

The Reproductive Justice Champion's Guide to Discussing and Analyzing “Motherhood”

By Brianna R. Cusanno and Nivethitha Ketheeswaran

ABSTRACT

In this toolkit we offer tools and guidance for critically analyzing notions of Motherhood in order to promote reproductive justice. As champions of reproductive justice we are committed to doing the work of recognizing and undoing the inevitably oppressive ways we and those around us have been encultured into making sense of “Motherhood.” This work includes engaging in critical analysis of how those who hold authority in such constructions, such as health-care providers, may implement more racially just conceptualizations of motherhood. We developed the methodology described below through extensive research on narrative analysis and through our efforts to make sense of our interviews with reproductive healthcare providers (HCPs) who spoke about the intersections of race, policy, and health.

POSITIONALITY STATEMENT

Our perspectives on narratives, reproductive justice, and Motherhood are deeply informed by our positions as Communication scholars, cisgender women, and patients who have personally experienced the harm that dominant narratives about Motherhood can perpetuate. Our (embodied) theoretical experiences have convinced us that stories are never just stories; stories have material consequences for the lives of patients, families, and HCPs. As such, we view critical narrative analysis as a practical tool for interrogating and transforming unjust stories and the systems they uphold. We also recognize that our daily realities are different from those of the HCPs we interviewed; the narrative approach here may not make sense in their diverse contexts. We honor the time and vulnerability HCPs shared with us and hope that this toolkit can be of some use.

TERMS TO KNOW

The Reproductive Justice Movement: a mode of theory and activism conceptualized and led by women of color. It promotes the shift from individualist to systemic approaches to improving reproductive health. Reproductive Justice highlights “three interconnected human rights values: (1) the right not to have children, (2) the right to have children under the conditions we choose, and (3) the right to parent the children we have in safe and healthy environments” and particularly attends to the intersectional forms of oppression that affect women of color.

Dominant Narratives: the “stories that underlie, reflect, and perpetuate predominant cultural values and assumptions about how the world is constituted and how society functions.”

Western Modernity: a dominant narrative that situates the height of morality and progress in the hands of Western development. Western modernity patterns the strategies of European coloniality. Western Modernity valorizes scientific knowledge produced by those who claim objectivity and

neutrality, and works to delegitimize forms of knowing which recognize emotionality, subjectivity, and fragmentation.

White Supremacy: a dominant narrative that complements Western Modernity, by constructing white people (and attributes associated with whiteness) as superior, natural, and normal while also positioning people of color as inferior, irresponsible, and expendable. involved in working with various reproductive justice issues both with NARAL and through other organizations.

ANALYSIS TOOLS

Critical Narrative Analysis (CNA) integrates thematic, interactional, and structural approaches to narrative analysis (Riessman, 2005), scrutinizing both how talk is accomplished through interaction and what meanings are produced through talk to understand how power operates and social reality is constructed through everyday narratives. Rather than examining transcripts in the aggregate and fragmenting text into thematic categories, CNA necessitates close readings of “an extended account preserved and treated analytically as a unit.”

Steps to conducting CNA:

1. Identify and (co)create narratives - Narratives may be pulled from existing sources (existing scholarly literature, media, creative literature, etc.), co-created through interviews, created as a reflection of an experience, or a combination of all three. In identifying or creating narratives it is important to keep in mind what dominant narratives are being considered.

2. Analysis of narratives - Analyzing narratives using CNA can be done through engaging in a reflective reading of the selected narrative,

comparative reading of existing literature, and then engaging in analysis following CNA guides. Some questions may be more suited for different types of narratives and how to employ each question is dependent on one’s positioning and analytical choices.

Please refer to Table 2 for assistance when conducting a CNA.

COUNTERSTORYING TOOLS

When conducting CNA and analyzing the role of dominant narratives, it is important to continually open one’s mind to the possibilities of counter-narratives or Counterstories. This practice allows for developing a sense of continual questioning of the dominant narrative and searching for stories that may have been silenced throughout our daily engagements. “Counterstory” is a methodology of Critical Race Theory which emphasizes that an understanding of racism must privilege the embodied and experiential knowledge of people of color. Counterstories allow for “challenging the status quo with regard to institutionalized prejudices against racial minorities.”

The following tips are aimed at cultivating a reflexive Counterstory method for healthcare providers and researchers with a commitment to championing reproductive justice in their work and daily lives. As people occupying authoritative social positions, providers and researchers hold great power over how dominant narratives are formed around Motherhood. Providers and researchers both witness stories and then bear the stories of marginalized mothers. Learning the skill of “Counterstory” can allow for providers and researchers to become more generous witnesses and therefore more just bearers of stories.

Choose a narrative that you have heard about a patient experience with reproductive health.

Focus on a narrative you are hearing second-hand. For healthcare providers, this may be a narrative you heard from colleagues, in a lecture, or read about. For researchers, it may be a narrative told about someone in an interview, one you've heard from colleagues, or a narrative you read about.

What is the dominant story of this narrative?

Practice: Write a 55 word story that encapsulates the story being told

What is your Counterstory of this narrative?

Practice: Write a 55 word story that encapsulates how your own positioning may tell a different story of the narrative

What is another's Counterstory of this narrative?

Practice: Consider a relationship you have with someone who experiences a different social location and different forms of marginalization than you. Be sure to ground your understanding of your relational partner's experiences in truths they have expressed rather than assumptions. Write a 55 word story that encapsulates what their Counterstory could be. If you feel comfortable, ask your partner to write their own Counterstory and consider the ways your constructions may be similar or different.

Table 1 is an interactive table in which to record thoughts about the CNA questions throughout the process of analytical reading, used alongside Table 2 on the following pages:

Basics (plot, place, arc, time, moral, emotions, genre, mood)	
Characters (narrator, protagonist, antagonist, relationships, tropes)	
Construction (presence, absence, level of detail, role of narrator, world of story, emotions, uptalk, pauses)	
Critique (morals, values, ideology, Discourses, interests served, goals, work done, effectiveness, silencing, colonialist practices)	
Interviews (identities claimed, local context, role of interviewer, power negotiations, story ownership)	

Table 1

Aspect of Narrative Analyzed	Questions to Consider	
The Basics	<p>What is the story about? When does it take place? Where does it take place? Who are the characters? What is the story arc? What is the climax? Is there a transformation? Temporal scaffolding? (Is there a beginning-middle-end? How</p>	<p>is time handled?) What is the moral of the story? What emotions are expressed? What gives this person authority to speak on this subject? Causality? What is the genre of the story? What is the mood/tone of the story?</p>
Characters	<p>Who is the protagonist? Who is the antagonist? Who/where is the narrator? What groups are characters shown to be members of? Who is given sympathy? Who is condemned? Who is responsible? Who is to blame? How do the characters stand in</p>	<p>relation to one another? Are they describing the actions of the characters or theorizing about what this person was thinking or doing? What tropes are used? (e.g., hero, victim, martyr, etc.) What archetypes of patients and providers are (re)produced?</p>
Construction	<p>Who is shown as an agent? Who is an object? How is Grammar being used? Who is absent? What is absent? How much detail and elaboration is described for different scenes? (more detail indicates that narrator sees it as more important) How much of a role does the teller play in their narrative? Are they mostly describing others' actions or their own? What worlds are constructed as the settings? (E.g., family, professional, political?) Do they say things like "bla-bla-bla"? Could that be indicative of not valuing these words or belittling them? What aesthetic tools are used? (similes/allusion/imagery/metaphor) How are ambiguity, irony, paradox,</p>	<p>and tone used? How are other texts referenced? How frequently do they discuss their own feelings or how things affect them personally? What embodied experiences are described? What beliefs have I suspended or kept unsuspended? What beliefs need to be suspended to "believe" this story? Are they using "I" or "you"? Are they using uptalk? Are there many pauses? Are they stuttering?</p>
Critique	<p>What is the speaker's moral orientation? (Helping others? Going against stereotypes?) What are the values and goals this narrative supports? How does the story represent a world view? What is legitimized by this story? What is normalized by this story? What is taken-for-granted in this story? What is unsaid but implicit?</p>	<p>Whose interests are served by this story? What dominant discourses are being drawn on? (Racial, gender, class, ability, sexuality, capitalism, neoliberalism, religion) How does the process of meaning-making interact with broader institutional/cultural norms or events? What stories are difficult to tell because of tacitly under-</p>

Table 2

	<p>stood processes of social sanctioning?</p> <p>How does the narrator position herself to herself—that is, make identity claims? (What identities are claimed or distanced from?)</p> <p>How is the speaker creating her identity as a provider and or moral agent through institutional, cultural, dialogic, and self-constructed discourses?</p> <p>How are dominant cultural narratives being engaged with? Is this a deviant or traditional case? What larger social narratives are embedded in this story? (How are these being accepted and/or resisted?)</p> <p>What is the point they are trying</p>	<p>to get across?</p> <p>What is the goal of this story?</p> <p>How effective is the story in meeting it's goals?</p> <p>What work does this narrative do within the health care community? Does it obscure oppression?</p> <p>How does this story serve as a colonialist practice? Or resist colonization?</p> <p>What is the point of the story?</p> <p>What is its purpose?</p> <p>What is the moral or causal claim?</p> <p>What is glossed over?</p> <p>How does this story erase other stories? (particularly of WoC)</p>
Reflexivity	<p>What do I (the reader) notice?</p> <p>Why do I notice what I notice?</p> <p>What words or phrases stick out to me, and why?</p> <p>What interpretations am I making?</p> <p>What emotions does this story bring up for me? How do I feel after reading this?</p> <p>What appetite or emotion is satisfied by reading this? What bodily sensations do you have while reading this? What intellectual or emotional desires arise?</p> <p>Put more simply: what is the overall feeling you have when reading this? (A related and</p>	<p>interesting question would be: And what does this reveal about you as the reader?)</p> <p>What might the teller be inclined to exaggerate or leave out based on this story relation context?</p> <p>How has this story changed me?</p> <p>Who do I become in reading this story?</p> <p>Am I taking the position of skepticism, forgiveness, sentimentality, cynicism?</p> <p>How might have this story unfolded otherwise?</p>
For Interview Analysis	<p>How is power being negotiated interpersonally?</p> <p>How is the narrator responding to questions?</p> <p>How does the narrator seek to affect the listener?</p> <p>What change does the narrator seek to bring?</p> <p>How did the local context and research relationship shape this account?</p> <p>What questions do people answer directly? What do they answer indirectly or avoid?</p> <p>Do they respond to simple, direct questions with narratives?</p> <p>Was this story spontaneous or elicited?</p> <p>How does the audience respond to the story?</p> <p>How and when does the interview try to take control?</p>	<p>Is this a hypothetical/mythic narrative or a story of a singular event?</p> <p>Whose story is this?</p> <p>Why was the story told in this way?</p>

Table 2 Cont.