

Fragments of diverse academic motherhoods in COVID-19 times

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In this article, we address some of the dimensions we experience around motherhood and academia – or academic motherhood if something like that exists – in the Covid-19 era. We are three mothers, researchers and feminists, writing this article from polyphonic, diverse points of view and within the framework of situated knowledge(s). This essay is an experiment to share personal experiences in a fragmented yet dialogic way. Therefore, it stands as a statement for the legitimacy of personal experiences, as well as of incomplete analytical reflections on them, and underlines the importance of creating specific academic spaces of narration for them.

Who are we?

Kitti: I am a mother, a single mother, whatever that means. I am supported by a network of friends around the world who are our extended family. I often define myself as an errant: so far I have lived in so many countries, and I speak daily so many languages that I do not feel that I belong to a single place, nor a single country, and I do

not own a single language either. I also move between various professional contexts: academia, activism, schools, not really being inside, nor outside of these spaces. I cross contexts and create bridges between them. I am the daughter of a working-class family. I am a precarious “intellectual”; I may be doing cleaning work while working on a prestigious research project.

Marga: It is sad to realise that, in times of COVID, my mothering routines as the breadwinner of the family have not undergone radical changes beyond walking through empty streets and practising new hygiene rituals. In fact, I have more time available now, and I no longer have to make excuses to stay home. I am using the desk located in the second room of the apartment, currently “the office,” which is however crowded, as always, with insistent mountains of clothes on the bed, that only disappear when we have visitors. – “Dans ton bureau?”¹ asks C looking for a pacifier.

In the morning, C takes care of the children: dresses them, feeds them, and brings them to school (when it's open), etc. We usually do household chores together: one empties the dishwasher, the other fills it; one puts the washing machine, the other hangs the clothes, without any task being exclusive. Because C is caring for the family, C often performs the tasks that require more time or energy. And me, I guess because I am a woman and despite my feminism, perform the most ungrateful chores.

Victoria: Right now, my partner is pregnant. Facing the process of motherhood for a female couple requires planning, which is why we have spent several years going through the insidious world of assisted reproduction. And we had the positive result in the middle of the Covid-19 pandemic. It is not only ironic but also alarming. While I am writing these words, I am writing my thesis in anthropology on the process of cancerous diseases, and I do it sharing my workplace with my animals and the washing machine.

How is living academic motherhood in times of Covid-19?

Each of us expresses our concerns from different embodied positions. However, we share a common epistemological commitment to do research based on our personal experiences, taking into account our emotions and our contexts. Furthermore, we share common concerns about the normalised invisibility of personal conditions in academia and how it negatively affects our status within, and also about the ways academia conceptualises academic production and academic maternities and motherhoods.

I'm in the bathroom taking a shower. This is supposed to be my disconnect moment, and all of a sudden, I hear my daughter yelling, "Mom, I don't know what to do with this exercise!" "Please ask your friends first," I reply while the illusion of having a five-minute break slowly fades.

I feel like I am doing the work of three or four people: I am trying to write a book, and at the same time and between countless Skype and Zoom meetings, I cook, I teach her, and take care of her as usual. But I end up being a mother who is not fully there and a worker who is not 100% at work. And I'm not being a good teacher for her, which hurts me because I'm an educator. And I am one of the lucky ones, she can play with other children living in the same building, and I haven't lost all my income. Still, I feel stuck. This grant to write the book seemed like a significant opportunity for me; it was something I had been waiting for a while. The last few years, I hardly had enough money and time to write. When I received the news of the scholarship, I envisioned myself going to the library every day to concentrate on my writing, while my daughter was at school. And now? I am here being unable to write. Our house is super small, and I feel overwhelmed, let alone being mad at myself.

The social distancing imposed by the authorities in response to the pandemic is completely inhumane. We are preoccupied with having

our sociability impoverished, living without corporal relations, missing touching other people and feeling other people.

"Mom, I'm afraid I'm going to forget how to be with other people and how to go out if this lasts too long," my daughter tells me. I really don't know what to say. Yesterday I spoke with an adult friend, and she said the same thing, she feels strange when she goes to the supermarket. My eight-year-old feels the same. It seems they forgot about the children. I'm very frustrated by the situation. But then I remember how lucky we are, being able to live in a house with a shared garden. I keep thinking of single mothers and their children, in small apartments, without balconies, having to go to the supermarket for a walk. Totally inhumane.

The sound of applause coming through the windows brings S and A to their feet. The act that takes place daily at 8:00 p.m. has become a communitarian way to recognise health professionals. "Cacacalle"² says S, pointing outside, with his best smile, while A gesticulates an incomprehensible speech; both with bright eyes, full of expectation. "Cacacalle," - repeats S. It is quite significant that if we don't take into account the illegible words that S uses to call me or his father, the word "Cacacalle" is the second one he has been able to pronounce. The first one was the name of his brother A, with whom S shared my womb. It's time for the greetings, the children's few minutes of daily socialisation. As time passes, the emptiness of their social space becomes more and more apparent to me.

A has a peak fever, 41°; his body is uncontrollably agitated, producing each time an inconsolable cry. In the father's gaze, I see reflected the same fear that runs through my body. I take him to the hospital. It is usual for a high fever to be accompanied by shaking, the nurse informs me. Now A is only 38°. Despite the positive evaluation of the nurse only five minutes later the doctor confirms the diagnosis. The hospital is as deserted as the streets. People are scared to death, I think. Since then, A has been suffering from cyclical crises. He has been diagnosed with PFAPA.³ Every ten

days A has a febrile episode reduced to a few hours, thanks to medication, but accompanied by four days of pain and discomfort. A has changed.

We are in the park with J, and L. Masks are unnecessary outdoors when we respect the mandatory two meters-distance. I am talking to J while sipping beer and watching L, S, and A playing. The park, frequented by young people, musicians, jugglers, and racialised people is today filled with police officers requiring identifications. We are the only ones not wearing masks, yet they don't approach us, not even to warn us that drinking beer is forbidden.

After about nearly two months back in school A is back to her joyful self, smiley and playful. A has abandoned the shouting and changed it for words, now giving us clues about his needs. It's already a month since he had his last fever crisis.

This morning we had a positive pregnancy result. We were the happiest, and for a moment we forgot what it was like to live in times of a Covid pandemic. We have recently passed what the authorities have called a "state of emergency". Quarantine restrictions have been in place since March 14. But we still can't go out and socialise – it makes me somewhat uncomfortable to use the expression – 'freely'. During these months, an incessant flow of information about the pandemic has led us to experience feelings of fear and insecurity in the face of the unknown, and now those feelings increase with our new pregnancy.

We live with uncertainty in this embodied process of maternity and medical negligence. "Call again," I insist. No one answers the phone at the health centre. We hardly have any medical support. The doctor used to call us once a week until suddenly, he stopped calling, and now it is impossible to make a medical appointment. Whether the phone is busy or a machine is answering; apparently, they program the machine so that it does not respond. All of our fears and doubts become more pronounced as delivery approaches.

A significant part of our resistance strategies have been and continue functioning through support groups and online networks, sustaining our everyday life and, through this, our academic work too.

The whole family is devoted to our pregnancy, and they are of great support. When we have doubts, my mother is always there to advise us or to put us in contact with someone who can help us. Fortunately, we have a network of friends who had experienced or are experiencing motherhood. With them, we also can solve the doubts that may arise. In the absence of support from a health professional, we turned to our closest networks. Also, an online maternity chat group has become our only contact with other pregnant people. This group is moderated by an obstetrician and a midwife, who provide us with space of mutual support, even if it is a de-corporalised one. We also have sought out feminist organisations, like PETRA, El Parto es Nuestro, or La Asociación Catalana de Comadronas de Parto en Casa, for support and advice, at a time when the health system is neglecting processes of maternity.

Once we discovered that there were no online sessions organised by the school, we set up a Skype study group for the children. At least this way, while they review the documents or videos they receive daily, they can see each other on Skype. My daughter feels much more motivated. Although most of the time is spent in silence doing homework, they also find time to tell a few jokes. Also, they keep constantly asking each other "are you there?".

These fragments, from our lives, only show brief entrances to the problems we face today as feminists, researchers and mothers. We have not analysed in more depth other issues related to academic motherhood, nor can we address additional dimensions of the pandemic regarding the state repression, the obedience/disobedience of bodies, other emotions, the lack of visibility of non-normative situations, or the precarious welfare.

It is also vital to highlight concerns that have arisen while we were writing, and they raise the question of whether this collaborative article can, in addition to providing information, create a space for emotional support. Through the understanding and analysis of our shared experiences, we have been able to connect with other people who were going through similar processes, and now here we are also opening this space to others, through the act of publishing our reflections in an academic journal. Perhaps this is one of the stimuli that move us to authorise ourselves as legitimate social scientists by exposing our life experiences at the centre of the analysis. We are also encouraged to write these words with the idea that critical feminist social scientists should not only report on problems, but also create a space for legal, economic, social and historical compensation and reparation. Without a doubt, all these questions deserve to be addressed in a more extensive analysis.

Notes

¹ “At your office?”

² The children are trying to say ‘calle’ (street in Spanish)

³ PFAPA (Periodic fever, aphthous stomatitis, pharyngitis and adenitis) is a syndrome, typically starting in young children, in which high fever occurs periodically at intervals of about 3–5 weeks. The cause of PFAPA is unknown.