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Washington University in St. Louis

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WASHINGTON UNIVERSITY IN ST. LOUIS

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“I’m trying to do the right thing”:

Competing Responsibilities Among Teen Parents in the Context of Neoliberalism

by

Jennifer Heipp

A dissertation presented to the
Graduate School of Arts & Sciences
of Washington University in
partial fulfillment of the
requirements for the degree
of Doctor of Philosophy

August 2016
St. Louis, Missouri

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¹ Like other names in this dissertation, LaMara and Tenisha are pseudonym.

² Likewise, all organization names are pseudonyms.

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ABSTRACT OF THE DISSERTATION

“I’m trying to do the right thing”:

Competing Responsibilities Among Teen Parents in the Context of Neoliberalism

Jennifer Heipp

Doctor of Philosophy in Anthropology

Washington University in St. Louis, 2016

Rebecca Lester, Chair

Shanti Parikh, Co-Chair

Over 14 months of participant observation at teen mom serving organizations, I examined competing and complimentary ideas between the teen moms and the staff of the organizations about what it means to be "responsible." Within neoliberalism, being a "responsible" person is seen as both an ideal and an obligation, and scholars have elaborated how within neoliberal regimes, processes of "responsibilization" occur. In this dissertation, I advance the notion of "competing responsibilities," in that both the programs and my teen mom informants believe it is important to be a responsible person but they differ on the key question of to whom one must responsible (or, for what one must be responsible). I argue that these competing obligations arise because the ideal neoliberal self is male, white, and middle-class, and thus raced and gendered subjects are faced with combining the competing responsibilities of being mothers and lower-income workers. While anthropological critiques of neoliberalism have largely focused on how neoliberal ideals are not appropriate or create contradictions within certain local, non-neoliberal contexts. I examine how even within a supposedly neoliberal environment and among actors all

pursuing neoliberal goals, contradictions still come to the fore for certain individuals, in particular black teen moms.

In Chapter 1, I situate my dissertation within the scholarship of neoliberalism and race, demonstrating how conflicting responsibilities occur in the lives of lower-income and mainly African American teen moms. In Chapter 2, I describe the research methods and organizational context in which this research was conducted. I centrally explore the realities of teen mother's lives and the service organizations with which they interact. Chapters 3, 4, 5, and 6 each elaborate a different dimension of "responsibility," that is, the different identities and obligations that teen moms are asked to perform. Chapter 3 historically situates the contemporary "responsibility" to prevent pregnancy. Chapter 4 argues the black teen moms are asked to perform "respectability," and locates teen parenting interventions within the history of the politics of uplift within the African American community. In Chapter 5, I develop the notion of "uncertainty" as a strategy of dealing with the contradictory responsibilities of neoliberalism. In Chapter 6, I argue that the "responsibility" to become a good mother, conflicts with the responsibility to become a worker. In Chapter 7, I explore the contradiction that although support is one tool that can help navigate conflicting identities, it support is often not prioritized. Chapters 3 through 7 all emphasize the ways that neoliberal responsibilities create contradictions.

In Chapters 8 and 9, I focus on the practical question of how society might respond to teen parents by challenging the notion that "responsibility" should be the central organizing principle on which teen parenting intervention programs are based. In Chapter 8, I argue that although responsibility creates contradictions, the removal of responsabilizing structures by emphasizing "individual choice" actually constitutes abandonment. In Chapter 9, I argue for

margins-to-center thinking – that by looking at teen moms, who are vulnerable because of a combination of factors, including gender, race, early childbearing, and poverty, the way competing responsibilities evidence in society as a whole can be illuminated. Thus I suggest two policies that seek to alleviate the contradictions in competing responsibilities faced by lower-income, African American teen moms.

Chapter 1
“I Didn’t Spend a Dime on Myself”:
Teen mother intervention programs, neoliberalism, and competing responsibilities

“I am a good mom,” Tenisha³, a 20 year old black mother of a 9 month old baby told Maria, a white social worker at a residential facility for teen moms called H.O.M.E.⁴ “I even did something for my daughter yesterday, but I can’t even tell you about it because you won’t understand.”

Despite the vagueness, I knew what Tenisha was referencing. Tenisha had earlier told me that she used all her savings - \$300 – on new clothes for her daughter, in what she believed to be a demonstration of good motherhood. “I didn’t spend a dime of it on myself,” she told me, “I just want my daughter to have everything.” Tenisha was confident that spending the money on baby clothes was the right way to be a “responsible” mom, but she also knew that the residential staff at H.O.M.E. would disagree with her. She knew that they would think she should have saved the money towards a car or an apartment security deposit. Thus, Tenisha kept the clothes hidden, and referred to them only obliquely.

Indeed, Maria later told me that she knew what Tenisha was referring to when Tenisha told her “I can’t even tell you about it,” because she had overheard Tenisha talking with one of the other residents about her purchase of many new clothes for her daughter. “She’s right,” Maria said, “I don’t understand. I think she should have saved the money. She’s going to need it.”

³ To protect the privacy of the individuals who generously shared their lives with me, I use pseudonyms rather than real names for all the individuals in this dissertation.

⁴ H.O.M.E., as well as all the organizational names used in this dissertation, are pseudonyms.

I observed Jana, a white H.O.M.E. staff member in her 40s, discuss a resident, LaMara, leaving the program before officially “graduating” from it. “Graduating” from the program happens when staff and the resident agree that the resident is ready to move out, which usually hinges on the resident having a place to move to, such as an independent living program or an apartment that the resident rents.

Jana said that LaMara left the program because she “no longer wanted to follow the rules.” This demonstration of irresponsibility was cause for concern from Jana and other staff because it indicated to them that LaMara was not able to be a good, responsible mother. In this case, Jana worried, deeply, that LaMara was not prepared for the “real world” and that she and her child were at risk. For example, when LaMara left the program, Jana worried, “Where is she going to go? She’s going to become homeless again and end up in the county shelter without any supports.”

The markers of irresponsibility – breaking rules and leaving the program – about which the staff worried, however, were perceived differently from LaMara’s perspective. LaMara told me that she did leave the program because she no longer wanted to follow the rules – but rather than seeing this as irresponsibility, she saw it as a mark of responsibility. In the logic of LaMara and some of the other teen moms, the program – which provided them with living arrangements, structure, and needed baby care items – prevented them from becoming fully responsible adults.

Only by leaving the program and taking on those responsibilities herself, LaMara told me, could she demonstrate the responsible adulthood she believed is necessary to good motherhood. Good motherhood, LaMara told me, was about providing for your child, and meeting their needs. If the program was providing for the needs of the child – diapers, formula,

clothing – it meant to LaMara that, as a mother, one had failed to responsibly provide these items. Whereas the program staff believed they were enabling the teen moms to become good mothers *through* the provision of these needed items, teen moms interpreted them as evidence of their inability to provide.

At the core, both of these conflicts – between Maria and Tenisha, and Jana and LaMara – are about responsibility. Maria and Tenisha disagree about the responsible use of \$300. Jana and LaMara disagree about how to develop into a responsible person – and how to demonstrate that responsibility. In 14 months of fieldwork with teen mothers and organizations that intervened in their lives, fostering *responsibility* was a key project of institutions that serve teen parents. But like Maria, Tenisha, Jana, and LaMara, organizations and teen parents often disagreed about what constituted responsible action.

In all the programs that I observed, both staff and the teen moms agreed that one must be *responsible* in order to be a good mother. But to whom should teen parents be primarily responsible? And what role should the program take in promoting responsibility? Is it learned? Is it practiced? How can an irresponsible person be rehabilitated into responsibility? Does “responsibility” depend on context? These are the critical questions that programs face when attempting to promote responsibility within their participants.

Thus, when Tenisha buys baby clothing to as an act of maternal responsibility, Maria interprets this as evidence of the opposite kind – evidence of an irresponsible adult who is not saving for the future needs of her family. LaMara wants to be responsible for herself, so she leaves the program, but Jana thinks leaving the program is a marker of irresponsibility. These are moral dilemmas that speak to a larger question: what does it mean to be a responsible person?

Personal Responsibility Education Program

The foregrounded importance of responsibility in the realm of teen parenting programs starts at the top – through funding streams. For example, the Personal Responsibility Education Program (PREP) (§ 2953), part of 2010 Patient Protection and Affordable Care Act (PPACA), includes funding for teenage pregnancy prevention and teen parenting intervention. Even beginning with the name – the Personal Responsibility Education Program– this legislation firmly centers “responsibility” as the critical axis along which to understand teenage pregnancy.

In the logic of PREP, controlling one’s childbearing is constructed as a personal obligation for the good of the nation. In particular, teen mothers are considered to be an expensive national burden. In this model, early childbearing is theorized as a cause of poverty⁵. Teenagers who give birth are less likely to finish high school or college, more likely to use welfare, more likely to have a Medicare-paid birth, more likely to have a son who is incarcerated⁶, and more likely to have a daughter who herself becomes a teen parent (National Campaign 2015). Policy makers who have attempted to parse the social costs of these impacts have estimated that the costs of teen childbearing run the United States \$27.8 billion each year (Maynard and Hoffman 2008, National Campaign to Prevent Teen and Unplanned Pregnancy 2013; for critiques of these calculations see Katz 2001; Kunzel 1993; Luttrell 2003; Phoenix 1993; Pillow 2004; Solinger 1992; Silver 2015).

⁵ There is a statistical correlation between poverty and early childbearing. Whether poverty leads to early childbearing or whether early childbearing leads to poverty has been a great source of debate. For a fuller look, sociologist Kristin Luker’s (1996) book, *Dubious Conceptions*, parses the research on this topic well.

⁶ Because of the racist system of incarceration in this country, this number is at least partly explained by the fact that teen parents are disproportionately black. In this case, assigning blame to teen mothers for the racist system their sons experience compounds disadvantage while making the system invisible.

Non-profit organizations have made teen pregnancy and teen pregnancy prevention a priority, and large sums of money are invested in trying to reduce rates of teen pregnancy. For example, the National Campaign to Prevent Teen and Unplanned Pregnancy spent nearly \$12 million in 2014 on media, research, policy, and other programs designed to reduce teenage pregnancy (Guidestar Nonprofit Profile 2014).

Historian Rickie Solinger argues that “contemporary political discourse, particularly, challenges the motherhood status of the class of females who are young, poor, and of color— the girls whose pregnancies and births are regularly cited as the source of the largest problems facing our country today” (Solinger 1998:383). For example, former Assistant Secretary of Labor and sociologist Daniel Patrick Moynihan, argued that the poverty of black families was due to their “pathological” structure, especially the rates of female-headed households in his report *The Negro Family: A Case for National Action* (Moynihan 1965). Likewise, sociologist William Julius Wilson theorized that poverty is caused by a lack of so-called middle class values, and the “ghetto-specific” behaviors of the black “underclass,” including out-of-wedlock childbearing, households headed by females, and participation in the informal economy (Wilson 1997). In this way, black teen moms are in a space of “problematized” motherhood.

My research is located at the “problem space” (Ong 2003:6) of teen pregnancy. Anthropologist Aihwa Ong argues that “problem-spaces,” the transformation of a certain phenomenon into a problem that needs intervention and solving, are sites of production of certain kinds of subjects. Thinking about the creation of problems as a site of inquiry has a rich lineage within social science. Michele Foucault suggested critical analysis must focus on “the problematizations through which being offers itself to be, necessarily, thought – and the practices on the basis of which these problematizations are formed” (1985:11). Before him, Heidegger

argued, “the question of the meaning of Being must be formulated” (1996:45). Continuing this tradition, Ong asks,

What performed racial and cultural categories are mobilized and deployed, and how are they encoded and recast in the service of producing normative values and behaviors among target populations? What are counterstrategies and ethical reflections of citizen-subjects who evade, subvert or criticize such rationalities... and practices of regulation? (Ong 2003:6)

In other words, definitions of problems are produced at the intersection of cultural and historical concerns. The “problem space” of teenage pregnancy is produced by societal beliefs about adolescence, raced and classed fears about reproduction, and neoliberal notions of responsibility (Ginsburg & Rapp 1991:230).

Relationships of Governments and Non-profits

But does PREP, the federal funding definition of the problem of teen pregnancy, even matter? In particular, since the federal government is making grants but not delivering direct services, how much of an impact does the foregrounding of responsibility in the policies make? More broadly stated, what is the role of non-profits in relation to the government? This question has been of great interest to scholars.

Some authors have focused on the ways in which non-profit actions can be figured as “resistance” (Morgen 2001; Perrons and Skyers 2003), characterizing the relationship between non-profits and the government as combative or adversarial (Alexander et al 1999; Bondi and Laurie 2005; Larner 2003; Nowland-Foreman 1998; Townsend and Townsend 2004; Fyfe and Milligan 2003; Mitchell 2001). Others have argued that through government funding and granting schemes, non-profits have effectively become part of the state machine (Ridley and Wilson 1995; Smith and Lipsky 1993; Wolch 1990). In cases where non-profit motives are not subsumed by the government, scholars have documented a “paradigm of partnership” (Trudeau & Veronis 2009:1120) in which governments cooperate with non-profits in order to gain

legitimacy and non-profits align themselves with the government to benefit from funding resources (LeRoux 2007; Salamon 1999; Bloemraad 2005; Brown 1997). Trudeau (2008) has argued that the partnership and conflict models are not mutually exclusive, and relationships between the government and nonprofits may have elements of both models at once (for further complications of these two models, see also Elwood 2006; Christensen and Ebrahim 2006).

Sociologist Nikolas Rose (1999) argues that nonprofits play a role in the “translation” of macro government policies to the every day lives of individuals. Rose argues that “translation links the general to the particular, links one place to another, shifts a way of thinking from a political centre, a cabinet office, a government department to a multitude of workplaces, hospital wards, classrooms, child guidance centres, or homes” (Rose 1999:51). The concept of translation thus theorizes how macro level policies come to be enacted on the micro scale.

Drawing on Rose’s concept of “translation,” Trudeau and Veronis (2009) argue that there is a need to “[respond] to ongoing calls by scholars to move beyond the analysis of policy towards the modalities and techniques that are used to implement policy in specific geographical settings” (Trudeau & Veronis 2009:1120 see Barnett 2005; Cope and Gilbert 2001; Lerner 2000; Mitchell 2001). In other words, the impact and lived experiences of policies are always particular depending on the ways they are instantiated in actual places. Though policies are debated and written as abstractions, the reality is always specific because it becomes part of lived life in particular places, at particular times, and in particular ways.

Understanding, then, how responsibility comes to structure policies, and in turn, interventions into teen parenting does not only illuminate this single case. Rather, it adds to Trudeau and Veronis’s call to attend to the particular. What is interesting about the attempt to responsibilize teen mothers in the United States at this moment in history is that all the players –

the policy makers, the social workers, the teen mothers themselves – see responsabilization as an important, worthy project. And yet, in the details of lived responsibility, conflicts arise. For example, LaMara was exhibiting her version of responsible motherhood when she decided to leave H.O.M.E., even though Jana judged the same action as irresponsible.

Maria and Jana’s vision of “responsibility”

Maria and Jana, the staff members who chided Tenisha and LaMara for being “irresponsible,” are taking up a similar vision of what constitutes responsibility as the PREP legislation puts forward. They believe that a responsible adult is primarily a worker, and that responsible motherhood is achieved *through* being a responsible worker. To Maria, Jana, and other staff members I talked to, becoming a responsible worker is the most important thing that teen moms must accomplish.

Gabrielle, a black founder of a program called Project Accomplishment that mentors teen moms in high school, also expressed the idea that responsible motherhood should be accomplished *through* being a worker. Gabrielle told me that the program was focused on the teen mom becoming a responsible worker rather than focusing primarily on motherhood skills or on her child. “If we get her educated,” Gabrielle told me, “and we get her stable, she has a job and a degree, and an apartment, that’s going to impact the child.” Ultimately, Gabrielle argued, being a responsible worker must take temporal precedence and will eventually lead to being a responsible mom.

Tenisha and LaMara’s vision of “responsibility”

Tenisha and LaMara had different ideas about which responsibilities should take priority. I was driving Tenisha to lunch one day when she told me her thoughts about collecting welfare. Some people, she told me, feel embarrassed about getting welfare. But she did not, she said. “I mean,” she said, “it’s not something I’ll do forever. But I need to provide for my daughter right

now. Of course I will do what needs to be done to take care of her.” In part, welfare is stigmatized because it is the marker of not being a responsible, successful worker. Tenisha rejects the idea that she should be primarily concerned about her status as a failed worker. For Tenisha, the imperative to care for her daughter – to be a responsible mother - is more important than performing as a “responsible worker.”

Rather than demonstrating responsible motherhood through work and “providing” for their child, the teen moms I observed expressed responsible motherhood in other ways. For example, Asha called me over one day when I was observing at H.O.M.E. “I want to show you my evening routine for the baby,” she said, and she gave me a detailed description and demonstration of the baby’s evening routine – a bath, putting on a new diaper, putting on pajamas, and swaddling. In this moment, Asha was showing me that she was a responsible mom through mastery of the physical routines of baby care. In other words, for Asha and Tenisha, becoming a responsible mother is not accomplished through being a responsible worker – it is a goal that can be accomplished separately and on its own.

How to become responsible: diverging ideas of the process of responsabilization

I noticed these divergent definitions of responsibility again when discussing the *process* of becoming responsible with teen moms and staff. In interviews, I asked what elements teen moms would include in a program to assist teen parents, if they were designing one. Many of them expressed that they would include less assistance than they themselves received (or were currently receiving). For instance, Tenisha told me, “getting the diapers and everything from the program, that was nice, but it didn’t force me to do it myself.”⁷ Having to do for oneself and

⁷ Of note is that while several mothers expressed this to me after they left the program, those same mothers did not decline that assistance when it was offered to them while still in the program.

provide for one's own child, then, are central features of what teen mothers believe makes a responsible person. In other words, for the teen moms in my interviews, it is the daily practice of motherhood – buying diapers, setting the nap schedule, preparing dinner – that proves one to be responsible. Thus, if an assistance program has bought your child diapers – you are not responsible. If a program has set the schedule, or has made dinner – you are not responsible. For LaMara, leaving H.O.M.E. was about proving that she could provide a life for herself and her child – a demonstration of responsibility.

For Jana, though, LaMara's departure reflected the opposite. Jana did not believe that responsibility is an on/off switch defined by a dichotomy, but a muscle, exercised over time. Responsibility must be *developed*, for Jana, not just demonstrated.

A system of behavior levels in place at the organization, H.O.M.E., at which Jana worked demonstrates this idea. Residents can move up through the levels with good behavior, consistent participation in the program, and a one-page written reflection. On each level, the resident gains new privileges and responsibilities, like the privilege of being allowed to have their cellphone with them, and the attendant responsibility to not let it interrupt program responsibilities. In other words, one must practice responsibility, gradually building up the responsibility muscle, until one is a fully responsible person.

The contradictory ideas about how to develop “responsibility” were not merely abstract concerns. They have important implications for the mothers, as the staff would sometimes file a report with Child Protective Services (CPS) if they feared that a child was in danger of abuse or neglect. This was both a legal obligation (as a mandated reporter) and “the right thing to do” according to staff members. For instance, when LaMara left the program, I heard Jana talk about the necessity of filing a CPS report. She argued that because the program could not ensure that

LaMara's child was headed to a safe environment, it was part looking out for the best interest of the child to file a report.

Miscommunications between staff and the teen moms occurred frequently over identity bids by the teen moms to be seen as "responsible." The ways that the teen moms attempted to prove themselves as moral, responsible and good mothers – and the subsequent ways these efforts were often ignored or misunderstood was one of the most heartrending parts of the research.

For example, one night after dinner, I was observing at H.O.M.E. The after-dinner time had a rhythm to it, as residents finished eating, and moved onto their assigned chores, which were posted on the pantry door. Residents performed the same chore every day for a week, and then the chores rotated. The person mopping the floor was always the last one done, because they needed to wait for everyone to finish eating, and for the resident assigned to sweeping to do her task. Katerina, the white mother of a year-and-half old boy, Lucas, needed to mop, but Lucas was anxiously wiggling out of his highchair. Katerina asked Alma, another resident, to watch her child while she mopped, and Alma took both of their children into an attached playroom.

Alma's decision to watch Katerina's child, Lucas, was altruistic – she gained nothing from it, and it prevented her from moving onto the free time which followed the completion of chores. While in the playroom, Lucas started jumping on the couch, and Alma didn't intervene. Farida, a black senior staff member saw Lucas, and reprimanded Alma, who was supervising. "Get him off there, you know he's not supposed to be doing that." Though a minor rebuke, this was a final straw for Alma. As she stormed out of the playroom, she muttered to me, "I'm always getting yelled at. I'm doing her a *favor* and being *helpful* and I can never do anything right!" Alma abruptly returned Lucas to his mom, who still wasn't finished mopping, grabbed

her own son's hand, and stormed out. On her way out she stopped and said to me, "Did you see that? Write this down." Alma's attempt to be seen as helpful and cooperative – and more broadly, *responsible*, was unrecognized.

Being seen as "responsible" and a "good mom" was a cornerstone goal that all of my informants expressed to me, and the attainment of this status had different meanings at stake depending on their circumstances. For some, who had their children taken away in the child welfare system, being responsible – and proving that to the court – was the necessary step to getting custody of their child back. For one white teen mom, Tiffany, being a good mom is something she owes to her daughter for bringing her into the world. "She didn't ask to be born," Tiffany told me, "so it's on me to care for her."

Responsible to?: Competing Responsibilities

Though Tenisha, Maria, LaMara, Jana, and the Personal Responsibility Education Program all center upon the notion of *responsibility*, they have different ideas about what it means to be responsible. When teen mothers are told to be "responsible", they are they are asked to be responsible for many different goals: for themselves, for their child, and for the national future.

I intervene on the notion of responsabilization by arguing that *audience* is important – who is one responsible *to*? In the case of teen parents, they are navigating competing responsibilities. If they are primarily responsible to the nation, their responsibility is to work, and in particular, to not be "dependent" on the state through welfare payments or programs. Teen parent intervention programs, however, configure teen parents as primarily responsible to their children. Gabrielle, like other program staff, articulates work as the primary way to fulfill one's responsibilities to one's children. The teen moms themselves configure themselves

primarily as responsible to be mothers, and they see care rather than work as a primary route to responsibility.

Responsibility and Neoliberalism

In order to understand the call to become a responsible citizen, it is necessary to locate the discussion culturally and historically within neoliberal thought. At the beginning of the 20th century, the “welfare state” guaranteed “social security and social protection in return for duties of social obligation and social responsibility” (Rose 1996:41). After World War II, however, critics of the welfare state argued that state supervision and interference “devalued and diminished liberty” (Wolfe 2000:40). Scholars call the reformulated relationship of the individual and the state, in which individuals exercised more “liberties” and were called to be more “responsible” for themselves, “neoliberalism”. Under this new form of governance, tasks and obligations that were previously considered the responsibility of the government come to be reassigned to individual citizens (Rose 2001; 2006).

Political scientist Joel Wolfe argues that the neoliberal emphasis on responsibility does not replace but rather reformulates liberal forms of government. Wolfe argues,

this “neoliberal” rationality of governance takes many forms of state action as its target, although we should not take its call for “less government” as meaning “fewer policies” or “less governing”; what is at issue for neoliberalism is the streamlining of liberty’s management, not the erasure of liberal space altogether. Neoliberals promote models of autonomy and enterprise as the best solution for both the dilemmas of managing the self and the problems of macro-social conflict. (Wolfe 2000:40)

In other words, a neoliberal governmental approach favors personal responsibility as the most desirable and effective form of governance.

There has been an explosion of research on neoliberalism as a system of governance in general (Hilgers 2010; Ellison 2009; Kipnis 2008; Keough 2006; Gershen 2011), and on responsibility in particular (Shamir 2008; Fordyce 2012; Fordyce 2013; Scoular and O’Neill

2007; Dent 2006). A key focus of anthropological critiques of neoliberalism has been to demonstrate the ways in which globalizing discourses of neoliberalism create conflict and contradiction in non-neoliberal settings (Mahmood 2011; Robins 2006; Gershen 2011; Keough 2006; Freeman 2007; Hoffman, Dehart and Collier 2006; Navarro 2007). In general, these critiques of neoliberalism center on historically and culturally locating the western notion of the autonomous, capitalist, individualist subject, and demonstrating the ways in which these ideals are not universal and are challenged by other ways of being and sets of values (e.g, Kipnis 2007; Ferguson 2006; Gokariksel & Mitchell 2005; Ferguson & Gupta 2002; Mahmood & Muntaner 2013).

In this dissertation, I extend these critiques by arguing that *even in supposedly neoliberal contexts*, similar issues come to the fore for some people. By situating this study in the United States, I demonstrate how competing responsibilities emerge from neoliberal settings even in cases where all the actors agree with the premises of neoliberalism. I apply an intersectional lens to argue that, at the confluence of gender, race, and class, U.S. neoliberal conceptions of responsibility still do not adequately describe reality on the ground and in lived life for certain people, namely young, black, poor teen moms.

Why now?

Teen pregnancy rates have been declining for more than two decades and since 1991, rates of teen pregnancy have dropped by over half (Boonstra 2014). So, why study teen pregnancy now?

Teen pregnancy and parenting's persistence as an imagined social ill – in which organizations, governments, and other actors continue to invest time, resources, and money – despite the drastic drop in incidence suggests that anxieties about teen pregnancy and parenting have an important social function. In other words, rather than being concerned about teen

childbearing per se, organizations and governmental actors that intervene in teen pregnancy and parenting are concerned about the issues with which teen pregnancy comes: poverty, welfare use, sexual activity among teenagers, and racial inequality.

In particular, this study is situated within the debates about race that have come to the fore in the United States in the last few years. Sparked by the police killing of Michael Brown, an unarmed black teenager in Ferguson, Missouri, a new vigor within popular and scholarly debates has emerged about race in America (Bonilla and Rosa, 2015; Coates 2015; Marable 2015; Embrick 2015; Khanna and Harris 2015). Scholars have argued that systemic injustices, the construction of black boys and men as “dangerous,” and the devaluing of black lives are factors that have led America to the present moment. The imaginary of the poor, black, teen mom exists within these racial anxieties and contributes to these conversations.

Intersecting identities: Race

The ideal neoliberal subject is white. In constructing the ideal neoliberal subject, the “colonized” and the “enslaved” serves as a foil to the independent, white neoliberal man. Racially informed discussions of welfare “dependence” continue the construction of white men as self-sufficient, independent, and responsible and women of color as dependent, and irresponsible (Hays 2003).

Despite neoliberal ideas to the contrary, complete self-reliance is a myth (Silver 2007: 8). Silver argues, “Dominant discourse configures *particular* constructions of autonomy and propagates a myth of self-sufficiency that is not truly achievable for anyone in society” (Silver 2007:8). Some forms of reliance (often male, white forms) go unnoticed and are considered entitlements, while others are seen as handouts to the undeserving. For instance, government benefits like the GI bill or subsidized mortgages that have gone largely to white, middle-class men have been accepted as entitlements (Silver 2007). Public benefits (like welfare), on the

other hand, are called “free handouts” or “dependency” and are both raced and stigmatized (Silver 2008:8).

Sociologist Constance Nathanson argues that using non-white people as an opposite against which to illustrate white neoliberal responsibility is politically expedient. Nathanson (1991) writes:

If adolescent pregnancy is a black problem, then it cannot be logically attributed to the sexual hypocrisy of the larger American society. If social problems can be solved by the selective prevention of childbearing, then untimely childbearing – not ‘institutional relationships that distribute power and wealth inequitably’ – must be their cause. These inferences are simplistic but they are easily made, and they lead to policies that call not for institution change but for the social control of women. (Nathanson 1991:224)

Under these systems, cultural attributes of black families and black women are blamed as the main cause of poverty (Silver 2007; Sugrue 1999), rather than institutional factors and economic landscapes, including institutionalized racism (see Harris 2000, Collins 1998, Razack 1998, Crenshaw 1995), and the suburbanization and globalization of industry (Kantor & Brenzel 1992, Massey & Denton 1993, Sugrue 1999, Wilson 1996). These neoliberal understandings of people of color as “irresponsible” also lead to systems of “welfare racism” where people of color are systemically excluded from social welfare eligibility (Neubeck & Cazenave 2001; Buck 1996; Mink 1998; Mullings 1997; Roberts 1997).

In particular, I analyze the roles of gender, race, and class, in an attempt to complicate neoliberalism’s claims to objective rationalism. Race and feminist scholar Ruby Tapia writes,

Precisely because the categories and experiences of ‘woman’ and ‘mother’ have always been made to both reflect and produce a racialized national body ... these events carry out upon and through maternal bodies. It is therefore in keeping with a history of nation building in the image of the white, middle-class consumer-citizen that visions of teen pregnancy materialize through race and class. (Tapia 2011:92)

In a similar way, anthropologist Lauren Fordyce (2013) argues that even when race, ethnicity and social class are not “explicitly discussed, ... assumptions about race and class are woven into

discussions,” and responsible mothers are understood to be white and middle class (Fordyce 2013:17).

Intersecting identities: Gender

The ideal neoliberal subject is male. Notions of “independence” and “self-sufficiency” are critical components of the ideal self under neoliberalism, and notions of independent/dependent recreate a gendered public/private dichotomy (Kingfisher 2002b: 18). “In this construction, ‘independence’ is displayed in the public realm, while ‘dependence’ is sequestered to the private sphere ... the public, civil society generated by means of the social contract is predicated on the simultaneous generation of a private sphere, into which is jettisoned all that which is not amenable to contract” (Clarke 2004:30). In other words, within neoliberalism, activities in the public sphere demonstrate independence, while working within the private sphere is associated with dependence.

Within the United States, the public/private divide is a gendered construction, with men associated with the “public” (e.g., wage employment, political engagements) and women with the “private” (e.g., the household and family) (Pateman, 1988; Lister, 1997). Good fatherhood, which scholars have argued centrally depends on financial provision in the United States (Christiansen & Palkovitz 2001; Perälä-Littunen 2004; Pleck & Pleck 1997) is accomplished through the public sphere. The fulfillment of good motherhood, on the other hand, directly conflicts with the ability to also be a good worker (Hays 1996; Kaplan 1992; Welles-Nystrom, New and Richman 1994). Even when cultural scripts make space for mothers to be wage earners, cultural logics dictate that “good” mothers should always prioritize children above their work (Lewis 1991), making “good” mothers “bad” workers. Indeed, the “independent,” “self-sufficient” male individual, feminists have argued, has come to have meaning by being theorized in relation to his opposite, the “dependent” female (Fraser and Fordon 1994)

And though all women are potentially problematic neoliberal subjects, pregnant women and mothers are firmly located outside the neoliberal ideal. Anthropologist Catherine Kingfisher argues that “the biological nature of the human species entails a fundamental sociality which problematizes views of the individual as separate, autonomous and self-sufficient” (Kingfisher 2002a:25). In particular, pregnancy is characterized by “fuzzy boundaries” between persons – the woman and the fetus, which challenges the ideal of individualism (Kingfisher 2002a:25; see also Young 1990).

Intersecting identities: Age

Thus, teen mothers are in many ways the opposite of the ideal responsible subject. Not only are they female, mothers, and likely to be of color, they are also adolescents. In the United States, adolescence is considered to be a time marked by establishing one’s identity (Erikson 1994). The key developmental task associated with this is experimentation with different roles and identities (Erikson 1994). One objection to teen parenting, then, is that it prevents teens from fully developing – that the years of exploration are necessary to the creation of fully functional adults.

In addition, in the United States, teenagers are considered to be irresponsible (Arnett 1992; Arnett 1996). From a neuropsychological perspective, this is explained because the prefrontal cortex has not yet finished developing in adolescence (for example, Shaw et al 2006). Others, who point to cross-cultural evidence that adolescents globally demonstrate differing levels of “responsibility”, argue that this phase is culturally constructed (Mead 1928). Whether the causes are biological, cultural, or both, part of what makes teen mothers problematic neoliberal subjects in the United States is their young age.

Neoliberalism is not totalizing

Though neoliberalism is theorized as an encompassing and unifying system of governance, many scholars are careful to note the ways in which neoliberal ideals are contingent and negotiated. Anthropologist Catherine Kingfisher, for example, writes that neoliberalism “is neither unitary nor immutable, and it is always in interaction with other cultural formations or discourses” (2002: 165). Neoliberalism, Kingfisher continues, requires political work in the form of mobilization, alliances, and preventing alternatives.

In a similar way, social policy scholar John Clarke argues that neoliberalism should be viewed as a strategy. “Neoliberalism,” Clarke argues, “tells stories about the world, the future and how they will develop – and tries to make them come true” (Clarke 2004:30). Clarke encourages scholars to attend to the “gaps” between neoliberalism’s “ambition and achievement.” Put another way, neoliberal policies do not translate unproblematically into practice.

Likewise, scholars have documented the ways that neoliberal systems are not totalizing. Within neoliberal systems, on-the-ground players have space to resist or modify programs, highlighting the difference between practice and policy (Kemshall 2003; Silver 2015; Lynch 1998; O’Malley 2001; Goddard and Myers 2011). With respect to teen parenting intervention programs in particular, anthropologist Lauren Silver has documented how case managers in a neoliberal supervised independent living program make strategic choices about which rules to enforce based on the case manager’s own assessment of interpersonal and structural forces that prevent individuals from complying (Silver 2015). In this case, Silver demonstrates how grounded realities and interpersonal relationships come to modify a neoliberal governing scheme.

What was striking to me, however, was how much my informants endorsed and actively desired the kinds of lives that the government and non-profits were trying to induce them to live. Rather than reject the idea of being shaped into responsible citizens, the teen moms in my study actively desired it; they just defined it differently. They told me of wanting diplomas, jobs, housing, and to be good citizens and mothers. How they navigate these competing responsibilities is the central thrust of this dissertation.

Reproductive Experiences and Timing: Class, race, gender and the construction of responsible mothers

The anthropology of reproduction anchors this discussion and my analysis of the contradictions that the teen moms face. Broadly, the anthropology of reproduction has taken two key approaches: biological/evolutionary and socio-cultural. These two lines of inquiry focus on very different kinds of questions and methodologies. Biological anthropologists in the area of reproduction, drawing from an evolutionary approach, are primarily motivated by the question of how humans' evolutionary history, psychological constraints, and biological makeup inform people's reproductive feelings, choices, and outcomes (Jolly 1985; Potts 1997; Turke 1989; Krogh 1979; Krogh 1985; Westermarck 1891; Thierry and Herrenschmidt 1985; Thierry 1986; Maestripieri 2001; Shirley 2005; Quiatt 1979; Quiatt 1982; Ferrari 1987; Fragaszy, Fedigan et al. 2004; Verderane et al. 2006; Maestripieri 2001; Fleming, Ruble et al. 1997; Fleming, Steiner et al. 1997; Maestripieri and Zehr 1998; Carter 1998; Uvnas-Moberg 1998; Maestripieri 1999; Dunbar et al. 2007; Rotkirch 2007; Kravdal 1997).

Indeed, there is significant evolutionary and biological evidence that suggests that many aspects of reproduction – from longing for a baby to the decision of when to have one – are partly determined by biology and evolution. Scholars within this field centrally engage the question of just how deterministic these factors are. For instance, biological anthropologist Sarah

Hrdy and other scholars dispute the claim that there is a biological naturalness or essentialness to women becoming mothers. She argues that motherhood can be more fully understood as a result of individual and environmental factors rather than instinct (Hrdy 1999; Liesen 2001; Meyers 2001).

Socio-cultural anthropologists have centrally taken up the project of understanding these individual and social factors that shape reproduction experiences and timing. In this way, biological anthropologists and socio-cultural anthropologists are looking at two sides of the same coin. Franklin argues that there is “a seamlessness of interplay between ‘social’ and ‘natural’ facts” (Franklin 1997). In other words, the biological factors in reproduction – genes, hormones, brain chemistry - are not separate from but experienced in conjunction with the social factors – desire, life goals, meaning, money, love - in reproduction.

Socio-cultural anthropologists of reproduction have used several different lenses to seek to understand the social and cultural reasons why people have children, why people make the choices that they do about their children, and how particular modes of childbearing or parenting structure (and are structured by) social phenomena. Theories about kinship guided some anthropologists’ initial studies of reproduction (Evans-Pritchard 1940; Levi-Strauss 1969; Radcliffe-Brown 1950; Malinowski 1963). Though kinship studies were important to the early anthropological theorists, by the 1970s, “the kinds of problems changed” (Schneider 1995), and anthropologists began to look at questions of relatedness in new ways. In the 1980s and 1990s, many anthropologists took a materialist approach to this question. A materialist approach emphasized the ways that childbearing is involved in the creation of “social capital” (Schoen, Kim et al. 1997; Bledsoe 1980; Handwerker 1986). For example, having children often creates the potential to form advantageous social networks with family or community that can have

many material benefits (Beldsoe 1980; Schoen, Kim et al. 1997; Hogan and Astone 1986; Hogan, Eggebeen et al. 1993; Stack 1974; Harvey 1993; Skinner 2003; Coleman 1988; Coleman 1990). In later chapters, drawing on this materialist approach, I explore how teen moms build networks of support.

Scholars focusing on the political have two main interventions into the anthropology of reproduction. First, they draw focus to the ways that childbearing is, in some ways, a social or national project of producing new members of society (Ginsburg and Rapp 1991; Irvy 2007; Markens et al 1997:353; Rapp 1999:87; Das 2008). Second, longstanding debates within political theory about individualism versus collectivism come to the fore in discussions of reproduction (Ginsburg and Rapp 1995; Mahmood 2004). Anthropologists using a feminist lens likewise have intervened on the debate about reproduction to point out how the organization of reproductive structures and experiences is hierarchical (Colen 1986; Colen 1990; Colen 1995; Ginsburg and Rapp 1995). In other words, while some womens' maternity and childbearing is supported, other womens' childbearing is stigmatized and penalized. A focus on inequality, stratification, and the control of reproduction has thus been an important feminist contribution to the anthropology of reproduction in general and to this dissertation in particular. By attending to inequality and stratification, and drawing on this research among teen moms, I argue that race and class are critical to the construction of teen moms as "irresponsible."

More recently, interest has turned to how discourses about reproduction, technologies of reproduction, and the experience of reproduction itself produces certain subjectivities. For example, the process of the medicalization of pregnancy and childbirth has been of significant interest to anthropologists (Davis-Floyd 1992, Davis-Floyd and Dumit 1998, Davis-Floyd and Sargent 1997, Franklin and Ragonâe 1998, Ginsburg and Rapp 1995, Martin 1987). Biomedical

interventions into childbearing have the possibility of complicating, challenging or reinforcing cultural beliefs (Nelkin and Lindee 1995; Taylor 1992).

Alongside the discussion of medicalization, scholars have also drawn attention to technologization, in particular how certain responsibilities emerge out of contexts created by new reproductive technologies and intersect with access to medical technology and hence socio-economic class. Scholars (Rapp 1999; Rothman 1986; Irvy 2007) have focused on how technologies that enable the possibility for prenatal diagnoses create moral dilemmas and individual “responsibility” for women to choose to abort or carry the pregnancy in light of the knowledge that the child will be disabled (Rapp 1999: 308; Ginsburg and Rapp 1995: 540; Rothman 1986: 181).

For example, Tine Gammeltoft argues that genetic testing and ultrasounds create the early diagnoses that render parents and doctors responsible for choosing to abort or carry a disabled fetus (Gammeltoft 2007). Genetic technologies, and the new categories of “genetic risk” that accompany these discoveries, likewise demand new kinds of active, responsible patient management (Rabinow 1999; Callon and Rabeharisoa 2004; Heath et al 2004; Novas & Rose 2000). Artificial reproductive technologies, including in-vitro fertilization, surrogacy, the sale of eggs and sperm, also create new ways of thinking about reproductive responsibilities (Teman 2010; Rapp 2011; Hochschild 2009; Inhorn 2003). Anthropologist Rayna Rapp uses the term “moral pioneering” (1999) to describe the uncharted decisions that women make in these deeply fraught situations.

I argue that although new technologies can create new responsibilities (or new ways of experiencing or navigating those responsibilities), technological innovation is not necessary for processes of responsibilization to emerge. In a similar way, Ginsburg and Rapp argue that “to

focus too finely on the technology itself is to miss what anthropologists often discover in their research more generally: the control and distribution of knowledge and practices concerning reproduction are contested in every society” (Ginsburg and Rapp 1995:5). In the case of responsabilization interventions into the lives of teen moms with whom I conducted this research, technologies are involved, including reproductive innovations (such as long acting birth control) and changes in ways that information can be conveyed (like smartphone apps designed to teach teens about pregnancy and parenting). However, these technologies do not have meaning in a vacuum but rather their meanings grow out of social, cultural, and historical moments. For instance, in this dissertation, I argue that the need to “plan” a pregnancy does not emerge directly from new contraceptive “planning” tools (e.g., the pill). Rather, changing social and political ideals, configured upon particular people (poor, black, teen moms), in conjunction with technological possibility, create new responsibilities.

Conclusion

What are the impacts of the ways that the responsibility is shaped, defined, contested, and attempted in the social service organizations I studied? How are these responsibilities competing? To whom are teen moms responsible? And what is the process by which they should become responsible?

In Chapter 2, I will outline the organizational context and the methods within which this research was conducted. Then, in Chapters 3 through 7, I will elaborate different “responsibilities to” and how they are negotiated; that is, I will articulate to whom or to what teen mothers are asked to be responsible, and how they negotiate these contradictions. In Chapter 3, I argue that a primary responsibility embedded in discussions of teen pregnancy and parenting is the responsibility to plan pregnancies, and in this chapter, I historically locate this responsibility and critique it ethnographically. Chapter 4 will use the lens of “respectability

politics” and focus on the responsibility of black teen moms to “uplift” the race. In Chapter 5, I argue that rational choice is centered as an explanation of why teens become pregnant, configuring blame in individual, rather than structural, ways. I argue that to understand some teen pregnancies, we must go beyond the rational choice model and understand how, in the words of my informants, pregnancies “just happen.” In Chapter 6, I elaborate attachment theory as one method of becoming a responsible mother, and I attend to the resulting contradictions between being a responsible mother and responsible worker. In Chapter 7, I argue that although support is one way to navigate some of the contradicting responsibilities that teen moms experience, teen moms are under supported. Though lip service is paid to the importance of support, I argue that support is actually deprioritized because of the way some support is configured as dangerous and because of the ways in which support is seen as antithetical to goals of self-sufficiency.

Finally, in Chapters 8 and 9, I turn to the practical question of what programs should do in response to teen mothers. In Chapter 8, I argue that a common solution is to advocate for “choice.” In response, I demonstrate how a programmatic focus on “choice” often leads to teen mothers to feelings of abandonment. In Chapter 9, I argue for less emphasis on solving teen motherhood as its own, isolated, separate problem. Rather, I argue that we should view teen parenthood as a lens through which to see systemic contradictions based on gender, race, and class. Using this lens, I recommend policies that aim to alleviate the gendered, raced, and classed contradictory responsibilities that emerge from neoliberalism.

These are not abstract issues. The teen moms in my study are fighting for housing, employment, stability, relationships, and custody of their children. They are attempting to shape worthy lives. And indeed, being seen as a “responsible” person was one of their most salient

goals. Tenisha buying \$300 in baby clothes but concealing it and LaMara leaving the program are attempts to navigate the divergent definitions of what makes a responsible mother – and a responsible person. When such attempts go unrecognized - or worse, are punished – by programs, critical opportunities for support and mutual progress are lost.

Chapter 2:
“Life has been hard from its very start”:
Research Method & Organizational Context

To understand the ways that responsibility plays out in the context of teen mothering, I first must explain the method and organizational context in which this research was conducted. The teen pregnancy and parenting landscape is comprised of two primary actors: primary prevention organizations and teen parent assistance programs. Primary prevention organizations work with non-pregnant teens, and through their programs, attempt to prevent a first pregnancy. Teen parent assistance organizations work with teens that have already had one or more children, and attempt to prevent subsequent pregnancies.

Teen parenting assistance programs attempt to intervene on the lives of teen parents who already have (or are pregnant with) at least one child. Teen parenting assistance programs tend to have more varied goals than prevention organizations; they may be concerned about housing, education, employment, mental health, parenting skills, or secondary pregnancy prevention.

I call these two categories of programs “prevention” and “intervention,” and in general, they did not have strong ties to each other, other than teen parent organizations occasionally serving as a prevention-oriented guest speaker in high school classrooms or similar activities.

My participant observation is primarily situated within the context of two intervention organizations⁸, H.O.M.E. and Project Accomplishment. My observations of how these programs work are complemented by my interviews of the teen parents who participated in these programs. In addition, I interviewed and toured other teen parent assistance organizations. In

⁸ In this section and throughout the dissertation, I use “organization” and “program” interchangeably to discuss the non-profits that I observed at. This usage reflects the ways I heard H.O.M.E. and Project Accomplishment staff and residents/participants refer to the institutions and/or the institutional offerings.

this chapter, I will provide the organizational context of the two organizations, and then outline the methodological approach.

Organizational Context

Helping Our Mothers Excel (H.O.M.E.)

The first organization at which I observed is a residential facility called Helping Our Mothers Excel⁹, commonly referred to within the program as H.O.M.E. for short. Placed on a quiet residential street, H.O.M.E. is located about an hour from a major east coast city. I was given detailed instructions how to find the unmarked entrance and pulled up to an unremarkable building. Though larger than a single-family house, it resembled the residential style of houses popular in the area: a white front porch, and brick façade. Only the location on a large, commercial-looking parking lot confirmed to me that I was at the right place, and not a personal residence.

I buzzed to enter the building, and was let into a small foyer that smelled of lemon Pine Sol. Double doors straight ahead from the entry led into offices; to the left was a staircase to the upstairs living spaces, and to the right, common living spaces. Brightly painted walls were covered in bulletin boards sporting words of affirmation, artwork made by residents, and public health posters, like one that showed how much babies and toddlers should eat at a given age. Executive staff in the program prided themselves on the “homey” feel of these hallways.

Founded in 1998, it operated on a small scale as a non-clinical program for 10 years. In 2008, the program expanded through a capital campaign and moved into the buildings in which I conducted my research, two purpose-built, side-by-side residential buildings. The treatment

⁹ In addition to pseudonyms for the names of organizations, I protect the identity of the organizations and individuals by concealing location and changing identifying details about the organizations. Although there is a risk of misrepresentation with this strategy, I attempt to depict them fairly and not change details that would be theoretically misleading.

focus of H.O.M.E.'s program includes individual and group counseling, psychological and psychiatric treatment, and psychopharmacologic treatment.

The program housed up to 10 teen mothers at a time, and their children. Placement in the facility was through the state. In some cases, the state had custody of the teen mother, and placed them in H.O.M.E. In other cases, the parents retained custody but the state had intervened and created a placement. H.O.M.E. was funded by the state on a per-bed basis, and was supplemented by private fundraising.

H.O.M.E. is licensed at a "higher level of care" than the base level of group home for youth who are wards of the state, which mandated they provide a higher level of therapeutic services (e.g., there were requirements about how much group and individual counseling residents must participate in) and were paid a higher per-bed rate. In order for the state to approve placement in H.O.M.E., the teen mother needed to have a mental health diagnosis that necessitated this higher care level. Jana, a white staff member, told me that the mental health diagnoses ranged, and included psychosis, bipolar, personality disorders, depression, and affect disorders. "The thing is," Jana continued, "a lot of these girls have been in the system for a long time. Some of them have a lot of diagnoses, just by virtue of having seen a lot of therapists. Everyone adds their own label." In Jana's opinion, some of the girls did suffer from mental illnesses that needed special management and care, and some were experiencing the normal ups and downs of adolescence, motherhood, and life. Thus, although I began this research expecting that perhaps the mental health diagnoses of the teen moms in H.O.M.E. would significantly impact the ways that they were constructed as "responsible" or "irresponsible" actors, these diagnoses were relatively less important in the configuring of responsibility than gender, race, and age.

H.O.M.E. has three hierarchical levels of staff, and the power dynamics manifested spatially. Residential staff worked directly with the teen moms and their children, and used an office near the front door. In general, the residential staff were not in an office but rather supervising throughout the residence, cooking dinner, driving the transportation vans, or preparing rooms for new residents. Clinical staff worked in a dedicated office with a large conference table that was located on a hallway within the residence. Administrative staff, including the director, residential management and foundation staff had back offices that were accessible only through the residential staff offices. The teen moms had constant interaction with residential staff, easy access to clinical staff, and buffered access to the administrative staff. Only one man worked as part of the staff, and he worked in development (part of the administrative staff). The residential staff was all women and was mostly women of color. There was a roughly even mix of mothers and non-mothers among the staff.

Project Accomplishment

The second organization in which I observed I call “Project Accomplishment.” I first connected with Project Accomplishment by responding to an ad they posted on Craigslist looking for a research intern. I met with Gabrielle, one of the founders of Project Accomplishment, a black woman in her 30s with two kids, in a community center and she explained the program.

Project Accomplishment is a young organization, only a year old when I observed. Gabrielle and Alicia, a pair of black evangelical dental hygienists, founded the organization when they felt called by God to help teen moms. “After several days of praying and seeking GOD for direction,” Project Accomplishment’s website explains, “each one of [the founders] was given a glimpse of their purpose. As they started to write it out—piecing together the vision that was shown to them—the VISION began to unfold and merge. It was so divinely orchestrated

that their human minds could not recognize the divine intervention, but they could feel the power of the Holy Spirit positioning them into one cohesive form.” In this way, Project Accomplishment has an explicitly religious ethos for their work.

Project Accomplishment had been operating for one year, and the first year of operation consisted of a once-per-week program in which pregnant or parenting teens could participate. The Tuesday night class contained parenting information, as well as self-awareness building activities. A major component of the class, Gabrielle explained to me, was giving the young ladies one-on-one encouragement and advice to help them “press” through the difficult current times. The goal for the Project Accomplishment program was to eventually create a home for young ladies and their children.

I observed Project Accomplishment during their second year of operation in their once-per-week class within a public alternative high school, Middleton High School. Middleton had a program for teen parents with on-site daycare, so many teen parents in this county opted to attend Middleton although they were also permitted to choose to continue to attend high school at their home high school. In total, about 40 pregnant or parenting students attended Middleton. Each Friday, Gabrielle and her co-founder, Alicia, taught during the third period class that, on the other days of the week, was a class on Child Development. Alicia, also a black woman about the same age as Gabrielle, had been a teen mom herself and now had four children. Although this class was offered school-wide, normally only pregnant or parenting students enrolled in the class. The teacher of this class, in consultation with the social worker for the pregnancy and parenting programs, allowed Gabrielle and Alicia to offer their curriculum during the school day because they believed that attending to the social, emotional, and familial needs of the students was key to their overall success in high school.

Project Accomplishment had no paid staff members, although the goal was to grow the organization in the future. During the year I observed, Project Accomplishment gained 501c(3) status, granting it federal recognition and tax status as a non-profit. The founders Gabrielle and Alicia volunteered their time, as did approximately 15 other black women who volunteered and formed a board of directors for the non-profit.

Methodological Approach

Participant Observation

Participant observation provided the richest data in this research. Participant observation is a classic method used by socio-cultural anthropologists (Malinowski 1929; Evans-Pritchard 1940; Mead 1928). This method relies on building trust, deeply knowing informants, and being part of their world (Geertz 1984).

I conducted participant observation at H.O.M.E. during weekday evenings. Residents would return to H.O.M.E. after a day of being at school or work, and eat dinner together. Then, the evening would often consist of chores, free time, or a group activity like walking to the park. In all, I spent about 200 hours observing this unstructured evening time at H.O.M.E. over a period of 6 months. I also observed during H.O.M.E.'s staff meetings, which happened once per week. During the meetings, H.O.M.E. staff discussed the progress and plans of each resident. In total, I observed at 20 staff meetings.

Project Accomplishment was a school-based program that met once per week. Though school based, the program did not occur for the full school year, rather it spanned from October to April, in total 20 sessions lasting an hour and a half each. In addition, I observed at Project Accomplishment board meetings, volunteer trainings, and during the production of promotional videos.

Tours of other teen parent assistance and teen pregnancy prevention organizations

In order to understand the landscape of teen parenting assistance and teen pregnancy prevention services, I took tours of and interviewed staff members of 12 other teen pregnancy and parenting organizations. I learned about these other organizations through tours of other residential facilities for teen mothers, by observing during several presentations to high school students about pregnancy prevention, and by interviewing social workers and staff members involved in all phases of intervention into teen parenting (prevention, assistance, mentorship, and support).

These interviews and tours of related programs allow me to understand the ways in which H.O.M.E. and Project Accomplishment fit into the landscape of supports available to teen parents. It also allowed me to understand the ways in which H.O.M.E. and Project Accomplishment were representative or non-representative of other services.

Interviews with Teen Parents

My interviews with teen parents provided me with critical context about their lives, goals, challenges, and triumphs. Interviews lasted between 45 minutes and two hours, and 31 teen mothers and 4 teen fathers participated in these interviews. Most participants participated in one to three interviews. 10 of the teen moms that I interviewed were current or former participants of H.O.M.E. or Project Accomplishment. The other 25 teen parent participants were part of other programs or were not affiliated with any teen parent serving programs.

Two informants participated in interviews on a monthly basis through 12 months of the research. I call these interviewees my “key informants.” Though these informants provided me valuable information through multiple interviews, they also provided me critical insights into their lives by inviting me into their homes, texting me when they were having a bad day, and introducing me to their friends and family.

In all cases, the interviews took place off-site from the organizations themselves. The purpose of conducting off-site interviews is both practical and ethical. Conducting off-site interviews meant that I was able to ensure that not only the content of the interviews was confidential, but also the fact of whether or not someone chose to participate. I believe this allowed people to choose to consent to an interview (or not) more freely than had the interviews been conducted at the organizations.

In general, I met people at casual restaurants or coffee shops, and offered to purchase a food or beverage item during the interview. Interviews were digitally recorded, and key portions of the interviews were transcribed. All of the participants who agreed to be interviewed agreed to be recorded, although they were given the option to decline to be recorded and still be part of the research. In some cases, informants told me something before the recording started or after I ended the recording (and in one interview, the recorder died), and in those cases I took notes and quotes are paraphrased.

I conducted the majority of interviews myself, however, for 5 interviews I hired a research assistant. I was interested in the ways that my position as a white, childless, late-20s researcher impacted the ways that people responded to my questions. By hiring a research assistant who was black and a former teen mom herself, I was able to triangulate the information and better understand the ways in which people were presenting themselves¹⁰. This was

¹⁰ My research assistant and I did not ask the same questions to the same people. We both used the same interview questions, but interviewed different people. Thus, I cannot compare how a single individual might change her responses due to the identity of a questioner. However, I was able to verify that the themes that were present in my interviews were also present when the questions were asked by a young, black teen mom. In this way I have added confidence in the analysis.

important particularly in understanding the ways in which my informants thought about race, which I discuss further in later chapters.

Pile Sort and Free Writing

Pile Sort

I asked the teen moms in my study what their ideal order of life events was in their lives, and I prompted them with life event cards, that contained eleven salient life events¹¹, including “graduate high school,” “have a child,” “get a job.” The life events listed on the cards were derived from multiple sources. First, they were derived from my interviews with my informants. These were the life events about which my informants were talking, striving, and worrying. These life events are also drawn from the alternate life course literature, which suggests that early childbearing is a result of a different emphasis on certain life events and a non-hegemonic ideal ordering of life events within some groups. In order to test this assertion among my informants, I used the life events from this literature in the pile sort.

Pile sorting is a cognitive anthropological method (Weller and Romney 1988) that has been used by anthropologists to gain insight into informants' cognitive maps. In pile sorting, informants are presented with cards and asked to group them in ways that make sense to them. Pile sorting has, in particular, been used with success in studies with teenagers, because it is a simple activity to administer and perform, it is perceived by informants as “fun,” and allows informants to express a concept in a new and visual way (Trotter and Potter 1993; Stanton et al 1992). Consistent with these findings, my informants found this activity both enjoyable and helpful to use to express their ideas.

¹¹ The life events included on the cards were: graduate high school, graduate college, rent an apartment, buy a house, have a first child, have a second child, have a third child, begin a relationship, get engaged, get married, get a job.

Writing

I also solicited pieces of writing from my informants about their lives. I wanted to know how they would tell their own stories – What are the turning points? Who are the important characters? Where are the key places? This method of data collection is grounded in narrative inquiry (Denzin & Lincoln 2008). Narrative inquiry takes as a central premise that, by telling stories about our lives, we imbue certain events with meaning and disregard others into insignificance. In order to understand someone's life, then, it is important not only to know what happened, but also what it meant to them, and how they attribute connections between events.

As the author of this dissertation, my interpretation of events is foregrounded. The data presented in this dissertation is – by necessity – only a small subset of everything I witnessed and heard. Although it is my goal that the narrative I've produced is fair and true, there are other, equally true stories that could be told from the same set of data. In this way, every author makes a choice how to portray their subjects; anthropologists often struggle with this choice and make it explicit (James 2010:750; Silver 2015). Carolyn Ellis writes that, in our desire to do ethical research that “makes a difference ... we constantly have to consider which questions to ask... and which truths are worth telling.” (Ellis 2007:26; see also Fortun 2001:52-54).

In other words, writing about a person's life necessarily involves the omission of some events, and the highlighting of others. The process of telling a story is about creating a narrative – declaring important events, turning points, meanings, and even order of events (Mattingly and Garro 2000; Andrews, Squire, and Tamboukou 2004; Reissman 1993). Within narratives, actions are connected to goals, motives, and outcomes by their place in narrative (Bruner 1986, Ricoeur 1984, Mattingly 2010). By assigning different salience to different events, or connecting those events via a different network of presumed motivations, individuals can narratively read the

same situation and come up with vastly different interpretations of the meaning of that event. In this way, narrative matters. Mattingly (2010) argues that narratives are not

emotionally neutral or merely cognitive cultural schemes that are ‘in the heads’ of participants but politically charged cultural dramas that shape the rhythms of activity and the experiences and expectations of participants. They fill the social landscape with friends and enemies, with authorized desires and commitments, with identifiable members of one’s community and outsiders. They people the landscape with social hierarchies. They are very often conflict driven, providing an anticipatory understanding of who has power and legitimacy to act in certain ways and under what circumstances, who are the keepers of truth, knowledge and expertise, where risks lie, what is worth taking risks for, where trouble is likely to occur and a number of other dramatic concerns. (Mattingly 2010: 43)

In other words, by attempting to trace organizational landscapes and creating a narrative out of my observations and interviews, I have also constructed a particular understanding of the world.

As a way to foreground these methodological, analytical, and ethical concerns, I asked some of my informants to write about their own lives. I presented them with a prompt,¹² and asked them to respond to it in writing. My informants who participated in this reported that they enjoyed writing and that this was a fun exercise. Using this data, at the end of this chapter, I will introduce you to Tenisha, whose story is featured prominently throughout this dissertation, using her own words.

¹² Here is the prompt as it was sent to informants: “Prompt: Tell the story of your life. What's happened to you in the course of your life? Who are the important people? How have you felt at different points in your life? What's important to you? How has that changed over time? Where have you lived? What's influenced you? What are your relationships like? What's been sad and what's been joyful? What's been hard? What are you working towards? What's the earliest thing you remember? How do your childhood memories shape you? Who are you? You can write this out in any structure you like. It can be chronological, or it doesn't have to be. You don't have to answer all of the questions above - use them as fodder to start thinking, but don't feel beholden to them. (Don't go through the questions and answer them in order - the idea is for you to just use them as a starting point). Overall - tell me the story of you.”

Dilemmas of Representation and the Politics of Naming

The way in which teen parents are referred has much at stake representationally. Using the term “teen parents” removes the gendered component of “teen mothers,” which runs the risk of erasing the ways that women are culturally expected to shoulder the majority of responsibility for children.

Choosing to use the term “teen mom” is quite different from just calling my participants “moms.” In one of the Project Accomplishment classes I attended, the speaker told the group, “Don’t be discouraged by how other people talk about you. You are more than they say about you. You are not just a teen mom, you are a mom.” This distinction highlighted to me the particular way that “teen mom” – beyond being descriptive – can also be perceived as a derogatory term and is exempted from the idealization of motherhood that is sometimes afforded to an older demographic.

Referring to the participants in my study as “women,” “young women,” “girls,” or “young ladies,” is likewise an important representational decision. Legal scholar Michelle Oberman unpacks the debate, writing:

Those who recognize the harm that is done by labeling women as "girls" find that calling females "women" connotes a higher level of respect. Thus, they might call teenage girls "women" because they recognize that a "girl" might not be entitled to respect, and that teenage girls need both respect and dignity. Yet, "girl" is not simply a pejorative label; it also describes a young female. Thus, far from being merely a semantic issue, the struggle over how to label teenage girls reflects an understanding that they are vulnerable, in precisely the way adult women are vulnerable, to having their worth diminished. (Oberman 1994)

This “girl” versus “woman” debate demonstrates the opposite ways that teenagers are perceived.

Oberman does not explore the racial dimensions to this divide, but scholars (see Schneider and Ingram 2005; Gordon 1994; Luker 1996; Nathanson 1991) have suggested it is African-

American adolescents who are considered “women” and white teens who are considered “girls.”

In order to resolve this dilemma, I mirror the usage of each organization. Because this terminology forms part of the landscape of each organization, using their own words conveys important information about how the organizations imagine the teen parents in their program. Where I must be general, I use the term “teen mother,” “teen father,” or “teen parent” (if talking about a mixed-gendered group). These imperfect terms are more neutral than other descriptors and are widely used and accepted within the field.

Who is a teen mother?

Who constitutes a teen mother is hard to define. Teen mothers could be considered only those still in high school, or could be considered to include those who have a child before age 20. Some of those who participated in my research became pregnant while still in high school but gave birth to their child after graduating, straddling the line – does age at conception or birth matter? For others still, the mother of the child is a teenager, but the father of the child is older. Is he a teen parent? (This phenomenon can happen in reverse, but it is less common). In addition, is one always a teen parent, or is it something that one can grow out of? For instance, if someone has a child at 15, 10 years later is that person a teen parent? H.O.M.E. accepted residents under 21, based on state funding guidelines. Project Accomplishment did not have an age cut-off, and accepted those who self-identified as teen parents. For this research, I was most interested in the social definition of teen parenting, so my inclusion criteria was someone who either was a participant of a program for teen parents or who self-identified as a teen parent. In practice, this meant that I interviewed people who gave birth at the ages of 14 – 21. The majority of teen births in the United States are to older teens (18-19 years old), and this was reflected in the demographics of my informants as well. The majority of my informants gave birth at age 18 or older.

Confidentiality

Because the organizations I discuss are relatively specific and unique organizations, I leave the locations of the sites deliberately vague so as to protect the organizations. In addition, I aim to describe organizations in ways that are accurate in spirit, but that do not render the organizations searchable via the Internet. For instance, wordings of mission statements, capacities and titles of staff members have all been slightly altered.

Some of the organizations I worked with are quite small, assisting only a handful of teen parents at a time. The size creates a confidentiality risk – perhaps not among the general readership, but among the friends, colleagues or co-residents of the individuals I discuss. For instance, if I identify someone as a resident of an organization that I observed, they are potentially identifiable to other residents or staff of the program. For this reason, I alter – sometimes substantially – the characteristics of the individuals I describe. In particular, the age at which they had a child, as well as the age and gender of their child, are enough in most cases to identify an individual within an organization. For this reason, in addition to the use of pseudonyms for individuals and for organizations, I also am careful to anonymize these other identifying details.

Consent

I obtained consent on two levels. First, I obtained organizational consent for me to be present at the organizations, observing. Second, I asked individuals for consent to participate in this research.

Organizational consent was granted by H.O.M.E. and Project Accomplishment from the executive directors of these organizations. Individual consent was obtained in interviews. I conducted interviews with teen moms off-site from the organization in order to ensure confidentiality and to emphasize the ways that participation in my research was not a condition

of receiving benefits from the organization. I explained to participants how their information would be used, and the ways I would protect their privacy (using pseudonyms and changing identifying details). Although some of my informants were under 18, IRB and state laws consider minors under 18 who have given birth to a child to have more legal rights to consent than a teenager who has not had a child¹³. Under these laws and policies, then, teen moms under 18 were allowed to consent for themselves. In cases where I was not able to interview an informant and obtain consent, but had observed them within an organization, I do not use those interactions as data as I do not have consent for them.

My Position

My informants were often curious about who I was. The kinds of questions that they asked me helped me understand the kinds of ways they were categorizing me. As a 26 year old, white woman, the first two questions nearly all my informants asked me was if I had children, and, when I answered no, whether I wanted them, which I told them I did. Not having children, I believe, was an advantage in that this answer often prompted them to give me advice about having children. Commonly, informants told me to wait to have children, perhaps echoing the dominant messages they themselves were receiving.

They also asked questions that I believe were attempts to understand my race and class position. “Were you a cheerleader in high school?” one informant asked me. “You seem like you were a cheerleader.” (I wasn’t). Another time, I carried a different purse, a small yellow bag with a chain strap, a style that was popular at the time. “I like your bag,” one informant said, leaning forward to read the brand name that was printed on the small metal adornment on the

¹³ Teen mothers under 18 are in the particular situation where they can consent for someone else (their child) but not for themselves. Although these laws and IRB regulations are intended to partially resolve this discrepancy, they also have the effect of giving a vulnerable population (teen moms) less protections than non-parenting teens.

front. “Minicci,” she read, “ooh, what’s that?” “It’s the Payless¹⁴ brand,” I told her. “Oh,” she said, “I guess you don’t seem like the kind of person who shops at Payless.” A staff member, overhearing the conversation, asked her, “What’s that supposed to mean?” Although she responded that she didn’t know what she meant by that, I took the conversation about the purse as her attempt to understand how much money I made.

Even as a person without children, I carried into the project my own culturally informed ideas about what a “good mother” is and is not. Again, to the extent possible, I tried to identify my own assumptions in order to see how “good motherhood” is constructed in these settings, and by teen parents. These assumptions included that “good” parenting is consistent, warm, and nurturing, and that it prioritizes raising a creative child who does well in school. Like the programs I observed, I believed that ideal parenting doesn’t involve physical discipline, yelling, or too much TV. Because of this, I had to be intentional about attempting to de-naturalize my own beliefs from the neoliberal system in which I too, am embedded.

Introducing Tenisha: in her own words

The reader has already met my key informants, Tenisha and LaMara. In the introduction, Tenisha spent \$300 on baby clothes and LaMara left the program before staff felt she was ready. Through this dissertation, Tenisha and LaMara’s stories will continue to form a core part of the data I present. Thus, I want to introduce the reader to Tenisha and LaMara more fully. Here, Tenisha will introduce herself in her own words. Tenisha writes,

You would think as a 22-year-old mother I would have the best memory possible. Well unfortunately, that is not true. My memory sucks above all which makes my story harder to tell. My memory may be selective and I may block out some things. If this is true I am not intentionally doing it and I wish my mind and brain wouldn't do such a thing.

Life has been difficult from its very start, considering I am adopted and my

¹⁴ Payless is a lower-end shoes and accessories store.

biological mother was a drug addict. I say was because just a few years ago, I found out her addiction killed her. I would emphasize my younger years but I don't remember much of it. But what I do remember is sticking out like a sore thumb because my sisters and I were three black children in an all white family. I do remember having little to no friends growing up.

My childhood was pretty easy. My mother was a foster parent, she stayed at home. My parents lived comfortably. There was always food in the fridge. Christmases were unbelievable. There were six of us. I was the youngest. I do remember not ever feeling like I fitted in. I can definitely define my life as a rollercoaster ride but the ride didn't begin until a few months after my eighteenth birthday a lot of ups a lot of downs. A lot of shelters, homelessness and surprise gifts along the way. That's when I feel like my story starts, that's when the ride begins.

I graduated in June of 2011. My senior year was hell for me. I was friends with a girl named Lana. I was cool with a few other girls but they were very, how can I say, different. All my friends were the weirdoes of the class. Before my graduation I met a freshman named Nisha. Now mind you before I met this girl I was what they call a goody two shoes. Good grades, never in trouble, a virgin, never drank or anything. This girl had a bad reputation for her outlandish behavior. When people talked about her, you didn't hear anything. Hanging out with her, I finally figured out what people were talking about.

We exchanged numbers and a call came to my house. I felt good, no one ever really called for me. She invited me to my first party. I couldn't turn down the invite. Fitting in was what I dreamed of. I jumped at the opportunity and before you know I was drunk off Kassera vodka and no longer a virgin. I was always insecure about my image, I held onto my virginity as long as I could because I was. That summer was the best time of my life. \$20,000 richer and friends up the ass. My parents warned me I was being used but I didn't believe them. The guy I lost my virginity to was one of them. We hung out every day. He struggled with a heroin addiction, or I can say any drug he get his hands on addiction. I seen and did the craziest things that summer. The summer of 2011, we still talk about it to this day. I wish I would invested the money I had better, but you live and you learn. I have nothing to show for it.

During that summer I would disappear for days and not call my mom and dad. I was blatantly disrespectful and embarrassing my family with my promiscuity and lack of morals. They raised me better than I acted. Sick of my behavior they asked me to leave and not nicely. They kicked me out and they had enough of my shit. The one thing my mom did have was one suggestion: Promise Home (a youth shelter). I went there in 2011. I tried to clean my act up and was there for a few months. My exit resulted in my rebellious behavior.

Discovering my biological sisters through Facebook I moved in with them for a couple weeks and begged and pleaded my parents that I had changed and I was gonna do good and stay away from the friends I had last summer. January of the next year I was back in my hometown with my family. It only took me a week or so and I was back to my old ways. I linked up again with Nisha and the behavior started again except this time I became a shoplifter and an addict.

I got addicted to a pill called coricidine. You popped eight of them and you were in a trip. You were high. I loved the high. I couldn't stop. These pills made me happy. These pills, I overdosed on with 64 in my system returning home the next morning I told my mom I wasn't feeling well and I needed to go to the hospital. Stuck in a trip and on my way to the hospital they passed liquids in my body to drain the pills. The pills were drained and I was sober on the inside but I still wasn't back to reality. I found myself in a mental hospital for a week in good ole Philadelphia. The psychiatrist had to fight for me to return home because my mom didn't want me home. I caused a lot of problems in my parents' marriage constantly fighting over me and what they should do with me. Convinced, I returned home and was in an outpatient drug program. I continued to use but the drug was never detected. I went everyday. Everyday my mom had time to rummage through my things and found the very drug I kept urinating clean for. She called my counselor and they kicked me out the program.

I was sent to detox and off to Georgia I went. Feeling like I've felt before at this rehabilitation program. Didn't feel like I fit in. Didn't get along with my roommates. My behavior once again resulted in my exit and off to the Promise Home I went. My parents didn't want me home. The Georgia Promise Home¹⁵ was another shelter I ended up in. I weaseled my way on a bus back to Maryland and convinced my sister to let me stay with her. Her and her boyfriend lived in one town over from my parents' town. My whole life was about to change. I was about to meet a man that was going to make me a teen mom.

Back and forth between my sister's town and my parents' town I continued to party. My sister eventually didn't want me there because I didn't stay long enough. I ended up in a shed behind the Grocery Market. Police checked those sheds and eventually found little old me. I told them I had nowhere to go but earlier that day I was referred to the shelter in the County. With \$15 in my pocket I called a friend and he took that for gas money.

The next morning I woke up in the County Family Shelter. I had no clue how long I'd be in that place but it was alright because I only had myself. A month went by and I'm making friends. People actually liked me, my sister joined me not too shortly either because her housing arrangements flopped. I was alright. I wanted a job and I had all the knowledge and skills to get one. I did that. I called places and called places and bam I finally got my first interview and I started dating someone new. His name was Leroy. A little bit older than me, this man had wit and charm. He got along with everyone. Everyone liked him, staff, residents.

If I had a brain, I would've figured out that all he wanted was sex. I made him wait about a month then I decided to give in. Here's a part of the memory that gets a little blurry, the in between stuff. But I started to throw up, I thought that was weird. I took a pregnancy test the same day and received a positive result. Kicked out of the shelter and living with a friend I had mixed emotions on my pregnancy. Told my parents and they reacted as any parent would. My mom encouraged adoption, my dad told me my life was over if I desired to take

¹⁵ Promise Home shelters are a national organization with locations in many states.

responsibility of another human being. Leroy and I broke up throughout my pregnancy with my daughter. He called and reconciled with me a couple weeks before MY daughter was born. We've been together ever since.

Two years later and two more stints at homeless shelters I have finally found my own place. Even though I was asked to leave at the County Family shelter I filled out low income housing applications from 2012, followed up, and finally I heard back from one.

Another surprise was born to me in November at 2015. It was a little boy. Even though life is a struggle, I continue to prosper. I honestly don't know how I would do without the supports I have on my team. I am blessed and I won't give up.

Now that the reader has met Tenisha, I will also introduce LaMara. I invited LaMara to write about her own life, and though she seemed enthusiastic about the idea, she ultimately did not participate in the writing.

LaMara was raised mostly by her grandmother, as both of her parents were addicted to drugs and were not present through most of her life. She had always done well in school, and was considered “the smart one” in her family. When she became pregnant during her senior year of high school, she initially considered having an abortion. Ultimately, she told me, “I couldn’t stand never meeting my daughter,” she said. Having been previously on a smart and successful track, LaMara felt that everyone stopped believing in her potential when she announced that she was pregnant.

Soon after her daughter was born, Child Protective Services deemed her grandmother’s house, which had bed bugs, an unfit place for a child. They told LaMara she needed to leave the house within one day or her daughter would be taken into custody, which is when she found H.O.M.E. LaMara lived at H.O.M.E. for just under a year, and eventually left and moved back in with her grandmother. Because this was still not deemed a suitable living situation, she moved into a county family homeless shelter days later. LaMara worked on a cereal packing line, and eventually pooling money with her boyfriend, Russ, they moved into an apartment together. When she lost her job, they lost the apartment. At the time of this writing, LaMara is

pregnant with her second child (a girl) and is saving up again to move back into an apartment with Russ.

Goals of the Research: Complicating Villains and Heroes

The organizations at which I observed were filled with people who cared fervently and deeply about the teen parents with whom they work. They are not perfect people, but they brought practices of deep compassion, patience and experience to their work. They struggled with many of the same questions I was asking. Likewise, the teen parents that participated in this research are, at turns, thoughtful, generous, wise, loving and impulsive, wounded, angry and scared.

Participant observation and interview methods allow researchers to see the richness of lived lives. In the course of this research, my goal was to understand the ways that the differing responsibilities imposed by neoliberalism played out on the ground for people at the intersections of identities that are marginalized within neoliberalism. By deeply engaging with people's lives, I was able to see the ways that the lived experience of striving to become a responsible person was different than the straightforward neoliberal ideal.

Chapter 3:
The Responsibility to Plan Pregnancies:
History of Interventions in Problematized Pregnancies
(1856-2015)

The Personal Responsibility Education Program, created through the 2010 signing of President Barack Obama's Patient Protection and Affordable Care Act, designates funding for teen pregnancy prevention and teen parenting assistance and frames the primary expression of "personal responsibility" within the idea of planned pregnancies. "Planning" a pregnancy is a contemporary notion that requires prospective parents to evaluate the timing, financial ramifications, and impact on overall family size before deciding to try to have a baby. Within a "planning" scheme, a pregnancy is always either being prevented or attempted. This notion, however, that all responsible adults should be constantly engaged in the project of pregnancy planning is a historically recent invention. In this chapter, I will trace the rise of the notion of pregnancy "planning" by locating it within the wider scope of pregnancy prevention interventions since 1856.

In 2014, the year this study started, the teen birth rate was 24 births per 1,000 girls aged 15-19. Black, Hispanic, and American Indian/Native Alaskan teens all experienced disproportionate rates of childbearing at 35 births per 1,000 for black teens, 38 per 1,000 among Hispanic teens, and 27 per 1000 among American Indian and Native Alaskan teens (National Campaign to Prevent Teen and Unplanned Pregnancy 2015). White teens had a rate of 17 births per 1,000 and Asian and Pacific Islander teens experienced a rate of 8 births per 1,000 (National Campaign to Prevent Teen and Unplanned Pregnancy, 2015). Teenagers from low-income families are more likely to bring a pregnancy to term by a factor of 9 (Mauldon 1998), making class an important variable in teen parenting. Birth rates to teenagers are markedly higher in the United States than in other countries in the developed world (Kearney and Levine 2012; Coren,

Barlow, and Stewart-Brown 2003; Furstenberg 1998; Maynard 1997), although rates of teenage childbearing are at historic lows among all demographic groups in the United States (Hamilton and Ventura 2012).

I argue that, in the 19th and 20th century, pregnancies that were deemed problematic were those that happened outside of marriage to young, white women. Reformers targeted “unwed” pregnancies. In the middle of the 20th century, after the close of World War II, the conversation about which pregnancies were the most problematic began to shift. Concurrent with the first stirrings of neoliberal thought in the United States, and the demographic shifts of the baby boom, the idea that pregnancies should be planned began to come to the fore, in particular, the government and non-profit actors began to intervene on young, black women who, the state believed, should better plan their pregnancies. These reform efforts about what makes a pregnancy licit or illicit intersect with the project of “respectability politics” that middle-class, black reformers were undertaking in order to “uplift” the race. In subsequent ethnographic sections, Chapters 4 and 5, I return to these themes of the politics of respectability and the state’s intervention in pregnancies that they deem problematic. However, the historical context of these concepts is important, an idea upon which I elaborate in this chapter.

Key to unpacking these contemporary debates is to understand that two related debates are happening simultaneously. The first debate is about the potentially damaging impact of early childbirth on individual girls and society and subsequent debates about pregnancy prevention. Debates about prevention have taken center stage in conversations about the pregnancies of young women. Receiving comparatively less attention is the issue of how to respond once the children have already been conceived or born. Though these two issues have similar and interrelated intellectual histories, the concerns and solutions offered within each are unique.

Moral Interventions: The Problem of Out-of-Wedlock Pregnancies

To demonstrate the shifting landscape of which women are deemed fit to reproduce versus women who are deemed less desirable mothers by state actors and social reformers, I begin in the mid 19th century. The year 1856 saw the foundation of the first institution in the United States designed to rehabilitate “wayward” poor, white girls, the State Industrial School for Girls located in Lancaster, Massachusetts (Nathanson 1991:103). The last decades of the 1800s brought the opening of the Florence Crittenton Mission in 1883 for “outcast women and girls” (Wilson 1933:1) and the Salvation Army Rescue Home for Fallen and Homeless Girls (McKinley 1980:54). These organizations all concerned themselves with “female delinquency,” targeting poor white girls who had given birth out of wedlock as well as those judged to be in danger of sex before marriage (Nathanson 1991:103). At that time, the concern revolved around the moral dangers of out-of-wedlock sex and babies for white women.

These moral reformers focused on poor, white girls, with three key goals: to “protect” girls from losing “sexual status,” to “restore” status if it has already been lost, and to find a place for the girl whose status was irreparably damaged (Nathanson 1991:104). Though reformation was a goal, there was also doubt that reform was possible; one writer commenting in 1905 that, for a girl who had sex outside of marriage, her “chance to retrieve herself... is very small” (Schlossman and Wallach 1978). Black and immigrant women, though targeted by public social control strategies (Nathanson 1991:78) were placed outside of the sphere of “respectability” and “innocence” that applied to white young women (Weiner 1985:5).

In the late 19th century and early 20th century, the period between puberty and marriage was seen as an especially fraught time to which mothers should pay particular attention (Schlossman and Wallach 1978). Placing particular emphasis on mothers controlling their

daughters' sexuality highlights the gendered approach – this was seen as a problem of women's immoral sexuality. Young, single, white women's participation in the labor market doubled between 1870 and 1920, usually in domestic and factory work (Hill 1929). As white women were increasingly outside of marriage and the home (though most still lived with their parents if they were unmarried), moral concern centered on these young white women who were “adrift” from the familial sphere (Weiner 1985:5). One historian writes, “a society which failed to provide a significant social role for women outside of marriage ... [nonetheless] had no trouble recognizing the threat to female virtue posed by the sudden onset of sexual maturity” (Kett 1971:295-6; see also Mennel, 1973; Brenzel 1983; Schlossman and Wallach 1978; Meyerowitz 1988). Annie Allen, a reformer writing in 1910, highlighted both the conceptions of innocence and danger, describing white girls who became pregnant before marriage “silly and ignorant”, like a baby who might cause destruction but “not even be naughty” (Allen 1910).

Organizations that sought to protect white girls in this “vulnerable” stage primarily strove to remove the girls at the highest risk from their problematic environment, with the end goal of protecting the girls, the community, or both (Brenzel 1983:82; Schlossman and Wallach 1978:67; Freedman 1981; Rafter 1983:307; Nathanson 1991:110). Social scientist G.B. Mangold, for instance, recommended that “colonies” be created for (white) women who have committed sexual transgressions, arguing that this is a useful system because “a program of moral education and sex instruction will not solve the problem, unless [these women] can live in a practically perfect environment ... a policy of segregation and institutional care must be adopted” (Mangold 1921:185-186).

Attempts to morally protect young women at the end of the 19th century also came by legally raising the age of consent (the age at which a person is considered old enough to decide

to have sex). During the British colonial period in America, the common law age of consent for white girls was seven; reformers concerned for the “honor” of women lobbied for increases in this age¹⁶ (Luker 1996:27). This coincided with the 19th century emergence of a new conceptualization of childhood: a separate and valuable stage of life associated with goodness and innocence (Aries 1962:119). Campaigns to raise the age of consent garnered support from both women’s groups like the Women’s Christian Temperance Union and men’s groups such as the Knights of Labor, whose ideas about the importance of protecting female purity overlapped (Luker 1996: 28). Senator Blair, in a 1888 Senate hearing argued that age of consent laws were urgently needed to address the “grievous” need to protect young white women, regardless of their families’ socioeconomic status (U.S. Congress 1888:1326). Reformers argued that these new laws were necessary to protect “innocent” white “girl-children” for the “maiden” “to develop into the woman” (Nathanson 1991:123).

Respectability Politics

At the same time as white reformers were seeking to rehabilitate “fallen” white girls, middle-class African-American women reformers were promoting the values cleanliness, thrift, temperance, manners, and (sexual) purity (Higgenbotham 1994). Part of “uplift politics,” the premise advanced by middle-class African-American reformers at the turn of the 19th century was that if lower-class African-American women demonstrated themselves to be respectable, they could gain middle-class standing. Historian August Meier argues that the goal of uplift politics was to “impress whites so favorably [African-Americans] would be freely accorded their rights” (Meier 1964:35).

¹⁶ In part, the push for an increased age of consent had to do with fears of “white slavery,” or young, white girls pushed into prostitution (Davis 2009)

Historian Victoria Wolcott, elaborating on the idea of respectability politics, what she calls “bourgeois respectability,” argued that black respectability was negotiated and remade by individuals striving to create good lives, yet constrained in their ability to conform to certain notions of respectability by economic circumstance. For instance, although participation in illicit informal economies “transgressed bourgeois notions of respectability . . . [they] did not necessarily transgress working class notions of respectability that foregrounded economic survival and racial pride” (Wolcott 2001:9-10). Thus, expressions of respectability are grounded in class.

Class is not only socio-economic status, but encompasses a certain set of interests, tastes, and dispositions (Bourdieu 1994). And though “class” is ostensibly racially neutral, “middle-class” is associated with a specific expression of whiteness (McClintock 1995; Byrne 2009; Korgen 2010), including norms of “child rearing, cleanliness and order, sexual purity, and overall self-improvement” (Higgenbotham 1994:139). Thus, for black women and men, class mobility is predicated on a “politics of respectability” which requires that, for admittance to middle-classness, black individuals behave according to certain norms of “behavioral self-regulation and self-improvement along moral, educational, and economic lines” (Higgenbotham 1994:196). For black people, achieving middle-classness, then, is partially a task of adopting the cultural and symbolic capital of the white middle-class (Neckerman et al. 1999, Harris 2013).

Scholars remain divided on the meaning and impact of respectability politics. Some scholars argue that although racial uplift as a strategy challenges white racism, it is a middle-class strategy that creates class stratification among blacks (Gaines 1997; Higgenbotham 1993; Carby 1992). Other scholars have argued that uplift politics is based on cooperation between black classes, and that “morality, respectability, cleanliness and religiosity were not ideological

gifts of the middle class handed down to the poor, but rather a part of pre-existing working class culture” (Wolcott 1997:89; see also Hine 1990; Neverdon-Morton 1989; Salem 1990; Giddings 1984). In my observations at H.O.M.E. and Project Accomplishment, I argue that a focus on respectability and responsibility do not challenge systems of class and race, rather they reify them by individualizing poverty and precluding a focus on systemic failures.

The Reproduction of the Undesirable: Sterilization and the Science of Eugenics

Though some reformers were pursuing moral means to reducing pregnancies that were seen as undesirable, others were turning to the new science of eugenics, which was initially focused on preventing poor or disabled white women from having children in order to better the white race. Laws prevented “lunatics”, “idiots”, “imbeciles” and the “feeble-minded” from getting married (as a way to prevent the reproduction of their “kind”, which would bring “blight and disease of blood”) (Hurty 1912:4; Luker 1996:32). In 1907, backed by the science of eugenics, Indiana was the first state (with 16 states eventually following suit) to employ forced sterilization as a method to prevent the reproduction of the “unfit,” which included immigrants, the disabled, and the very poor (Luker 1996:33). In addition to the goal of creating a fitter race, these policies were seen as a larger way to address the social ills and economic costs of poverty.

Justice Oliver Wendell Holmes, in a landmark sterilization case upheld the forced sterilization of Carrie Buck, a white inmate of the Virginia Colony for Epileptics and the Feeble-minded, saying “it is better for all the world, if instead of waiting to execute degenerate offspring for crimes, or to let them starve in their imbecility, society can prevent those who are manifestly unfit from continuing their kind” (Buck v. Bell, 274 U.S. 200 1927). The definition of the “feeble-minded,” often included “sexual delinquency,” and case reviews have revealed that a majority of those sterilized had been noted to act with “sexual license” (Luker 1996:32). “Fitness” was a combination of whiteness, being native-born, having no history of crime,

illegitimacy, or alcoholism (Kluchin 2011). IQ tests formed the “scientific” basis from which these determinations derived their credibility, and reified the categories by categorizing as mentally impaired those who did not speak English, were illiterate, or had no had formal schooling (Luker 1996:32). This linkage is not merely an incidental by-product of a system but reflects the ways that “ignorance” and “immorality” were theorized to create poverty¹⁷ (Bruinius 2007; Stoler 1989).

Though sterilization campaigns initially targeted white women, later sterilization campaigns were used as a method of controlling black womens’ reproduction (Gordon 2003). In particular, these later sterilization campaigns targeting black women were motivated by the fear that black women were an economic drain on the state. For instance, in 1972, the United States Senate heard testimony that 2,000 black women who had multiple children and were on welfare were sterilized without their consent. In many of the cases, women had been told that they had to consent to the sterilization in order for their welfare payments to continue (Ward 1986). In this way, the sterilizations of black women in the second half of the 20th century have a distinct motivation from earlier campaigns. Rather than aimed at the biological racial betterment of society, these campaigns are firmly aimed at the perceived economic burden of black mothers.

Punitive Efforts to Control Reproduction

In the 1930s and 1940s, the objective to “control the sex behavior of the unmarried pre-adult” woman (Tappan 1947:36) continued to be shared by many organizations and individuals, though these strategies of control differed depending on the race of the woman in question. Punitive efforts for violating sexual morality, clinical efforts to control disease and protect society, and reform efforts with the goal of “adjusting” young women to the standards of the

¹⁷ Forced sterilization, though at a peak during this period, has repeatedly resurfaced as a strategy of “poverty prevention” (Dreifus 1977; Kluchin 2007; Stern 2005).

community all competed for prominence. Black and immigrant women likely to receive punitive action and white women were likely to be “reformed” (Tappan 1947:88; Florence Crittenton Mission 1938:4; Reed 1930).

Punitive, clinical, and rehabilitative approaches were strategically deployed based on “redeemability” (Nathanson 1991:117), which also coded for race and class. Courts and reform schools – punitive approaches – were reserved primarily for girls in poverty, girls of color, and girls from immigrant families (Brenzel 1980; Brenzel 1983; Freedman 1981; Lunbeck 1987; Reed 1934; Schlossman and Wallach 1978, Seagrave, 1926). One medical social worker described her policy of referring girls to agencies for casework saying, “I send them to an agency only if they are low-class and ignorant. I would not dream of mentioning an agency to a nice girl... If a nice girl wants to give up her baby I send her to [adoption agency], where they make the least fuss about taking babies” (Reed 1934:130). In this case, “nice” is indexed by a girl’s socioeconomic status as well as race.

Women reformers’ punitive attempts to contain young women’s premarital sex were so common that Chesney-Lind’s analysis of the juvenile justice system in the United States up until the 1960s found that three-quarters of all arrests of girls were for crimes that were sexual offenses (directly or indirectly) (Chesney-Lind 1982). Early and uncontrolled female sexuality was seen as socially threatening and something that must be controlled through discipline.

The Contraceptive Revolution: Differential access and knowledge

The 1873 Comstock Law, which made illegal “obscene literature and articles of immoral use” began to be legally challenged in the first part of the 20th century (Youngs Rubber Corporation v. C.I. Lee Co, 1930; United States v. One Package, 1936). As new contraceptive and abortive technologies emerged, upper-class white women had access to these through their private doctors (who were covered under the therapeutic exemption of the Comstock Law)

(Luker, 1996:45). Access to contraceptives for the poor happened slowly, with access first championed by Margaret Sanger (and others with her) who opened medical clinics, with the goal of “racial betterment” because the “unfit” (black women, poor women, or immigrant women) were reproducing more than the “fit” (Sanger 1919; see also Sanger 1921). Government access to contraceptives was later provided through state programs such as the Social Security Act of 1935 (Luker 1996:45). World War II, and the need for women’s productive and reproductive labor in the war and in the domestic workforce effort transformed birth control from immoral and illicit to “patriotic,” though state-funded programs remained small and rare (Luker 1996:49).

The first oral contraceptive pill, Enovid, was introduced in the United States in 1957 (Bailey 2010). From the 1960s to the 1980s, fertility rates for U.S. women across demographic groups fell by 50 percent (Bailey 2010). The “contraceptive revolution” of more accessible and reliable birth control methods was likely partially responsible for this shift (Bailey 2010, Ryder and Westoff 1971, Westoff 1975, Becker 1991), as was the shifting ideas of ideal family size (Becker 1991). In 1972, the transformation of the social place of birth control was bolstered when offering contraceptives became a condition of federal funding for all Medicaid clinics and was hailed as a “cost-effective anti-poverty measure” (Levitan 1969:209). The intersection of new reproductive technologies and increasing numbers of women in the labor market (Bailey 2010) combined to re-conceptualize women as self-sufficient, neoliberal workers rather than only wives and mothers. Within this social climate, a new emphasis on the need for a woman to responsibly “plan” her pregnancy emerged (Nathanson 1991:147).

Given that new family planning ideals followed white, middle-class preferences for ideal family size, the new family planning movement had raced and classed implications, as preferences for smaller families were not shared across all demographics. Blake et al. (1969)

argued that “campaigns directed toward nonwhites should seek to inculcate middle-class values and, then, to emphasize the fact that the practice of family planning will help to achieve these values,” directly tying middle-class-ness with ideal family structure and certain strategies of family planning.

The emergence of teen childbearing as a problem

Beginning in the late 1950s and 1960s, concern about unwed childbearing in general began to shift to concern about teenage childbearing in particular. The category of which pregnancies were problematic now explicitly included concern about *teenage* childbearing as a separately articulated issue (Furstenberg 1991, Furstenberg, 2007, Burchinal 1965). By the 1970s, social service agencies and the government considered teenage pregnancy a “crisis” (Furstenberg 1991).

Historians of teen pregnancy have suggested that this new focus on and concern about teenage pregnancy may have been caused by the increased visibility of teen pregnancy at this time, as well as new concerns about the burden of the black single mother on the state (Moynihan 1965), and changing ideas about the role of the state in relation to its citizens. A large cohort of teenagers (born in the “baby boom”) was reaching adolescence at the same time as marriage rates among teens were falling (Furstenberg 1991; Nathanson 1991). Under U.S. President Richard Nixon, a 1972 report from the President’s Commission on Population Growth and the American Future was the first federal recognition of teen pregnancy as a problem (Nixon 1972), and federal legislation on teen pregnancy followed 6 years later (Nathanson 1991:24). Teenage pregnancy was posited as a “cause” of poverty, like unwed pregnancies earlier in the century (Luker 1996).

Interventions into the Problem of Teen Childbearing: Sex Education

Although sex education has a long and contentious history in the U.S., with some public schools teaching sex education as early as the 1920s (Klein 1994), the 1980s and early 1990s carried with them a new focus on sex education with the particular goal of preventing teen pregnancies (Hottois and Milner, 1975; Richardson and Cranston, 1981; Dunn 1982; Muraskin, 1986; MacDonald, 1987). For example, the Adolescent Family Life Program was created in 1981 under President Ronald Reagan, and authorized grants for “care” (health, sex education, information about contraceptive methods, social services for pregnant teens and teen parents), “prevention” (abstinence education), and combined projects (Soloman-Fears, 2015).

Technological interventions to ameliorate the economic outcomes of the new, problematic category of teenage pregnancies clashed with interventions aimed at the moral. In a 1986 report, the U.S. House of Representatives Select Committee on Youth, Children, and Families, an appended section of “Additional Views” and “Minority Views,” gives a window into the internal debates about teen pregnancy at the time (U.S. House Select Committee on Children, Youth, and Families 1984). For example, Republicans Nancy Johnson and Hamilton Fish Jr. wrote that the main problem of teen pregnancy is the way that a child will hinder the future success of the mother, expressing concern about “a generation of mothers who, lacking an education, may become dependent on public assistance for long periods of time” (U.S. House Select Committee on Children, Youth, and Families 1984:369). Race emerged at the center of these debates. Specifically, concerns about dependence on public assistance have a racial valence, as concerns about the black “welfare queen” were prominent at this time.

Other committee members contended that marriage was still the root of the problem with teen pregnancy, and that the “general failure” of the report is to “distinguish between married and unmarried teens and in a far greater emphasis on birth rates than pregnancy rates” (U.S.

House Select Committee on Children, Youth, and Families 1984:375). Suggesting the differentiation of married from unmarried teens emphasizes that sex outside of marriage was a key issue still at stake. Like concern about public assistance, concerns about marriage are also racially informed because black men and women were having children outside of wedlock at higher rates than whites, which was seen as both a moral issue and a cause of poverty (Moynihan 1965). Thus, even as some government officials supported moving to a teen pregnancy prevention model where young age and the potentially foreclosed future of teens is centered as a problem, others contended that marriage should continue to be centered.

Federal pregnancy prevention strategies at the end of the 20th century and moving into the 21st century focused on abstinence through the Title V Abstinence Education Block Grant to states, the Community-Based Abstinence Education program, and the “prevention” component of the Adolescent Family Life program (Soloman-Fears, 2015). Abstinence programs are part of a religious and political backlash to sexual education programs; advocates of abstinence believe (often from a religious perspective) that messages about sex should still convey that marriage (rather than “planning”) is what makes sex licit. The Teen Pregnancy Prevention program (TPP) and Personal Responsibility Education Program (PREP), both passed by Congress in 2010, were the first federal programs earmarked specifically for teen pregnancy prevention that involved both abstinence and contraceptive programs (called “comprehensive sex education” by proponents) (Soloman-Fears, 2015). TPP and PREP both value and preferentially fund “evidence-based” programs, which are programs that have been experimentally demonstrated to increase age at first intercourse, increase use of contraception, or decrease teen pregnancy (Soloman-Fears, 2015). Today, evidence based prevention strategies are often a precondition for

funding, making the use of evidence-based programs widespread and often obligatory for organizations (Soloman-Fears, 2015).

Although some teenagers plan their pregnancies (Boonstra 2014), this does not move their pregnancies into the legitimated category as conceptualized by the state and social service agencies, and organizations spend considerable resources attempting to persuade teenagers that they should not attempt to plan a pregnancy, but rather prevent them altogether. For instance, the Candies Foundation creates public service announcements with the goal of reducing teenage pregnancy and parenting. They offer an app, called the “Cry Baby App”, which can be installed on a smartphone and simulates the demands of a baby for 24 hours. The app is designed to “cry,” and the user needs to “figure out why” (The Candies Foundation, 2015). The premise of the app is that teenagers must be persuaded to not have a child by being shown the downsides of being a parent. Candies Foundation writes that their foundation is making a positive impact because “girls who have been exposed to the foundation’s message are more likely to view teen pregnancy and parenthood as stressful and negative” (The Candies Foundation, 2015). That teenagers must be persuaded that having children is “stressful and negative” shows that merely planning a pregnancy is not enough, if the decision maker is judged to be unreliable or not cognitively capable. Sociologist Kristin Luker argues,

According to the most generous interpretation, [young mothers] are doing this out of youth and ignorance. The liberal view of [young mother’s] actions—from having sex in the first place, to not using contraception when she does have sex, to not getting an abortion despite the fact that she is young and poor, to trying to raise [her baby] without bothering to marry his father—is that she is simply too immature to appreciate the consequences of her actions. (Luker, 1996:4)

Constructing teenagers as too immature, too irresponsible, developmentally not prepared to make the choice to parent allows teen pregnancies that are intentional or planned to be categorized nonetheless as unplanned and based on irrational adolescent desires.

Despite the shift in concern from unwed to unplanned, unease about unplanned pregnancies contains some of the same valences as anxieties about unwed pregnancies. For example, currently the largest and most visible national lobbying and advocacy group on teen pregnancy is The National Campaign to Prevent Teen and Unplanned Pregnancy (NCPTUP). NCPTUP's "Who We Are" page states:

Our mission is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. Our strategy is to prevent teen pregnancy and unplanned pregnancy, especially among single, young adults. (National Campaign to Prevent Teen and Unplanned Pregnancy, 2015)

From this statement, a planned pregnancy occurs within a two-parent family. The focus on preventing unplanned pregnancies among single, young adults shows that the move to "unplanned" still does carry some of the same concerns about unwed pregnancy from previous debates.

Indeed, proponents of abstinence-only education continue to center the perils of unwed childbearing. For example, the National Abstinence Education Association argues that "Overwhelming social science data reveals that children who are born within a committed married relationship fare better economically, socially, physically, and psychologically. In terms of child outcomes, the facts are clear – waiting until after marriage to have children is indisputably in the child's best interest" (Abstinence Association, 2016). This, like the National Campaign's statement, endorses the theme that unwed childbearing is the problem. However, abstinence can and is also promoted within the language of "unplanned" childbearing being a core issue. For example, former President George W. Bush advocated abstinence by describing it as "the surest way, and the only completely effective way, to prevent unwanted pregnancies"

(quoted in Dallard 2003). By promoting abstinence as centrally about planning¹⁸ pregnancies, the abstinence movement nonetheless does draw from and contribute to constructing “unplanned” pregnancies as a key problem of concern. Thus, in the current moment, pregnancy prevention interventions center “planning” as the central axis along which to judge and to intervene on pregnancies.

The Responsibility to Become a Worker: Education and Policies for Teen Mothers

When attempts to prevent pregnancies fail, governments and social service organizations may intervene on the “problematic” mother and baby. In this section, I will outline the ways in which social service organizations, governments, and experts have responded to teen mothers.

In the late 19th century, organizations providing services to unwed mothers were focused on white women, and were largely based on a theory of woman-to-woman obligation and a moral mission. Kate Waller Barrett, one of the original organizers of the Florence Crittenton Missions, described the connection and “sisterhood” she felt to the woman, saying “she had loved a bad man while I a good one. That seemed to me about the only difference in our stories in the beginning, but how different the end... I would spend my life trying to wipe out the inequalities that were meted out to my sisters who were so helpless to help themselves” (quoted in Kunzel 1988:21). The early efforts of the Florence Crittenton Mission and other similar evangelical organizations at the time, evidenced a belief that “given a steady diet of religious and domestic training, sisterly sympathy, motherly care, and middle-class guidance, those women under their charge could be saved and returned to the ‘glorification of their womanhood’” (Kunzel 1988: 24).

¹⁸ Although they reflect similar themes, the terms “unwanted” versus “unplanned” pregnancies are not completely interchangeable, as some pregnancies are unplanned but wanted, or a planned pregnancy could later become unwanted. I further explore these complications in Chapter 5.

The white women who were involved in Evangelical organizations identified themselves as part of a Feminist Movement in which they envisioned women “have the opportunity for rehabilitation that men have” (Kunzel 1988:24) and theorized a central role for white women in the moral and social sphere. Edith Livingston Smith argued that “a better world can be made if women generally cooperate in solving our social and moral problems.... the most difficult sex problems must be solved, in the main, by intelligent women” (Livingston Smith 1913:22). White female evangelical reformers at this time invoked their femininity as a particular strength and offering (Kunzel 1988:24).

In the late 19th century, the decision of how to deal with white children born out of wedlock was primarily oriented towards the moral reform of the unwed mother. Adoption was disfavored. The 1883 constitution of the Florence Crittenton Missions, for instance, stipulated that “everything possible shall be done to keep the mother and the child together” (Wilson, 1933:41). The purpose of this was primarily for the moral benefit of the mother¹⁹, as caring for a child was seen to have a redemptive power. One of the founders of the Florence Crittenton homes argued, “why should not the poor girl who has nothing else to live for at least have that sweet consolation... [and there exists] the wonderful regenerating influence that has come to a girl through motherhood” (Barrett, 1897:13). The impact of keeping the baby with the mother was also seen as the proper consequence of premarital sex, preventing the mother from “living a lie before the world” (Mangold, 1921:103).

In the early twentieth century, the moral approbation that was affixed to white children born out of wedlock was being rejected as unjust. One writer commented, “the one example in

¹⁹ The child was also thought to benefit from this arrangement. The Children’s Bureau promoted a policy of keeping the mother and baby together for at least the “nursing period” in order to reduce rates of infant mortality (Children’s Bureau 1924:5).

which injustice may be said to be absolute, and which it is instantly admitted to be so in every mind, is the fastening of the stigma of illegitimacy on the child of unmarried parents” (Wilson 1933:15). Legal changes followed these changing mores, and in 1917 a Connecticut court ruled that illegitimate children could inherit their father’s pension by the same logic (Luker 1996).

By the 1920s, the emotional “sisterhood” that had guided earlier moral missions was being replaced by social work, which was based on “scientific laws” and “scientific treatment” (Kunzel 1988:21; see also Haskell 1977; Furner 1975; Melosh 1982). One social worker argued that emotion was detrimental, saying “success is achieved in inverse ratio to the amount of emotion involved” (Kunzel 1988:21). The battle between moralistic reform approaches on the one hand and scientific approaches on the other lasted for decades. Part of the process of professionalization of social work was a movement to de-feminize (and thus socially legitimate) the work (Kunzel 1988). Whereas past movements had seen femininity as uniquely valuable to the work, “scientific” approaches to rehabilitate mothers aligned themselves with the masculine value of rationality and distance themselves from the feminine and the emotional (Kunzel 1988).

The work of Sigmund Freud was also impacting interventions (Luker 1996; Thomas 1923; Eldin 1954; Young 1954). Maladjustment, in the psychoanalytic sense, was newly perceived as the root problem of illegitimacy (Thomas 1923). Sara Edlin, the director of a home for unwed mothers, described a shift from blaming the condition of illegitimacy on “poverty and lack of access to sex education” to “an unwholesome child-parent relationship” (Edlin 1954:12). The worry about men seducing innocent young women that had guided reformers raising the age of consent also shifted with Freudian thought; the young mother became “a victim, not of a seducer but of herself” because of pathological psychology (Young 1954:8). Early motherhood, in Freud’s view, was a consequence of psychological maladjustment.

The move away from defining the problem as an issue primarily of moral consequence changed the approach to adoption as well. From the 1930s through the late 1960s, adoption became favored as a more worthy goal than preservation of the mother-infant dyad (Nathanson 1991). Whereas older policies mainly focused on the moral development of the mother (considered inseparable from the ultimate welfare of the child), adoption advocates argued that adoption prioritized the well being of both the mother and the child, which were now seen as separate psychological concerns (Nathanson 1991:115).

This shift to favoring adoption was reflective of new technologies and new attitudes. Technologically, the availability – and affordability - of infant formula allowed the adoption of infants (Bernal et al. 2007). In addition, unwed motherhood now was being reimagined as an economic “hindrance” and not an “agent of reformation,” making adoption a more appealing solution to the problem of unwed mothers²⁰ (Nathanson 1991:115). Maternity homes and adoption allowed the young, unmarried, white mothers to conceal their pregnancies, give birth and place their babies for adoption, and then return to their “normal lives.” Through the 1960s, however, this option was limited mainly to white women (Luker 1996).

While unwed white women were concealing pregnancies and giving babies up for adoption in maternity homes, unwed, young, black women were blamed for creating poverty through their “pathological” family structures and broken moral fabric. The 1965 Moynihan Report argued that there was a causal link between race, family structure, and poverty. Though not directly about teen parents, the Moynihan report emphasizes the way that concerns about

²⁰ The increase in adoptions though, led to new demands and pressures on agencies. 1927 *New York Times* article argued that the “new problem” of adoption was “finding enough children for childless homes” rather than the reverse (Zelizer 1985:190; see also Reed 1934, 90). Agencies resisting this shift argued that the needs of the childless couples were being reprioritized ahead of the needs of unwed mothers the organizations were supposed to be assisting (Reed, 1934:75-76).

immorality, sex, race, childbearing, and poverty intersect. The Moynihan report argued that rising rates of unwed births (among other indicators) lead to increased instability and increased reliance on welfare (Moynihan 1965).

The evidence — not final, but powerfully persuasive — is that the Negro family in the urban ghettos is crumbling. A middle class group has managed to save itself, but for vast numbers of the unskilled, poorly educated city working class the fabric of conventional social relationships has all but disintegrated. (Moynihan 1965:2)

With white, middle-class ideas cast neutrally as “conventional,” Moynihan blames the lack of adherence to middle-class standards for black poverty. Moynihan traces this “breakdown” to structural issues, such as high unemployment among black men and highly segregated housing and schools (Moynihan 1965:30).

The probability that the baby of a teenage mother would be given up for adoption began to decline in the early 1970s (Nathanson 1991) and has not returned to popularity since (Frost & Oslak 1999). The reasons for this decline in teen moms putting their children up for adoption may reflect a social shift towards the increasing acceptability of single or unwed parenthood (Thornton & Young-DeMarco 2001; Ellwood & Jencks 2004). In addition, the legalization of abortion in the United States in 1973 provided teens who did not want to raise their children an alternative to adoption (Bachrach, Stolley & London 1992), though this association is contested by other authors who argue that abortion and adoption rates do not have the inverse correlation that would be expected if this were true (Freundlich 1998).

Changing patterns of adoption changed the emphasis of organizations assisting pregnant teenagers. No longer was temporary concealment the goal, but rather, preparing teens to raise their children. Programming and legislation focused on equipping teen moms to parent their

children have been the norm since. Economic “self-sufficiency”²¹ is a cornerstone goal of these programs, and education took center stage in program goals (Weatherly 1991; Hofferth & Hayes 1987; Furstenberg, Vinovskis, & Chase-Lansdale, 1988). In 1965, Lyndon B. Johnson called education the “only valid passport from poverty” (Patterson 2013). The emphasis on solving poverty through education translated to new programs to help teen parents finish high school. For instance, Title IX of the Education Amendments of 1972 legally protects the right of pregnant or parenting students to attend school (National Women’s Law Center 2015).

The emphasis on secondary school education as a primary goal of legislation and programs for teen mothers continues until today. The 2010 Personal Responsibility Education Fund, funded through the Patient Protection and Affordable Care Act, provides \$250 million over 10 years for the administration of a Pregnancy Assistance Fund (PAF) (§10212) through competitive grant funding for states and Native American tribes to “help pregnant and parenting teens and women complete their education and gain access to health care, child care, family housing and other critical support” (Boonstra 2010). This fund awards grants based on four priorities, three of which are educationally oriented:

Support expectant and parenting student services at institutions of higher education; Support expectant and parenting teens, women, fathers, and their families at high schools and community service centers; Improve services for pregnant women who are victims of domestic violence, sexual violence, sexual

²¹ The discussion of how to equip teenagers to raise a child intersects with debates about welfare policies in general. Welfare policies do matter deeply to teen parents, theoretically and practically, as they importantly frame who is “deserving” or “undeserving” of government support (Kluchin 2007; Dreifus 1977). Although teen mothers often rely on welfare (Duffy and Levin-Epstein 2002; Acs and Koball 2003), and though teen mothering is thought to be a problem partially because of fears of future welfare dependence (Luker 1996), debates about programs for teen mothers do not always follow the same contours of the welfare debates as a whole. This chapter is primarily focused on detailing and analyzing governance strategies that are specifically targeted to teen parents.

assault, and stalking; and increase public awareness and education services for expectant and parenting teens, women, fathers, and their families. (Office Of Adolescent Health 2015)

These priorities frame education as the central need of teen parents. All of the organizations that I observed viewed teen moms' education to be a similarly central priority.

In the 19th and 20th centuries, women becoming pregnant before marriage violated their expected social role of sexually faithful wife. Though marriage has remained part of the debates over time, women who become pregnant as teenagers violate a new expected role: that of women as self-sufficient workers who contribute to the economy. Interventions have been designed to solve the problems of those violations. Maternity homes for moral reform, and eventually for concealment, were designed in service of rehabilitating young white mothers to become wives. Eventually, economic concerns take the fore in the form of educational interventions designed to produce "self-sufficient" workers rather than wives.

The Missing Discussion of Abortion

Both historically and currently, discussions of abortion are given relatively less attention than other potential approaches to "solving" the "problem" of teen pregnancy and parenting. When it is discussed, it is sometimes proposed as a strategy for teen pregnancy "prevention" (Luker 1996; Nathanson 1991), placed alongside birth control and abstinence, and is envisioned as a means of preventing a pregnancy (Nathanson 1991). Others place abortion alongside adoption and raising the baby, and frame abortion as a "solution" to an existing pregnancy (Nathanson 1991).

Perhaps due to the fraught and highly political nature of the debates about abortion, teen pregnancy organizations rarely mention abortion. Thus, even though some of the issues at stake intersect, teen pregnancy and abortion debates are framed separately. For instance, some organizations frame their mission of caring for teen mothers as explicitly a "pro-life" movement

(LifeCall 2012). Other organizations point to the “problem” of teen pregnancy and parenting as evidence that abortion should be legal. For instance, Planned Parenthood Action Fund (the political arm of the Planned Parenthood Federation of America) argues on their website that teen birth rates are an important part of why abortion should be legal. They reason,

the number of repeat teen birth rates remains high and we still have a lot of work to do. That’s why it is important that every woman have access to affordable birth control, so she can choose and consistently use the method that works for her. At the same time, decisions about whether to choose adoption, end a pregnancy, or raise a child must be left to a woman, her family, and her faith, with the counsel of her doctor or health care provider — not to politicians. (Planned Parenthood Action Fund 2015)

Teen pregnancy can thus be rhetorically linked to either side of the polarized U.S. abortion debate.

Although the debates about abortion and teen pregnancy and parenting can and are linked in these ways, those involved in the debate about how to “solve” teen pregnancy and parenting often seek to distance themselves from debates about abortion. Instructive, in the course of my research, I never heard any staff member at any organizations that I studied mention abortion. The reason for this divide is at least partially strategic. Because of the polarizing nature of abortion, tying support to a specific stance on abortion can alienate potential funders and donors. For instance, the advocacy and lobby group National Campaign to Prevent Teen and Unplanned Pregnancy explicitly attempts to position itself as outside of these divisive debates, saying on their FAQ page that they are a “non-partisan, non-ideological organization” (National Campaign 2015). Avoiding debates on abortion is one way to attempt to claim “non-partisan, non-ideological” support.

One of my informants is a social worker who teaches sexual education in a high school. On August 11th, she posted to Facebook²², in part, “a lot of things related to sex and policy are pretty polarizing, but whether you are pro-life or pro-choice, liberal or conservative, there are probably a few things we can all agree on: Less abortions would be positive. Less teen pregnancy would be positive. Less sexual assault and rape would be positive. Say it with me: Medically Accurate Sexual Health Education.” This reflects a distancing strategy practiced on-the-ground, similar to the strategy the National Campaign expressed on an organizational level.

²² The use of Facebook posts has been a thorny ethical problem for researchers. On the one hand, Facebook posts are public or semi-public. On the other hand, people do not intend that a Facebook post will be used in research. Because of this dilemma, I asked my informants if they would be willing for me to use their Facebook posts in my research, and only included their posts if they agreed.

Chapter 4
“You don’t know what my family looks like”:
Deracialization and the Politics of Respectability

The ideal neoliberal subject is a white, middle-class, adult male. A poor, young woman of color within systems of responsabilization experiences particular expectations and obligations to demonstrate forms of responsibility – and yet these obligations are invisibilized and silenced. In this chapter, I will demonstrate how programs and teen moms themselves employ strategies of deracialization to avoid discussions of race that are taboo within the neoliberal myth of post-racialism. I then engage the history of the “politics of respectability” (Higgenbotham 1993) to historically locate the racial politics of teen parenting assistance programs.

I argue that although programs do not talk about race, they are participating in a deep history of racial practices, in which structural inequalities are elided by instead attending to the failures of individual people of color. By understanding the historical roots of the program values, we can understand the ways in which the programs are a racial space, despite strategies of deracialization that are deployed. In other words, the deracialization in which the teen moms and staff participated ultimately naturalizes the discourse that black teenagers are irresponsible and prevents systemic critiques of responsibility.

These discussions intervene in and contribute to the anthropology of reproduction. The anthropology of reproduction tends to be framed in the language of white, liberal, feminist agendas (Lewis & Mills 2003; Carby 1996; Anthias & Yuval-Davis 1983; hooks 1989b; hooks 1982; Collins 2002). African American studies scholar Hazel Carby argues,

In arguing that most contemporary feminist theory does not begin to adequately account for the experience of black women, we also have to acknowledge that it is not a simple question of their absence, and consequently the task is not one of rendering their visibility. On the contrary we will have to argue that the process of accounting for their historical and contemporary position does, in itself, challenge

the use of some of the central categories and assumptions of recent mainstream feminist thought. (Carby 1996:111)

In other words, part of developing a feminist theory and a scholarship of reproduction that does not only reflect white women is to understand the historical processes that shape the contemporary debates. In particular, I examine the ways in which cleanliness as a route to responsibility as advanced by organizations has race, gender, and class connotations. Black, poor, young teen mothers are encouraged to take “cleanliness” up as a personal project and responsibility.

Cleanliness

The idea of “cleanliness” as a personal project that should be pursued by black women traces its roots to the respectability politics, which was discussed in Chapter 3. Respectability politics (Higgenbotham 1994) is a responsibility placed upon black people to perform a certain set of norms. If “respectability” is not performed, black individuals are blamed for their own poverty, despite having been systematically discriminated against since the founding of the country (and before). Even when these standards are performed, admittance to the middle-class is nonetheless often not granted or is precarious (Feagin & Sikes 1994).

In particular, in this chapter, I argue that the notion of “cleanliness,” which has important historical racial connotations, is important in current discussions of race, sex, and morality. Though ostensibly the value of cleanliness is equal for white and black teen moms within the program, the “problem space” of teen motherhood is racialized, and so campaigns within that space are not “colorblind.” In other words, because the imagined problem of teen motherhood is a black problem (Nathanson 1991; Luker 1996), the proposed solutions are not – and cannot be – racially neutral. Thus, valuing cleanliness within a teen parenting program is embedded in a racial logic and produced particular raced responsibilities.

Deracialization

After dinner when the weather was nice, mothers at H.O.M.E. often took their children down the street to a small playground. One evening, a black staff member suggested the whole group walk down to the park. Samara, a black resident objected, and the staff member asked why she did not want to go. “We’re going to look like a program – it’s embarrassing,” she said. The staff member said, “No one will know that we are a program. Maybe we are just a family going to the park.” Samara argued that the mixed-racial make up of the group would be a telltale sign that the group was not related to each other. “You don’t know what my family looks like,” the staff member responded.

This interaction was one of several times that I heard staff members attempt to shut down conversations about race. Like the staff who work there, residents of H.O.M.E. also told me “race doesn’t matter.” This is also a neoliberal tendency that leads to the myth of the post-racial era (Bonilla-Silva 2006).

Here, I unpack why organizational staff and program participants practice these strategies of “deracialization.” Deracialization is the process through which racially informed topics become strategically de-coupled from the racial context. Deracialization is a political strategy. McCormick and Jones (1993), for instance, describe deracialization as campaigns that are “conducted in a stylistic fashion that defuse the polarizing effects of race by avoiding explicit reference to race-specific issues, while at the same time emphasizing those issues which are racially transcendent” (McCormick and Jones 1993; see also Hamilton 1977; Perry 1991; Stout 2015). Deracialization has also been invoked as a theoretical concept outside of the political sphere (for example, Furner 2007; Gay 2003), which is how I use the concept here.

In addition to “deracialization,” “colorblindness” (Bonilla-Silva 2006; Brown et al. 2003; Gotanda 1991; Herring, Keith, and Horton 2004; Lewis 2001; Neville et al. 2000) and “post-

racialism” (Smith 2012; Gillespie 2010; Heckman 2011; Lopez 2010) are alternate ways by which scholars and others attempt to capture the invisibilization of race. Like deracialization, colorblindness and post-racialism are strategies of asserting that race does not matter. Crenshaw argues that under colorblindness, “equality” is not a social equality of life outcomes, but “the formal removal of race categories across society ... [where] race is precluded as a source of identification or analysis” (Crenshaw, 1997:103). Sociologist Amanda Lewis argues that within this paradigm, “explicit and traditional Jim Crow-style racial discrimination is stigmatized, but so are efforts at challenging institutionalized racism” (Lewis 2001:801). Under regimes of colorblindness and post-racialism, race is prevented from entering the conversation. Though colorblindness and post-racialism express similar concepts to deracialization, I use deracialization over these other articulations for this chapter because deracialization is a verb, highlighting the way that it is a strategy that is deployed intentionally and for a specific purpose.

Why race does (not) matter

After I noticed the ways that organization staff avoided conversations about race, I asked my informants about whether or not they thought race was important in their lives. My informants all told me that they thought that their race was not an important factor in terms of their identity, their interpersonal relationships, or their structural position in society.

Because I wanted to know the extent to which my informants were performing a particular racial narrative for me (a white researcher), I triangulated my data by hiring a black research assistant to conduct 5 interviews. Both white and black informants also used deracialization strategies in their interviews with my black research assistant. Of course, even in this case, the questions were still being asked in the context of the research, which may still impact the kinds of views people felt comfortable expressing. That people are so reticent to talk about race – in contexts where they shared other deeply personal information (including, for

instance, sensitive topics such as experiences of sexual and domestic violence, and taboo topics such as having an abortion) shows how deeply important it is to at least perform a certain kind of subjectivity with respect to race.

For instance, Bianca, a 23 year-old African-American woman who had a child as a teenager, explained to my research assistant:

I don't consider any one race better than the other, but nowadays, ... you hear on TV, you see on social media, you hear on the news that black lives matter, and this wouldn't have happened ... if they were white.... Or, he wouldn't have got arrested if he was white, and he only did that because she is black. A lot of people like to play the race card, because they feel as though it will get them... My opinion? Everybody's lives matter. Not just black, white, Puerto Rican, Asian, you know, Norweigan. It all matters. Life is life.

Although Bianca has observed that people are talking about race and theorizing the importance of it, she employs deracializing strategies. Bianca's comments are contextualized in an era of the "black lives matter" movement, in response to police killings of black men (Yancy and Butler, 2015). In response to the "black lives matter" movement, people who oppose the movement have used the deracialized and anti-political phrase "all lives matter" (Yancy and Butler, 2015). Bianca reflects this in her rejection of "playing the race card" and asserting that everybody's lives matter. She elaborated that, when at the social services office, "I've never had a hard time talking to a white lady versus a black man, versus a Puerto Rican... it all depends on each, each, individual personality. Like you can get a really nice white lady and get a real ignorant Puerto Rican, or get the most help from somebody who is, like, Chinese."

In this scheme, race is less important than individual personality and characteristics. Bianca, like my other informants, minimizes the importance of race. Similarly, another informant, who defined herself as mixed (white and Hispanic) said that race was not an important factor in who she is, because her "personality overshadows" it. She explained that she

“is who she is” – that race is not important. In my informant’s descriptions, racism is individualized. It is not structural but, rather, is about individual personality and “niceness.”

In other words, the deracialization in which the girls and staff participated ultimately leads to a focus on individual failures of responsibility and a blind spot around racial structural inequalities that shape these responsibilities. For instance, removing race from conversations about welfare workers, and making treatment a function of individual “niceness,” precludes the possibility of noticing the presence of systemic “welfare racism” (Neubeck & Cazenave 2001; Buck 1996; Mink 1998; Mullings 1997; Roberts 1997), that is, the ways that racial inequality is built into the structure of welfare systems.

How do the intersections of race, class, and gender get taken up (or left aside) by teen parents and within the teen parenting organizations? What purpose does not talking about race serve? How is race negotiated, contested, and created, even as these considerations are claimed to not exist? I argue that placing the concerns of the teen parent institution within the history of the “politics of respectability” (Higgenbotham 1993) reveals how the projects that teen parenting organizations engage in are historically intertwined with racial projects.

My informants told me that they did not like talking about race. For them, part of not being a racist person is in not talking about race. When I asked questions about race, my informants were often deeply uncomfortable. One white informant, for example, told me that she did not think that race mattered but that “some people” thought that people of a “certain race” got more than other people. When probed, she would not clarify which race she was talking about, nor the benefits she thought accrued to this group, perhaps because even naming race or racial inequality is seen to be problematic and troublesome.

From the institutional side, staff (and program materials) acknowledge that blacks and Latinas experience teen pregnancy and parenting at a disproportionate rate. Nonetheless, in my observations, program staff do not usually talk about race beyond the description of birth rates as “disproportionate.” Race scholar Dorothy Roberts argues that the use of statistics is a technique

to mask the existence of institutionalized racism is to treat its impact on people of color as a mere statistical correlation. The Court reasons that disadvantages experienced disproportionately by minorities represent a higher statistical chance of harm rather than reflect institutions that systematically discriminate against them. Because people of color just happen to be more frequent victims of neutral policies, this view holds, there is no reason to invalidate the policies for being racially discriminatory. (Roberts 2012: kindle location 5651)

Despite institutions not talking about race (or talking about race as merely correlation), institutions operate within racial and classed structures. In other words, talking about race is not necessary to enact racial structures and ideas. The second half of this chapter will explore how histories of racially informed thought pervade these institutions despite the reticence to talk about race directly. Not talking about race and racial inequality allows organizations and individuals to maintain that the causes of poverty – and the solutions to poverty – are individual.

The National Training School: Clean Lives

In the second half of this chapter, I seek to demonstrate the ways in which “respectability politics” inform the practices of current teen mother serving organizations. In so doing, I argue that moral responsibility is configured along racial lines – that is, black teen mothers are responsible for their own poverty because of their immoral or disrespectful behavior. In particular, I show how the historically raced notion of “cleanliness” is used to construct moral responsibility. I argue that through racialized concepts such as “cleanliness,” responsibility is configured in a way that blames black teen moms for individual failings while simultaneously rendering the system invisible.

Historian Victoria Wolcott, in her study of the National Training School, a school for African-American young women at the beginning of the 20th century, foregrounds three representations that depict ideal femininity within respectability politics: the bible, the bath, and the broom. The themes of "Clean Lives, Clean Bodies, and Clean Homes," that informed the teachings of this school also undergird present-day institutions that intervene in the lives of teen moms. Using this notion, I analyze how "cleanliness" configures responsibility within the organizations I observed.

I seek to demonstrate how programs are racialized spaces, and operate within a racial agenda, despite strategies of deracialization. Current notions of responsibility draw from similar ideas of cleanliness, morality, and sexual purity that were historically embedded in respectability politics (Wolcott 2001). Here, I examine how the notions of "cleanliness" and sexual purity pervade these institutions, in particular, the raced responsibilities to perform these.

Protected Sex: The New Sexual Purity

In the early 20th century, sexual purity was achieved by only having "sanctioned" sex, which, in this case, was sex within marriage. In the context of the National Training School, the sex that is sanctioned is within marriage. Likewise, the teen parent serving organizations I observed also promote the responsibility to only have sanctioned sex. In the case of these organizations, sex that is sanctioned is "protected" sex.

"Protected" sex refers to sex that involves the use of a contraceptive method, including condoms, the birth control pill, or the IUD. Although the "protection" offered from each of these technologies is different (i.e., the IUD offers long-term pregnancy prevention, but the condom offers protection from HIV/STDs as well as pregnancy), these are grouped and discussed as part of the same "protection" category by my informants. For instance, in a teen pregnancy

prevention presentation that I observed in a high school, condoms, the pill, and the IUD were all presented interchangeably as “protection,” each with their own pros and cons.

Redefining “purity” as the adoption of a certain set of reproductive technologies – condoms and birth control methods – is what anthropologists Katerini Storeng and Dominique Behague call “technocratic narrowing” (2014:272). Technocratic narrowing describes the process by which easily measurable outcomes, justified in the language of technology, economics, and science, take priority over holistic or equity based approaches. In this case, focusing on “protection” reduces teen pregnancy and parenting to an individual failure of responsibility.

Sexuality educators with whom I spoke explicitly rejected traditional themes of “sexual purity” in favor of what they called a “non-judgmental approach.” For instance, one black, urban high school sex educator in his late 20s, Joseph, told me that the key was to earn the trust of the students by being nonjudgmental. Through nonjudgmentality, he told me, students would be able to come to him with questions or in a crisis. Other informants I talked to expressed similar ideas about the value of being nonjudgmental. Consistent with this ethos, within these organizations, I observed a commitment to allowing the teens to choose among options without judgment. Nonetheless, in the case of having sex without using birth control, the sexuality education classes that I observed used the dichotomy of sexual purity/sexual pollution in order to encourage the use of the birth control pill, condoms, or another contraceptive. This emphasis on sexual purity continues the historical concerns about moral purity first advanced as part of the National Training School. I argue that because “cleanliness” refers to a history of attempts to reform black women, organizational attempts to promote “cleanliness” (in this case through protection from pollution) are always already a racial discourse which configures particular responsibilities upon black teen moms.

Violating notions of purity and protection (i.e., not following norms of “cleanliness”) are seen as individual moral failures. For example, at a H.O.M.E. staff meeting, staff members were discussing a resident who was not on birth control. “She told me,” a white staff member, Jana, said, “that she’d open her legs for anyone. It doesn’t even matter who!” Later, Jana called the resident promiscuous, and Maria called the resident irresponsible. This was in sharp contrast to the ways that staff normally talked about residents’ sexual behaviors, which normally emphasized choice and decision making. Notably, for instance, it is the only time I ever heard a staff member call a resident “promiscuous,” a word normally avoided by staff because it was perceived to have a negative moral valence. In other words, having sex without being on birth control is regarded as *morally* problematic, whereas having sex while using birth control was construed as a “personal choice.” Thus, within this logic, “protection” is what makes sex morally permissible and “clean.” Thus, in the context of neoliberal ideology of responsibility and evidence-based public health interventions, “responsible” becomes equated with morality.

The risk of the harm of “unprotected” sex spreading “indiscriminately on contact” was also emphasized during a lesson I attended on sexual education that Joseph presented to an auditorium of about 40 high school students. There were three parts to the lesson: students tried to decide whether statements were a “myth” or a “fact” about sex (and then the correct answers were discussed), a simulated game in which students collected each other’s signatures (representing sexual contact) and then saw how a hypothetical sexually transmitted disease would have spread, and a PowerPoint that outlined the types of sexually transmitted diseases, including pictures of what these infections look like. The simulation and the PowerPoint both are premised on the idea that sex without “protection” is polluting and contagious.

In the game simulation, students were instructed to exchange signatures with each other on a blank sheet of paper. Students were not told the objective of this activity. After a minute or two of students signing each other's papers, students drew a piece of chocolate out of a bag containing Hershey's Kisses and Hershey's Hugs (which are a white chocolate version of the candy). Hershey's Kisses and Hershey's Hugs have distinctive wrappings, but feel the same while in the paper bag, thus students were choosing a candy at random. The percentage of Hershey's Hugs in the bag was meant to represent the percentage of people who have a sexually transmitted disease. After each student drew a candy from the bag, everyone who had a Hershey's Hug was asked to stand. Then everyone who had the signature of anyone standing up was asked to stand, and this was repeated for two iterations. By the end of the activity, nearly everyone in the room was standing. Students were told that this activity represented how an STD could spread. Centering the idea of contagion and pollution, Joseph told me that he saw this activity as a powerful way to help teens understand the risks of unprotected sex. In other words, through the language of "risk" and "contagion" teens are encouraged to develop new modes of being responsible by "protecting" themselves.

The class that was being taught this lesson was a group of 9th and 10th graders, who were of mixed race. Using the language of deracialization, Joseph told me that this message was important for teens of all races. The fact, however, that it was delivered to a mixed race audience does not make the message race-neutral. Rather, this particular high school had been chosen as a site of intervention because the high school had high pregnancy rates. These high pregnancy rates can be explained demographically: this high school had more black and Latino/a teens than elsewhere in the city, and these groups of teenagers have higher pregnancy rates. Public health campaigns have suggested that, based on the higher rates, black and Latino/a teens should be a

focus of public health interventions (National Campaign to Prevent Teen and Unplanned Pregnancy 2015). Through this demographic targeting, then, this particular message of protection, respectability, cleanliness and responsibility is *intended primarily* for the black and Latina/o students. Furthermore, rather than positing (and intervening on) structural reasons that black and Latino/a teens might have more pregnancies, the differential pregnancy rates are reduced to the failure of individuals to conform to certain standards of purity and cleanliness through “protection.”

Indeed, conveying the idea that sex without “protection” is unclean and polluting was an important premise of these presentations. For example, the PowerPoint that followed the Hershey’s Hugs and Kisses activity listed types of STDs and had images of what these infections looked like. Some curriculums suggest that using graphic images of STDs in lessons gives students the false idea that you can tell whether or not someone has an STD, and that these images might decrease rates of testing among asymptomatic carriers (Seattle and King County Public Health 2013). I mentioned that thinking to Joseph, and asked what he thought. He told me that he thought showing students the images was nonetheless a good idea, to show them how important avoiding STDs is. The graphic images of STDs were intended to produce a reaction of disgust (and, as intended, students reacted that way), in order to demonstrate how sex without “protection” is polluting and unclean. In this way, teaching about “protected” sex draws from themes and ideas about sexual purity.

Anthropologist Mary Douglas argues that fears of pollution are used to maintain the physical and social body (Douglas 1966:173). She argues that fears of pollution “[set] up a vocabulary of spacial limits, and physical and verbal signals, to hedge around vulnerable relations. It threatens specific dangers if the code is not respected. Some of the dangers which

follow on taboo-breaking spread harm indiscriminately on contact. Feared contagion extends the danger to the whole community” (Douglas, 1966:xiii). Consistent with this idea, the threatened pollution of “unprotected” sex is both physical and moral. For example, Joseph emphasizing that STDs spread indiscriminately on contact is a way to emphasize the aspects of pollution of unprotected sex.

And, in particular, moral purity (through “protected” sex, hygiene, and housekeeping) is constructed as a particular obligation of black teen girls. The Moynihan Report, produced by the Department of Labor in 1965, for instance, argued that the “pathological” moral fabric of black communities perpetuated poverty. Sociologist Elaine Bell Kaplan argues about the Moynihan Report,

Moynihan’s culture-of-poverty argument has effectively created racial divisions among teenagers by separating poor Black teenagers from middle-class White teenagers and so-called morally corrupt Black teenager mothers... seen as a social deviant, the Black teenage girl reproduces more of her kind - a slap in the face of America’s “family values.” (1997:5)

In other words, pregnancy prevention campaigns have racial stakes. Public health campaigns use the deracilizing strategy of “disproportionality” to conceal these stakes, and do not argue that differences in pregnancy rates are due to moral failures. Nonetheless, the interventions designed and pursued are intended to remedy the morally and racially charged idea of “cleanliness,” revealing the ways that black teen moms are configured as responsible for their own poverty.

“Protected” sex in the past was the marriage that protected a girl’s and her family’s reputation; today it’s protection from negative outcomes as defined by public health. When public health officials talk about pregnancy “protection,” what are the dangers that teens are protected from? Joseph, the black sexuality educator, argues that the perils are huge: dropping out of high school, the inability to get a high paying job because of lack of education credentials, and a life of poverty. To Joseph, preventing teen pregnancy is about poverty prevention.

Solving poverty by intervening on the individual cleanliness and respectability of black and Latino/a girls in particular demonstrates the way that poverty is seen as an individual failing of black and Latino/a people rather than a systemic failure. It also reveals the ways in which certain teens, especially those who are white, middle-class, and male, are assumed to be acceptably “clean.” This configures the responsibility to demonstrate cleanliness as a particular responsibility of teen girls of color.

Conclusion

Although both institutions and my informants avoid conversations about race, or say that race doesn’t matter, ideas about what makes a good woman, an ideal mother, and a respectable person are embedded within the ideas of Clean Lives, Clean Bodies, Clean Homes, which are informed by the politics of respectability. By using the lens of the politics of respectability, it is possible to analyze the racial work that is being performed in the institutions. Important, then, are the ways that interventions are part of histories of what it means to be white and black, even though race is never mentioned. Good whiteness and good blackness are shaped, contested, and reproduced by these institutions.

Viewed in this way, teen pregnancy is a threat to good whiteness and to good blackness and is seen as a failure of “respectability.” Attempts to reform teen parents, then, cannot be excised from discussions of race, but are always part of it.

Chapter 5:
“It Just Happened”:
Decision making, Trauma, and Uncertainty

In my observations at H.O.M.E., pregnancy prevention following the birth of a child by the teen mother was considered to be an important marker of responsibility. In a staff meeting I attended at H.O.M.E., several staff members were debating the request for a weekend pass by Mali, a 17-year-old white resident who had only recently moved into H.O.M.E.

Weekend passes allowed residents to leave for either one weekend day, or an overnight. Residents usually used these passes to visit their families or their boyfriends. Weekend passes were seen as a privilege that was earned by participating in group and individual therapy, completing chores, and following the rules in the preceding week. A major violation of these rules might render one ineligible for a weekend pass; consistent good behavior would qualify a resident for an overnight away.

Mali had requested a weekend pass, and though she said that she wanted to go visit her mother, staff suspected instead she planned to visit her boyfriend who was in his 20s – many years older than Mali. Mali had declined to go on hormonal contraception, although she had also told staff of her intention to continue having sex. In the staff meeting, Maria brought up this situation with concern, and expressed her opinion that Mali should not be able to take a weekend pass because, the staff member argued, visiting her boyfriend with the intention to have sex, without being on birth control exhibited “bad decision making.”

Maria and other staff bemoaned that they could not do even more to force residents to be on birth control, wishing that they could administer the injectable birth control shot on site, ensuring compliance. The shot is considered advantageous (compared to the pill or condoms) because it is active for three months without needing to daily remember a pill or consistently use

condoms. Maria often expressed concern that, if Mali had another child, she would face even more educational and economic disadvantage than she already faced. At the same time, Maria judged Mali to be too irresponsible to either recognize this herself, or participate in a daily regimen of taking contraception.

Using Mali's story as a starting point, I began to wonder about how the "responsibility" to prevent subsequent pregnancies was approached and experienced by both teens and organization staff members. In the remainder of this chapter, I explore approaches to preventing teen pregnancy by primary prevention organizations and teen parent assistance organizations, in particular their emphasis on "decision making." Though teen parent organizations frame their intervention agendas around individual decision making, in materials targeting donors and the public organizations emphasize structural causes of teen pregnancy, especially trauma. I analyze the strategic deployment of public trauma narratives by the organization and theorize the turn to decision making rhetoric within agencies in order to understand what benefits each of these narratives have for the organizations. I then challenge the planned/unplanned model that a "responsibility" frame foregrounds with respect to teen pregnancies, and theorize the value of understanding ambivalence and uncertainty.

Decision making vs. trauma: two models for approaching prevention

Two primary models inform pregnancy prevention interventions in the United States: decision making and trauma. The decision making model emphasizes equipping teens with the ability to think about goals and plan to accomplish them. Thus, rather than teaching teens directly about sex or birth control, or focusing on access, decision making prioritizes the cognitive processes over declarative knowledge. In contrast, the trauma informed model believes that pregnancy prevention should center on the healing of past traumas. In this model,

teenage pregnancy is often a result of sexual assault as a child or teen, and so healing that trauma will prevent future pregnancies.

The decision making perspective was well summarized to me by Marbella, a white social worker in a high school. She described to me the pregnancy prevention program that she taught based on a national curriculum. Marbella told me that she taught the students information about reproductive biology, sexually transmitted diseases, and contraceptive methods. However, Marbella told me that the most important component of the program was about decision making, that is, giving teens the socio-emotional tools to make healthy decisions. “It’s useless to think that just knowing how to use birth control will mean that teens do,” she explained, “If they don’t have the self-awareness to think about what they want, what their goals are, what is important to them, they aren’t going to use birth control.” Marbella emphasized the teen’s thought processes and decision making, and believes that these are critical component in preventing teen pregnancy.

In a similar way, at Project Accomplishment, each class session began with the students writing down their goal for the upcoming week, possible challenges to achieving the goal, and a plan to overcome the challenges. Then, the class would discuss together as well as review progress on the goals from the previous week. This activity emphasizes the skills of deciding what goals to pursue, and then strategizing how to actually enact those decisions.

Taking a different approach, H.O.M.E. downplays the role of decision making on their website in favor of emphasizing the role of healing from trauma in preventing teen pregnancy. H.O.M.E.’s website says that teen pregnancy is caused by “trauma, abuse, addiction and homelessness” (organizational brochure, 2015). H.O.M.E. served many teen moms who were placed by the division of child protection, so this set of factors was truer of the teen parents in

their care than teen parents in the general population. According to the organization, up to 90% of residents report having been sexually abused²³. H.O.M.E.'s response to teen pregnancy is “trauma informed” and heavily therapeutic, with residents participating in group and individual therapy as well as meeting with a psychiatrist to manage psychiatric medications, where needed.

In addition, the H.O.M.E. views itself as having an essential purpose of providing a safe and home-like placement so that residents, who had grown up in unstable environments, would in turn learn the value of stability. “If all they know is the back-and-forth, the instability, the constant moving, then that’s all they will want. We want to provide them with the opportunity to see what stability is like, so that they will want that: for themselves and for their children.” This critique blames families of origin, by way of blaming their poverty and the instability it engenders, for teen pregnancy. Within this logic, removing teens from the environments of their poor and unstable natal families, then, is an important part of “breaking the cycle” of teen pregnancy. Thus, decision making models and trauma-informed models of why teens get pregnant posit unique causes of the problem as well as different points of intervention.

Rational Choices: Understanding (Lack of) Contraception Use

Like for staff member Marbella, “decision making”—in the form of deciding to prevent immediate future pregnancies—was identified as a key point of intervention for many of the organizational staff that I interviewed. Using decision making as the model through which to understand pregnancy prevention is consistent with much of the research on the topic. In general, pregnancy prevention and intervention strategies have been focused on the idea that, “given

²³ Rates of abuse and neglect are high in the overall population of teen mothers. For instance, according to a 2013 study, nearly 50% of children and teens who later become teen moms have been reported as being neglected or abused (Putman-Hornstein et al, 2013). In the overall population of teen mothers, an estimated 20% have been sexually abused (Putnam-Hornstein et al, 2013).

enough information, people will act on rational decisions designed to maximize their well-being—which many moderns, including family-planning advocates around the globe, hold dear as the means to moral and self-fulfilling action” (Paxson 2002:309).

Some scholars have emphasized that individuals have many reasons for not making the “rational choice” that neoliberal family planners believe they should make. Individuals are rarely the “neo-Cartesian . . . moral agent[s]” that they are assumed to be by the models (Jagger 1989) especially as it comes to choices about sex (Gammeltoft 2002; McKirnan, Ostrow, and Hope 1996; Martin 2006; Sobo 1995) and childbearing (Luker 1978).

Other scholars have intervened in this debate, arguing that people actually *are* rational actors when you consider the deep context of their own lives. In the field of HIV prevention, for instance, the loss of control (Martin 2006; Boulton et al. 1995), connectedness and intimacy (Halkitis, Parsons, and Wilton 2003; Yep, Lovaas, and Pagonis 2002), denial of risk (Sobo 1995), and hopelessness (Sobo 1995) have been identified as key reasons that people choose to not mitigate the risk of HIV exposure by using condoms.

Sociologist Kristin Luker’s study of contraceptive risk taking among women who seek an abortion posits that women who do not use contraception (and later abort) can be seen as rational decision makers by examining the costs of contraception and the benefits of a pregnancy. Luker argues that contraceptive costs include having to reckon with the social and cultural meanings of contraception, obtaining access, having to negotiate with men, having to maintain the contraceptive activity over time, and side-effects of taking contraceptives (Luker 1978). The benefits of pregnancy, in Luker’s study, include proving womanhood and/or fertility, having a child to love, testing a man’s commitment, bargaining for marriage (or shoring up an existing marriage), or as a way of coping with other stressors (Luker 1978).

A wide array of studies has argued for the rationality of not using contraception given a certain set of constraints and desires. For instance, people may rationally desire engagement with risk (Paxson 2002), to prove their masculinity (Anderson 1990) or to establish structural links (Sobo 1993: 461; Ward 1990). Alternately, people may experience familiar or religious objections (Sargent & Cordell 2003:1969), the inability to negotiate in the face of perceived or actual gendered power imbalances (Copelon 1990:39; Muir 1991:153; Sargent & Cordell 2003; Schneider 1988; Sobo 1993), or be motivated by fears of a genocide (e.g., forced sterilization campaigns of non-white women (Gould 2002; Torpy 2000; Sobo 1993:467)), based in a very real history of these events.

Weighing in on the debate about the rationality of using or not using birth control, anthropologist and demographer Jennifer Johnson-Hanks argues that “placing fertility in its experiential context offers the potential for a coherent model of fertility levels and trends that has long eluded students of population, for ... women are managing lives, not just births” (Johnson-Hanks 2006). Johnson-Hanks advances the idea that women’s contraceptive decision making is rational when their life projects are taken into account.

Economists Levine and Kearney have taken a different approach to this question (see also Duncan and Hoffman 1990; An, Haveman, and Wolfe 1993; Lundberg and Plotnick 1995; Duncan, Yeung, Brooks-Gunn, and Smith 1998). Examining data from an economic modeling point of view, they conclude that teen childbearing is a “utility maximization problem.” They argue that teen childbearing is

based on a trade-off between the current period satisfaction associated with a baby and the potential long-term cost associated with foregone economic opportunities. The intuition is that if girls perceive their chances at long-term economic success to be sufficiently low even if they do ‘play by the rules’ then early childbearing is more likely to be chosen. (2012:156-157)

Indeed, rational choice, and showing how women's choices actually *are* rational, even when they appear to be irrational, has been a major contribution of social science to our understandings of reproduction.

In general, one of the major reasons that scholars argue that “irrational” childbearing can be seen as “rational” is to highlight systemic reasons that individuals act in particular ways. Showing how certain behaviors actually are rational can also counter negative ideas that certain kinds of women (especially poor, black women) are stupid, irresponsible, or foolish. Thus, within a political system that prizes “rationality,” there are important equity reasons to argue that people are rational actors.

The paradox of Mali's story

Given that H.O.M.E. operates with a trauma focus, how do we explain Maria's response to Mali, which emphasized decision making? H.O.M.E emphasizes understanding and intervening on the role that trauma plays in teen pregnancy. However, in determining that Mali should not be able to take a weekend pass because of her poor decision making (e.g., not being on birth control), they minimize the impact of traumatic factors and center themes of decision making. Rather than invoking a trauma-based explanation, Mali's choice was rendered as “bad decision making” by staff. In the logic of the staff, it was not Mali's non-use of birth control, nor her traumatic history, that was the factor that prevented the overnights away, rather the decision making. “Decision making” becomes the point of intervention.

I argue that, when faced with a choice between trauma informed care and decision making models, decision making is legible in the neoliberal space whereas trauma is not. Trauma operates on a non-linear timeline, and is emotion (rather than thought) driven. In other words, trauma therapy is not straightforward. It may involve breakthroughs and regressions, stalls and

then leaps forward (Haven and Pearlman 2004). It is not well suited for a timeline. Furthermore, trauma and trauma recovery is not a fully rational process; rather emotions take center stage.

In contrast, the decision making model, and the technological solution that it suggests in this case - the birth control pill – offers a rationally legible path. Unlike trauma therapy, birth control is linear, predictable, and regular – the pill is taken at the same time everyday. And it is rational, in that it is a medical technology that has been scientifically measured. If the procedure of taking it once a day is followed, it will work, without any interventions into the non-rational world of emotion. Even further, with long acting contraceptives, the woman herself does not even have to be relied upon beyond the initial appointment, and the whole project can be placed comfortably in the hands of medical doctors.

I argue that although H.O.M.E. staff recognizes the role of trauma, they know they are working against a fast-elapsing deadline after which the residents will have to live on their own. The indeterminate nature of trauma work fits uncomfortably with the hard deadlines of the state. Faced with this mismatch, I argue that they use decision making as a way to intervene in the reproductive choices of the residents.

This desire of staff to exert control over the reproductive choices of the residents came from a place of paternalistic concern—the organizations believed that having additional children would put the teen moms at further life disadvantage. Indeed, having two children—even in “good” circumstances—is more challenging than one; twice as many daycare needs, more food to buy, more days when a child is sick. In addition, being a teen with multiple children added extra layers of disadvantage. First, many organizations that offer services to teen parents—especially housing programs—only accept teen moms with a single child. One residential program staff I spoke with explained that the building is only zoned for a certain number of

occupants, and admitting a mom with two children could put them over that limit, depending on the current number of residents. In a different program, the issue was physical space. Each room was designed for a mother and child to share—and the rooms were too small to have an extra crib.

In addition to space constraints, there are other factors that make having a second child as a teenager especially disadvantageous. Knowledge-oriented explanations for teen pregnancy can “excuse” the first birth but not the second. Organizations invested in the structural explanation that teen pregnancy is caused not only by past trauma, but also because of a lack of access to birth control, for instance, are less sympathetic to teens with multiple children who “should have known better” after the first birth. Even when players are committed to structural explanations for a first pregnancy, the explanation for a second often defaults to a moral failing of the individual—or, the girl should now know better, particularly because she is now in the care of responsible adults of the teen pregnancy agency. “You see a girl with a baby and she’s pregnant,” one of the staff members of the school-based program told me. “At some point,” she continued, “it clicks. It clicks and they realize that they want something more for themselves and their baby and then – then they are going to follow their goals.” Though the first pregnancy might be an “accident,” the second pregnancy reflects a lack of drive. This is especially true when the teen parent is living in an organization that facilitates easy or free access to birth control.

Faced with knowledge of the bleak consequences of a second child and caring deeply about the residents, staff members desperately want to prevent residents from becoming pregnant again. When they look to structural factors as a point of intervention – structural inequality – they feel a sense of inefficacy and hopelessness. Staff members at H.O.M.E. and Project

Accomplishment complained to me that there were not enough transitional living programs — that would help the girls develop a sense of responsibility that was absent from their natal homes—for the teen moms, and that bureaucratic resources were hard to navigate. Though they could advocate for their client to these agencies, they had no way of fixing the systemic shortages they saw. Precluded from structural fixes—like the ability to create affordable housing and daycare systems—the organizations develop individual intervention models.

For staff to retain a sense of themselves of efficacious, they must believe that their work supporting individuals is meaningful. On the individual level, trauma work is slow and uncertain, so decision making models are favored and can be measured as demanded by the newer emphasis on evidence-based interventions. Although Maria told me that that she believed that in the long-term, processing and recovering from trauma is one of the most critical elements for the teen moms to build healthy, happy lives, this is not measurable on the timelines that are necessary. In other words, the decision making model is legible to organizations that need to be oriented around producing measurable results.

Ambivalence and Uncertainty

But is a failure of decision making with the result being a repeat pregnancy of a teen mom the best way to describe all teens' pregnancies? As I mentioned earlier, some teen pregnancies are the result of a plan that has been successfully carried about by the teen - national statistics show that about 1 in 5 teen pregnancies are planned (Montgomery 2004; Kay, Suellentrop, and Sloup 2009). The plan for a teen girl to have a baby is not one that was supported by any of the organizations with which I interacted. In general, the staff members at pregnancy prevention organizations believe that in cases where teens planned their pregnancies, the teens are not being realistic about the impact that having a baby would have on their lives.

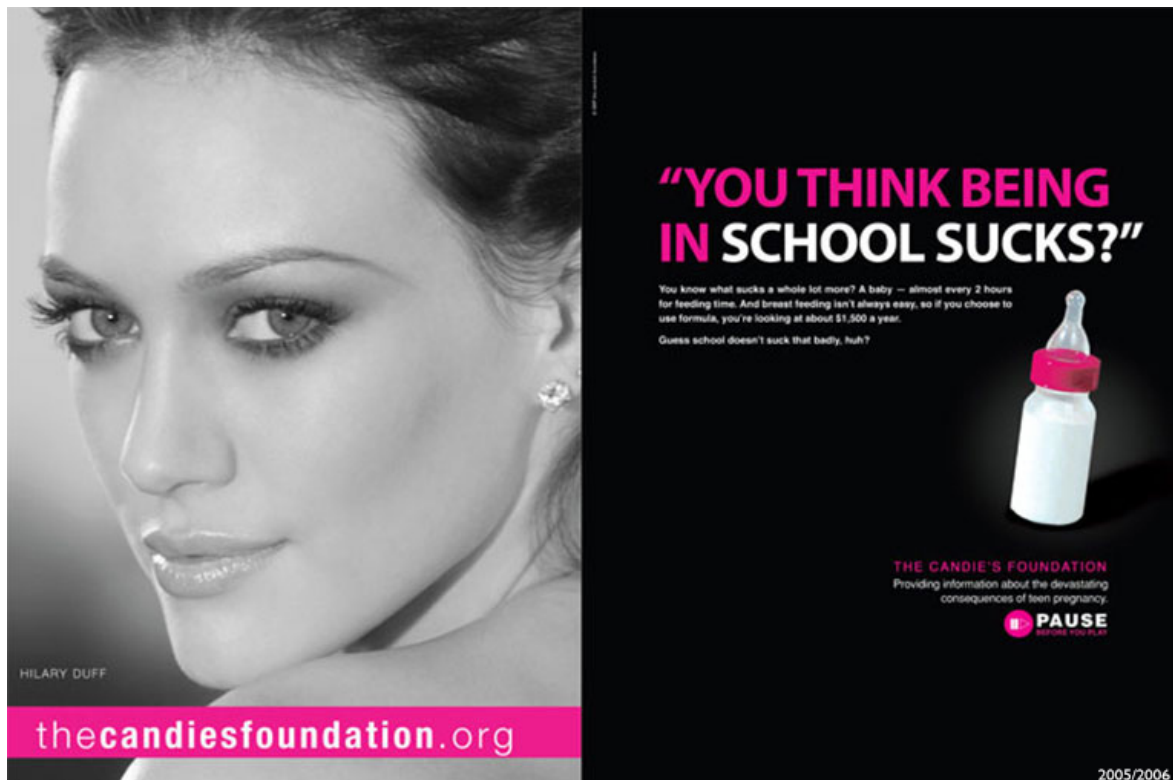


Figure 1: Candies Foundation advertisement

An in-school pregnancy prevention campaign that I observed, for instance, included a public service announcement produced by Candies Foundation, an organization dedicated to teen pregnancy prevention through the production of advertisements aimed persuading at teenagers not to have a child (Figure 1) (“The Candies Foundation” 2015). One, for instance, features a picture of a bottle and reads, “You think homework sucks?” Another campaign features a picture of a baby crib accompanied by the text, “Not how you imagined your first crib, huh?” These advertisements are intended to show teenagers how time-consuming and expensive having a baby is, and attempt to demonstrate to teens how having a baby is incompatible with their other goals.

Not even the performance of decision making, then, can make the choice to have a child as a teenager acceptable in the eyes of organizations. John, a black informant who had a child at 17, told me that his child was conceived after he and his then-girlfriend discussed it together, and decided to try to have a child. Though John’s plan carried a lot of the elements that organizations teach and valorize – open communication with a sexual partner, creating a plan – having and keeping a baby as a teenager and a poor black one at that, whether by accident or on purpose, is regarded as a problem by the organizations and the state. In this way, organizations cast the decision to have and keep²⁴ a baby as “always already” a bad decision. There is no true call to “decision making” in the context of teen parenting – the only acceptable choice is to not have a child. Thus, pregnancy prevention strategies assume that teens either want a child (and attempt to change that desire) or that teens do not want a baby (and attempt to equip teens with the knowledge and skills to prevent a pregnancy).

²⁴ Placing an infant for adoption, I was told by organizational staff members, was the exception to this. Placing an infant for adoption was regarded as “selfless” towards both the child and towards the potential married, white, middle-class adoptive family.

Neither planned nor unplanned: non-planned pregnancies

Some pregnancies, however, are neither planned nor unplanned. For example, I asked Tenisha how she got pregnant at 19. “I don’t know,” Tenisha told me, “It just happened.” What does it mean for a pregnancy to “just happen”? In Tenisha’s case, her pregnancy was not planned – she did not intend to become pregnant. On the other hand, Tenisha also did not intend to avoid a pregnancy – she understood the biology of sex and pregnancy, and though she said she could have used birth control or condoms, she “just didn’t.” I call these pregnancies that are neither planned nor unplanned “non-planned,” in that there was no intentionality (no planning) in favor of either outcome.

The language of “planning” dominates the way that statistics are collected on teen pregnancy intention. For example, a national survey conducted by the National Campaign to Prevent Teen and Unplanned Parenting asked “Have you ever become pregnant at a time when you were not trying or expecting to become pregnant?” and required teens to give a yes-or-no answer (Kay, Suellentrop, and Sloup 2009). Using a data collection system that prioritizes the lens of planning thus conforms Tenisha’s pregnancy which “just happened” into the language of it being planned or unplanned.

In only one case could I find a study that allowed teens a third option: the option to say that they “had not cared” whether or not they became pregnant. In this 1999 study, 1 in 4 teens reported that they “had not cared”²⁵ whether or not they became pregnant (Frost and Oslak

²⁵ In this survey, teens were asked to choose among three responses: they had wanted a pregnancy, they had not wanted a pregnancy, and they had not cared. If teens responded that they had not cared, they were then asked why, and those answers were coded into the following categories: fatalistic/baby inevitable; doesn’t matter either way; mixed feelings/timing off; thought was infertile; didn’t know/didn’t think about it. For teen moms surveyed, they were most likely to have not cared because they had mixed feelings or the timing was off. Teen dads

1999). My interviews with teen moms likewise suggest that a large number of teen pregnancies are likely to “happen” rather than be planned. However, in the 17 years since the Frost and Oslak study, most national surveys only allow teenagers to categorize their pregnancies as either planned or unplanned. This suggests that “planning” discourses impact the ways in which data are collected.

Tenisha’s story throws into sharp relief organizational approaches to preventing pregnancy, which categorize pregnancies as either “planned” or “unplanned,” which centers the intentional act of agency and responsibility as assumed in the neoliberal thinking that undergirds much of the pregnancy prevention discourse and interventions. In contrast to organizational approaches and focus on individual agency of teen girls, I seek to understand how and why pregnancies “just happen” by theorizing the meaning of non-planning in this context and from the perspective of teen moms themselves. Rather than centering the conversation on sexual decision making and planning, as the institutions do, the teen moms introduce themes of ambivalence, uncertainty, and contradiction.

The Planned/Unplanned Dichotomy

The planned/unplanned dichotomy is based on the rational choice model, which postulates that individuals are making choices to maximize their own well being. However, neoliberal notions of rational choice may not be the best way to understand all contraceptive or reproductive outcomes. Anthropologist Edward Fischer has argued that though people pursue self-interest, they are more complicated than “rational, self-interested automatons like *Homo economicus*” (Fischer 2012:5). Fischer argues that, instead, individuals pursue “culturally particular and deeply-held values... [which are] embedded in moral projects and conceptions of

were most likely to say that they had not cared because it did not matter either way (Frost and Oslak 1999).

the good life” (Fischer 2000). Fischer’s formulation broadens the conception of what motivates individuals, but also implicitly assumes that all people are engaged in a life project and that they have a singular and well-defined idea of what constitutes a good life.

Departing from Fischer, Hall (1992) argues that uncertainty – the lack of a central defining life project - is part of being a “postmodern subject.” Whereas the “Enlightenment subject” was “based on a conception of the human person as a fully centered, unified individual, endowed with the capacities of reason, consciousness and action, whose ‘center’ consisted of an inner core” (Hall 1992: 275), the postmodern subject is defined by uncertainty. Hall argues that the “postmodern subject” has contingent and competing goals and desires, which threaten the ability to act rationally in accordance with one desire.

Similar to Hall’s “postmodern subjects,” when my informants expressed their hopes, dreams, and plans to me, their stories were full of uncertainty, contradiction, and complexity. For instance, I met with, Lila, a 22-year old Hispanic mother of three in a Starbucks. She had been part of Project Accomplishment, and had just started nursing school. I asked Lila about how she conceived her children. She had her first child at 17, a boy. After her first child, she knew she should not have another child, and went on birth control to prevent it. However, Lila told me that she “wanted a girl,” so when her birth control prescription ran out, she didn’t refill it. It wasn’t planned, she told me, having a second child, but it “just happened.”

Lila was caught between two life projects. Project Accomplishment showed Lila one future. They told her that she could complete high school, find a job, and fulfill their vision of “success.” Staff of Project Accomplishment believed that Lila’s potential rested, in part, on Lila not having additional children. Programs that work with teen parents, Project Accomplishment included, are based on the belief that preventing additional pregnancies is critical to completing

education, securing a job, and gaining independent housing. Within these programs, the “choice” to avoid a pregnancy, in this context, has been pre-determined by the organizations as the only rational option.

In contrast to Project Accomplishment’s vision, Lila had a different vision for herself. She had a vision of creating an “ideal” family, with two children, a boy and a girl. Already having the boy, Lila wanted a daughter. Like many of my informants, Lila worried that waiting to have additional children would result in too large an age gap between her children – thus the window in which to create her vision of the ideal family was closing. Her notion of planning her family was in contrast to the agency’s idea of family planning, highlighting the divergent ideas for each about what constitutes a good life.

Statistically, pregnancies that “just happened” are often lumped with pregnancies that are unplanned (for example, see Kay, Suellentrop, and Sloup 2009). But Lila does not classify her second pregnancy as unplanned. I followed up with Lila, asking “What about your third child?”, wondering if it too “just happened.” “Oh, no,” Lila told me, “*That* was an accident.” Before her third pregnancy, Lila had been taking the birth control pill. Her doctor prescribed her a different pill that operated with a different hormone combination. According to Lila, her doctor did not tell her that when switching birth control pills, the new pill will not be effective in the first month of use, and this is when Lila became pregnant with her third child.

Lila’s differentiation between her second pregnancy, which “just happened” and third pregnancy – “that was an accident” – highlights the difference between pregnancies that are unintended and those in which there is no intention either way. Neither-planned-nor-unplanned pregnancies are hard for both organizations and informants to conceptualize and talk about.

When pressed, for instance, Lila and Tenisha cannot further explain their pregnancies beyond saying that they “just happened.”

Part of this is semantic. It is easier to depict intention than lack of it – both “planned” and “unplanned” pregnancies reveal an intended outcome. Lack of intent, however, is ineffable in some ways, even as it is powerful and meaningful, echoing anthropologist Didier Fassin’s (2015) argument that boredom is difficult to depict because language renders action easier to describe than inaction.

Cultural studies scholar Lauren Berlant argues life is not lived primarily through rational decisions. She argues,

there is an attachment to a fantasy that in the truly lived life emotions are always ... expressed in modes of effective agency that ought justly to be and are ultimately consequential or performatively sovereign. In this habit of representing the intentional subject, a manifest lack of self-cultivating attention can easily become recast as irresponsibility, shallowness, resistance, refusal, or incapacity. (Berlant 2007:757)

In other words, Berlant argues for the de-centering of intention in favor of understanding the way the unconscious motivations, habits, and the daily-ness of everyday life shape outcomes as much as or more than decisions. “It is hard to distinguish,” she argues, “[between] modes of incoherence, distractedness, and habituation from deliberate and deliberative activity” (Berlant 2007:754). This distinction between things that happen because they are rationally planned, do not happen because they are not planned, and things that do or do not happen with no respect to planning is the same differentiation that Lila makes when she tells me one pregnancy was an accident, and one just happened.

Even as non-intentionality is difficult to depict, it is nonetheless of critical importance because of the power of uncertainty and non-planning. Medical anthropologist Annette Leibing (2009) argues that “uncertainty, ambivalence, and doubt [are] powerful transformative social

forces” (Leibing 2009:182). The uncertainty and lack of intention in Lila’s story, deconstructs the dichotomy of planned/unplanned that structures interventions into teen parenting.

In Arturo Escobar’s (1995) analysis of the “development” of the third world, he calls development a “discourse” that creates “a space in which only certain things could be said and even imagined” (Escobar 1995:21). So too, in the teen pregnancy prevention (and teen parenting intervention) world are only certain things imaginable. Within a socio-political context that presumes the enlightened subject, and requires individuals to “formulate life strategies, to seek to maximize their life chances, to take actions or refrain from actions in order to increase the quality of their lives, and to act prudently in relation to themselves and to others” (Novas & Rose 2000:487), a decision to not accord with institutional imperatives of rational choice are not easily articulated nor even imagined. Lila, Tenisha, and some of my other informants who expressed uncertainty about whether or not they wanted to become pregnant, cannot articulate a vision for their lives outside of the rational, advanced-liberal values that structure “who we are, what we must do, and what we can hope for” (Novas & Rose 2000:488).

Lila’s uncertainty and non-intention is also reflective of a lack of agency in pursuing the life goals that are important to her. In particular, rejecting a specific life project or vision for the future that is proffered by an organization upon which she is dependent is a task that requires agency. Read in this light, Lila’s decision to not refill her birth control prescription when she ran out can be interpreted as an act of refusal, whether implicit or explicit, within an otherwise disempowering structure in which only one life is imaginable.

Lila did not accept Project Accomplishment’s vision and path for her life, but nor did she believe she had a viable alternate plan. Lila knew that “wanting a girl” was not enough of a reason to plan to have another child at that time in her life. Lila neither wanted to become

pregnant (it conflicted with her hopes for high school graduation and future independence) nor did she want to *not* become pregnant (it conflicted with her hopes for an ideal family structure). Lila's uncertainty challenges the construction of expertise in which organizations expect her to receive expert guidance on her life and then conform to it through the performance of "decision making."

Lila and other informants who told me their pregnancies "just happened" did not invoke narratives of their pregnancies being fated or divinely organized. For example, no one told me that her pregnancy was "meant to be." In this way, Lila is not fatalistic. She does not "just happen" to get pregnant because she feels she has no control over her life. Rather, she has no rational mechanism by which to reconcile desires that are completely at odds with each other. Consistent with this, the 1999 Guttmacher study found that the most common reason that teen moms reported "not caring" whether or not they became pregnant is that they had mixed feelings about whether or not they wanted to get pregnant (Frost and Oslak 1999).

Lila's story poses the question: what does it mean to be asked to be a rational actor and family planner in circumstances in which there is no perfect plan? In a deeply fraught decision, Lila must choose between being a responsible worker by choosing to prevent a pregnancy, pursue education, and get a job on the one hand or fulfill her vision of an ideal family – a boy and a girl close in age – a step towards good motherhood. The demands on Lila to be a responsible mother and responsible worker are both acutely felt, and ultimately she can make no choice between them and decides to see what happens.

Conclusion

Lila's pregnancy "just happened," creating space outside of the values of rationalism. In this way, "uncertainty can be seen as a definitive farewell to the dogmas and ideologies of institutions that restricted and confined the self" (Hermans & Dimaggio 2007). Interpreted in this

light, uncertainty is a way of refusing the demands of rationalism, and the expectation that they must plan their pregnancies.

How does the framing of pregnancies as planned or unplanned structure interventions into teen parenting? This chapter has demonstrated how, planned/unplanned is the central organizing principle for organizational understandings teen pregnancy. I argue that organizations foreground individual formulations of the problem – the flawed, individual decision making – in one-on-one staff/resident interactions because staff feel a helplessness about the structures that work against teen parents. Nonetheless, structural and trauma-informed narratives – which are elided from the discussions of the individual - are invoked on donor-facing web pages as a fundraising strategy.

I challenge the construction of the planned/unplanned dichotomy by analyzing the stories of Tenisha and Lila, whose pregnancies “just happened.” By understanding the constraints of what can be imagined, hoped for, and pursued within the organizations and the rationalist logic of advanced liberalism, pregnancies that “just happen” can be understood as a powerful navigation strategy. Where it is not possible to plan, pursue, or even imagine an alternate path, Tenisha and Lila leave open uncertainty through non-intentionality.

Chapter 6
The Responsibility to Become a Responsible Mother:
Attachment Parenting

A teen mother navigates competing responsibilities—of being a mother, an adolescent, and a competent worker. In this chapter I will examine what it means for teen moms to become responsible to their children from their own perspective as well as from the perspective of social service organizations. In other words, what does it mean to become a responsible mother?

In the opinion of my informants, being seen as a good mother was central to being seen as a moral person—it is difficult to be seen as a “moral” person if one is not a “moral” mother (Dewey 2011). Mastering and performing the cultural norms of motherhood was especially important to the teen moms, especially because they were acutely aware of the ingrained cultural belief that teenagers are not good mothers.

The stakes vary, but all the teen moms in my study told me in interviews that they were trying hard to demonstrate “responsible motherhood.” Many of the teen moms saw this as an uphill battle, as staff members, organizations, and family members did not recognize them as responsible. However, staff conceptualized this differently. In staff meetings, the staff of H.O.M.E. wondered whether some of the residents were mature enough to be good mothers. Staff members expressed concern during staff meetings when they observed what struck them as elements of “typical teenage” behavior in the residents, such as impulsive, self-centered, or irresponsible behavior. When staff at organizations observed these behaviors in the teen moms, they expressed a doubt whether that person would “responsible” enough to be a good mother.

Being a Teenager versus Being a Mom

Teen mothers similarly invoked a differentiation between acting like a “teenager” and acting like a “mother.” Rebecca is a mixed-race resident of H.O.M.E. As a long-time resident, staff praised her for being a model program participant. One day, she was washing dishes—her assigned chore that evening—when one of the other mothers, Alicia, confided in her that she no longer wanted to follow the rules of the program. “You’re a *mom*,” Rebecca told Alicia, and elaborated, “it doesn’t matter that you are 16—you can’t act like you are 16 anymore. You are a mom—you have to grow up.” In this encounter, Rebecca evidenced a belief that “acting 16” and “being a mom” are contradictory categories that demand different behaviors and that must be navigated.

The teen moms in my study confessed to me that there were people in their lives who doubted their ability to be a “good mother,” a critique that was a constant source of concern for them. For instance, Alicia, a 21-year-old black mother of a 2-year-old son, felt that the woman she was renting a room from was always questioning her parenting choices. Once, when I was at Alicia’s house, her son kept on getting up from the table while he was eating cheese fries. The woman who rented the room to Alicia scolded her for not ensuring that her son sits down while eating, citing a concern about the little boy touching the furniture with cheesy hands. Later Alicia told me, “It’s like with the cheese fries. I’m the mom. If I say it’s okay for him to get up while he’s eating, then it’s okay. He’s my child. It’s not that hard to take a wet sponge if he touches the couch.” Alicia expressed being frustrated that her parenting choices were not respected.

Staff members at Project Accomplishment played upon the teen moms’ concerns about critiques surrounding their mothering skills and often encouraged the teen moms to “prove people wrong” about them by enacting responsible identities and becoming good mothers with successful careers. Sometimes this exhortation was in reference to a specific person who was

discouraging the teen mother. Other times, however, it referenced a general “people,” evidencing either a staff-held belief that society at large felt that teen moms were bad mothers or unsuccessful people, or a staff strategy to remind the teen moms of the what both staff and girls perceived as being the proper way for mothers to behave.

In addition to staff threats, the teen mothers themselves held a vision of ideal motherhood that they also had a difficult time achieving. Some of the teen moms told me that they were afraid they would not be “good” mothers, because of how young they were when they had their child.

Cultural Standards of Good Parenting

How to prove oneself as a responsible parent has something to do with adopting culturally significant parenting practices. Useful here is Pierre Bourdieu’s theory of strategies of distinction (Bourdieu 1984). Bourdieu argues that elite status is marked and maintained through a particular collection of cultural and aesthetic practices that constantly change over time, which means that subordinated cultural groups cannot “catch up” by imitating these practices.

Following Bourdieu, what is considered an ideal parenting practice, too, changes over time (Julian, McKenry, & McKelvey 1994). For example, parenting programs of the late 20th and early 21st century often taught parents how to discipline their children with time-outs instead of physical punishment. Although corporal punishment had been previously widely used across classes by individual parents and by schools (according to one scholar’s estimate in 1996, 90–97% of children had been spanked at least once in their lives [Rohner and Borque 1996]), under these programs spanking was considered dangerous, was associated with poor child outcomes, was a precursor to committing future violence, and was resorted to by poor families and families

of color who needed to be taught better, “new,” “scientific” methods—the time-out (MacMillan et al. 1999; Gershoff et al. 2012; Zolotor et al. 2011).

Rising to popularity at the turn of the 21st century, attachment parenting has cast doubt on the wisdom of time-outs. As explored in fuller depth later, attachment parenting is based on constant presence between mother and baby, including baby wearing, breastfeeding, and bed sharing. Within attachment parenting philosophy, time-outs should be replaced with positive parenting strategies such as “prevention, distraction, and substitution to gently guide children away from harm” (Attachment Parenting International 2016). Under attachment parenting, time-outs are a potentially damaging parenting strategy because it is a fear- or punishment-based strategy. According to Attachment Parenting International, “instilling fear in children serves no purpose and creates feelings of shame and humiliation. Fear has been shown to lead to an increased risk of future antisocial behavior including crime and substance abuse” (Attachment Parenting International 2016). The same language of potential future criminality that previously promoted time-outs now is used to discourage time-outs and promote attachment. Thus, the cultural capital that performing the “ideal” parenting strategy holds, has shifted.

At H.O.M.E., attachment parenting is taught, but mastering and performing this ideal, especially in a constantly supervised setting, can be difficult and contradictory. For example, at H.O.M.E. one day, one of the moms, Rachelle, was having difficulty with a particularly defiant “terrible twos” stage her son was experiencing. He wouldn’t obey her instructions, and, beyond that, was hitting and biting other children. She had recently learned about “positive parenting,” according to which she should have explained rationales to her son and helped him understand why she, as the mom, was asking him to do something. She was trying this out after her son hit another child, when a staff member told her that she was “using too many words,” and that she

needed to remove the attention from the behavior, and put him in a time-out. Later on, Rachelle tried this strategy and a third staff member told her that her son was too young to understand time-outs, and that she should just try to distract him if he was being violent toward other children. Rachelle later told me that she felt that she couldn't do anything right. She eventually dropped out of the program.

Parenting properly is seen to be of critical importance. “We don’t focus on the kids, so much,” one social worker at Project Accomplishment told me, “because we figure that if we get the mom stable, get her educated, and improve her parenting, that will all benefit the child.” This statement echoes the central ideas of parental determinism, the belief that there are “direct, causal connections between how children are ‘parented’ and problems of social concern” (Lee 2014:9). Parents become directly responsible for the “good of society” (Edwards and Gillies 2011). Under a system of parental determinism, not only is the moral character of the parent at stake—the future of their child and the good of society also hangs in the balance of this performance. Consistent with this view, Project Accomplishment discussed possible hashtags²⁶ for their campaign, and one of the hashtags they considered was #ChangingTwoLivesAtOnce. The founder of Project Accomplishment told me that the hashtag was meant to convey that, by supporting the mother, the child’s life would be changed as well.

Parenting classes were a central element of the teen parent assistance programs engaged in this study. All of the organizations that I observed had a parenting element. Project Accomplishment, for instance, intended to help more teen parents graduate from college—a goal seemingly unrelated to specific parenting strategies. Nonetheless, they offered a mandatory

²⁶ A hashtag is a word or phrase that is preceded by a #. It is used on social media sites like Twitter and Facebook. Within these social media sites, users can search by hashtag to discover new content, so hashtags are an important part of branding.

workshop on nurturing parenting. In theory, if program participants missed too many of the mandatory workshops, they would be asked to leave the program. This would mean the withdrawal of mentorship (emotional) and scholarship (financial) support. In an interview, however, Ann, a white, 20-year-old informant with a young son told me that she did not know of anyone kicked out of the program for this reason, though she still worried about missing mandatory workshops because she was unsure if and when there may be consequences. In the same interview, Ann complained about the frequency with which she was taught nurturing parenting. “It’s hard because the workshops are mandatory,” she told me, “but at that one I really didn’t learn anything. I had already learned nurturing parenting in another program I was in.” Ann was enrolled in 3 different programs that were designed to support teen mothers, and each of them had a teaching nurturing parenting workshop.²⁷

Teaching Parenting: Emotions, Skills, and Knowledge

In order to understand the parenting approaches at HOME, it is useful to consider the emergence and evolution of parenting classes’ philosophies and purposes. Parent education programs became popular during the 1960s, at the same time as governmental intervention in child maltreatment became an increased priority (Reppucci, Britner, & Woolard 1997). Parent education has become a primary tool of intervention in cases of child maltreatment (Powell 1988; Wandersman 1987). Approaches to preventing child maltreatment include managing behavior (e.g., Altepeter & Walker 1992), teaching knowledge of child development and changing attitudes (Dinkmeyer & McKay 1976), and emphasizing parental support (e.g., Kline,

²⁷ It was very common practice for teen mothers to be enrolled in multiple support organizations. For instance, within the span of a year, one of my key informants relied on a residential facility for teen moms, on a family shelter, on WIC, on services offered by child protective services, as well as on services offered through the welfare office (such as Quality Care, a day care voucher program). Each of these programs has its own requirements that she had to navigate.

Grayson, & Mathie 1990). Newer programs have prioritized ecological and family-level interventions (Corcoran 1999; Easterbrooks et al. 2011; Bentley et al. 1999).

Stakeholders who are invested in reducing child maltreatment overall may take the strategy of targeting teen parents because they are relatively easy to identify (e.g., Mulvey & Britner 1996; Osofsky et al. 1993), and because parenting teens are more likely than the general parenting population to abuse their children (Stevens-Simon, Nelligan, & Kelly 2001; Whitson, Martinez, Ayala, & Kaufman 2011). Some estimates place the risk of children of adolescent mothers²⁸ being maltreated at twice the rate of older mothers (Stevens-Simon et al. 2001).

There are two ways in which scholars and program designers have sought to explain this disproportionate share of child maltreatment. The first is by investigating the factors that are correlated with being a teen parent and with child maltreatment, such as a history of sexual abuse (Zuravin & Diblasio 1996), unemployment, exposure to poverty, lower levels of education, or a lack of support (Lee & George 1999; Afifi 2007). Some support-oriented interventions try to address these factors. Scholars and practitioners who have focused on this explanation of child maltreatment observe that parenthood is a difficult transition for most parents, and the stress of that transition is only exacerbated by teen parents who are disproportionately likely to be exposed to poverty, lack support, or have strained romantic relationships (Altepeter & Walker 1992; Belsky & Vondra 1989; Furstenberg, Brooks-Gunn, & Chase-Lansdale 1989). Under this school of thought, adding to the support systems and resources to which parents have access is a key way of reducing child maltreatment. For example, H.O.M.E. and Project Accomplishment both hoped to reduce rates of child maltreatment through their programs.

²⁸ There is an important wording distinction to note. When studies say that “children of adolescent mothers” are twice as likely to be maltreated, this includes abuse from the mother as well as maltreatment from other family members, care providers, or foster carers.

Second, some scholars have argued that that because of their age, teens are less knowledgeable parents and are less cognitively prepared for the task of parenting (Bavolek & Keene 1999; Geiger & Shelbe 2013; Newberger & White 1989). Staff members of organizations that I spoke with generally told me that, though there is great variability in the cognitive capability of teenagers, some teen mothers are not prepared to mother, specifically because of their young age. Parent education programs seek to change the rates of teens abusing their children, by intervening, by addressing the perceived lack of knowledge or skills of the teenage parents.

In their handbook on the prevention of child maltreatment, for example, child abuse prevention researchers Bavolek and Keene (2010) write, “Parents simply don’t know the needs and capabilities of children at various stages of growth and development. Ignorant of this knowledge, expectations are made that often exceed the skills and abilities of the child” (Bavolek and Keene 2010:3). In other words, skill- and knowledge-based parent education programs are premised on the notion that parents maltreat their children because they don’t have the necessary information to parent well. In this way of understanding child maltreatment, parents can improve by learning about child development, techniques of childrearing, and philosophies on parenting. For example, at Middleton High School where Project Accomplishment conducted their once-a-week classes, a child development class was offered. The child development class was part of the “track” for those interested in early childhood careers and for teen moms, for whom it was seen as important to know about child development.

Parent education programs have been hailed on the one hand for being an important tool in preventing child maltreatment, and been critiqued on the other hand for being culturally biased, imposing a burden on families (Dunst, Loot, and Trivette 1988), placing blame on

families (Caplan and Hall-McCorquodale 1985), or interfering with the parent's role. For example, psychologists Paula Caplan and Ian Hall-McCorquodale (1985) argue that a focus on parent education is way to "scapegoat" mothers for problems that are outside of her control. This has a gender and race component, as mothers are more likely to be blamed than fathers (Caplan and Hall-McCorquodale 1985), and black mothers are especially likely to be designated as in need of intervention (Silver 2015).

Efforts to improve parenting strategies may also target emotional control, which is seen as a key to actually enacting the learned parenting strategies. For example, May, a 20-year-old black mother, was in the midst of the "terrible twos" with her son. May had learned that the "right" thing to do was to ignore a temper tantrum, but hadn't implemented this strategy. The program taught her that ignoring a temper tantrum was the ideal reaction. By their logic, a temper tantrum is an inappropriate way that a child seeks attention from an adult. By ignoring the temper tantrum, the child will see this is an ineffective strategy and will choose a different behavior in future.

When the child started to have a temper tantrum while May and Maria, the social worker at H.O.M.E. were meeting, Maria saw it as an ideal coaching moment. "Just be calm," Maria reported telling May, "he's okay, he's safe. Just ignore him, and keep talking to me." Maria told me that she saw May's stress levels rise and rise until May couldn't take it anymore, scooped up the crying child, and left the meeting.

Maria later recounted this interaction during a staff meeting. From Maria's perspective, this inability to carry out the "proper" parenting technique was due to poor managing of emotion. In other words, May could not parent according to the proper strategy because she could not control her own anxiety levels when her son was having a tantrum. If she were able to control

her emotions, she would be able to parent more ideally. However, according to Maria, this wasn't necessarily seen as an indictment of May—after all, her stress was caused by her empathetic response to her son, which is a desirable trait. In this way, May's failure to enact the proper parenting strategy was credited as an emotional control issue.

I later observed May tell another teen mother within the program that she hated leaving her child on the ground, screaming in a temper tantrum. May said that although she agrees with program staff that temper tantrums should be discouraged, she sees yelling at or spanking a child as more “compassionate” than ignoring a child because in the former case, the child is at least receiving the attention demanded. She explained that if you yell at or spank a child, they know you are mad, you deliver the punishment, and that's the end of it. With ignoring, the child feels like their distress is not recognized. May thought this was emotionally damaging to a child. The acute empathy for their child whose distress is not validated may be a reflection of the vulnerable social position of the teen moms themselves, who are often in a state of invalidated, unrecognized distress.

In staff meetings, staff often recognized the cultural variation in childrearing practices between themselves and the residents. This was usually framed as trying to account for the way a resident herself was raised, since it was assumed that she came from a poor or unstable household. Staff expressed frustration at overcoming these “barriers” to “good” parenting. Though, in interviews, staff members of many organizations thought that “cultural sensitivity” was important to understanding why teen parents make the choices that they do, I never heard a staff member of a teen parenting organization express the view that there might be multiple, equally valued models of good parenting.

Cultural competence has been the subject of much debate among anthropologists. It is well documented that there are significant health inequities for racial and ethnic minorities in the United States. How “culture” impacts outcomes and how practitioners should respond to culture are key questions emerging from these inequities. Some scholars argue that cultural barriers, including cultural values, exposure to different social environments, and experiences of racism are the causes of inequities (Manson 2003; Chang 2003; Surgeon General 2001). These scholars argue that providers should learn about culture in order to be sensitive to difference and to create effective care for all. However, because of the high levels of diversity within a racial or ethnic group, other scholars have suggested that it is more harmful than helpful to learn, in a reified way, about the culture of a particular group in order to practice cultural sensitivity (Good & Hannah 2015). Anthropologists also debate whether cultural distinctiveness (prioritizing particular groups’ histories and cultures) or universal commonalities (focusing on common risk factors that may affect several groups, like poverty) should be foregrounded in cultural competence schemes (Chang 2003).

In my observations of the deployment of cultural competence, “cultural competence” was invoked as a reason not to blame someone personally for their behavior—but nonetheless the culturally attributed behavior was still considered problematic and a site requiring intervention. For example, in a staff meeting, Maria mentioned that Gina, a Latina 19-year-old resident, had got advice from her family that she should continue to use physical punishment. Gina had told Maria that, when she saw her family, they were unsupportive of her newly learned parenting styles. Gina’s “cultural background” was used as a way to explain Gina’s reticence to adopt the values of the program. However, Gina’s cultural knowledge was not valued, in that it was not

seen as helpful or important for Gina. There was no consideration, for instance, that perhaps different cultural systems of parenting might be equally valuable.

I witnessed examples of the conflict between different ideas about good mothering. A child was screaming, lying on the ground, having a tantrum. As the program housed up to ten teen moms and their children, a screaming child could turn the already loud and busy environment into a chaotic one. Hannah, the child's mixed-race mother, opted—perhaps following the parenting advice she had received—to ignore the child's screaming. After several minutes, though, a black staff member, Sara, saw Hannah ignoring her child and said, “Your child is lying on the floor crying and you are just going to stand there?” Ironically, ignoring a screaming child, even when it is an active strategy of child rearing promoted by the center, looks—under the always-watchful eyes of the program—like a lazy or neglectful form of parenting. Without understanding the internal intentions, Sara did not see ignoring as an active and meaningful act of parenting when used by Hannah, although in other instances, Sara and other staff members themselves promoted it as a good mothering strategy. In other words, when used by a teen mom, ignoring was seen by staff as neglect; however, when not used by moms, staff saw this as an opportunity for their adult intervention.

To try to negotiate her way out of the double bind, one parent, Clarissa, would announce to the room her parenting strategy as she did it—marking the ignoring as an intentional choice. The announcement as a form of labeling and a public confessional transformed her neglect into a deliberate act of disciplining her child. Her intentionality had to be marked. During the times when her daughter was having a tantrum, she would remark, “I’m just going to ignore her while she’s doing that,” to no one in particular. Broadcasting her intentions in an attempt to make her choices more legible would often work for a short amount of time, but with multiple staff

members moving between rooms (and an additional staff watching the video, which did not contain sound), it would often only “buy” a few extra minutes before a staff—who hadn’t heard the earlier pronouncement—would reprimand. At one time in particular, Clarissa was so frustrated that after the staff left the room she muttered under her breath “I’m trying to do the right thing! What do you want from me!” This was an expression of her frustration with the constant surveillance and her thwarted attempts to make her actions and intentions legible.

Being seen as a “responsible mother” is an important, high-stakes goal that teen mothers are pursuing. However, their efforts often do not pay off, as their attempts at “responsible motherhood” are misinterpreted or missed by observers. Caught in double binds and catch-22s, the frustration of not finding a route to “responsible motherhood”—one of their most important goals—is frustrating and demoralizing.

History of Attachment Theory

Traditional models of teaching parenting include the skill-, knowledge-, and emotion-based parenting interventions that I just discussed. Departing from these models, H.O.M.E. had a specific model of “responsible motherhood” that they taught programmatically—“attachment parenting.” Attachment parenting ideas grew out of theories of attachment, which first began to emerge in the 1930s. In order to situate H.O.M.E.’s focus on attachment parenting, I will locate it within the field of attachment theory.

In the 1930s, a diverse field of researchers and practitioners, including psychoanalysts, psychiatrists, and pediatricians, began to look to the mother-infant relationship as a source of understanding later emotional development (Karen 1994). These researchers were departing from the other theories of infant development popular at the time, including both the genetics movement, which posited that infants were determined primarily by their genetic makeup, and

the behaviorists, who argued that children were shaped exclusively by environment (Karen 1994).

In contrast to the behaviorists and the eugenicists, psychologists and others working with children were starting to hypothesize the importance of empathetic, consistent, and responsive caregivers. Psychiatrists described some children—who had no maternal care from early childhood and who were unable to empathize or form relationships with others—as suffering from “primary affect hunger” (Levy 1937). Pediatricians were wondering about a related phenomenon. Why were hospitalized infants not gaining weight even when fed a proper diet? Infants separated from their mothers, pediatricians were observing, seemed “lonely” and emotionally withdrawn (Bakwin 1942; Bakwin 1949).

These researchers—who were all working on similar theories but were disconnected from each other at the time—were united into a single field of thought by John Bowlby in 1951. Unifying the diverse and disparate writings about detached children, children in foster and adoptive care who had psychopathology, and the psychological damage to institutionalized babies (i.e., Bakwin 1949; Bakwin 1942; Ribble 1943; Goldfarb 1943; Spitz 1945; Spitz and Wolf 1946), Bowlby argued that a child should “experience a warm, intimate, and continuous relationship with his mother” or another permanent figure, and that the absence or interruption of this relationship is linked to later mental illness, and inability to maintain relationships (Bowlby 1951:11). This publication generated much interest and debate, impacting the practices of social work, adoption, and hospitalization (Karen 1994).

Bowlby's premise that early childhood was critical for later development grew out of the Freudian tradition of thought,²⁹ but it also diverged from it significantly, creating a debate with Anna Freud and Melanie Klein, the leading psychoanalytic theorists of Bowlby's time. Anna Freud argued that the distress of separation was not due to attachment as Bowlby claimed, but rather because infants associated mothers with feeding, a phenomenon she called "cupboard love" (Freud 1997; Freud and Dann 1951; Freud and Burlingham 1962). Psychoanalyst Melanie Klein prioritized the remembered or fantasy elements of childhood (Klein 1927). Klein focused on the world as it was perceived by the patient, and focused on the subjective nature of truth—what the environment of the child was "actually" like was regarded as less important than the patient's conscious or unconscious remembered experience of that environment (Klein 1927). Bowlby's focus, then, on studying infants and children (rather than adult patients), with a focus on the "emotional quality" of a home life, represented a departure from contemporary psychoanalytic schools of thought and a new way to think about infancy, and adult dysfunction.

In addition to theoretical disagreements within the field, on the practical front there was significant resistance from institutions like hospitals or foundling homes that maintained that the problems documented did not apply to their institutions, or that the changes called for by these theories were impractical (Karen 1994, Alsop-Shields & Mohay 2001).

Though encountering resistance from psychoanalysts and practitioners, Bowlby's work was finding support from concurrent research in other fields. In a 1935 article, ethologist Konrad Lorenz detailed the process of imprinting in birds—a bond that a baby bird forms to a "mother"

²⁹ Sigmund Freud is considered the "father" of psychoanalysis and is an incalculably influential psychoanalytic theorist. Freud was one of the first to assert that very early childhood was critical to later functioning, which is a key premise that Bowlby also shares with Freud. Bowlby's critical departure from Freudian thought is that although Freud emphasized the fantasy life of the infant, Bowlby focused more on the "actual" environment of the infant.

figure soon after hatching. Lorenz and other naturalists at the time were developing the idea of “species-specific behavior” that was a co-product of genetic instinct and behavioral input. Animals, Lorenz argued, have a propensity for certain behaviors, but must be exposed to that behavior in order to develop it (i.e., the song-bird’s song is genetic, but it will not develop it unless it hears it from another bird) (Lorenz 1935; Karen 1994). These ideas gave Bowlby the theoretical fodder to postulate the idea of attachment (Bowlby 1958).

Later, attachment theory was again bolstered by ethology. Ethologist Harry Harlow’s 1958 experiments on rhesus monkeys became a critical piece of support of Bowlby’s theories. Harlow argued that the study of love and affection had been located mainly within the realm of “observation, intuition, and guesswork,” and set out to experimentally demonstrate the origins of love (Harlow 1958). Harlow designed a study of rhesus monkeys, where baby monkeys were placed in a cage that had two “mothers”—one made of wire, one covered in terry cloth (Harlow 1958). Milk was provided to the baby monkey from only one of the mothers. Regardless of which “mother” had the milk, baby monkeys preferred the cloth mother (Harlow 1958). Harlow postulated that “contact comfort” was an important variable to understanding the development of human infants, and was evidence in favor of the idea that mother-love is not about food (Harlow 1958).

Personality and developmental psychologist, Mary Ainsworth, is arguably the most influential researcher to join with Bowlby and to impact the direction of attachment theory. Ainsworth used naturalistic techniques to study Ugandan infants. She was among the first to rigorously study infants, as child development until this point had primarily focused on older children (Karen 1994). Through her behavioral observations, Ainsworth began to notice that babies responded differently to different caregivers—smiling, vocalizing, and stopping crying in

response to who is attending to them. By the end of the nine months, Ainsworth was also able to see a significant variation in attachment behaviors between mother-infant dyads (Ainsworth 1967).

After relocating to the United States, Ainsworth created the Strange Situation Procedure (SSP) to understand how babies use their mothers as a base for exploration. The SSP consists of eight “episodes” in which the mother, baby, and a stranger are separated and reunited in a lab environment.³⁰ From this experiment, Ainsworth designated categories of attachment: secure, anxious-avoidant, and anxious-resistant (Ainsworth et al. 1978). Being “securely attached” is designated as the most desirable, healthy category. The securely attached child misses its parent when she leaves, seeks to reunite with her upon return, and is able to quickly return to play after the reunion (Ainsworth et al. 1978; Main 1996). Avoidant children ignore the mother’s absence, do not seek a reunion, and unemotionally ignore their mother upon return (Ainsworth et al. 1978; Main 1996). Resistant children alternately seek and avoid the mother during the SSP and are angry at the absence and unable to settle after the mother’s return (Ainsworth et al. 1978; Main 1996). Later, the category “disorganized” was created in order to capture those infants who did not display any of the three initial styles (Main & Solomon 1990).

The Strange Situation Procedure had an “immeasurable” impact on attachment theory (Karen 1994:163). Not only did the experimental nature of the procedure make the idea of attachment seem more concrete and “demonstrable” than it was previously (Karen 1994), it also helped codify and solidify the empirical evidence that Bowlby was compiling into the

³⁰ The 8 episodes are (1) Introduction, (2) Baby and mother in room together, (3) Stranger enters room, (4) Mother leaves room, baby and stranger are alone together, (5) Mother returns and stranger leaves, (6) Mother leaves, baby is alone in room, (7) Stranger enters room, (8) Mother returns.

“metapsychology” of attachment theory (Karen 1994:163). The Strange Situation Procedure, though designed as one way to measure attachment, has gained a central role in thinking about attachment, though later measures based on interviewing adults have also been developed (Main, Goldwyn, and Hesse 1998).

Taken as a whole, attachment theory provides a compelling answer to the question “How do we become who we are?” Beginning in infancy, individuals are learning patterns—what Bowlby calls “internal working models”—of what to expect from their primary attachment figure (Bowlby 1969). The style that the infant learns through its interactions with the primary caregiver informs the individual about what to expect and how to behave in relationships. Thus, infants securely attached to their mother form healthy and secure attachments later as adults, avoidant infants go on to have avoidant relationships, and ambivalently attached infants later form ambivalent attachments (Belsky and Cassidy 1994; Ward and Carlson 1995; Carlson and Sroufe 1995; Cassidy 2002).

In this way, attachment theory has been used to theorize a diverse array of didactic relationships including romantic love (Chris and Shaver 2000; Feeney and Noller 1992; Collins and Read 1990), the patient-provider relationship in medical care (Ciechanowski et al. 2014; Pietromonaco, Uchino, and Dunkel Schetter 2013), relationships at school and work (Penner and Wallin 2012; Richards and Schat 2011), and coach-athlete relationships (Davis, Jowett, and Lafrenière 2013). Research has additionally flourished on the clinical practice implications of attachment theory for the treatment of both children and adults (Berant 2015; Bowlby 2005; Cassidy 2002; Goldberg, Muir, and Kerr 2013; Oppenheim and Goldsmith 2011; Schore and Newton 2013; Zeanah, Berlin, and Boris 2011).

Attachment theory has led to a style and practice of parenting called attachment parenting. Attachment parenting uses attachment theory—and its emphasis on the empathetic response to the infant’s distress and the consistency of the caregiver—as the basis for understanding what constitutes good parenting, and it elaborates a certain practice of parenting with the goal of raising a securely attached child. One guide to attachment parenting describes the practices of attachment parenting as the “‘baby Bs’: birth bonding, breastfeeding, bed sharing (sleeping with your baby), baby wearing (carrying your baby in a sling), and belief in the signal value of your baby’s cry” (Granju and Kennedy 1999). Attachment parenting is mostly practiced by white, college-educated, middle-class mothers (Green and Groves 2008). Departing from these demographic norms, H.O.M.E. employs an attachment parenting focus among a low-income, low-education group of black teen mothers.

Attachment Theory and Teen Parenting

There has been some research specifically examining attachment in teen parents (Ward and Carlson 1995), although there is lack of direct evidence that teenage mothers and their infants differ from the general population in terms of quality of attachment (Flaherty 2011). However, correlational evidence suggests that children of teen parents are less likely to have secure attachments due to environmental factors associated with teen parenting that are likely to inhibit the attachment relationship. These factors include growing up in poverty (The National Campaign to Prevent Teen and Unplanned Pregnancy 2009), being a child of a single parent, having insufficient parental models, and not attaining educational or career opportunities. All of these factors are also correlated with teenage pregnancies (Manlove et al. 2009; Coley & Chase Landsdale 1998; Moore & Brooks Gunn 2002; Patterson 1997). Teen parents are additionally at risk of poor parenting outcomes because they are disproportionately impacted by depression and

substance abuse (Clemmens 2001; Panzarine, Slater, & Sharps 1995; Reid & Meadows Oliver 2007; Spieker et al. 2001), and have access to fewer resources and social supports (de Paul & Domenech 2000; Panzarine et al. 1995; Turner, Grindstaff, & Phillips 1990; Whitman et al. 2001; Zuravin & DiBlasio 1992).

In addition, some researchers have postulated that, separate from the environmental factors that might place children of teen parents at additional risk, children of teen parents face particular risk because teenagers are not cognitively equipped to meet the needs of a child (Sadler and Cowlin 2003; Flanagan et al. 1995; Whitman et al. 2001). Other research has shown that teen mothers are more stressed, more detached, and less sensitive than older mothers (Berlin, Brady-Smith, & Brooks-Gunn 2002; Whitman et al. 2001). In this chapter, I will add to these examinations of attachment in teen mothers by analyzing the teaching of attachment parenting to teen mothers at H.O.M.E.

Critiques of Attachment

The far-reaching impacts of attachment theory—both within research and with respect to practice—are hard to overstate. However, a growing literature within anthropology has critiqued attachment theory as an ethnocentric “folk theory” that “abstracts elements of experience in a culture to formulate a view of the human condition that is regarded as universal and is held, implicitly or explicitly, by most group members” (Quinn and Mageo 2013). Even though Ainsworth conducted her study in Uganda, anthropological critiques of attachment theory have placed particular emphasis on demonstrating the way that, cross-culturally, having multiple caregivers is normative (Meehan and Hawks 2014; Rottger-Rossler 2014; Everett 2014; Gottlieb 2014), and the way that different developmental and emotional outcomes are considered desirable depending on cultural context (Levine, Miller, and West 1988; Levine 1974; Barry,

Child, and Bacon 1959; Kim 1994; Otto 2014). Attachment theory, anthropologist Nancy Scheper-Hughes argues, individualizes the conversation about good parenting, erasing the social, historical, and cultural oppressions and forms of violence that prevent mothers and infants from thriving or even surviving (Scheper-Hughes 2014). Anthropologists, especially those working in contexts with high rates of infant mortality, also argue that there is no cross-cultural agreement on when an infant qualifies as a person (Lancy 2014; Scheper-Hughes 2014).

Though the majority of critiques of attachment marshal evidence from outside of the United States, critics of attachment suggest that the same cultural disconnect between attachment theory and lived realities of parenting might be true of non-white or non-middle-class mothers in the United States (Quinn and Mageo 2013). Indeed, some research has shown racial, cultural, and class-based (e.g., Halgunseth, Ispa, and Rudy 2006; Bornstein et al. 1996; Kohn 1963; Pearlin and Kohn 1966; Luster, Rhoades, and Haas 1989) variations in parenting ideals, and among teen parents specifically (Erickson 1998). In my interviews with teen parents in the United States, however, I found that many endorsed aspects of the hegemonic American norms of motherhood. Indeed, many of my informants expressed ideals that well mirrored the attachment parenting ideals underlying attachment theory, including believing that breastfeeding is the best way to feed an infant, wanting a close and nurturing connection with their child, disapproving of physical punishment, and valuing independence over obedience. In this case, rather than demonstrating how attachment parenting does not fit with a particular cultural model of parenting, I examine the ways in which attachment principles configure the responsibility of being a good mother.

Attachment Parenting at H.O.M.E.

At H.O.M.E., attachment parenting was formally taught. H.O.M.E.'s focus on attachment parenting made it unique compared to the other organizations that I studied, which tended to focus on a "nurturing parenting" model that emphasized time-outs and an elimination of physical discipline. Using ethnographic data, I add to the critiques of attachment by demonstrating what an attachment focus potentiates—and what it prevents—in the context of teen parents in the United States.

The main way that the focus on attachment parenting was evidenced was daily "baby bonding" time. Baby bonding was structured or unstructured mother-child togetherness time. Because of the access agreements I had with the organization, I could never observe this, although I interacted with residents and staff following baby bonding, and events were discussed in staff meetings in which I was a participant. Baby bonding took place in the child friendly space which was a day care center during the day, and frequent activity during baby bonding time was reading books with children or the creating scrapbooks highlighting the mother-child relationship.

The prominent place of scrapbooks in the baby-bonding time is one example of how difficult it is to "do" attachment, in a programmatic way. In other words, attachment behavior—breastfeeding, baby wearing, and empathic, nurturing responses to a child's claims at attention—are particularly poorly suited to group activities. Mothers creating scrapbooks about their relationship with their children doesn't (directly) create a mother-child secure bond. However, it does provide a way to recognize and celebrate the mother-child bond, which was also a prominent goal of Project Accomplishment. For example, they held a mother's day luncheon at the school, and invited all the teen moms. One social worker within the program prefaced the event saying that they wanted to provide a space to recognize and celebrate the teen's role as a

mother. Staff members of organizations believe themselves to be facilitating the transformation from “teen” to “adult/mother,” and asking teens to reflect on what it means to be a mother is also, the organizations hoped, an invitation to become that ideal mother.

Nonetheless, “baby-bonding time” was a way of reconceptualizing what it meant to teach parenting. The residential staff I interviewed from three other organizations³¹ also told me that their organizations had a formal system for teaching parenting, either as its own subject or under the broader label of “life skills.” Concepts taught during parenting classes included child development, discipline strategies, and information regarding what foods were appropriate at each age. In one parenting classroom, large poster-sized sheets of paper hung on the walls. A big, yellow sheet with “Gross Motor Skills” written across the top hung in one space. In different colored markers, various student answers about how to develop motor skills were written haphazardly across the page—“throwing a beach ball,” “walking in a line,” and so on. In parenting classes, parenting is seen as a skill with specific knowledge that must be acquired.

To my informants, however, parenting is relational and not a set of learned skills. When I asked one of my informants, Asia, a 20-year-old mother of 2-year-old DJ, how she knew how to parent her son, Asia told me, simply, “I live with him.” Asia elaborated to explain that she spent most of her time with her son everyday—so “of course” she knew him and his needs inside and out. LaMara told me that she knew how to parent her daughter because of all the time they spent together. In these cases, the teen parents conceptualize parenting not as a skill but as a relationship. Being a good parent, to Asia, is not learning a set of techniques or memorizing developmental timelines, but rather being in an attentive relationship with your child.

³¹ As a reminder to the reader, in order to understand the extent to which H.O.M.E. and Project Accomplishment were representative or not, I interviewed staff members at 12 other organizations, three of which were residential. This is described more fully in Chapter 2.

Promoting attachment, then, rather than “teaching parenting” is a meaningfully different approach within the residential setting. A focus on attachment parenting emphasizes the relationship with the child rather than declarative knowledge. In promoting attachment, the organization begins with the foundational belief that teen moms are inherently good enough—that they can become successful mothers through the same routes that middle-class women become successful mothers.

Despite the focus on attachment, parenting skills were still taught at H.O.M.E., but in a more individualized way. For example, individual experts—in this case, an on-site nurse and a day care manager—would discuss concerns about the child in a one-on-one setting rather than group instruction in a classroom setting. These interactions were sometimes initiated by the teen mom, and sometimes by the “expert.”

One Tuesday night, I observed one such parent-expert interaction. One of the black moms within H.O.M.E., Lola, picked up her son from day care and brought him upstairs for dinner—it was taco night. Her 23-month-old son, rather than eating the tacos on his high chair tray, was intent on playing with the sour cream, salsa, shredded cheese, and meat. Lola scolded him, “Stop playing with it, and just eat it!” Daisy, the day care manager, was upstairs at the time, and said to Lola, “You know, at this stage of development, he’s exploring his environment and learning about things by touch. Don’t you think,” she continued, “that sour cream looks just like white paint? It’s normal that he’s playing—he’s learning.” In a one-on-one setting, Daisy and Lola discussed the specific situation of Lola’s son.

In another case, Jessica plopped down in one of the chairs at the same table, clearly frustrated. “He’s not listening to anything I say,” she told Daisy, “no matter what, I can’t make him behave!” Jessica was talking about her son, Trent. His behavior over the previous two weeks

had been progressively deteriorating. Trent was biting and hitting the other children, creating conflict between Jessica and the other residents. She felt out of control, and despite anything that she tried, she couldn't change his behavior. Daisy sympathized about how difficult 2-year-olds can be, and together they started problem solving. Again, this one-on-one interaction is markedly different than group instruction on the developmental milestones of 2-year-olds.

This one-on-one, expert-to-mother, processing of concerns takes a “posture of reciprocity” (Kalyanpur and Harry 1997) in engaging the teen mother as an equal collaborator rather than as inherently deficient. The idea is that although parenting requires expert skills, mothers will primarily learn from their relationship with their children and are trusted to know what is best for their children.

Though much research and intervention has focused on how teen mothers are under-supported in achieving parenting ideals, many of the teen parents in my study had intense emotional bonds with their children—not in spite of, but as a result of their otherwise isolated social position. For many of my informants, their infant or young child was their primary emotional companion. At H.O.M.E., staff cooked dinner and residents ate at the same time. Sometimes the residents ate together, sharing conversation with each other, but more often, each conversed only with their own child (often too young to respond to the flow of conversation), arranging their chair and the child's highchair to be angled in toward each other. In addition, at H.O.M.E. and at the other residential facilities where I toured or interviewed staff, teen moms were given one room that they shared with their child(ren). This near-constant closeness resonates with attachment parenting ideals of bed sharing, and emotionally close, responsive, nurturing parenting. Thus, the achievement of attachment parenting, and of teaching it, is that it allows teen moms to master a method of mothering that is deemed “responsible.”

However, focusing on attachment parenting also has unique pitfalls. Attachment parenting values near-constant closeness between mothers and babies, and prizes the mother-child relationship above all other relationships. Even within the United States, where this reflects the hegemonic, middle-class ideal, the didactic mother-child pairing is often a culturally valued myth more than a reality (Burman 1994, Pateman 1992).

The responsibility to mother, especially in such an intensive way, creates problematic contradictions with another key responsibility that teen moms are asked to perform: the responsibility to be a worker. This dilemma is particularly salient for teen moms who are more likely to have a job that does qualify for the federal Family Medical Leave Act (FMLA), which guarantees some workers unpaid maternity leave. In addition, the kind of contingent, shift work that my informants performed was also incompatible with the regular hours of day care, even when they were able to secure a childcare voucher or subsidy to make day care affordable.

For example, Tenisha worked in retail sales, and was given a new schedule every week. She only worked 20–25 hours each week, but her schedule varied so widely that pursuing a second job might mean losing the job in retail. This created childcare difficulties, as her daughter's day care center was open only during weekday business hours. Because of her low number of hours and short history with the retailer, she was not guaranteed medical leave through the FMLA and so lost the retail job when she delivered her son. The kinds of jobs available to teen mothers, then, require constant renegotiations between the roles of worker and mother.

Ecological Model

As I have noted, H.O.M.E. departs from the “teaching parenting” model, and uses attachment parenting as the guiding philosophy to their parenting program. In some ways, this

focus on attachment offers a meaningfully different parenting program—one that does not assume flawed or inferior parenting that must be fixed by experts but one in which relational understandings of mothering are prioritized. Support, and the responsibility to be a worker, however, are both elided from the model.

Bronfenbrenner (2005) suggests an ecological model to correct what he sees as the too-narrow focus of attachment on the mother-child bond. To understand child development, Bronfenbrenner calls for a focus on the microsystem (family, school, peers), mesosystem (relationships between microsystems), ecosystem (community-level factors), macrosystem (cultural context), and chronosystem (historical time and place). Child development schemes are child-oriented in that the focus is on how the infant or child develops into an adult. But they also, powerfully, shape the context and content of what it means to be a good mother. Flipping Bronfenbrenner's focus on the child's environment, I argue that in order to understand attachment parenting, the ecological system of the *mother* must be understood. In particular, notions of support and responsibility are integral to the practice of attachment parenting.

Conclusion

This chapter explores the model of attachment parenting that is used by H.O.M.E. On the one hand, this model offers a significantly different way of “teaching parenting” than other programs. By offering a relational—rather than knowledge-based—model of parenting, H.O.M.E. is challenging distinctions about what makes a good parent.

At stake here are the moral struggles about what it means to be a responsible person, who sets the standards, and who measures up. Clarissa, Jesica, and Lola are all trying, striving to be responsible mothers and gain status as responsible persons. Thus, attachment parenting, as taught

by H.O.M.E. values innate strengths but ignores practical concerns, like the responsibility to be a worker.

Chapter 7
“I’ll Believe It When I See the Ring”:
Individual and Institutional Navigations of Support and Independence

Teen mothers are expected to be both responsible mothers and responsible workers. However, as I have demonstrated in previous chapters, being a “responsible mother” and being a “responsible worker” can often be contradictory. Like Tenisha managing day care, shift work, and the birth of a new child, these contradictions between the responsibility of motherhood and that of being a worker create key contradictions that my informants must navigate.

Support structures are one way this contradiction can be eased. Indeed, in Tenisha’s case, trading childcare with neighbors and relatives was one way she resolved the dilemma of having to work outside of the day care hours. In the case of attachment parenting as taught by H.O.M.E., a support stream is an absolutely critical part of the workings of this model, but the presence of this third party is notably absent in popular discussions of attachment parenting. More generally, support is necessary to navigate the contradictions between worker and mother even outside of the attachment focus. Though not foregrounded in discussions of “responsible motherhood,” the United States hegemonic parenting ideal also includes a bevy of other supportive people: other mothers with whom helpful tips are shared, grandparents, friends who might deliver a meal after the baby is born, someone bringing in an income, and potentially hired assistance (see McVeigh 2000).

Support is one mechanism to navigate the contradictory neoliberal responsibilities of being a mother and a worker, and yet it is lacking for many of my informants. In this chapter, I examine the reasons why teen moms are under supported. I argue that support is deprioritized because it is seen to compete with goals of self-sufficiency. In addition, I suggest that although teen parent serving organizations recognize the importance of support, they narrow the potential

sources of support by categorizing institutional support as “good” support and interpersonal support, including support from baby’s fathers, as risky or dangerous.

Support Is Important

Avenues of “support” (including emotional, social, informational, and material support, see McVeigh, 2000) are often deprioritized in favor of the goal of “self-sufficiency” (e.g., Maynard 1993; Fischer 2000; Scannapieco, Schagrin, and Scannapieco 1995; Aber, Brooks-Gunn, and Maynard 1995; Russell, Lee, and Workgroup 2004), despite the criticism of social science scholars (Morgen and Maskovsky 2003; Morgen 2001). In contrast to the centering of “self-sufficiency” in policies and in programs designed for teen parents, youth development researchers have promoted interdependence as one of the essential qualities of healthy adolescence in the United States. Creating meaningful friendships with peers, experimenting with dating relationships, and creating connections within a community are all part of what is expected of United States’ teenagers (Erikson 1999; Nakkula and Toshalis 2008; Spencer 2006; Silver 2015). Formation of support networks can therefore be a key element of American adolescence.

Support has also been found to ease the transition into parenthood. What constitutes social support for new parents can vary and can include material support, emotional support, “esteem” support, and “informational or network” support (McVeigh 2000:26). McVeigh (2000) found that a supportive partner was correlated with better infant care and greater social and community integration. Having support or lacking it is a key variable that may separate those who successfully transition to parenthood from those who experience emotional distress in the transition (Brugha et al. 1998). Likewise, the teen moms I interviewed were stable when they were well supported, and unstable when they were not. In this chapter, I examine why teen

moms often lack support, even though, as H.O.M.E., Project Accomplishment, and other social service agencies believe, support is critical to the success of teen moms.

What Constitutes “Good” Support for Teen Moms?

All the organizations that I interviewed believed that support was essential to the teen parents they worked with. All support, however, was not seen as equally valuable, and organizations encouraged certain kinds of support over others. The idea of support ranged from educational to economic and from parenting skills to mental health. I argue that staff of social service institutions see good support as primarily an institutional offering, whereas the teen moms in my study prioritize interpersonal support.

For example, I interviewed a caseworker from a college mentorship program called NextSteps. Their program provided scholarships and one-on-one mentorship to teen parents pursuing a two-year or four-year college degree. Each scholar in the program was matched with a mentor—the mentor made a financial contribution of \$1,200–\$2,400 each year, which was given as a scholarship to the scholar, and committed to meeting with their scholar once a month.

The Next Steps website touts support as a critical element of success, saying that “youth are 5 times more likely to graduate if they have a meaningful relationship with an adult.” In addition to the mentorship and the financial scholarship, scholars in the program participate in mandatory workshops on academic skills, like study skills, and on life skills, like nurturing parenting. The case manager at NextSteps told me that the one-on-one mentoring their scholars receive is the most important piece of their program. The support of the mentor enables the scholar to improve his or her grades and finish their two- or four-year degree. Though NextSteps prioritizes institutionally provided support, they only minimally mention the importance of non-institutional support: the family, community, or romantic partners.

Likewise, H.O.M.E. prioritized institutional support as the best form of support. For H.O.M.E., the gold standard of support was supervised independent living programs that residents could move into once they graduated from the H.O.M.E. program. However, this was difficult to achieve. During the six months that I observed the H.O.M.E. program, seven residents graduated, but only one moved into a supervised independent living program. There were few such programs in the area, and each had a few months-long waiting list. Residents who did move into independent living programs moved in with family members, slept on friends' couches, or went to other shelters in the hope of eventually renting their own apartment.

Institutional support was not always available. The lack of programs is a key source of frustration for staff members. For example, H.O.M.E. is designated as a “higher level of care” in the state it operates. Because of the higher level of care, H.O.M.E. is obligated to provide an increased number of therapeutic hours to the residents, and they are paid at a higher per-diem rate than other institutions. H.O.M.E. must justify the resident's need to stay in this higher level of care. A key area of frustration for staff is when they believe that residents could be successful at a lower level of care, but that this level of support is not available. Supervised independent living programs, for instance, have months-long waiting lists and vacancies are limited. Thus, residents are sometimes forced to transition from a very structured program, with daily group therapy, weekly sessions with a social worker, and 24/7 staff to living completely on their own—a staggering change.

This is not to say that institutions never saw personal networks as a source of support, just that they did see them as a last-resort option. Though institutional support is seen as preferable by H.O.M.E. staff, staff members suggested some personal forms of support in the absence of institutional options. In some cases, staff are racing against the clock to line up transition plans

for their residents. In one case, H.O.M.E. staff was advising a black resident, Yvonne, in the program. Yvonne was turning 21—the day that the extended benefits available to former foster youth expire. Yvonne wanted to find and live in her own apartment, but had neither the income nor the savings to do so. Independent living programs were full. The only available options were to live with an aunt and uncle, whom the resident did not know very well, or, the day after she had to leave the shelter, go to the county and present herself as homeless³² and get placed in a family homeless shelter. In this case, staff stridently supported the creation and maintenance of a relationship between Yvonne and the supportive aunt and uncle. Yvonne worried that this would be an uncomfortable relationship because she didn't know them very well, and she wanted to live alone. Staff encouraged Yvonne not to pass up any opportunity to secure housing.

In another instance, staff at Project Accomplishment encouraged a mixed race teen mother, Paula, to maintain a relationship with her daughter's former foster parents. Her daughter had been taken into state custody and placed in foster care for a period of time about 1 year ago. These foster parents continued to be willing to support Paula and her daughter, especially by providing occasional childcare. Gabrielle and Alicia emphasized to Paula how important this relationship was for her to maintain.

Thus, some personal support was seen as beneficial to the teen moms, especially as a last resort (though not as positive as institutional support). However, other parts of existing support

³² Presenting as homeless is an important part of getting into homeless shelters in the county where this research took place. Even if a current living situation is about to end—such as in the case of this resident—one cannot secure a place in a homeless shelter unless one is actively homeless. This policy introduced much instability into the lives of the families who needed to access homeless services, because it disallowed for planning ahead, and ran the risk of the person becoming homeless at the same time that shelters were full.

networks were often assessed by staff to be unsupportive or to have an unhealthy influence, and this kind of support was discouraged.

Fathers as “Danger”

Babies’ fathers, in particular, were regarded with skepticism as a potential source of support. In the course of my research, I did not encounter any social workers or staff of an organization who spoke of a boyfriend or baby’s father being a “good” influence or positive force in the life of a teen mom. Rather, babies’ fathers were regarded with skepticism. This is in line with sociologists Edin and Nelson (2013), who, in their study of low-income inner city fathers, found that romantic relationships had very little social support from either side—the family and friends of both fathers and mothers warn them of the potential dangers of the other partner. Because my informants were mainly teen mothers and staff of teen mothering focused institutions, I focus on how fathers are constructed to be dangerous to teen mothers.

Marissa, a residential organization that I toured, explained to me that the organization had a policy to not allow boyfriends and fathers into the building. Marissa explained this policy, saying, “Some of the girls here have restraining orders. Staff at the door are always changing, and sometimes residents let other people in. It’s too much to have to check every person at the door, so for safety we don’t allow any of the fathers.” Residents were allowed to meet with their boyfriends or babies’ fathers in front of the building.

The case of the restraining order was rare, in my experience. None of my informants had restraining orders against the father of their child. However, I understood Marissa’s general position. When I met LaMara one day, she had a black eye because her boyfriend had punched her in a fight about their dog. The specter of the “violent boyfriend” might emerge from these

emotionally salient examples of boyfriends and fathers being dangerous, in the absence of other, meaningful interactions with these men.

Theorizing that men are dangerous is the flip side of some historical constructions that figure teen moms as “innocent” or unknowing and hence in need of regulation. I argue that theorizing a clear and discrete “problem”—the father/boyfriend—is cognitively and emotionally helpful to staff as they frame the problem of teen pregnancy. In the face of the overwhelming structural opposition that teen mothers face—bleak employment prospects, low pay and high rents, lack of availability of supportive housing, long waiting lists for day care—staff expressed to me a certain hopelessness. Though they care deeply for their clients, the obstacles to success were overwhelming at times. A focus on the “danger” of fathers has the potential to individualize these structural barriers.

For example, Tenisha’s relationship with her boyfriend and the father of her child, Leroy, was characterized by conflict, and they often broke up and got back together. Leroy was also using drugs, which Tenisha disapproved of and that fueled their conflict. Some of the staff encouraged Tenisha to discontinue this conflict-fraught relationship. Leroy became upset about the fact that Tenisha talked about him and “his business” to others, and that the staff of the residential facility was “turning Tenisha against him.” Throughout the months that I followed Tenisha after she left H.O.M.E, her relationship with Leroy continued to be rocky. The last time I met with Tenisha, she and Leroy had broken up, and Tenisha was living with a new boyfriend. She told me that her relationship with Leroy had too much conflict, and that Leroy was unwilling to seriously commit to her and to their daughter. “I think we’ll get back together though,” she told me. “We just have so much chemistry.” Three days after our interview, Tenisha posted on Facebook that she and Leroy were back together.

For her part, Tenisha resented H.O.M.E. for not supporting her relationship with Leroy. She felt that they judged him without really knowing him, and that they did not give him credit for the progress he had made. Tenisha told Leroy about H.O.M.E.'s lack of support of their relationship, and because Leroy perceived H.O.M.E. staff as being against him, he no longer supported Tenisha's continued residence at H.O.M.E. Nonetheless, with Leroy's perception of staff opposition to him, combined with the distance and lack of transportation from Leroy's home to H.O.M.E., Leroy rarely visited Tenisha and their child.

I understood the social worker's skepticism about Tenisha and Leroy's relationship. At one point, Leroy showed up at their daughter's day care, high on drugs, and ended up passing out in front of the day care. Child protective services were eventually called about this, and Tenisha lost custody of her daughter for a period of about one month. Leroy rarely had money to contribute to their daughter's care, and couldn't be alone with their daughter due to the child protection case, and so could not help out with childcare. In addition, Tenisha told me that she had noticed several items missing from her house, including money, and told me that she suspected that it was a "guest" in her house. Though she wouldn't tell me who she thought had stolen the items, I believe that she suspected Leroy.

In addition, Tenisha expressed to me that she worried that Leroy was not committed to her. This dynamic became especially clear to me when, one day, Tenisha asked if she could bring Leroy along to one of the interviews. I originally assumed that he had wanted to attend because I normally bought lunch during the interviews. When we arrived at the all-you-can-eat Chinese food buffet, however, I realized that it had been Tenisha's idea that he attend.

"Ask him the questions that you ask me," she told me.

"Tell me about your child," I asked him. "What's it like to be a parent?"

“No, no.” Tenisha interrupted me. “Not those questions.” Tenisha jumped in and told Leroy, “Jenny was asking me the other day if we were going to get married. Well, are we?” she asked.

“I’ve told you what I thought about that,” he replied, with a studied focus on digging into a plate of clams.

“We could at least get engaged,” she pressed. Leroy didn’t respond. Tenisha announced that she was going to the bathroom.

While she was in the bathroom, Leroy told me conspiratorially that even though Tenisha was really upset about the marriage issue, he had a ring at home and planned to propose. Nothing fancy, he said, but a simple silver ring. “Don’t tell,” he told me as Tenisha returned to the table. Within moments of sitting back down, Tenisha returned to the conversation. Frustrated, Leroy told her, “I have ring for you *okay*?” Tenisha stopped asking, and the conversation moved on.

As we were leaving, Leroy said to Tenisha, “I thought you’d be more excited. Why aren’t you happy about it? Why aren’t you posting it on Facebook and telling your friends?”

“I’ll believe it when I see the ring,” Tenisha said, to which Leroy took great offense. “Are you calling me a liar?” he challenged. “No, no,” Tenisha backpedaled. But to my knowledge, no ring ever materialized. Tenisha’s pushing Leroy for marriage was one way that Tenisha was looking to create support systems in her life.

Although Tenisha’s relationship with Leroy was fraught, Tenisha had very few sources of support other than Leroy. After she left H.O.M.E., Tenisha was livid with several of Leroy’s family members for several months each, when she had nowhere else to live and her own family wasn’t an option. Elmira, the grandmother to two of Leroy’s other children, let Tenisha and her daughter live with them for 6 months. Tenisha paid rent to Elmira weekly, since she could, and

shared her food stamps. Tenisha had briefly lost custody of her daughter because Leroy had shown up at their daughter's day care in an inebriated condition. Tenisha was not allowed to live alone with her daughter at the time. The court approved Elmira as an acceptable living solution for Tenisha and her daughter. On the one hand, without Leroy, Tenisha would not have lost custody of her daughter. On the other hand, without Elmira (and thus without Leroy), Tenisha would have had no court-approved place to live, and would not have regained custody of her daughter at the same speed. We see in Tenisha's case how the figuring of fathers as dangerous leaves out the importance of support—in particular, the potential support that the father or the father's network might be able to provide, even in the case where this support is not ideal. In addition, Tenisha is not simply creating a support network as a utilitarian life tool. Rather, she is engaged in relationships that matter to her, and that are part of her definition of a good life.

Family members are also potential sources of support. In some cases, the teen moms shared the institutional belief that family was not a potential form of healthy support. I asked LaMara if she ever got any support from her parents. She scoffed at the question. "Both my parents are addicted to crack," she told me. "They can't help me." In other cases, parents are available to be supportive, but offer the "wrong" kind of support, in the eyes of the organization. "If a prospective resident is too close to her mom," the director of H.O.M.E. told me when describing their intake procedures, "it just won't work. We've learned that." She elaborated to tell me that in these cases, mothers often offer different advice than the institution. In these cases of conflicting advice, she continued, the resident always chose to follow the mother, and usually ended up leaving the residential institution. Striking to me, in this example, was how institutional support was seen as completely separate from, and in fact in opposition to, familial and community support.

H.O.M.E. and Project Accomplishment primarily conceptualize support as an institutional offering. Though sometimes support from families or communities is encouraged, this form of support is seen as potentially problematic. Even in the cases where non-institutional support was deemed desirable, building and maintaining networks of support was difficult while living in a residential institution. Residents who lived at H.O.M.E. sometimes relocated from up to 75 minutes away, as this was the only placement like it in the entire state. Few residents had a car, and many had limited opportunities to visit with their families, friends, or romantic partners during their time at H.O.M.E. One resident, for instance, took a bus three hours each way in order to reach her hometown from H.O.M.E.

In addition, a tiered behavior system made accessing support dependent on good behavior. At Stage One of the behavioral system (which all residents started on, and stayed on for at least 30 days) residents were not allowed their cell phones, and were limited to one 10-minute phone call per day. This limiting of support was grounded in the idea that non-institutional support has the potential to be “risky” or “bad” support, and shows the indecision of organizations about what role personal support relationships have to play in the lives of teen moms.

Are Goals of Independence Incompatible with Support?

In her study of young parents living in a structured independent living program, anthropologist Lauren Silver critiques the lack of emphasis on support, but cautions, “It is not that discourses of self-sufficiency and individual betterment have no place in a SIL program for youth and their children. Youth wanted to achieve independence—to provide for their children and to lead a ‘worthy’ life” (Silver 2015:kindle 1420). Indeed, many of my informants also expressed independence as their primary goal. Silver concludes that although support is thus

undervalued by programs, nonetheless “programs should be designed to support youth in meeting their goal” of independence (Silver 2015).

What youth mean when they say that they want to live independently, however, should be examined. What qualifies, to them, as true “independence”? Indeed, scholars of neoliberalism argue that complete independence is a myth, as all members of society rely on social benefits such as specialization of labor, infrastructure, and public safety (see, for example, Fraser 1993; Fraser and Gordon 1994). Thus, the search for “self-sufficiency” or “independence” is based on the idea that some types of interdependence are acceptable, moral forms, and that some are unacceptable. The supports that teen parents receive—including welfare payments, housing, financial or emotional support from the father, programmatic support, childcare vouchers, babysitting from family or friends, rides to-and-from events or work—are not all seen as equal threats to independence.

LaMara’s struggle to find a stable living situation illustrates how “independence” and threats to it are defined contextually. LaMara left H.O.M.E. before she graduated from the program, and against the recommendations of staff. She secretly packed one night, and the next morning announced her departure. Forty-five minutes later, her boyfriend arrived to pick her up. They packed what they could into the trunk and the backseat of his sedan, and left. LaMara initially moved back in with her grandmother. By the end of the week, a child protective services caseworker deemed the living environment too unsafe and LaMara was told to leave her grandmother’s house by the end of the day or have her daughter taken into state custody.

Unwilling to risk a threat to custody of her daughter, LaMara stayed in a cheap hotel room that night, and on Monday went social services and was placed at a family shelter. Unlike H.O.M.E., where private rooms, therapy, case management, on-site day care and other services

were offered, the new shelter was designed as an emergency shelter. Beds were dormitory style, with multiple families sleeping in one large room on bunk beds. Each resident was allowed to store only one Rubbermaid container of her belongings at the shelter. There was no mandatory programming, but residents had to participate in chores and be in by 6 PM. The lack of support made life more difficult for LaMara. “They require you to do chores,” she told me, “and you have to supervise your children at all times. It’s hard to do both at once. I start to do my assigned chore, and then she’s getting into something, and I’m getting in trouble.” Nonetheless, LaMara found the new shelter to be preferable to H.O.M.E. because she was more “independent.”

About a month later, by pooling her savings and monthly income with her child’s father, Russ, they were able to rent an apartment for the three of them to share. LaMara had a rocky relationship with Russ, and she often doubted his commitment to her and to their child. Meeting over coffee one day, she told me, “I think Russ is going to leave. I’m saving up for when he does.” LaMara worked the packing line in a cereal warehouse, making minimum wage. She did not have enough money to support herself and her daughter on her income alone, even when taking into account the childcare vouchers she received. She told me, however, that she had a plan. “I was talking to my downstairs neighbor, and she told me about backpage.com. It’s just a place you can find a sugar daddy. She told me she does it, and I went on. I didn’t really think anyone would pay me, because of my size, you know? But I got some messages. I’m going to meet with this guy—he told me he’d help me pay for school, and car repairs—and I have to figure out how I’ll pay for the apartment when Russ leaves.” LaMara’s decision to meet with a sugar daddy was motivated by her desire to be able to support herself. “There’s a new shipping warehouse,” she told me, “and they pay \$12 an hour. If I can get enough experience, I can get a

job there. And then I will be able to afford rent on my own. I won't need Russ or the sugar daddy."

As LaMara moved from H.O.M.E. to the shelter, and then into her own apartment, she strived toward increasing "independence." She articulated her goal as wanting to "support herself" and "not need anyone." For LaMara—and for the organizations—what qualifies as "independence" is situational. In fact, complete independence is a myth for most of the lower-income teen moms with whom I interacted—nearly everyone is reliant on some form of support—be it sanctioned forms of dependency like dependence on an employer or public schools or non-sanctioned forms, like dependence on non-profits or welfare. Independence is not a clear, well-elaborated endpoint that can be attained. Rather, pursuing "better" forms of dependence creates the illusion of independence. It's notable, for instance, that moving from the shelter into an apartment with Russ is a step toward independence, and for a time, LaMara feels she has successfully achieved independence. When Russ shows himself to be uncommitted and unreliable, however, he becomes an impediment to her independence.

I argue then, for a rethinking of support. Support is not merely a tool but also part of building a meaningful life. Further, support can be seen to complement, rather than threaten, other deeply held goals of independence and self-sufficiency.

Chapter 8
“I Learned How Important it Is to Make the Right Choices”:
Choice, Care, and Control

For fundraising purposes, H.O.M.E. highlights former clients, those who are “success” stories, on their website. One story they feature is of Kelly, a mom who moved into H.O.M.E. when she was 19. Kelly’s father left when she was 6, and her mother was an alcoholic. A neighbor starting abusing Kelly when she was 11. By the time she was 15, she was living on the streets, and struggling with drug addiction. At 19, she was arrested, and in jail, found out that she was pregnant. The courts placed her in H.O.M.E., and Kelly says about the placement,

They sent me to H.O.M.E. I was glad to be in a place that was safe. Being homeless makes it easier to make bad choices. At H.O.M.E. they helped me get doctor’s appointments to make sure my baby was ok and I had a healthy pregnancy. I learned about having a baby, and being a good mom. I am a woman in recovery, and go to AA and NA meetings. My counselors have helped me deal with my past, and live in today. I learned how important it is to make the right choices for myself, and my daughter.

Central in Kelly’s description of how H.O.M.E. was helpful to her is the theme of “choices,” which she mentions twice.

“Choice”—healthy choices, better choices, different choices—was a central word invoked by the staff and participants programs that I observed and interviewed. More broadly, “choice” has been taken up by reproductive health advocates who are advocating for issues like increased access to birth control (or more varieties of birth control), or for fewer restrictions on abortions. Using the experiences of my informants, I argue that “choice” can also be experienced as social abandonment.

The Use of the Confessional as a Way to Package Success

Anthropological critiques of non-profit actors have often examined the ways in which people must perform certain stories and subjectivities in order to receive support from an organization. Organizations, too, face pressures to neatly package their impacts into individual stories like Kelly's that can be used to demonstrate effectiveness and garner funding (e.g., James 2010; Marsland 2012). Centering "choice" is important in the context of neoliberalism, and declaring these choices publicly—in the form of a confessional (Foucault 1979)—solidifies that one is both aware and has taken agency. Foucault argues that the confessional is a central ritual in the production of "truth."

I participated in the production of the confessional as part of my involvement with Project Accomplishment. Gabrielle and Alicia asked me to interview two of the teen moms involved in their program and write "Mother of the Year" profiles for them, which were to be featured on the Project Accomplishment website. While participating in the process of producing fundraising narratives in this way, I noticed how differently teen moms responded to the prompt of creating a website narrative for an organization as compared to talking about themselves in the context of my research.

For example, I interviewed Lila for the "Mother of the Year" profile. Lila demonstrated her knowledge of the genre of the website confessional by shaping a story arc of redemption. She told me that she had enrolled in high school, but barely attended and was not on track to graduate. With the support of Gabrielle and Alicia from Project Accomplishment, she improved her attendance, made up courses and graduated ahead of schedule. "Now," she proudly told me, "I'm in nursing school." Lila told the perfect story of an irresponsible teen mom slacking off in high school who was transformed into a responsible mother in college. Indeed, this transformation was not nearly so linear. In the course of the year I spent observing in Project

Accomplishment, Lila went through several spells of better and worse school attendance. There was no light switch moment. Nor was Project Accomplishment as involved as Lila portrays. Indeed, Gabrielle had told me that she was surprised when she learned of Lila's high school graduation after the fact.

Rather than see Lila's story as a false (or embellished) story told for fundraising purposes only, we can see her story as an investment in a transformed identity. For example, in the context of alcoholism, Norman K. Denzin argues that the treatment rituals of Alcoholics Anonymous produce "transformations in experience," which in turn shape "situational and long-term commitments" to a new identity (1987:12). Thus, individuals can take up the "confessional" style narrative of transformation to fashion themselves (Nguyen 2004). For example, when Kelly says, "I learned how important it is to make the right choices," she is signaling her identity as a reformed kind of person and an ideal neoliberal subject.

Choice, Neoliberalism, and Non-directionality

As I discussed in Chapter 1, neoliberalism centers rational, individual choice. In Chapter 5, I critiqued how, even within a context that prioritizes choice, some choices are framed as "right" and some are considered "wrong." Further, I critiqued the notion that rational choice is the most useful way to understand outcomes.

But there is another way that choices can operate: that people are actually free to discern among available options that are available to them, and select amongst the options. This is sometimes called a "non-directive" approach. A non-directive approach prioritizes "holding true to the social work value of respect for service user autonomy, placing the meeting of needs as they are expressed by service users at the fore and where the relationship is the process whereby they facilitate the identification and understanding of these needs" (Murphy et al. 2013). Thus,

this approach is about collaboration and shared power between the social worker and client. For example, Gabrielle and Alicia applied a non-directive approach during Project Accomplishment programming. Each week the teen moms would write down their goal for the week. The goals that the teen moms wrote down varied from “get a driver’s license” to “come to school more often” to “pray more.” Although Gabrielle and Alicia had their own ideas about what constituted a good goal for the week, they never suggested that a teen mom change her goal. Allowing the teen mom to set her own goals is a hallmark of the non-directive approach.

Centering “choice” is important in the context of neoliberalism. Following schools of thought on neoliberalism, staff members at organizations intervening in the lives of teen moms sometimes told me that they are wary of the control they exhibit over the lives of their clients. “I can’t tell them what’s best for them,” one social worker told me in the context of pregnancy prevention among high school students, “my job is to get them to think about their values, and give them the skills to carry out whatever decision they make.” In this case, the social worker rejected the potential role of telling students what to do, and instead embraced the non-directive path that left the choice to the student.

LaMara’s Story and Abandonment as the Flipside of Choice

However, a focus on individual choice can widen inequalities. In Rickie Solinger’s (2001) book *Beggars and Choosers*, she argues that “historical distinctions between women of color and white women, between poor and middle-class women, have been reproduced and institutionalized in the ‘era of choice’ in part by defining some groups of women as good choice makers, some as bad” (Solinger 2001). In other words, a focus on individual choice also assigns individual—not structural—responsibility for outcomes. In the case of teen mothers, this means

that they are blamed individually as too “irresponsible,” rather than placing a focus on an untenable system.

The premise of individual choice is yet more complicated in the context of teenagers. For example, in staff meetings, the staff of H.O.M.E. sometimes debated to what extent client’s self-determination should be respected, or to what extent H.O.M.E. had the obligation to acting *in loco parentis* (in place of the parent). For H.O.M.E. staff, acting “in loco parentis” meant intervening. For instance, one 15-year-old teen mother was dating a man 12 years her senior. Several staff members wanted to forbid this relationship on the basis of the age gap and the age of consent laws. Actually carrying out this ban, they discussed, would be difficult—she could call him on her own phone, or see him when she when to school (if he visited her there) or to her mother’s house. Logistics aside, several staff members concluded that, in their role as social workers, they could not forbid romantic relationships. “I guess we really can’t stop her,” they concluded. The director of the program disagreed, and said, “He can’t come see her here. We can’t control what she does when she’s off site,” she conceded, “but he can’t come on our property. We can do that—it’s what a parent would do.” In this case, the program director sees the teen status of the resident as a reason to exert more control over her.

Non-directiveness, as a goal, is thus philosophically complicated, especially in the case of teens who are additionally vulnerable due to histories of abuse, neglect, and violence. But ethnographically, how do attempts toward non-directive actions play out?

In previous chapters, I have depicted how strong control mechanisms actually are at play within the institutions. In some instances, however, the staff of the organizations exerted effort to allow the clients to make “choices” even if the staff member disagreed with that choice. An example of this was a moment that occurred between LaMara and a social worker, Maria, upon

LaMara's early departure from H.O.M.E, before her "graduation" from the program. I have previously described the circumstances and motivating forces behind LaMara's choice to leave H.O.M.E.

I first learned of LaMara's departure in a staff meeting. It was big, sudden news, and it surprised me as I had seen LaMara at H.O.M.E. only days prior. It surprised the staff members, too. LaMara had given less than an hour's notice that she was leaving, having secretly packed her belongings the night before.

As the staff members described in the meeting, they strenuously recommended that LaMara not leave without a plan. Returning to her grandmother's house—which had been previously deemed unsafe for her child because of bedbugs—was a return, staff members worried, to the chaotic instability that they had been so desperately trying to counter. "Stay another month," Maria, a social worker, cajoled, "wait until you have a transition plan. Where are you going to live?"

As described in the previous chapter, Maria's fears were well founded. Maria, who had come to care deeply about LaMara, was particularly upset about LaMara's departure. "I saw her one last time in the lobby, just as she was leaving," Maria said to the gathered staff meeting. She had already tried everything to persuade LaMara to stay. "There was nothing I could say. I couldn't make her stay. So I didn't say anything and I just came back in." At the limits of her control of LaMara's choices, Maria had to accept her leaving as an act of LaMara's own self-determination.

LaMara later told me about the departure from her perspective. "The worst part of it," LaMara recalled, "was that right as I was leaving, I saw Maria in the lobby, and she didn't say anything. She just let me walk out." LaMara elaborated, saying she had gotten close to Maria,

and saw her as a mother figure. LaMara went on, “She didn’t tell me to stay. She didn’t say goodbye. You get close to people, you know?”

In a seeming catch-22 situation, LaMara had decided to leave H.O.M.E. because she wanted more independence. And yet, she also sees Maria’s recognition of her independence, Maria’s realization that she cannot persuade LaMara to her own way of thinking, as a painful withdrawal of care.

LaMara interpreted Maria’s attempts to influence her as evidence of Maria’s care for her. In this way, care and control, or protection and policing, are intertwined for LaMara and my other informants. Thus, for many of my informants, the opposite of control is not freedom, but abandonment, wherein institutions and individuals who could be involved withdraw their support, advocacy, interest, and funding (Biehl 2001). My informants spoke often and painfully about the ways that they had been abandoned through the course of their lives. LaMara’s parents, whom she bitterly referred to as “crack-heads” abandoned her as a child. She experienced a kind of “social abandonment” when she became pregnant as a teenager, saying that she went from being a person of promise and status in people’s eyes to the “pregnant one” who was never going to amount to anything. Later, she moved into her own apartment where she described locking the door and hiding in the bedroom when she heard gunshots downstairs—this too can be interpreted as a form of social abandonment.

This has distinctly racial impacts. Because more black and Latina teens become pregnant than white teens, centering “choice” is a racial project of abandonment. Historian Sarah Jain, for example, draws on a court case where black smokers brought a civil rights suit against the makers of menthol cigarettes who had targeted their product toward black consumers. The court did not find in favor of the smokers, because they had the “choice” to smoke or not, and because

the same cigarettes were available to whites too. Jain argues that this centering of “choice” and the fact that the cigarettes are also available to whites in the court decision de-emphasizes context and historical inequities (Jain 2003). Following a similar argument, I suggest that even though white teens are also experiencing pregnancies, traumas, and systemic abandonment, because teen parenting has been socially imagined as a “black problem,” this must be discussed as a racial issue.

Thus, I argue that although the ethos of “self-determination” has a role to play in the lives of teen parents, it is not a panacea. Self-determination cannot resolve the inherent tension between a neoliberal commitment to individual choice on the one hand, and organizational power structures that make only certain choices acceptable or even imaginable. I am not the only author to have observed the tension between problematic politico-social systems on the one hand, and abandonment on the other. In anthropologist Lauren Silver’s ethnographic critique of supervised independent living programs for teen mothers, she writes, “I do not want this book to be used to destroy the few public resources and services to which youth have access” (Silver 2015:kindle 149) at the same time as she problematizes those same services. She argues that bureaucratic divisions within residential living programs create impossible demands that must be navigated by both the youth living within systems and “front line” staff who are caught between the lived reality of their clients’ lives that they witness and the rules and regulations that are dictated from their bosses and funding sources.

Within the organizations that I observed, the “meanings and values” (Fassin 2009) of the government and social services systems are taken for granted as “common sense” (Ridzi 2009). Welfare scholar Ridzi (2009) argues that we

assume that common sense originates on its own and is somehow natural . . . it seems to us an innate dimension of intelligence rather than the adroit perception

of and acclimatization to distinctly contemporary rules . . . even this realization does not acknowledge the degree to which common sense is socially constructed in concrete and observable ways. (Ridzi 2009:2)

For instance, although within the organizations I observed there was much thought expended and there were discussions about how to encourage “self-sufficiency,” I never heard anyone question why self-sufficiency should be an end goal. Instead, self-sufficiency was taken as a common sense, self-evident goal. Indeed, the only time I heard any staff member of any organization doubt the goal of self-sufficiency was in the context of a teen mother who staff thought might have a cognitive disability.³³ Self-sufficiency is not an obvious goal, but is created as a product of a neoliberal system, and is contingent and negotiated.

Projects that could have the potential of producing good lives for my informants, such as those that would foster interdependence and support, are deprioritized in favor of the goals of self-sufficiency. When “support” was encouraged, it was conceptualized as a waypoint to self-sufficiency. For instance, one staff member of H.O.M.E. told me that “the ideal is for graduates to move into independent living programs,” where they can receive support because independent living programs were the most successful at eventually preparing residents to live on their own. Support in this model is a tool, not a goal.

“I Truly Have No One to Talk to”: Independence, Success, and Lack of Support

On the other hand, agencies and teen moms themselves were pleased with outcomes that met their definitions of success, where teen moms achieve “self-sufficiency.” For instance, LaMara and Tenisha both eventually rented their own apartments. They each expressed great pride in having moved into their own apartment. After she moved into her new apartment, Tenisha posted on Facebook, “makes me so happy how comfortable and well-adjusted my

³³ To my knowledge, a professional had not diagnosed this.

daughter has been in our new home. Still in utter shock we have got our OWN place.” Tenisha was overjoyed to be renting an apartment, a critical piece of what it meant to Tenisha and the programs to be self-sufficient. On Christmas, Tenisha posted that she was so grateful to finally have her own apartment in which to celebrate. Less than two weeks later, she posted “I truly realized that I have no one to talk to, turn to, vent to. Trying to deal with certain things by yourself is hard,” revealing some of the costs of an independence-or-bust mentality.

For Tenisha, is living independently with no support a good life? What does it mean to have a good life? At their core, the staff members of programs are trying to support the teen moms to “better lives.” The teen moms, too, told me they are dreaming about, working toward, and hoping for “better lives.” But what does that mean? Through the dissertation I’ve demonstrated the different stakes people and organizations have in this definition. For H.O.M.E., a “better life” for their residents means getting into an independent living program. For LaMara, a “better life” means getting the higher paying job at the shipping warehouse across town. For Project Accomplishment, a “better life” means being a nurturing parent. For Tenisha, a “better life” means having a support system.

Tenisha called me six months after the research ended. Only weeks before, she had given birth to her son, her second child. She had planned, she told me, to give him up for adoption, worried about the overwhelming tasks of caring for another child when she was only just making it. Everyone was upset with her, she told me, for changing her mind now and deciding to keep him. Her parents, her boyfriend, his parents. “I just couldn’t [give him up],” she told me.

“But I’m going back to school in January. It might take me longer, but I’m going to do it. I’m going to finish my associates. You’ll see,” she continued, “I’m going to make you proud of me.”

Drawing on Tenisha, LaMara, and all my informants' stories, this chapter attempts to understand how structures of control are also structures of care. I critique the notions of self-determination and self-sufficiency by arguing that these concepts can be experienced as abandonment. More specifically, though, this chapter is about what it means to Tenisha for someone "to be proud of her." It's about what it meant to LaMara to get her own apartment. It's about the negotiations of care and control, independence and support, and of imagined and potential futures.

Chapter 9
Conclusions:
De-stratifying Motherhood:
Theoretical Considerations and Policy Recommendations

Teen pregnancy and parenting is debated and discussed as a narrow, particular, self-contained issue. In this dissertation, I have used the lens of “responsibility” to show how the teen parents and the organizations that serve them face competing obligations within neoliberalism. Specifically, teen moms struggle to determine how they can shape a good, worthy life in a context full of contradictions. Should Lila get pregnant again? Should Tenisha save money or spend it on her child? Should LaMara move out or stay at H.O.M.E.? These problems emerge from the contradictions and problems of neoliberalism in which black, poor, young, mothers are attempting to navigate competing responsibilities of mother and worker.

Despite the systemic nature of the challenges teen moms confront, including a lack of affordable day care, the unavailability of low-income housing, and contingent work at low wages, many “solutions” to the problem of teen pregnancy are individual. Individual solutions configure the problem of teen pregnancy to be teen moms’ individual failures of responsibility rather than systemic issues that structure their lives and facilitate early pregnancy in the first place. I argue that real improvement in the realm of teen parenting will come only through efforts to resolve the contradictions inherent in the neoliberal state’s raced and gendered expectations through state policies such as universal day care or unconditional income for mothers.

In this chapter, I will use the concept of “stratified reproduction” (Ginsburg & Rapp 1995) to locate the major policy attempts to address the “problem” of teen childbearing in the prevention sphere and in the response sphere once children are born. In particular, these policies

have focused on impacting educational attainment and employment outcomes for teen mothers by using a rhetoric of responsibility.

I will then analyze how these policies contribute to the contradictions of responsibility of teen moms that I have elaborated through the dissertation. I will argue that in order to address teen pregnancy and mothering, it is necessary to zoom out and look at the systemic whole that shapes the lives of teen moms and their children. In particular, I will argue for universal systems that seek to reduce or alleviate the systemic contradictions that poor, black teen mothers face.

Stratified Reproduction: A Conceptual Framework

“Stratified reproduction” is a way that anthropologists have sought to explain the ways in which experiences of childbearing and childrearing are bifurcated on the basis of race, gender, class, and place in the global economy (Ginsburg & Rapp 1995; Colen 1986; Rollins 1985). While some childbearing is celebrated, supported, and glorified, in other cases it is demonized and access to services, rights, and technologies may be blocked.

Thus, even as reproduction for white, middle-class women is seen as a life calling and is technologically and socially supported (e.g., through infertility treatments), poor mothers of color are seen to be unfit, bad mothers who should stop reproducing. This view is both created and perpetuated through policies and representation. Legal scholar Dorothy Roberts argues, “Dominant images have long depicted Black mothers as unfit, uncaring, and immoral. . . . Mammy, the sexually licentious Jezebel, the home-wrecking matriarch, the cheating welfare queen—were incredibly bad mothers” (Roberts 1999:160). This approach in particular points to black families as a “cultural deficit” that creates poverty and moral decline (Collins 1989; Hancock 2004; Sidel 1996). In particular, young, black, teen mothers are seen as especially problematic and they are cast as responsible for poverty, unemployment, and crime (Kaplan

1997). Many policies, then, that are intended to “solve” the problems of teen motherhood instead reinforce the idea that teen mothers are problematic mothers who need to be educated, prevented, or rehabilitated.

Cultural studies scholar Lauren Berlant argues that reproduction is thus organized in “[ways] that allow political crises to be cast as conditions of specific bodies and their competence at maintaining health or other conditions of social belonging” (Berlant 2007:765). In other words, the problem of teen childbearing is rendered as a problem of the young, black teen moms’ irresponsibility.

Existing Interventions Tend to Have an Individual Focus

Prevention efforts have focused on two main ways of preventing teenagers from having babies: preventing them from having sex (abstinence approach), and encouraging them to use contraceptive methods if they do have sex (comprehensive sex education approach). In general, prevention research has focused on ways to increase the knowledge, attitudes, and behaviors of teenagers to make them less likely to get pregnant (e.g., Leland and Barth 1992; Paperny and Starn 1989; Lawrence 1993). These models assume a rational decision maker, a premise I critiqued in chapter 5. Further, focusing on how the knowledge, attitudes, or behavior of the individual should be changed also runs the risk of individualizing the problem and obscuring the ways that systemic factors are at play.

By now, the reader is aware of the landscape of interventions into the lives of teen mothers, including residential programs, mentorship programs, and school-based programs. Intervention programs can have diverse goals, but, like H.O.M.E. and Project Accomplishment, they often foreground academic achievement or completion, finding or maintaining employment, finding or maintaining housing, and good parenting. These programs, while often providing

essential services, also underlie and reinforce ideological messages around responsibility and good motherhood. These programs, which take the idea of “responsibilizing” the teen moms as a central premise, likewise posit that poverty is an individual flaw. Thus, prevention and intervention programs are both a product of and a contributor to the stratification of reproduction.

Decentering Responsibility: Systemic Fixes

I suggest that focusing on contraceptive use or educational attainment, as has been inspired by the evidence-based trend in responses to teen pregnancy, recommit to and reinforces the responsibility narrative and ultimately increases the stratifications within reproduction. Because there are inherent contradictions in the responsibility narrative, I argue that pursuing policies that further entrench the discourse of responsibility without changing the structures that limit the opportunities of teen moms may be counterproductive for the purpose of alleviating poverty. For example, focusing on education for teen moms elides the ways that low wages and a stratified labor market make “good jobs” increasingly rare. Thus, if a teen mom eventually ends up in poverty, the blame does not fall on the labor market but on her own irresponsibility.

It is through an ethnographic, deeply grounded study of teen parenting in which the rich texture of lived lives become apparent, then, that we illuminate not just this phenomena but also the inherent contradictions that are embedded in all of society. The competing responsibilities teen moms face—for instance, between being a mother on the one hand and a worker on the other—are magnified and brought into sharp focus by their status as teen mothers, but they are not unique to teen mothers. Rather, women in general and lower-income women in particular face this contradiction within neoliberalism. These contradictions are created and maintained by political structures. For instance, “welfare to work” policies create pressures to work (but often

do not resolve the need for childcare) because the receipt of welfare payments depends on a minimum level of participation in work or work seeking. Later in this chapter I will turn to critiques and debates about welfare-to-work structures.

By looking at teen moms—who are vulnerable because of a combination of factors, including gender, race, early childbearing, and poverty—the way competing responsibilities are structured in society as a whole can be illuminated. This “margins to center” thinking is an important way that critical race scholars and critical feminist scholars have sought to intervene in a literature that sometimes ignores intersectional identities and compounding disadvantage (Crenshaw 1991; hooks 1989a).

Indeed, it is not news that mothering and work combine in an uncomfortable and difficult manner in the United States. Scholars have well documented a “motherhood penalty”—women with children earn less than women without (Bernard and Cordell 2010). Indeed, focusing on the impact of early childbearing disguises the fact that delaying childbearing does not resolve the tension for women between work and mothering. Further, scholars have argued that for the most disadvantaged, delaying childbearing is likely to have only a modest impact on earnings later in life (Luker 1996).

The contradictions between work and motherhood are true not only in the United States but also around the world. In *Female Labor Participation*, a UN Report, Lin Lean Lim argues that

Whereas men are more likely to be hired in core or regular and better remunerated positions, women are increasingly being hired in peripheral, insecure, less valued jobs as home-based workers, casual workers and temporary workers. In the context of globalization and flexible specialization in production and employment relationships, more and more women are being employed under subcontracting arrangements in putting out systems as industrial out-workers who are often home-based . . . These various forms of non-regular or atypical work are normally characterized by very low pay, irregular incomes, little or no job or income

security and lack of social protection, and cannot be expected to provide a satisfying alternative to childbearing. (Lim 2002)

Contingent, irregular, and seasonal work was the norm among my informants, and these jobs made it exceptionally hard to balance mothering with working.

For instance, although Tenisha was fortunate to have been able to secure a childcare voucher as well as a spot at a day care that would accept the voucher (no small feat), her job required her to be at work before her daughter's day care opened. She needed to arrive at work at 7:30 AM. but her daughter's state-funded day care did not begin until 8:00 AM. Tenisha made an arrangement with her sister that her sister would meet her and her daughter at the bus stop every day and take the child to day care. Tenisha started work on a Monday. On Tuesday, Tenisha told me she was too tired to go to work, so she called in sick. On Thursday, her sister didn't show up to take her daughter to day care. Having got to work only twice in four days, Tenisha didn't wait to be fired. She quit. In other words, despite Tenisha's ability to secure a childcare voucher, her competing obligations to be a mother and a worker nevertheless remained incompatible. I have already described how Tenisha lost her job in retail when she had to take time off to deliver her son. Thus, labor in Tenisha's context is completely contingent.

These concerns are not particular to teen mothers, though the case of teen mothers illuminates them. To improve the lives of teen mothers then, a critical component of the work is to resolve the tensions that neoliberalism creates for poor women who are balancing unpaid family care work (the responsibility to mother) with paid work (the responsibility to be a worker). Higher-income women have resources to resolve these contradictions that are not available to low-income mothers, such as hiring care workers or depending on the income of a spouse (notably, depending on the state in the form of welfare is seen as a pathological form of "dependence" whereas relying on a spouse to support care work is seen as good motherhood).

There are two key ways to resolve these competing identities for poor, young women: decreasing women's unpaid family care responsibilities, or decreasing their work responsibilities. I offer two policy recommendations, one for each side of this divide: universal day care, and a participation income scheme for mothers of young children in which those performing care work are paid by the state as an entitlement.

Proposing solutions that focus on the neoliberal contradictions that are borne most acutely by poor women, women of color, and teen mothers, center the problematic system in the conversation rather than the “irresponsible” actions of an individual or group. They center the criticism on the gendered and classed premise of neoliberalism, rather than on people who are unable to navigate an impossible, contradictory system.

Critical Anthropology: Risks and Approaches

Though anthropologists who work with vulnerable populations often feel a moral obligation to advocate with or for the people with whom they work, postmodern skepticism of truth as well as Foucaultian critiques of governmentality often make anthropologists too nervous to suggest any particular and specific policy remedy (Bourgois & Schonberg 2009). There is safety in staying either completely critical, or completely theoretical, or making a vague call to action (e.g., “attention to the local”). In this way, the pithy phrase—“It is easier to oppose than propose”—certainly describes much of anthropology with respect to applied contributions.

On the other hand, there are many anthropologists who daringly make specific recommendations and support particular projects, even though the real world instantiation of these may be imperfect. Anthropologist Phillipe Bourgois (2009) calls this “good-enough critically applied anthropology” (Bourgois & Schonberg 2009:298), that is, anthropology that carefully and reflexively strives for a better, fairer world with less suffering, even if this too will

have problems, challenges, and unforeseen outcomes. It is with this spirit that I propose two policy recommendations: universal day care and participation income.

Universal Day Care

Universal day care solves, in part, the competing responsibilities of “mother” and “worker” by prioritizing the ability to work over care work. In the United States, and globally, women historically and currently perform the majority of care work³⁴ (Craig 2006). In the case of heterosexual, two-parent families in the United States, women do more care work, even when both parents work full time.

For my informants, the role of the baby’s father varied and at times was adversely and perhaps unintentionally impacted by state and agency policies. In the course of my research, I met only one teen father who was the primary caregiver to his child. In the majority of the other cases where a father was involved, he did a minority of caregiving work, if any. For example, Tenisha was telling me about her challenges finding childcare for her daughter when she was called to work on the weekend, since her normal day care was closed. “What about Leroy? Does he ever watch her?” “He’s busy,” she told me, “he has his own stuff going on.” Tenisha’s experience was broadly applicable to many of the teen mothers I spoke with. Even when fathers were involved, they were unlikely to perform significant levels of childcare work.

³⁴ Maternity leave policies are another way that governments, social actors, and feminist activists around the world have sought to resolve these contradictions (e.g., Skafida 2012; Haas 1992; Rivkin-Fish 2012; Kamerman & Moss 2009). While I believe that maternity leave policies are one way to address some of these competing obligations, these are time-limited and focused on the contradictions of work and giving birth and infant care. However, childrearing obligations do not end after infancy, even though maternity leave policies eventually do. For this reason, I believe maternity leave policies can offer benefits but do not offer the same scope of solution as do universal childcare programs, which are longer in duration by their nature. Though I focus my attention here on universal childcare, a comprehensive system might include both provisions.

The simultaneous imperatives upon teen mothers to work and do (unpaid) childcare, which is devalued by the neoliberal system, could thus be partially resolved through a universal day care system. Under a system of universal day care, the responsibility for childcare work is transferred from women to the state.

Feminist economists in particular have called for scholars to attend to the ways that, within neoliberalism, women's unpaid care work is devalued in comparison to the production of market-based goods and services (Elson 2005; Himmelweit 2000; Elson 1991; Ferber and Nelson 1993; Folbre 1994). Historian Deborah Dinner argues that

The feminist demand for universal childcare as a right, rather than as a class-based entitlement for low-income families, challenged gender norms for middle-class white families. In arguing for childcare as a right rather than a social service, African American feminists disputed cultural constructions of black families as deviant and black children as developmentally deficient. (Dinner 2010:579)

In other words, by providing universal day care as a right rather than as part of workfare programs as they are currently, the attention shifts from the “problematic” individual who cannot navigate an impossible system to the systemic flaws themselves.

Within the United States, public debates about the role of the state in providing childcare have been in existence since the Progressive era, when women's participation in the labor market began to climb (Mincer 1962; Dinner 2010). Federal policies and debates about universal childcare are motivated differently according to the political party in charge. For conservatives, childcare is a key strategy to promote workfare and reduce welfare (Dinner 2010). For liberals, the case for childcare is often grounded in child development programs as an antipoverty strategy (e.g., Love et al. 2010; Bierman et al. 2008). For example, Head Start programs make childcare available for the sake of preventing the child's future poverty rather than for the primary purpose of enabling mothers to work.

Indeed, universal day care does not completely eliminate gendered or class disparities in caregiving. Even within a universal day care scheme, familial care is still needed. Within the political and social climate of the United States, “it is neither possible nor desirable to fully defamilialize and commodify care” (Razavi 2007). And indeed, though universal day care would solve some of the competing responsibilities that my informants struggled with, they themselves often prioritized their responsibilities as mothers over their responsibilities as workers. It is for this reason that, I suggest a second policy that does the same.

Participation Income

Economist Anthony Atkinson (1995) put forward the idea of a “participation income,” that is, an income for anyone who makes a social contribution, including paid work, volunteering, and caregiving. In particular, I argue that payments to primary caregivers of small children could move families out of poverty, increase racial and gender equity, and give place to the responsibility to be good mother within the economic rationality of neoliberalism. The Participation Income scheme grows out of a critique of TANF and derives from “Basic Income Guarantee” schemes.

Critiques of TANF: TANF is a means-tested system and is envisioned as a welfare-to-work program. Within TANF, moving toward employment is enforced among recipients through sanctions and time limitations (Handler and Babcock 2006). TANF’s welfare-to-work emphasis must be historically situated by understanding what came before: Aid to Families with Dependent Children. In the 1980s, moral concern about Aid to Families with Dependent Children 1980s swelled based on the vision of the “welfare queen”—an unwed, black mother of many children who stays on AFDC by having many children (Handler and Babcock 2006). In

1996, President Bill Clinton passed the Personal Responsibility and Work Opportunity Responsibility Act, “end[ing] welfare as we know it” (Handler and Babcock 2006).

TANF was initially supported by many practitioners and policy makers who argued that providing job training and educational opportunities would allow users of AFDC to move “from welfare to work.” The TANF bill that was passed contained fewer educational and job opportunities than initially envisioned, as well as less childcare funding. TANF is not a stagnant piece of legislation but continues to be amended on both the federal and state levels as new evidence comes to light. There continues to be significant debate over the success or failure of TANF. Some studies indicate that some former recipients of AFDC are “better off” under TANF, while others emphasize the substantial portion of AFDC recipients who are more vulnerable than before.

On the 10th anniversary of TANF, policy scholars Sharon Parrot and Arloc Sherman conducted an analysis of the impact of TANF. Parrot and Sherman argue that the reduced TANF rolls are accounted for not by a decrease in poverty but by a decrease in TANF participation. “Stated another way,” Parrot and Sherman argue, “more than half—57 percent—of the caseload decline during the first decade of welfare reform reflects a decline in the extent to which TANF programs serve families that are poor enough to qualify, rather than to a reduction in the number of families who are poor enough to qualify for aid” (Parrot and Sherman 2006; Cancian et al. 2002). As a poverty alleviation measure, then, TANF is assisting fewer families than AFDC.

When families left AFDC for work, they were likely to be paid more than when families leave TANF for work, because the pressures of the TANF system force people to accept any job, even unstable or poorly paid ones that keep them in poverty (Cancian et al. 2002). More people in poverty receive no benefits under TANF than under ADFC, especially most vulnerable

populations (Handler and Babcock 2006). For example, those with a sick or disabled child are often unable to fulfill the TANF work requirements due to the needs of their child, and so are faced with sanctions or are deemed ineligible (Handler and Babcock 2006).

TANF, then, contains the same impossible contradiction that my informants faced: to be a responsible worker or a responsible mother. Paying women for caregiving work within their own families is one way of resolving this crisis. Under economist Anthony Atkinson's (1995) idea of "participation income," those who make social contributions, like childcare, would be paid by the state.³⁵ This could not only be a powerful poverty elimination measure, it would also serve as a counterbalance to the ways that white men have historically benefited from the unpaid care work of women in general and black women in particular.

In other words, that black women are in poverty at greater rates than white women, and that women are in poverty at greater rates than men is not an accident. It is the production of a system that makes minority women bear the heaviest economic costs of childbearing and childrearing. A participation income for child caring work would recognize and seek to correct this historical imbalance. In other words, it would convert the unpaid family labor that women, especially women of color, perform, into neoliberally legible work paid for by the state.

Basic Income Guarantee: Participation Income as a scheme emerges from debates about the Basic Income Guarantee (BIG). The BIG would pay all members of a society a modest income on an individual basis, with no means test and no work requirement (Van Parijs 2004). In current state-provided benefits such as TANF, food stamps, or unemployment, much funding is spent on determining who is eligible for benefits, in administering the benefits, and in trying to

³⁵ There is much discussion among economists about how such a program should be structured. For a detailed discussion of how the tax code could be reformed to accommodate such a system, see Economist Phillipe Van Parijs's (2004) discussion of basic income.

catch those who are improperly receiving benefits. A system with very few eligibility criteria, proponents of BIG argue, is cheaper to facilitate and does not create the same set of perverse incentives as means testing (Van Parijs 2004). For example, means testing can be seen as a disincentive to saving money and to using economies of scale by combining households (since for larger households, each member is paid less).

Funding for BIG has been proposed through the concept of the negative income tax (Cournot 1838; Friedman 1962; Tobin 1966). In essence, the BIG is a tax credit issued to all. Someone with no other income, then, keeps the entire tax credit and has an income equal to the BIG. As incomes rise, increasing taxes will be paid, so although everyone has received the BIG in the same amount, some people net less because of a higher tax rate as a result of this plan (Van Parijs 2004).

The premise of BIG was briefly popular in the United States in the 1960s and 1970s (Van Parijs 2004), and recently it has been gaining momentum as an idea in Europe (Caputo 2012). Economist Anthony Atkinson argues, however, that the political climate within the United States is not such that an unconditional income will currently gain acceptance (Atkinson 1995), so he proposes the alternate idea of a “participation income,” which requires some level of social contribution. Atkinson sees participation income as a waypoint toward BIG in a way that makes it more politically palatable for some. I propose that, in particular, Atkinson’s suggestion that “participation” in society in the form of childcare of one’s own children should be paid work, is a powerful way to remedy the historical disadvantage that has accrued to those who have performed the most unpaid care work—black women.

Summing Up: Conceptual Framework

Throughout this dissertation, I have argued that teen moms face “responsibilizing” discourses that create contradictions that must be navigated. By elucidating the competing responsibilities to not get pregnant (Chapters 3 and 5), to be a good mother (Chapter 6), to be a good worker (Chapter 3), and to become respectable (Chapter 4), I have shown how my informants face catch-22s situations in their project of becoming ideal neoliberal selves because of their intersecting identities of race, class, gender, and motherhood. While in some cases these contradictions are intractable, I’ve shown how, to some extent, teen moms attempted to navigate them through non-planning (Chapter 5) and support networks (Chapter 7).

By focusing throughout this dissertation on the ways that teen parenting is constructed as a problem, I have revealed the ways that concern about teen pregnancy is not about teen pregnancy in and of itself but rather about the issues with which it intersects: race, gender, class, the role of the state, and the meanings of work and motherhood. I argue that by focusing on how teen parenting is constructed as a problem, the proposed solutions to teen parenting can be situated within the social and political issues to which they intend to respond. Thus, teen pregnancy prevention and teen parenting intervention programs both emerge from and contribute to the constructions of certain people—young, black, poor women—as “irresponsible.” Despite the problems, I argue that these systems of control are nonetheless also experienced as networks of care (Chapter 8). In Chapter 9, I have suggested ways in which policies might seek to resolve the larger contradictions that teen parents face, rather than focusing on responsibilizing the individual.

By attending in particular to these constructions and how they play out in the contradictions of the everyday lived lives of my teen mom informants, I add to the scholarship of neoliberalism. Critiques of neoliberalism have often focused on how neoliberal values conflict

when they are imposed within a non-neoliberal setting. I situate my research *within* neoliberal systems and among neoliberal actors. The state that funds the teen parenting interventions, the staff who run the interventions, and the teen parents themselves all accept and are embedded in the premises of neoliberalism. And yet, at the intersections of identity, the young, poor, black teen mothers in my study face contradictions that are impossible to resolve. Despite their efforts, they are unable to attain ideal neoliberal subjecthood.

Thus, I argue that it is important to situate the debates about teen pregnancy within a wider framework. Focusing narrowly on the phenomena of teen parenting obscures the ways that teen parenting and the “problems” associated with it are a particular expression of larger social tensions. Poverty scholar Carla O’Connor argues,

It is this disparity of status and interest that make poverty research an inescapably political act: it is an exercise of power, in this case of an educated elite to categorize, stigmatize, but above all to neutralize the poor and disadvantaged through analysis that obscures the political nature of social and economic inequality. (O’Connor 2001:12)

In other words, by focusing on the failures of responsibility of teen mothers, and by centering interventions there, the social and political structures that create poverty and that shape the need to be “responsible” are invisibilized.

By attending to the texture of lived lives, I’ve argued for a closer look at what responsibility means on the ground, and how different players navigate different definitions. Buying baby clothes or saving money, planning a pregnancy or letting one “just happen,” moving out on one’s own or staying within institutional support: these are the lived realities of creating responsible lives.

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