

Feminism: Concepts and Theories
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Care: Case Studies and Reading

Welcome back, to Feminism: Concepts and Theories, and for our last lecture for this week, in continuation with our discussion on care, I want to read with you a couple of things. In the first instance, I am going to take up two case studies, given in our text in the chapter on care, that is the text being Key concepts in Feminist theory and Research. And, for the last part of this lecture, I will read to you substantive portions of an article on surrogacy, in India.

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domestic spheres, and in a variety of institutional settings' (ibid.: 665). This may be a useful working description but it does not explain why, for example, it is mainly women who undertake care work. It is to the realm of explanation that I now turn.

Case Study 10: Who Prepares Dinner Tonight?

Min (1999: 140) remarks: 'It is universally acknowledged that the kitchen is the world of women.' Her research is focused on the changing role of women in twentieth-century China. Her methodology is comprised of a narrative enquiry based on interviews with women from four generations of one Chinese family. These are: 'Ms Li, a housewife, aged 90 years, who had completed primary school . . . Ms Zhang, aged 69 years, a retired doctor' . . . Ms Wang . . . a 40 year old mother and University lecturer . . . Lian Lian, aged 10 years . . . a primary school student' (ibid.).

Min's findings illustrate the considerable differences of time spent in the kitchen by these women. Thus Ms Li spends about ten hours a day on housework, Ms Zhang spends less than an hour per day and Ms Wang spends about two hours. Min comments that 'Apart from reasons such as diminishing family size, help by older family members, and employment, an essential factor that has influenced women's activity in the kitchen is the changing attitudes of women towards housework, across the three generations' (ibid.: 143). For example, for Ms Li who was born at the beginning of the twentieth century, there were only two ways in which women could demonstrate their worth. This was through bearing a son and through caring for their families. Ms Zhang lived in an age when equality in terms of sameness was stressed and women were expected to engage in paid work in the same ways as men (Ms Wang was born at a time when there was strong questioning of 'sameness' equality and where 'a woman of good qualities should not merely seek success in her career, but should also aspire to being a good wife and mother at home' (ibid.: 145)).

While women across these generations spend different times in the kitchen, this does not mean that caring is no longer women's work. As Min notes, there is 'no indication that the well-entrenched sex-role patterns will become history in the 21st Century' (ibid.: 152). The reduced time in the kitchen that are features of the lives of Ms Zhang and Ms Wang was due to buying in help or through the use of female family members. For example, Ms Li takes on the housework for Ms Zhang. In this regard it is pertinent to note that the toy that the child in



the family, Lian Lian, prizes most is the plastic kitchen that her father bought her for her fifth birthday. And as an epilogue to the study Min notes that at the close of her research Ms Wang moved to a new house with a kitchen that was twice the size of her previous one. In addition she has spent 'ten times her and her husband's salaries for a month' (ibid.: 154) on refurbishing the kitchen.



Care is Women's Work: Issues of Inter-Connection

As I have indicated, feminist research on the social identity of the person who undertakes and is perceived to be primarily responsible for care in society has, unsurprisingly, focused on its gendered character. In particular, it is women who are the primary care givers. In addition, one of the major landmarks of feminist research into care has been the recognition and naming of care as work, whether paid or unpaid. However, as Thomas (1993) notes, it should not be assumed that paid and unpaid care can be separated into the public and private domains respectively. Paid care occurs in family settings and unpaid care occurs in paid employment contexts. For example, Black feminist research has drawn attention to the 'race' and class dimensions of care. The role of Black women as care workers in the households of White middle-class women has both highlighted issues of class and 'race' power relations and challenged any assumptions that care in the household is always unpaid. The greater numbers of women in the workforce has led to an expansion in the employment of nannies and nursery workers.

The significance of conceptualizing care as work impacts on the kinds of theoretical frameworks that are drawn upon to explain care as a social phenomena and the nature of political change that is thought to be required. The economic character of care can be seen in explanations that have been put forward to explain why the needs of care fall disproportionately on women. Charles (1993) suggests that there have been four main sociological explanations why women have the major responsibilities for family care in capitalist societies. The economic nature of these is illustrated in terms of the attention paid to issues of industrialization, capitalism, production and reproduction and dual-systems theorizing. These explanations also illustrate how the domains of private and public are inter-connected. The four explanations are:



So, let us start then with Case study 10, titled “Who prepares dinner tonight?” Min, and this is a study in 1999, remarks, it is universally acknowledged that the kitchen is the world of women. Now, remember this is something that is being said by a woman, who is claiming universal principles; to say that the kitchen is the world of women, and this is very much part of what I might call, a feminine ethic of care that the kitchen is the woman's domain. Her research is focused on the changing role of women in twentieth century China.

And China is particularly interesting, because like a lot of countries that are familiar to the global south or what used to be called the developing nations of the world, we say that these countries have experienced rapid change in their social environment, in the last 50 to 100 years. Her research, her methodology, is comprised of a narrative enquiry based on interviews with women from 4 generations of 1 Chinese family and this research is just among women, which means that we are going to be able to see the ways in which the nature of care or the idea of care, also changes across time.

These are Ms. Li, a housewife, aged 90 years, who has completed primary school, Ms. Zhang, age 69 years, a retired doctor, Ms. Wang, a 40 year old mother and university lecturer, and Lian Lian, aged 10 years, a primary school student. Min’s findings illustrate the considerable differences of time spent in the kitchen by these women.

And this is a really interesting variable to collect because you are working through the idea of the process of care. Very simply coming down to brass tacks, how much time do each of these women

spend in the kitchen? They are separated by generations, hence by cultural contexts, they are separated by professions, they are separated by age.

Ms. Li spends about 10 hours a day on housework. Ms. Li, if you remember, is the housewife aged 90 years who has completed primary school. Ms. Zhang spends less than an hour per day, Ms. Zhang is a retired doctor and Ms. Wang spends about two hours. Ms. Wang is a 40 year old mother and university lecturer.

Min comments, that apart from reasons such as diminishing family size, help by older family members, and employment, an essential factor that has influenced women's activity in the kitchen is the changing attitudes of women towards housework, across the 3 generations. For example, for Ms. Li who was born at the beginning of the twentieth century, there were only two ways in which women could demonstrate their worth, this was through bearing a son and through caring for their families. Here you begin to see, how is it that care takes on multiple and different meanings. Caring is not just something that is fundamental to Ms. Li., it also is a way for her to indicate to the outside world what kind of person she is, and it is also a medium for the world to be able to judge, what kind of woman she is. This was through bearing a son, like we mentioned, through caring for their families.

Ms. Zhang lived in an age when equality in terms of sameness was stressed, and women were expected to engage in paid work in the same ways as men. Equal rights feminism, liberal feminism, what have you. Ms. Wang was born at a time when there was a strong questioning of sameness, equality, and where a woman of good qualities should not merely seek success in her career, but should also aspire to being a good wife and mother at home and this trope, of the wonder woman is fairly familiar to a lot of people in modern South Asia, for example, where you expected to be brilliant both outside in the public domain, and in the private domain. And something that is seemingly liberating, that seemingly allows women to be all sorts of things also extricates from them, double the labor of just one or the other.

While women across this generation spend different times in the kitchen, this does not mean that caring is no longer women's work. As Min notes, there is no indication that well entrenched sex role patterns will become history in the twenty first century. What a case study like this indicates is that, across these generations sex roles are reorganizing themselves, they are not going away.

They are just reconfiguring different formations of power, and a case study method allows us to be able to see these changes.

The reduced time in the kitchen, that are features of the lives of Ms. Zhang and Ms. Wang, was due to buying in help or through the use of female family members. So, just because these women were able to spend lesser time in the kitchen, did not mean that the work was automatically done by men or shared by men.

It just meant that it moves to other kinds of positions on the class and age spectrum, it moved to other women whose care work was expected, in order to be able to secure the liberation of these women. For example, Ms. Li takes on the house work for Ms. Zhang. In this regard, it is pertinent to note, that the toy that the child in the family Lian Lian, prizes most is the plastic kitchen that her father bought her for her fifth birthday. And as an epilogue to the study Min notes, that at the close of her research Ms. Wang moved to a new house, with a kitchen that was twice the size of her previous one. In addition, she has spent 10 times her and her husband's salaries for a month, on refurbishing the kitchen.

The end of this case study is greatly interesting, because it brings us to the site of care, which is the kitchen. Lian Lian loves the plastic kitchen, which is not to say that she is going to condemn herself to a lifetime of housework, but it does point to the ways in which care or work is part of the socialization, of young female children.

Ms. Wang moved to a new house, where she spent a ginormous amount of money on refurbishing the kitchen. What does this indicate? It indicates that women also internalized the work of care, and think it important to the process of forming one's own identity. This allows us, to hark back to the earlier part of the case study. Where Min remarks, it is universally acknowledged that the kitchen is the world of women, keep this in mind.

And a case study method is really great to be able to understand, how is it that care is a, a cluster concept. It is involved in the way that patriarchy functions and configures the roles of men and women and that these roles are not set in stone, they do change. However, power, patriarchal, power continues to reconfigure itself. Think about reading this again, in cohort with our lecture today, in order to understand how terms that we discussed and concepts that we discussed, are applicable in this case study.

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This has illustrated how women have a more relational style. Ozga and Walker (1995) comment that in contrast to masculine models of authoritative or consultative leadership, research has found that women prefer a participative style. Meehan (1999) distinguishes between those that assume there are internal factors that have given rise to feminine-masculine differences in management styles and those that focus on external factors. Those that focus on internal factors highlight issues such as early socialization and gender identity formation. Those that focus on external factors focus more strongly on organizational features such as company cultures. It is perhaps no surprise therefore that caring, when conceptualized as skills of relationality, should be viewed as an opportunity for women's advancement.

Nevertheless, it has also been important in feminist research to distinguish between women's styles of leading and approaches to leadership that accord more broadly with feminist politics. Strachan (1999) suggests that there are two aspects that distinguish women managers from feminist managers. One of these is a commitment to social justice. The other is the development of one's own and others' practices of caring. Ozga and Walker (1995) suggest that it is feminism's rejection of authoritarian and hierarchical organization, its recognition of the masculine inherent in such structures and its politics of emancipation that create the value context for this. In this framework, feminist management is considered to be the *doing* of feminism 'in such a way that it challenges and changes hegemonic institutional practices'. This emancipatory practice is also imbued with an ethic of care in order that a sense of belonging, of being cared for, is built into organisational practices' (Tanton and Hughes, 1999: 248). It is more broadly to conceptualizing care as an ethic that I now consider.



Case Study 11: The Case of 'Taking Care'

Schreuder (1999) has undertaken a policy analysis of the introduction into the curriculum for secondary education in the Netherlands of the subject 'taking care'. This subject has been introduced because it is assumed in the Netherlands that everyone from the age of 18 years of age has to be self-supporting.

This is everyone should either have a job, try to find a job or go to school of some kind. One of the main consequences of this policy is that neither parents, nor girls nor women can say that they (girls and women) do not



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really need an education because they will get married and have children. (ibid: 200)

Another consequence is that 'boys too need to be prepared for a future in which gender roles are no longer what they used to be' (ibid). A central question of Schreuder's research is whether or not the introduction of 'taking care' will contribute to greater gender equality.

Schreuder's analysis illustrates some significant changes to the educational aims of 'taking care' from its first introduction in 1993 to its revision in 1996. In 1993 the aims were primarily focused on domestic care. This received a lot of criticism both in schools and in the media because 'A very common opinion is that "taking care" is not a "real" school subject because pupils learn how to clean the bathroom and how to cook eggs. In other words, valuable time in school is wasted upon the trivial and unnecessary' (ibid: 201). Schreuder argues that the regulations, enacted in 1996, 'show a different concept of care and care-taking, as well as different educational ideas' (ibid). In particular, 'care' is conceptualized as including the public, as well as the private sphere. This has meant that there is a shift in emphasis away from 'practical skills and correct behaviour toward a notion of "care" in which knowledge, judgement and action are treated in coherence' (ibid: 202). Overall, this has meant that 'Not only are pupils taught what to do, they are now also encouraged . . . to make reasonable and responsible decisions related to questions of care' (ibid). For example:

Pupils have to learn to think about different aspects and different faces of care, in order to make them more conscious of the importance of care (in a broad sense) for their own lives now and in the future . . . The political causality of care in the domestic sphere is now made into a subject for conversation, discussion and critical reflection. Care and care-taking are no longer part of the private domain only, but are made an integral part of the cognitive, rational, public and political domain. (ibid.)

Schreuder argues that these features of 'taking care' do suggest that it could contribute to greater gender equality. In particular, the inclusion of so-called masculine values of reasoned argument and the incorporation of the public sphere have led to a serious acknowledgement of care and care-taking as an important area of learning for all pupils. Thus, while Schreuder is cautious in claiming that such a course that is a small part of the overall curriculum will make an enormous difference to gendered responsibilities for care, she does argue that this course has made care a visible public policy issue.



For our second case study, Case study 11, we are looking at something called the case of taking care, which involves another important site of socialization of gender, which is schools. Schreuder, has undertaken a policy analysis of the introduction into the curriculum for secondary education in the Netherlands of the subject, taking care. This subject has been introduced because it is assumed in the Netherlands, that everyone from the age of 18 years of age, has to be self-supporting, which necessarily involves taking care. Already you see a couple of key differences; here a relationship is made between the capacity to take care, and the capacity to be independent.

In other words, one can see this from the point of view of the cared for. That is, everyone should either have a job, try to find a job or go to school of some kind, in order to be self-supporting. One of the main consequences of this policy is that neither parents, nor girls, nor women, can say that they, girls and women do not really need an education because they will get married and have children. So, think about the ways in which particular forms of legislative reform, as compelled upon a population have the capacity to produce changes in gender configurations.

I am not arguing if such an authoritative sort of way of functioning is good or bad, I am only asking you to pay attention. Another consequence is that boys to need to be prepared for a future, in which gender roles are no longer what they used to be. And why is this, because the act of care cannot be taken for granted.

You will not necessarily have any kind of female relative at home, willing to offer, processes of care. A central question of Schreuder's research, is whether or not the introduction of taking care will contribute to greater gender equality. This is a research study, and the researcher is asking if the introduction of something like this, will necessarily contribute to gender equality.

The analysis illustrates some significant changes to the educational aims of taking care, from its first introduction, in 1993 relatively recent to its revision in 1996. In 1993, the aims were primarily focused on domestic care. In other words, everybody needs to know how to take care of themselves in a private domain. This received a lot of criticism, both in schools and in the media. Because a very common opinion is that taking care is not a real school subject, because pupils learn how to clean the bathroom and how to cook eggs.

Now in my understanding, this sounds fairly progressive, I mean I remember in many cases and I am sure this is still the case, schools in this part of the world had a subject called home science. And who is it that used to be the kind of people, who are the kind of people that would primarily take home science? Usually girls.

And very rarely in some schools they had carpentry, and often the teachers would assign boys and girls separately to these subjects. This might still be the norm or there might be interventions in education, depending on the context, where there is a gender mixed understanding of what kinds of students should do what.

In other words, valuable time in school is wasted upon the trivial and unnecessary. So, cooking eggs, cleaning the bathroom, were considered to be unnecessary and trivial in this kind of education context. Schreuder, notes that the revisions enacted in 1996, show a different concept of care and caretaking, as well as different educational ideas. In particular, care is conceptualized as including the public, as well as the private sphere. This has meant, that there is a shift in emphasis away from practical skills and correct behaviour, towards a notion of care, in which knowledge, judgment and action are treated in coherence.

Overall, this has meant that not only are pupils taught what to do, they are now also encouraged to make reasonable and responsible decisions, related to questions of care. Notice, how the educational impetus has moved from just the process of care or the set of activities that are part of caretaking or caregiving to a larger feminist ethic of care. Which is, how is it that you teach students to function in the world, through a feminist ethic of care. For example, pupils have to learn to think about different aspects and different phases of care, in order to make them more conscious of the importance of care in a broad sense, for their own lives now and in the future.

The apolitical casualness of care and the domestic sphere is now made into a subject for conversation, discussion and critical reflection. Care and caretaking, are no longer part of the private domain only, but are made an integral part of the cognitive, rational, public and political domain.

In other words, exactly what we have been trying to do in today's lecture. Schreuder argues, that these features of taking care do suggest that it could contribute to greater gender equality. In particular, the inclusion of so called masculine values of reasoned argument and the incorporation of the public sphere have led to a serious acknowledgement of care and caretaking as an important area of learning for all pupils.

Thus, while Schreuder is cautious in claiming that such a course that is a small part of the overall curriculum, will make an enormous difference to gender responsibilities for care. She does argue that this course has made care a visible public policy issue. Now, spend some time on this case study.

Think about the set of concepts that are finding their way into this, feminine versus feminist ethics of care, questions of socialization, questions of the site of care, questions of whether care is a

universal or relative ethic, so on and so forth. But most importantly, to me this case study is important because it explores the possibilities of feminist intervention.

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Amrita Panda

NPTEL

Commercial Surrogacy in India: Manufacturing a Perfect Mother-Worker

Everything works like clockwork. We wake up at 8 a.m., have tea, take our medicines and injections, and go back to sleep. Then we wake up at noon, bathe, and eat lunch. We basically rest. That's what is required of us. We are allowed visitors, but not for the night. In the evening we pray. Then the English tutor comes and teaches us how to speak in English. We will be learning how to use a computer next.
—Tina, a surrogate mother, describing the timetable at a surrogacy hotel in Anand, Gujarat, India¹

Feminist ethnographers have often ventured into factories and global assembly lines to watch what they call "gender at work" on the shop floor, and they have demonstrated that good labor—cheap, docile, and dexterous—is not found ready-made (Freeman 2000; Salzinger 2003; Pun 2005). It is created through relations of production, through the "meaningful practices and rhetorics of shop-floor life" (Salzinger 2003, 16). Within this schema, managerial control operates through the constitution of shop-floor subjects. In this article, I argue that the perfect commercial surrogate, like the perfect laborer of global production, is not

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¹ Personal interview. Please see the "Method" subsection for a more detailed discussion of the context and techniques for the interview.

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foreign-made in India.² The perfect surrogate—cheap, docile, selfless, and ~~surrogate~~—is produced in the fertility clinics and surrogacy hotels. When one's identity as a mother is regulated and terminated by a contract, "being a good mother often conflicts with being a good worker, which makes the perfect surrogate subject rather difficult to produce." It requires a disciplinary project that works both discursively—through language and metaphor—and through the materialization of discourses in the form of enclosures (Foucault 1990), or surrogacy hotels. By bringing together insights from feminist literature on factory work and global production, I argue that through the various stages of the disciplinary process a new mother-worker subject is produced, a subject similar to a trained factory worker but one who is simultaneously a virtuous mother. At each stage of the disciplinary process, the mother-worker duality is manipulated in ways that most benefit the mode of production, from the recruitment of guilt-ridden mothers to the disciplining of poor, rural, uneducated Indian women into the perfect mother-workers for national and international clients.

The production of this mother-worker subject, however, does not go unchallenged. What we see instead is a continuum of resistance that includes both narratives as well as individual and collective actions. The surrogates resist being reduced to the disposable and docile subjects of medical discourses by creating alternative worlds or meanings for themselves (Crichton 2007). Ironically, these resistances at the discursive level often reinforce the primary identity of these women as selfless mothers rather than as wage-earning workers, which further undermines their ability to negotiate the payment received. Despite its systemic and near-total

² The origin of the term "surrogate" and its social and political implications have been widely discussed by feminos (Quaresima 1987; Swindon 1994; Bushman 2000). Generally, a surrogate is defined as a substitute or a replacement, implying that the surrogate is a substitute mother. Critics have argued that this terminology suggests that the woman who is paid to give birth is somehow less than a mother and that this disparages her efforts and obscures her by reducing her to her reproductive capabilities. Although the phrase "women who give birth for pay" may be preferred over the term "surrogates," in this article I use "surrogates" and "surrogate" for purposes of brevity and clarity. The women who in one another as "surrogate mothers," and when I explained what the term "surrogate" meant in English, most agreed that the description was fitting. There are two types of surrogacy: the first, called traditional surrogacy, involves the surrogate being artificially inseminated with the intended father's sperm. The second, termed gestational surrogacy, is done through in vitro fertilization, in which the egg of the intended mother or of an anonymous donor is fertilized in a petri dish with the sperm of the intended father or of a donor and the embryo is transferred to the surrogate's uterus. All the cases in this study are gestational surrogacies; that is, the surrogate has no genetic connection with the baby.



For the last part of this lecture, I want to read with you an article on the commercial surrogacy industry in India. The reason why I want to do this is, because I think care is a central concern of the questions raised by this article. This is also a practice that I want to continue to follow as we go along.

Because we will be reading from a lot of contemporary feminist work, in order to try and understand how it is that concepts can be deployed, or why is it that concepts are important, or

what are the ways in which they allow us different possibilities of feminist intervention. Today's article is titled, "Commercial surrogacy in India: Manufacturing a perfect mother worker."

This was written by Amrita Pande, in 2010 for the journal SIGNS, journal of women in "Culture and Society" 2010, volume 35, number 4. What I am going to do is read to you large sections of the article. So, if you are interested, please go back and read the whole thing.

But these sections will help illustrate, the ways in which care as work in the public domain, in an industry such as surrogacy moves back and forth between feminine and feminist ethics and the idea of women as both caring, as well as economically independent subjects in the world.

"Everything works like clockwork. We wake up at 8 a.m., have tea, take our medicines and injections, and go back to sleep. Then we wake up at noon, bathe, and eat lunch. We basically rest. That is what is required of us. We are allowed visitors, but not for the night. In the evening, we pray.

Then the English tutor comes and teaches us how to speak in English. We will be learning how to use a computer next." This is a quote in the article from, Tina, a surrogate mother, describing the time table at a surrogacy hostel in Anand, Gujarat, India.

"Feminist ethnographers, those who chronicle, contemporary, conditions through ethnography, which is a process of qualitative deeply immersive research, have often ventured into factories and global assembly lines, to watch what they call gender at work." In this article, surrogacy is very clearly work and hence the term, commercial surrogacy.

"And they have demonstrated that good labor, cheap, docile, dexterous, is not found readymade. It is created through relations of production, to the meaningful for practices and rhetoric's of shop floor life. Within this schema, managerial control operates through the constitution of shop floor subjects."

The argument in this article, borrows from other understandings of gender in other industries. Where they say, you have to make a good docile worker, a worker who is willing to listen. Therefore, at the feminine end of the spectrum. In this article, the author argues that the perfect commercial surrogate, like the perfect labourer of global production is not found ready made in India.

Unlike common stories, which say that India has been a great surrogacy destination. It is a different matter that in the current moment, commercial surrogacy is no longer allowed. But until recently, it continued to thrive, as an important industry.

The perfect surrogate, cheap, docile, selfless, and here is our key word nurturing, is produced in the fertility clinics and surrogacy hostels. When one's identity as a mother is regulated and terminated by a contract, being a good mother often conflicts with being a good worker, which makes the perfect surrogate subject rather difficult to produce.

I hope you begin to see why this is important, to the discussion on care. Here, we are talking about identity as a mother, as well as identity as a worker. But unlike in the sites where we said that women working is a difficult proposition, because they have to go to work as well as take care of the home, here, the very act of producing a child, usually the domain of private, unpaid, care work is being brought into the public domain, as paid care work for some other mothers who are willing to pay for somebody else, to do the work for them. Because for a number of reasons, they are unable to. It requires a disciplinary project that works both discursively, through language and metaphor, through the materialization of discourses in the form of spaces or enclosures where good mothers are formed. Move on to the next paragraph here, the production of this mother, worker, subject, however, does not go unchallenged.

The surrogates, resist being reduced to the disposable and docile subjects of medical discourses, by creating alternative worlds of meaning for themselves. Ironically, these resistances at the discursive level, at the level of language, often reinforced the primary identity of these women as selfless mothers rather than as wage earning workers which further undermine their ability to negotiate the payment received.

Look at, how interesting a paragraph this is. Here, we see that, those that work in this industry by performing in their capacity as expectant mothers, often refuse the idea that they are cold and selfless and are only doing it for money.

Instead, they provide explanations that say that, we are merely trying to help out other women, who want to be mothers. We are performing selfless acts of caring for those women and for the children that the women are going to be given.

Because they produce themselves as good mothers in this fashion, often they are not able to negotiate their payment with precisely the women for who they want to perform the selfless acts of caring. I am using this as a case study to suggest to you therefore, that this kind of slippage between the private and the public, as seen in the surrogacy industry is a really, really interesting possibility for further conceptualizations of care.

We will return to these and other kinds of discussions in the week where we discuss feminist body, as well as feminists' understandings of work and labor. Until then, congratulations on having successfully completed week 3. Until next week.