————	Daycare (about to transition to using this), previously used part-time babysitters	Grandmother (maternal)	Other family members

Appendix C. Care Information (cont.)

Care Description, Institution Care, Private Market Care, Nonmarket Care, Occasional Care

Name	Care Description	Institution Care	Private Market Care	Nonmarket Care	Occasional Care
<i>Maria</i>	Three oldest children are out of the house and over 18. 14 y.o. daughter goes to school. 5 y.o. son attends a home daycare.	School, afterschool programs	Home daycare, afterschool activities	—	Neighbors will occasionally help with child transportation.
<i>Megan</i>	Both children go to school and sometimes have afterschool activities. Babysitter helps out 3 days a week.	—	Private school, babysitter		Friends will sometimes watch the kids.
<i>Melody</i>	13 y.o. son goes to school. 9 y.o. daughter lives with her father. Newborn is brought to work.	School	—	Parents	Grandparents (previously), paternal grandfather (for 9 y.o. daughter), grandfather (newborn)
<i>Meredith</i>	Mother is primary caregiver for both children. Previously, maternal grandmother was the older child's full-time caregiver. Paternal grandfather and aunts also helped out.	—	Half-day preschool (older child), previously used 1-day-a-week daycare for older child	Grandmother (maternal), grandfather (paternal), and aunts	Playdates w/ reciprocal care
<i>Nicole</i>	Mother is primary caregiver for infant. Other family members help out.	—	Step-daughter watches infant	Grandmother	—
<i>Rachel</i>	Currently, child goes to preschool and is watched after school by grandparents.	—	Preschool, summer camps	Grandparents	Cousin's partner (occasional babysitting)

Appendix C. Care Information (cont.)

Care Description, Institution Care, Private Market Care, Non-market Care, Occasional Care

<i>Samantha</i>	7 y.o. son goes to school and 3 y.o. daughter goes to daycare. Sometimes the older child goes to an afterschool program for additional childcare. Previously, the older child also went to the same daycare.	School	Daycare	_____	Grandparents, neighbors down the road (occasional babysitting)
<i>Vivien</i>	2 y.o. daughter goes to home-daycare provider during the day. Previously, she was watched part-time by two different nannies. A daycare center was also tried out but did not work for the family.	_____	Home daycare, previously used a nanny and tried using a daycare		Other family members (at family gatherings), maternal grandparents (when child was born)

Appendix D. Interview Questions

Questions in bold were always asked in interviews.

Italicized questions were only asked if further prompting was necessary.

“To start off, I am going to be asking you a few questions about yourself and your household.”

- **Who lives in your household? Would you mind telling me about them?**
 - *How many children do you have and how old are they?*
 - *Do you have a partner?*
 - *Are you married? Living with your partner?*
 - *Do other people live in your home other than you, your partner, and your children?*

- **Would you mind describing a typical day in your household?**

“Now I am going to ask you some questions about where you find information and resources about childcare questions you may have.”

- **How would you say you have gone about gathering knowledge on raising children?**
 - Where do you first go for advice on parenting and how does this usually go?
 - How do you rely on others in your family for answers to questions you might have about childcare?

- **Would you mind describing how you usually spend time with other mothers?**

- Do you ever use resources like blogs, mommy groups, etc. to get information?
 - *How does this usually go? Where do you turn first when you have questions? What is your experience with using resources such as these?*
 - If you are a part of any of these groups—online or in-person—how did you decide to join?
 - What has been your experience with these communities?
 - Would you mind talking about how a meeting / event might go if you are a part of one of these in-person groups?
 - *If children are present, how do they usually spend their time during these meetings?*

“I will now be asking some more specific questions about your experience with childcare.”

- **Would you mind telling me about what sorts of childcare arrangements you have currently?**
 - **How do you feel about these arrangements?**
 - Is there anything about these arrangements that you wish you could change?
 - Anything about these arrangements that you are particularly happy about?
- Is any of your paid childcare within the family (i.e. do you pay an older child)?
 - Is any of your paid childcare provided by a close friend? Or a friend's older child?
 - How is this working out?
 - How do you feel about using any of these services?
- How do you rely on any paid service providers for childcare (i.e. babysitter, nanny, daycare)?
 - How many hours a week would you say your child is cared for by a paid service provider?
 - What would ideal childcare look like for you?
- Would you mind describing your child's/children's current schooling arrangements?
 - How would you describe the level of community at this school?
- How is your child usually cared for after school? [*If applicable.*]
 - [*If the interviewee's answer includes after school activities...*] Would you mind talking a bit about what these activities are?
 - How does your child usually get to and from this after school care?
- **Can you think of any communities you are a part of where child care occurs within the community?**

[*The questions in this group were rarely asked as I usually did not have enough time.*]

- How would you describe who does what in terms of childcare and household work in your home [*If prompting is needed: Who does the cooking? Who gets the kids ready for school in the morning? etc.*]?
 - If you have an older child, how do they help out with things around the house?
- How have your parents or other family members contributed in any way with childcare or household maintenance?
- How do you rely on people outside of your household to help out with household work?
 - How do friends and neighbors help you out with childcare or housework (if they do)?
- How often do you spend time with other friends who have children? What does this usually look like for you?

- How do you use friends to help out with kids (if you do)?
- **Would you mind describing a time when you felt alone in some aspect of caring for your child?**
- **Can you describe a time when you felt it was difficult to find the time or support to care for your child?**
- **Would you mind describing a recent favorite memory of caring for your child?**

“I am now going to ask you a few questions for demographic purposes.”

- How would you describe your ethnicity or race?
- How old were you when you first became a mother?
- How would you describe your yearly income?
 - What would you say your current occupation could best be described as?
 - Your partner’s occupation?

Appendix E. *Consent Form*

Consent Form for Research Participants

My name is Trinity Delano and I am a student at Bard College conducting research for my senior thesis in sociology. **I am inviting you to participate in a confidential interview about mothers' experiences with managing childcare and housework and what resources have been helpful—such as neighbors, daycare, family, or online advice, etc.**

Participation in this study *is entirely voluntary and you are in no way required to participate*. You are free to withdraw from the study at any time. With your permission, the interview will be audio recorded. The confidential interview will take approximately **1 hour or less, if that is all you have time for** and can be conducted in-person, on the phone, or over a virtual platform such as Zoom. During the interview, I will be asking you a series of questions. You can decline to answer any questions that you wish to not answer. You may request that I strike any information from the record at any point before **April 15th** by emailing me at td5805@bard.edu.

Risks / Benefits

A potential risk in this study is that the interview may bring up feelings of emotional distress. Please know we can stop at any time and you may skip any question.

Though I am thankful for your participation and greatly appreciate your willingness to be interviewed, **there are no direct benefits to you for participating in this study.**

Confidentiality

All information that you provide will be kept entirely confidential, which means I will conceal your identity. **I will assign a fake name to you and will use this name throughout my study and report.** I will also assign a fake name to any other individuals, groups, or organizations you mention during our interview (i.e. children, spouse/partner, other family members). Any locations mentioned will also be concealed for the sake of confidentiality. I will take handwritten notes. These will be transcribed to a password protected computer after our interview and the paper notes will be destroyed. Audio recordings will be kept on a password protected computer. Once recordings are transcribed, fake names will be applied to the transcriptions and the original recordings will be deleted.

As we may be exchanging consent forms and setting up interviews via email, I must make note that email is not entirely secure. I will delete all our correspondence via email after your interview is conducted for increased confidentiality. Only my faculty advisor and I will have access to processed transcriptions and interview notes. **Once my senior thesis is completed, it will be publicly available at the Bard College Library.**

Questions / Concerns

Please do not hesitate to reach out to me at any point with any questions or concerns you might have about this consent form, our interview, or my research. My email is td5805@bard.edu and my phone number is 518-929-1767. You may also reach out to my faculty advisor, Allison McKim, with any questions or concerns you might have at amckim@bard.edu. If you have any questions about your rights as a research participant, please feel free to contact the Chair of the Bard College Institutional Review Board at irb@bard.edu.

Participant Agreement

I am 18 years or older, and I have read and understood the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research.

_____ **Signature of Research Participant & Date**

_____ **Printed Name of Research Participant**

I agree to have the interview audio recorded. **Yes** **No**

Phone Numbers for Support Services in the Area

Ulster County

Temporary Assistance: (845) 334-5440

SNAP: (845) 334-5200

Ulster County Mobile Mental Health: (844) 277-4820

Mental Health Association Wellness Center (845) 339-9090

Dutchess County

Temporary Assistance including emergency aid: (845) 486-3190

SNAP: (845) 486-3250

Mental Health Services: (845) 486-2700

Child Care Council of Dutchess and Putnam County: (845) 473-4141