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# How to be a Good Mother: The Case of Middle Class Mothering in Russia

LARISA SHPAKOVSKAYA

## *Abstract*

Contemporary motherhood in Russia is a complex discursive field. A mother is supposed to possess significant knowledge in such domains as medicine, paediatrics, child psychology and nutritional science. She must also be a competent consumer of goods and services for children in order to conform to common understandings of 'good' motherhood. In the Russian context parenthood is semantically more associated with motherhood, a legacy of Soviet gender policy and of contemporary Russian gender culture. The mother is perceived as the primary parent and the spokesperson acting on behalf of the child in his or her best interests. The actualisation of a mother's identity represents a powerful symbolic and discursive instrument of legitimisation of women's activity in the public sphere. Motherhood gives Russian women, especially those from lower classes, resources to improve their social status and to apply for numerous, albeit low, social allowances and benefits. At the same time, we know rather little about the way motherhood is produced on the subjective level and what discursive practices are at work in the process of Russian women becoming mothers.

THIS ESSAY ANALYSES VARIOUS WAYS IN WHICH KNOWLEDGE about motherhood produces specific maternal experiences. The general theoretical framework is the Foucauldian concept of discursive power based on knowledge. As will be shown below, motherhood can be viewed as a class-specific practice. The primary focus of the analysis is Russian middle class motherhood. I analyse the ways in which middle class women talk about motherhood and negotiate various forms of expert knowledge. I focus on an analysis of interview data, and specifically on elaborating the ways in which class is integral to the normative understandings of motherhood. The essay begins with a short theoretical discussion of the concept of motherhood in relation to such concepts as power and social class. Then I present the political and cultural context of motherhood in Russia. In the next part of the essay the concept of 'responsibility' and a number of categories related to the primary meaning of middle class motherhood are elaborated. In the conclusion I examine the issue of why and when Russian middle class mothers consider

themselves as ‘responsible’ and argue that a specific type of parenthood is an important domain of class identity.

### *Empirical data and method*

This essay is based on an empirical study of parenthood, preschool and primary school education in contemporary Russia conducted between 2012 and 2015.<sup>1</sup> In this study I use the following sources of information. First I use interviews with middle class mothers of children under 12 years old, living in St Petersburg (30 interviews). The common theme in the interviews was care and upbringing practices. Second, I use interviews with activists of St Petersburg parents’ organisations, unions and communities (20 interviews). The parents’ organisations in the study are characterised by varying degrees of institutionalisation, from occasional informal meetings to officially registered organisations with a stable organisational structure. These organisations work with parenting issues such as the education of parents, self-help, discussions and spending time together. Third I draw on discourse analysis of an array of sources from Russian society at large, including legislation, official documents, magazines, popular parenting advice books, fiction and films. In the analysis of all these data, primary attention was paid to the type of knowledge and categories used to describe maternal experience.

The study is limited to middle class parents. The middle class in Russia is composed of urban dwellers with higher education, average or above average income levels, employed in such spheres as IT, engineering, design, education, science and consulting. The middle class in Russia is also characterised by a specific lifestyle, consumption and organisation of private life (Levinson 2008; Shpakovskaya 2012). It can be conceptualised as well through parenting practices (Maiofis & Kuklin 2010). Middle class parents actively take part in internet forums and parent communities. They are also the most active and competent consumers of various good and services for parents (such as antenatal classes, family counselling and psychological training). I understand the Russian middle class as a *milieu* of social innovations in parenthood.

### *Motherhood from a perspective of gender and class*

According to Michel Foucault, contemporary societies have undergone transformations regarding forms of power and governance. The systems of expert knowledge, the agents who transmit them and ways of transmitting them, represent relatively new forms of population control and management which appeared in the early twentieth century. Foucault calls these forms of control ‘biopower’ (Foucault 2003, p. 202). Biopower is a set of techniques of normalisation and control of human bodies, which aim to make them more docile and productive (McKee 2009, p. 466). It is embodied in various procedures of collecting information about population as well as in therapeutic technologies. The experts are agents of the biopower. They take part in the formation of a self-governed individual, hence transferring power from direct repression (Foucault 1979). Doctors, teachers, psychologists, social workers give recommendations on diet, daily routines, hygiene, techniques of communication with others, and thereby both deploy this power over individuals, and enable individuals to internalise and harness this power for social purposes. They produce knowledge about body and health, the

<sup>1</sup> The essay uses the materials of two projects: ‘Parenthood in contemporary Russia: policy, values, practices’ (Scientific Foundation of Higher School of Economics, Russia, 2012–2013, grant No. 12-05-0017) and ‘Parents’ educational aspirations as a mechanism of the reproduction of social inequality’ (Scientific Foundation of Higher School of Economics, Russia, 2014–2015, grant No. 14-01-0162).

understanding of norms of parental behaviour, child development, its intellectual abilities and body characteristics. In the following sections I show how the biopower technologies work in the case of Russian middle class mothers, who build their identity and understand their experience through expert knowledge taken from different sources, such as contacts with doctors and reading popular handbooks for parents.

Parenting practices differ by class, and expert ideals are neither acceptable nor possible for all parents to achieve. Social and education policy can be designed taking into account interests and competences of a particular class. Researchers have shown that contemporary UK educational policy answers the logic and rationality of middle class parents (Reay & Ball 1997). Cultural types of femininity are class embedded and receive different moral value (Skeggs 2005, p. 25). Middle class mothering is presented in expert discourse as a norm of parental behaviour. Working class mothers are often portrayed as inattentive, crude and authoritarian (Gilles 2010). In contrast, middle class motherhood is performed through sensitivity, democratic and natural relations with a child (Lawler 2000, p. 39). However, middle class mothering models can be unreachable for those social groups that do not have enough economic resources and cultural competences. A mother's care reflects her cultural, economic and social background (Lamont & Lareau 1988; Reay 1998, p. 61; Skeggs 2005, p. 27). Mothering practices are class-specific because they embody knowledge, values, tastes and parenting cultural competences.

The class nature of motherhood is also understood in terms of inequalities in access to knowledge about parenting. Middle class mothers with university degrees often work in spheres related to expert knowledge about childhood such as teaching, medicine and psychology, and occupy expert positions or positions as observers in relation to working class mothers. Working class mothers represent a group that experiences constant surveillance by those 'who know' (Lawler 2000, p. 29).

Governance through media, social policy, education, healthcare and social work has an explicit goal of building a specific type of individual subjectivity (Lawler 2000, p. 2). Individuals act not on the basis of direct control of the state or experts, but they may control themselves and their behaviour on their own, regulating their reactions and emotions using examples of normality. Individuals are not just 'compliant' bodies and minds and they do not just 'swallow' information they receive from experts. They adapt and re-interpret it in accordance with their needs and knowledge. A 'struggle for meaning' is always taking place in a society (Walkerdine *et al.* 2001, p. 12). Motherhood is at the intersection of a plethora of rival discourses which compete to define what constitutes the 'interests of the child', 'proper' parental practices and 'good care' (Kremer 2006, p. 262). The 'good' (middle class) mother is expected to be competent, to possess the necessary knowledge about 'proper' care and upbringing, and to follow expert advice (Lawler 2000, pp. 38–9).

Therefore, motherhood as a discursive construction and practice is involved in complex social and political relations of power, control and knowledge production. It defines key parts of everyday life and contributes to the production of subjectivity among women, men and children. The boundaries of what is defined as a 'normal' and 'good' mother are produced and transmitted by a multitude of agents who participate in a symbolic struggle, but are often presented as a result of personal choice, competence and the wishes of women themselves.

#### *Motherhood: an issue of knowledge and choice*

Motherhood in Russia changed together with a broader social shift away from a state socialist society to a consumerist capitalist society, with a much weaker social safety net and large social

inequalities. Soviet social policy declared care for motherhood and childhood as one of its priorities. It presupposed a high degree of control of citizens and left little room for individual manoeuvring, but it also granted them with a high degree of social security, offering mother's day-care services on a universalistic basis, possibilities for organised children's vacations during the summer time, as well as free domiciliary medical help (Aivazova 2001; Temkina & Rotkirch 2002). At the same time, in the USSR upbringing and education was organised as part of the public sphere, that is, it was connected with the idea that state institutions (public kindergartens and schools) occupied a primary position in this process (Liegle 1986; Gradskova 2010a).

The post-Soviet social policy of the 1990s had a more liberal character. In comparison to the Soviet policies, the Russian state significantly decreased its presence in the sphere of social security. Family and private life started being perceived as independent from the state both on the political level and on the level of public opinion (Auzan 2006, p. 47). Public institutions lost their monopoly over the production and transmission of knowledge about the contents and ideology of parental roles, upbringing practices and childcare. A number of new actors started playing active roles in defining and redefining parenthood. Among them were non-governmental media (popular science literature for parents, specialised glossy magazines, advertisements and the internet) and the market of goods and services for children. Under these conditions the mechanisms of power and control over parents' behaviour have changed. A shift occurred from direct regulation (obligatory paediatric and antenatal monitoring in public clinics, and explicit control by pedagogues) to regulation through media and experts' advice. Access to different types of knowledge and possibilities to pay for (optional) services became a base for the social differentiation of parenthood and motherhood.

Soviet social policy was universalistic in nature and provided goods and services for all mothers. In the post-Soviet period the market became a mechanism for the social differentiation of parenting. In the 2000s the market of goods and services for parents and children rapidly grew. This process was described as the development of the 'childhood industry' (Assonova 2010, p. 81). Parents of the 2000s gained access to numerous goods for children provided by the market, including medical and educational services connected with family planning, childbirth and early child development (Sveshnikova 2010). Private day-care centres and centres of preschool education began opening up. The private sector provided services better in quality compared to the public one, however, more expensive. Middle class mothers in possession of a necessary income level gained access to the consumption of various children's goods and services that entail additional expenses on the part of the user.

State family policy of the 2000s was pro-natalist and designed to support mainly women-mothers (Chernova 2012). In spite of the fact that many measures were universalistic in character it was primarily the middle class mothers with official stable gainful employment and in possession of a necessary level of social capital and information search skills who could take advantage of them to a full extent (Borozdina *et al.* 2012).

The number of information sources for parents that give expert advice grew in the 2000s. The ideological field of parenting is filled with competing discourses varying from liberal ideas of early development, learner-centred education to conservative rhetoric that proposes to revive examples of family and upbringing based on Russian traditions and Orthodoxy (Rivkin-Fish 2010; Sherstneva 2013).

Middle class mothers are not only consumers of information, goods and services for children, but they also actively adapt and produce their own understanding of parenthood. In this struggle an important role is played by parental communities, often virtual, where mothers (and sometimes fathers) discuss and make sense of their relationship with their children, carry out their own interpretations of the advice of doctors, pedagogues, goods for children, and produce their own collective opinions on these issues (Assonova 2010, p. 84; Gradskova 2010b; Chernova & Shpakovskaya 2011, p. 99). Therefore, the social inequality of parenting and mothering started to be expressed in the access to goods, services and information of different volume and quality. Well-off educated middle class parents gained more opportunities for choosing both market and public services. Their lifestyle was portrayed in the media as a social norm. They turned into reflexive consumers, shaping their social identity through consumption and through the performance of consumer choices (Levinson 2008). They started viewing certain types of childcare and the ideology of parenting as a result of free choice. The polarisation of incomes and lifestyles that has taken place since at least the 2000s is thus transforming maternity into a class differentiated practice.

In the following sections I analyse what meanings middle class mothers ascribe to mothering, how they negotiate different types of expert knowledge, and how they understand the practices of care. In order to do that, I analyse a number of cases and examples of parental forum discussions as well as interviews.

#### *Motherhood as consumption and lifestyle: middle class practices*

The first case of middle class mothering is an amateur novel on the experience of motherhood: *Translations from the Dolphin Language* (Mironova 2013). The analysis of this text helps demonstrate middle class motherhood as a part of the lifestyle of this social group. I also use the novel to pick up some broad meaningful constructions of motherhood, the main one being 'responsibility', which will be specified later in the analysis of interviews with women. Analysing the novel I show that reflexivity of the social conditions of motherhood (having a good choice of information resources, goods and services for mothers and children) manifests itself on the level of individual consciousness as responsibility.

The novel was published online on one of the Russian parental forums. It was not accepted by a single publishing house, and as such was not subjected to any editorial corrections. Therefore, it may be viewed as a realisation of a kind of everyday consciousness, which includes a narrative on practices of mothering, and reflection on these practices as well as on fantasies and fears that are typical of a mother's mundane consciousness. In the comments section of the forum the author also noted that her novel is based on her own personal mothering experience and thinking. Mothers who took part in the discussion of the novel on the parental forum where it was published, stated that they identified themselves with the main heroine of the novel. They also wrote that the problems, practices and ideas are familiar to them or close to their own lives. The interviews I carried out with mothers contained similar meaning constructions of motherhood such as responsibility and knowledge.

The main heroine of the novel is Alina, a middle class 25 year old woman who lives in St Petersburg. The text contains multiple descriptions and references to conventional consumption patterns and lifestyle typical for the Russian middle class, market provided leisure, cultural consumption, medical services and children's education (Radaev 2003; Gladarev & Tsinman

2009). Alina lives with her husband and three year old son in a three-room apartment. Prior to the pregnancy and delivery of their son Alina and her husband led a hedonistic lifestyle, enjoying their free time and consumption, including travel, restaurants, night clubs and spas.

The novel presents Alina's husband as an ideal middle class partner—a successful professional with a prestigious and well-paid job. Alina is portrayed as a successful and attractive woman. She works as an office manager in a private company (which is considered as good for young women). A comfortable life shaped by middle class consumption patterns constitutes the ideal she strives to achieve.

Alina's pregnancy turns out to be unexpected and totally reshaped her way of life. Her life project is typical of young educated urbanites and falls into two parts: 'life for myself' and 'life for the family' (Zabaev 2010; Chernova & Shpakovskaya 2010). Before pregnancy Alina lives 'life for herself', practises a hedonist ethic and postpones pregnancy. After getting pregnant, Alina gradually becomes a mother fully devoted to her child and family. During the pregnancy Alina did her best to stay healthy by using private paid medical services. The use of paid medicine serves as an important element of social identity for the Russian middle class (Rivkin-Fish 2009, p. 80). Alina gives birth in a luxurious private ward in a newly opened private clinic. She continues to use private paediatric services with doctors visiting her son at home, and hires a maid and a nanny for her child. By using paid services Alina organises her privacy in the way typical for the Russian middle class (Rotkirch *et al.* 2009b; Tkach 2009). She is oriented towards consuming the best for her child, and predicts for him a successful educational career in a prestigious school specialising in mathematics, a university education and a subsequent successful professional career.

The novel contains a detailed description of the process of subjectification, that is, the construction of the individual subject (Heller 1996, p. 91), of the middle class woman as a mother. This happens through experiencing of 'responsibility' (*otvetstvennost'*). The text contains the following description of this: 'No one prepared her for this terrible responsibility that suddenly landed on her. She could not stop thinking about the child, she woke up in the middle of the night just to feed him or just to check whether he was breathing' (Mironova 2013).

Alina experiences responsibility as a subjective fear coming from inside, an anxiety that does not let her sleep at night and plagues her constantly. How can responsibility be sociologically interpreted? Having become a mother she becomes entangled in complex power relations based on control from a multitude of external agents. In the novel, such observers are the doctors, day-care teachers, her mother-in-law, neighbours and a police officer. They all supervise, check and control the fulfilment of norms for child behaviour and development. The child's normality serves to confirm good mothering. Achieving good mothering becomes an especially salient task for Alina, a middle class woman oriented towards the confirmation of her social success through organising her private life according to appropriate consumption patterns.

Subsequently she experiences responsibility extremely hard because her son is diagnosed with autism. Alina still strives for normality and fully devotes herself to taking care of the child. She gives up her paid job and spends all her time taking her son to doctors and rehabilitation centres. She starts to become more competent as a mother which is related not only to the middle class parents' knowledge about the best market services but also knowledge about child development and autistic special needs. She reads a large amount of medical and popular literature for parents, consults all available specialists in the private and public sectors. She also becomes deeply involved in life and virtual parenting communities. In this process she identified herself as a mother and connects her interests to the well-being of her child.

*Knowledge and responsibility as a subjectification tool*

The notion of responsibility is common in the interviews with parents. This concept involves the acquisition of knowledge which enables parents' consciousness and readiness to take care of the child. The activists of St Petersburg's parent communities see their own goal in raising parental responsibility or readiness of parents to assume a parental role by educating parents and providing them with knowledge necessary for the choice of type of care and child upbringing. In their aim to achieve responsibility they lean towards a middle class understanding of mothering and parenting. The charity foundation Parental Bridge (*Roditelskii most*) addresses problems of adoption and abandonment, which are associated with the poor, with a low level of education and with working class parents. The president of the foundation calls women who have abortions or abandon their newly born babies 'irresponsible'. Responsibility, in this view, is a 'psychological' and intellectual readiness for care-giving.<sup>2</sup> Activists from the foundation organise group training and individual counselling aimed at teaching poor parents, and providing them with the necessary knowledge and skills to prevent abortion and child abandonment. The concept of responsibility also includes special ideas of care. It should be based on a sensitive mother's understanding of her child's needs, positive emotional relationships with a child, and non-acceptance of physical punishment. Parental Bridge promotes such a type of care by education and psychological counselling for middle class parents who adopt a child and experience a lack of knowledge of the special needs of such children.

Processes of identity formation among middle class mothers involve familiarising oneself with expert knowledge in child medicine and psychology, and internalising expert perspectives as consonant with one's own values. Interviews with middle class women suggest that practices of attending maternal courses, reading popular literature for parents and participating in parent internet forums are widespread. Raisa's story of her pregnancy is typical. She talks about the process of gaining different types of knowledge related to pregnancy, foetus development and labour:

When I found out that that I was pregnant, I first ran to read all I could find about this. I read the internet, then I read everything that I came across. I remember now a book on yoga practices, where each month of baby development in the womb was described from the point of view of aura energy and the development of the baby's chakra. There was advice to mothers on what to do better in each month of pregnancy. ... Then together with a friend of mine I went to a swimming pool and did special pool exercises for pregnant women, and there I enrolled in the class for yoga for pregnant woman.<sup>3</sup>

Throughout their pregnancy, women attend courses for future mothers given by gynaecologists, obstetricians, neonatologists, paediatricians and psychologists, who aim to provide them with knowledge to be used during the delivery and for subsequent childcare. Maternal courses are available for all women and open on the basis of municipal public

<sup>2</sup> Interview carried out by Anastasia Sidorenko as part of the project 'Parenthood in contemporary Russia: policy, values, practices' with Marina Levina, President of the Foundation 'Parental Bridge', St Petersburg, 22 March 2012.

<sup>3</sup> Author's interview with Raisa, 38 years old, businesswoman, single, with a son of five years old, St Petersburg, May 2014.

maternity clinics. The majority of such courses are free of charge, and attending them is voluntary.

The interviews reveal a multitude of narratives on motherhood, which begin from stories of mothers attending various courses. Some of the middle class interviewees said they decline offers to be directed to free courses from maternity welfare centres. They justified this by saying that they ‘already know everything that will be said there’,<sup>4</sup> or ‘have already read all that’.<sup>5</sup> They preferred paid courses that offered ‘special’ knowledge. Such courses either provide them with advanced medical knowledge related to delivery and childcare or are therapeutic in nature. For instance, they may provide information on child development during the antenatal period, how to establish an emotional connection with the baby prior to its birth, how to experience pleasure in the delivery and how to create a positive ‘psychological climate in the family’ after baby is brought home.<sup>6</sup> Unlike the free courses from maternity welfare centres, paid courses offer classes not only for mothers, but also for fathers, as well as joint classes for those who would like the father to be present during labour. The presence of the father during the birth process is becoming a widespread middle class practice. It is often possible on a fee basis. According to a number of studies, fathers from the middle class become more involved in childcare and upbringing because of their attendance at the birth (Angelova & Temkina 2009; Kletsina 2009; Avdeeva 2012).

Literature for parents represents an important tool of mother’s subjectification. The Russian popular literature market offers a wide array of Western publications translated into Russian, books written by Russian authors who adapt Western advice to the Russian reality, as well as original, home grown ideas of Russian authors. Many mothers say that they read a lot during pregnancy. As a rule, they have a sort of a reference book. For instance, Olga reported that reading literature for mothers helped her become conscious of being a mother. She received her handbook as a present from a friend and used the book so intensively that the first page with the title and author was lost. The primary contents of the book are devoted to information on stages of physical, emotional and cognitive development of a child, what a child should be able to do at a certain age, as well as advice for mothers on how to organise breastfeeding and childcare with regard to the age (in months). In Olga’s story the book and the knowledge received from it represent the primary part of her self-identification as a mother: ‘This book really helped me out. When my daughter was born, they immediately started saying in the hospital: “mummies, mummies”. So I thought: “What mummies? I just gave birth, and you’re already calling me a mummy? Of course this was a shock—mummy”. This book really helped me out’.<sup>7</sup>

The respondents discussed the fear and uncertainty that they experienced after childbirth. Specialised literature for parents was a ready source of information for them; it helped them to cope with insecurities and uncertainties and gave them an opportunity to feel themselves

<sup>4</sup> Author’s interview with Angela, 35 years old, researcher, who lives with a partner, and has a daughter of five years old, St Petersburg, 17 May 2014.

<sup>5</sup> Author’s interview with Mariya, 27 years old, housewife, married, with a daughter of five years old and a son of seven months, St Petersburg, 20 April 2014.

<sup>6</sup> Author’s interview with Natasha, 29 years old, housewife, married, with a son of four years old and a son of two and a half, St Petersburg, 2 March 2014.

<sup>7</sup> Author’s interview with Olga, 43 years old, tailor, married, with a daughter of 21 years old and a son of 11 years old, St Petersburg, 6 November 2014.

to be competent mothers. Reading this literature is an important source of information since it provides them with an opportunity to choose, and come up with their 'own opinion' regarding the organisation of childcare. Some respondents also said that they have read a number of books, and looked for answers 'to my own questions',<sup>8</sup> and 'something fit me, the rest did not',<sup>9</sup> and in the end they managed to find 'what suited me and my child precisely'.<sup>10</sup>

Parent communities are another important source of knowledge on motherhood. Their representatives re-interpret expert discourse, and in some cases openly criticise it. Such communities may be virtual or actual (offline). They solve a wide array of problems from psychological self-help and socialising to collective evaluation of goods and services, and information exchange (Chernova & Shpakovskaya 2011). In the novel analysed above, communities of parents of autistic children are represented as an ideological and informational counterbalance to 'official medicine'. They not only expand, but also re-interpret the diagnoses and prescribed therapy, suggesting their own approaches to treatment and rehabilitation.

All mothers in the study reported that they searched for information on the internet and nearly all were part of one or more virtual communities. They saw participation in parental forums as a way to normalise problematic situations as well as a pleasurable experience. Angela talks about her mothering experience through involvement in an internet parental forum:

When she [her daughter] was little she only ate and slept. And there was the internet. I stumbled upon one forum and just started reading. Then when at the age of three months the orthopaedist diagnosed her with hip dysplasia, I started crying about the fact that my baby has problems and immediately registered [with the parental forum]. But before I had only been reading. First I cried and then I started reading about our diagnosis. Since the problem turned out to be small the need to do that disappeared. But while it's fresh you read it—about the labours, pregnancies, doctors, different reviews and stuff.<sup>11</sup>

A further source of information as well as a means of grappling with a sense of responsibility for middle class mothers is their consultations with doctors. The stories of mothers feature doctors that, especially during the first year of the child's life, not only diagnose illnesses and control the baby's development but also teach the mothers and sometimes act as psychotherapists who comfort the women by listening to their concerns and explaining that there are no problems. In Russia mothers and their new born children are visited by municipal doctors and nurses at home. They teach mothers the skills of childcare and child hygiene, and help them to breastfeed in the proper way. Later on throughout the first year of the infant's life the mothers are obliged to attend the local clinic to have the baby weighed, for immunisations, and to have the infant's health monitored. The middle class respondents either fully give up public paediatric services or perceive regular check-ups as a 'formality'.<sup>12</sup> As a rule they

<sup>8</sup> Author's interview with Irina, 36 years old, researcher, divorced, with a son of four and a half years old, St Petersburg, 12 March 2014.

<sup>9</sup> Author's interview with Lida, 39 years old, housewife, married, with a daughter of seven years old and a son of two years old, St Petersburg, 14 September 2014.

<sup>10</sup> Author's interview with Zinaida, 32 years old, businesswoman, married, with a daughter of four and a half years old, St Petersburg, 8 October 2014.

<sup>11</sup> Author's interview with Angela, 35 years old, researcher, who lives with a partner, and has a daughter of five years old, St Petersburg, 17 May 2014.

<sup>12</sup> Author's interview with Vera, 34 years old, housewife, married, with a daughter of two and a half years old, St Petersburg, 3 September 2014.

have their 'own trustworthy doctor'.<sup>13</sup> This might be a private practitioner, a representative of a private medical centre or an insurance company. In some cases the doctor may be from a public clinic but he or she is still considered trustworthy. Such doctors receive informal payments from their patients. The search for a 'good' doctor and establishment of 'trustworthy' relations with him or her is an important element of social competence on the part of middle class women. The search is performed with the help of friends and acquaintances, as well as at well-known private clinics and insurance companies. One of the functions of parental forums is to publish various rankings and to collect reviews of doctors, whether gynaecologists or paediatricians. Use of paid medical services on one hand confirms the paying capacity of the users, and on the other hand proves their social competence, that is, the possession of necessary social ties and social knowledge that can help them to perform choices. The selected doctors are usually fully trusted, and their advice is viewed as the ultimate truth. Irina, in her interview, presented herself as a socially competent and successful woman. She talked about the fear and anxiety she felt during the first months of her son's life. Through her social networks she managed to find a doctor who was an experienced paediatrician. The doctor worked in one of the private clinics but visited Irina as a private medical adviser. Irina knew his mobile phone number and was encouraged to call him at any time in case her son had any health problems. Sometimes his diagnoses and prescriptions contrasted with those of the doctors from the municipal polyclinic:

At that time there was a significant difference between what our district paediatrician saw and what X [name of Irina's paediatrician] told us. And the district doctor always sees the problems. She always problematises everything, this or that. She always let me know that the baby was not developing as it should. ... First there was something wrong with its faeces, then she found a rash. And every time I called X in great fear, he came and told that there was nothing to be afraid of. ... The district orthopaedist told us that we need special shoes, and some other procedures. X told us that a valgus foot is normal for a child of this age.<sup>14</sup>

All of the above-mentioned ways of knowledge acquisition and subjectification of Russian mothers show that they find the ability to make choices important and renounce direct control from state organs. Mothers mentioned their own needs and the necessity of taking into account the needs of their children. It is precisely the affirmation of the necessity to choose, and the distrust towards compulsory public service use, that becomes for them a way to feel that they are competent, good and normal mothers. This is the class-specific trait of middle class mothers. The understandings of the borders of maternal competences and responsibility also turn out to be class-specific.

#### *Responsible mothers: zones of competence*

On the basis of the interview analysis, I identified the following zones of specific maternal responsibility. Mothers' competence differs from fathers' or parental competence in general.

<sup>13</sup> Author's interview with Mila, 42 years old, researcher, single, with a son of six years old, St Petersburg, 14 September 2014.

<sup>14</sup> Author's interview with Irina, 36 years old, researcher, divorced, with a son of four and a half years old, St Petersburg, 12 March 2014.

*Emotional bond (emotsional'naya sv'yaz')*

This is a special type of a mother–child relationship. It assumes mutual emotional and intuitive understanding as opposed to rational knowledge about the needs and physiology of the child. But in fact *sv'yaz'* is built emotionally on the basis of knowledge. The emotional bond starts taking shape during pregnancy, when a woman gets to know the stages of the baby's development inside her body. There are many technologies of foetus subjectification, from ultrasound screenings to the advice of popular psychology that one should talk to the future baby and touch one's belly.

Natasha remembered that when she was pregnant with a second child she enrolled in courses of preparation for labour, which 'specialised in building bonds with the child before birth':

They told us how to build the bond. Already during pregnancy a woman can communicate with her child. The baby inside can feel the mother's emotions, it learns the mother's voice. And if you are attentive to what happens inside your belly, you learn to read the baby's reactions. The baby starts to respond to you, and you can easily recognise what he loves and what not. The bond helped me very much with my second boy. I didn't have such problems with understanding him as with my elder child.<sup>15</sup>

Some mothers said that they got pictures and even video records of their child at the ultrasound inspections and then often watched them during the pregnancy: 'I knew well what my son looked like, and I loved him even before birth. When he drew his first breath, I already knew him. Who knows, maybe this helped me as well to be a sensitive mother'.<sup>16</sup> Raisa read handbooks and internet sites on 'antenatal psychology'. She got to know that it is important not only to talk with the future baby, but also natural birth (without the use of medicines): 'Antenatal matrix, the structures of personality of the baby are formed before birth. For example, if the mother behaves properly during labour and helps her baby, he feels that he is not alone and mother is with him; this will help him to trust others and cope with difficulties'.<sup>17</sup> In this way, the bond is established during the antenatal period, and as a result of a natural delivery, is strengthened during the first year of the baby's life, and later becomes the basis of the mother–child relationship and future child well-being.

*Monitoring the child's condition (otslezhivat' sostoyanie rebenka)*

Mothers believe that their task is constantly to monitor the child's health, psychological development and emotions, as well as any early diagnoses of problems. For example Olessiya said that she used to wake up during the first months of her son's life and watch him, 'to know that he is breathing, and whether he wants to eat or feels cold'.<sup>18</sup> Zoya bought a baby monitor,

<sup>15</sup> Author's interview with Natasha, 29 years old, housewife, married, with a son of four years old and a son of two and a half years old, St Petersburg, 2 March 2014.

<sup>16</sup> Author's interview with Viktoriya, 28 years old, manager, married, with a son of five years old, St Petersburg, 27 September 2014.

<sup>17</sup> Author's interview with Raisa, 38 years old, businesswoman, single, with a son of five years old, St Petersburg, May 2014.

<sup>18</sup> Author's interview with Olessiya, 37 years old, teacher, married, with a son of 12 years old, St Petersburg, 26 April 2014.

which showed a picture of what the baby was doing at the moment. It also showed the temperature of the room, humidity, and so on. When I was in the other room, or in the kitchen, I always wanted to see what was going on with him, even if he just was sleeping.<sup>19</sup>

Many respondents, especially mothers of a first or only child, also reported that they were constantly ‘a little bit nervous’ about their child’s health conditions.<sup>20</sup> Mothers perceive themselves to be responsible for noticing first signs of disease, abnormal development or problematic behaviour, after which they should immediately consult a professional. Zoya complained that she did not recognise the symptoms of an infectious illness in her son, believing that he ‘just caught a cold’ and she did not call a doctor at the time, which led to a serious disease for the baby. She feels guilty for this but believes that this gave her knowledge and she would be a more ‘attentive and experienced mother’ with her younger daughter.<sup>21</sup> Early diagnostics demands a certain level of knowledge in the sphere of medicine, child physiology and psychology. Mothers receive this knowledge from a multitude of sources such as the internet, popular books for parents, glossy magazines and parenting courses.

*Understanding the child’s wishes (ponimat’ zhelaniya rebenka)*

Mothers believe that the presence of an emotional bond also helps them understand the wishes of the child: ‘When you have emotional contact with your kid you can easily know what are his real needs and wishes’.<sup>22</sup> Respondents saw it as their task to learn to respond to these wishes. They think it is necessary to feed, put to sleep, and offer educational games and exercises to the child in accordance with his or her wishes. Wishes are understood both as physiological and cognitive and emotional needs, or sometimes natural inclinations. Arina in her interview discussed her strategy for her son’s development:

Because his father is from a musical family and his father plays the piano well, we decided to enrol him into a music school when he was five. Oleg [her son] is a very emotional and active boy. I wanted him to learn to play the piano, and I thought that he would love this as well, especially taking into account his father’s family background. But I soon realised that music didn’t go. It is not in his true nature, I felt it. And we decided to send him for sports [training] instead. And sports was what he really needed and loved.<sup>23</sup>

The question that was highlighted by mothers, consequently, is to what extent the mother should take the child’s wishes into account. This is a common topic of discussion on parent internet forums. For example, mothers of children under one year of age discussed early child development. Participants agreed that the mother should be sensitive enough to adapt to the baby. During the discussion they demonstrated a high level of parental competence and

<sup>19</sup> Author’s interview with Zoya, 37 years old, manager, married, with a son of three and a half years old and a daughter of three months, St Petersburg, 18 March 2014.

<sup>20</sup> Author’s interview with Angela, 35 years old, researcher, who lives with a partner, and has a daughter of five years old, St Petersburg, 17 May 2014.

<sup>21</sup> Author’s interview with Zoya, 37 years old, manager, married, with a son of three and a half years old and a daughter of three months, St Petersburg, 18 March 2014.

<sup>22</sup> Author’s interview with Olessiya, 37 years old, teacher, married, with a son of 12 years old, St Petersburg, 26 April 2014.

<sup>23</sup> Author’s interview with Arina, 35 years old, librarian, married, with a son of 10 years old, St Petersburg, 9 March 2014.

knowledge on child psychology and physiology, but many of them stressed the importance of the emotional bond as special mother's competence opposed to expert opinion:

User 1: Mummies, share your experience how you develop your kids. My daughter is three months old. I'm afraid to miss the moment when to start her home development exercises. What did you do for an early head start?

User 2: At this age you should do nothing special. Just love her, carry her in your arms, sleep together with her, and don't forget about breastfeeding! A close bond with the mother is the most important thing for the development of small children.<sup>24</sup>

Mothers of children older than three years of age debated the development of self-service skills, stressing that the mother's knowledge coming from close mother-child relations is more important than medical norms of child development:

You should forget the official norms about what children should learn and are able to do at a certain age. All children, as all adults, are different. A child can learn to eat by itself already when it is one years old; another kid wants his mother to feed him up to eight years of age. But it doesn't mean that the second one is lagging behind. Probably it needs the mother's close attention, love, and wants to spend more time with her. And only mother can understand what it really needs.<sup>25</sup>

Middle class mothers stated that they did not want to 'break' the child (*ne slomat' rebenka*). This concept implies the necessity of handling the child's personality with care, to support his or her interests and inclinations. The orientation towards the child makes mothers' efforts most effective since the mother's task is to help 'uncover the abilities' of the child and not to try to develop skills which are not part of the child's proper inclinations and interests. The following quotation from an interview is a narrative of a mother in which she describes the educational strategy she chose for her son:

I think that he (my son) has always had a certain disposition towards maths and sciences. He has had this turn of mind ever since early childhood. For example, he has always loved various puzzles and constructors, loved dismantling mechanisms such as clocks or appliances. ... I am very happy that he has entered a maths school now. I believe this is the best education one can get in town these days. But my initial task was different. I did not want to break the kid, to make him study music or go in for sports if he had no inclination towards all that. I aimed at developing whatever he was interested in himself.<sup>26</sup>

These examples show that the idea of a mother's understanding of the child's wishes and dispositions is interwoven with ideas of early child development which are often shared by Russian middle class parents. The Russian ideology of early development positions the mother as the primary figure in this process since it is the mother who can guess the wishes of the child on the basis of her emotional bond, which allows the mother to develop the child's 'inner potential'.

<sup>24</sup> Posts on parental forum [www.littleone.ru](http://www.littleone.ru), 16 March 2013.

<sup>25</sup> Post on parental forum [www.littleone.ru](http://www.littleone.ru), 7 August 2014.

<sup>26</sup> Author's interview with Olessiya, 37 years old, teacher, married, with a son of 12 years old, St Petersburg, 26 April 2014.

### Conclusion

In the essay I have demonstrated that motherhood represents a complex information field with a multitude of actors. Middle class mothers describe themselves as ‘responsible’ or believe that they should be ‘responsible’. On the individual level, the feeling of responsibility is a component of the experience of motherhood and a way of identifying with the mother’s role. Mothers think that they are responsible for the child’s health and well-being; they also find it necessary to supervise and identify the slightest signs of the child’s inner potential—whether the first symptoms of an illness, changing emotional state or non-verbalised wishes. In this capacity they undertake strategies of biopower, both *vis-à-vis* the child and themselves.

However, the mothers’ wish to be responsible fits very well into the logic of the contemporary Russian neo-liberal state. In Soviet times reproduction and child rearing were viewed in part as a zone of state responsibility. In the post-Soviet period the technologies of power of the state underwent significant changes, with the state withdrawing itself from the private sphere and rejecting the direct control of citizens’ behaviour. Indeed, in the 1990s and early 2000s privacy and parenthood represented a sphere of social innovation and development of new parental practices and values. In the second half of the 2000s privacy and reproduction again became the point of state power intervention (Savkina & Rosenholm 2008; Rivkin-Fish 2010). Political discourse on maternity has been restored. Motherhood, from the official point of view, is presented as a biological activity which should be supervised by the state. But the redefinition of motherhood in a Soviet-type manner (with the state responsible for caring for children and women—mothers) did not happen. In the contemporary official discourse women are viewed as responsible to the state for reproducing the nation and for biological production of physically and psychically healthy citizens. Upbringing and childcare are maintained as the zone of citizen responsibility. State agencies now control the results of mothers’ performance and intervene (help or punish) in the case of ‘badly’ performed motherhood. The official appeal of restoring the ‘traditional’ family, with many children, a bread-winner father and a housewife mother, stresses the responsibility of citizens for care issues and the role of the mother as the most important for woman. Therefore ‘responsible’ middle class mothers and state policy complement each other. The present trend in public discourse of conservative Orthodox family values and a traditional women’s role is woven into the idea of mother’s responsibility and even strengthens it.

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