

CHAPTER 12



MATERNITY

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Exhaustion. Bone-marrow-sucking, soul-crushing, never-ending exhaustion. No matter how many hours of sleep I stole from the time demanded from me by my baby, my students, my immediate colleagues, and my colleagues further afield, I never felt rested. I could not sleep for more than an hour before I jolted awake in the middle of the night recalling some paper I forgot to grade, some assignment I had not written, some pressing email that remained unanswered, or some letter of recommendation undrafted and now long overdue. There were long days of teaching and advising when I would pick up my daughter from daycare, feed her, bathe her, and then put her in bed in the blur of being on autopilot. I would return downstairs to a partner hoping to share some “couple time,” and fall asleep after the first few sentences were exchanged. I became a single mom not long after that.

My daughter was four years old when I had my most desperate moment as a mother on the tenure track. I was up against a hard deadline for copyedits on my first book—the book that would hopefully earn me the all-coveted tenure. I needed just a few uninterrupted hours, but it was almost impossible to take a break from my daughter, who demanded constant attention. I flew out to stay with my mother and grandmother who had both offered to help with the child. It was no use. My daughter wanted mama and no one else.

One morning, I locked myself in the bathroom with my laptop. Kneeling on the tile floor, I hoped to answer the last of the author queries. I had about 20 minutes before my daughter started pounding

on the door for me to come out. Then I heard my mother's voice trying to coax my daughter away to play a game, and a few minutes later my grandmother started chastising my mother, in Spanish, about how spoiled my daughter was and how parents these days didn't know how to properly raise children. My mother started yelling at my grandmother (in Spanish) to be quiet and help her. Then she cooed at my daughter (in English) about how fun it would be to do a puzzle together. So there I was, my legs folded under and falling asleep, with tears streaming, while I tapped away at my keyboard. There was a thin door separating me from my screaming daughter, my code-switching mother, and my sanctimonious Puerto Rican grandmother. I don't know how long it took, but I did not succumb to the cacophony. I met the deadline.

I am haunted by that experience. My daughter enjoyed the attentions of both her grandmother and great grandmother—two women who loved her with the collective force of a category one hurricane—but she wanted her mama. The editors of this volume asked me to write a chapter on “maternity.” I was not asked to write about “managing parenthood in academe,” and I think that there is a critical difference. As much as we want to institutionalize equal benefits for mothers and fathers, there are some burdens that fall disproportionately on those who possess the biological equipment to conceive, gestate, deliver, and nurse human babies—at the current moment, those who are assigned female at birth. Moreover, social constructions of motherhood are far more rigid and oppressive to women pursuing careers than social constructions of fatherhood. Fathers are expected to be in the workforce, and if they choose to spend time with their young children, they are rewarded for their still relatively atypical affective labors. Mothers enjoy no such rewards.

A few years ago, a colleague of mine agreed to write me a letter of recommendation for a fellowship for which I was applying. She was in her early 40s and had waited until she earned tenure before getting pregnant. The due date of my fellowship application coincided with her expected date of delivery. She had a normal pregnancy and all of the prenatal tests showed that the baby was healthy. The due date for my letter came and went. The due date for her baby came and went, and I heard no word from her. Fearing the worst, I was hesitant to email, until I got a notification from the fellowship committee that my application would be disqualified if my colleague did not produce a letter.

So I finally wrote to her. “Dear X, I am really hoping that my message does not come at a terrible time. I was hoping for some good news

from you, but your silence has unnerved me.” I tentatively inquired after her health, and asked if I should seek another letter writer. I was happy to do that, but I would need her to email the foundation to explain that she was unable to write for me for medical reasons.

I received this reply: “I just gave birth a week ago. Had some significant complications. Spent several days in hospital and 18 of last 36 hours in emergency. Still dealing w/medical consults, etc . . . Pretty exhausted and overwhelmed.”

I wrote her back. “Is everything okay now? Is the baby okay?”

She replied, “Yeah . . . very tough pregnancy and delivery . . . I’m left w/herniated disk, compressed nerves, major bladder damage and a mass in my uterus that they are trying to figure out. Pretty much hell right now.”

A few days later, she wrote to me again. “I have lots of recovery—apparently, having a herniated disk caused endless problems (just discovered on MRI finally). It is going to be a while before I’m myself again but I’m feeling better. I’m going to work on your letter due mid-Nov. this weekend. Should be able to take care of the ones you originally asked for. My apologies for all the hassle. Usually I’m so on top of things, but this pregnancy really did me in.”

I closed my eyes when I got her last message and thanked the Ob-Gyn gods that I ended up having a C-Section. I didn’t really care about the letter of recommendation anymore. I figured that my application was already dead in the water. Then, a thought crossed my mind. It was just for a moment, but it was long enough that it still bothers me many years later. I thought: *If I had asked a male colleague to write for me, this wouldn’t have happened.*

I immediately caught myself. Oh god, if I thought this—a mother and a professor of gender studies—how could I not expect that others would think the same? Parenthood could not really be shared equally between men and women, and everyone knew it, no matter how politically correct it was to pretend otherwise. My male colleagues might become fathers and lose endless nights of sleep, but they were unlikely to end up in the emergency room with a herniated disk, compressed nerves, and major bladder damage from the arrival of their child.

As much as we try to legislate gender equality and the equal responsibility between mothers and fathers, there is a brutal biological reality that cannot be ignored. As someone with liberal intellectual sympathies, I am completely willing to believe that both sex and gender are socially constructed categories, and I am a strong advocate for the idea that all parents should be equally involved in the raising

of their children. Despite this, I would be a self-deluding idiot to ignore the fact that (at least as of 2015) the human beings who are physiologically capable of manufacturing babies are those of us who were assigned female at birth and in possession of a uterus. This biological reality creates a fundamental inequality between the MAABs (male-assigned at birth) and the FAABs (female-assigned at birth).

In addition to the differential physical effects of maternity and paternity, women face other specific biological challenges related to timing. The stresses of the tenure track often coincide with a woman's peak years of fertility. Fecundity declines for even well-nourished, healthy women by age 30 and plummets after age 35. Yes, many women are able to have children through their early 40s, some with medical intervention, but there is no guarantee. Many women feel compelled to wait until they achieve tenure before getting pregnant, but by the time they are ready to start their families, their bodies are no longer cooperating. Depending on the circumstances, in vitro fertilization (IVF) can be expensive and many insurance plans don't cover it. Further, the hormone injections required for IVF to work can be psychologically debilitating.

Back in 2006–2007, I was a residential member at the Institute for Advanced Study in Princeton, New Jersey. The Institute had a small gym, and I spent about 30 minutes on the treadmill each morning. One day, I went to the bathroom and heard the heavy sobbing of a woman in the stall beside mine.

"Is everything okay?" I said, not knowing whom it was.

A long groan emanated from the stall.

I waited by the sinks, until one of my senior colleagues emerged. She was an art historian from the School of Historical Studies, and she explained to me that she and her husband were trying to have a baby. They had waited until both of them had tenure, and now she was in her early 40s.

"The shots are killing me," she explained. Both my colleague and her husband had fellowships at the Institute that year. She complained that while he effortlessly plowed along on his book project, she was riding a wild roller coaster of hormone injections.

"I can't concentrate. I can't think. I can't get anything done," she said to me. "It is so unfair."

As many researchers have pointed out, the timing of the tenure track coincides perfectly with male (assigned at birth) biology. For aspiring academics (and members of other professions), the 30s represent what Sylvia Ann Hewlett calls "the unforgiving decade."¹ Women must fight to establish themselves professionally at the exact

moment when their fertility is declining. Both my colleague in the bathroom at the Institute for Advanced Study and my colleague with the major bladder damage were women in their 40s who waited until after they had job security to have a child. Men simply do not have to face this challenge.

Even if a woman conceives naturally and survives her pregnancy unscathed, there is little discussion about the physical and psychological costs of breastfeeding. A 2013 article in the *Journal of Human Lactation* argued that women are disproportionately paying the price for the public benefits associated with exclusively breastfed children.² The authors argue that exclusive breastfeeding is “time intensive,” and that this labor is a significant drain on the women who provide this service. Although colleges and universities have tried to accommodate lactating women, the responsibility for breastfeeding still falls overwhelmingly on those of us with breasts capable of lactation. The biological costs of childbearing and childrearing continue to put humans that were female-assigned at birth at a significant disadvantage compared to their peers who were male-assigned at birth.

One obvious solution for the discerning academic is simply not to have any children. Refusing to reproduce is perhaps the most elegant way to ensure the equality of the sexes, and in fact, we have good evidence that the gender wage gap almost completely disappears when you disaggregate the data and look at women with no children. As Ann Crittenden argued in *The Price of Motherhood*, educated women pay a massive pecuniary penalty for having children.³ The gender wage gap is really a maternal wage gap, because American women find it almost impossible to juggle work and family responsibilities (particularly since the United States has no paid maternity leave). In our no-holds-barred, dog-eat-dog, late capitalist economy, anyone who ends up in the emergency room with major bladder damage because of something she elected to do (i.e., having a baby) is falling down on the job.

While I respect the decision of some of my colleagues to forego children, I personally find great joy and satisfaction in my own daughter. And as her social security number reminds me, I know that my daughter will be a contributor to our collective society, at the very least because her future wages will be taxed to pay for other people’s retirement benefits. I did not wait until I had tenure to get pregnant. I got pregnant while I was still in graduate school, and then I worked my butt off to make sure that I made the tenure cut. I was leaning in well before there were circles to support aspiring leaners.

Back in 2011, the labor economist Rachel Connelly and I decided to write a handbook for women trying to combine motherhood with academic careers.⁴ To our great and continuing delight, the book has found a wide audience among aspiring graduate students and junior professors, both male and female. However, one of the early criticisms of the book was that we reinforced the gender binary by targeting our book to women. By addressing the challenges and difficulties of “maternity,” some feared that we were undermining the intellectual justifications for the widespread policy of parental leave.

I believe that it is essential that we separate these two issues. Having a child has huge ramifications on any couple, but it will have larger ramifications for the member of that couple who has the physical job of conceiving, gestating, birthing, and breastfeeding the child. This does not matter whether childbearing happens within a same-sex couple, among a polyamorous conglomeration, or within a garden-variety heterosexual pairing. She who gets pregnant may suffer tooth decay, sciatica, swollen extremities, hemorrhoids, varicosities, irregular facial pigmentations, and a variety of other possible ailments that afflict the gestating female. Add to these biological indignities the various social expectations of motherhood, and there is a perfect storm.

Women who have children do face significant disadvantages in the labor force, and particularly in academia, and these must be acknowledged. Acknowledging them does not mean that we deny the very important role that non-gestating partners have to play in child raising, but we should not blind ourselves to the nature of the inequality for the sake of political expedience.

How then do we manage maternity in the academy? How can you make a life in the humanities while being a mother? I wish I had the perfect answer, but the truth is that everyone will manage it differently. The key thing is that it can, and that it must, be managed. Women who have children in graduate school or on the tenure track will pave the way for the women (and hopefully someday men) coming up behind them. There are also important policy changes that must be implemented both nationally and institutionally so that women do not continue to be disadvantaged by their biology. There are many men and women in the academy who are fighting for these changes. At the individual level, the key thing is to recognize the challenges, and to face them head on. Maternity (like mischief) can always be managed.

NOTES

1. Hewlett, S. A. "Executive Women and the Myth of Having it All," *Harvard Business Review* 80 (2002): 66–73.
2. Smith, J. P. and R. Forrester. "Who Pays for the Health Benefits of Exclusive Breastfeeding? An Analysis of Maternal Time Costs," *Journal of Human Lactation* 29 (2013): 547–555.
3. Crittendon, A. *The Price of Motherhood: Why the Most Important Job in the World is Still the Least Valued*, New York: Macmillan, 2002.
4. Connelly, R. and K. Ghodsee. *Professor Mommy: Finding Work/Family Balance in Academia*, Baltimore: Rowman & Littlefield, 2011.