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## **Working mothers, injury and embodied care work**

### **Abstract**

In this paper, we examine how mothers respond when injury interrupts maternal care, using the lens of embodied care, which we conceptualise as a form of 'body work'. We draw on findings from a qualitative research project with two organizations in Australia that help people with injuries to return to work, examining the experiences of workers who are also mothers of dependent children. Mothers' inability to care for children during periods of injury was a significant concern for our interviewees; constraints on physical labour and physical affection were particularly troubling, indicating the importance of embodied maternal care-giving to maternal roles. Yet, while these mothers inhabited the spheres of paid work and unpaid care work simultaneously, service providers did not consider embodied care work or its relevance to injured women's ongoing needs for support. While our findings reflect the experiences of injured women, they also suggest the need for a materialist analysis of the ways that both paid work and care activities are deeply enmeshed in and through the bodies of those doing the work. Employers' and service organisations still fail to recognise maternal 'body work', and this may be typical of social attitudes more widely.

**Keywords** maternal employment, women's injuries, embodied care work, body work

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## **Working mothers, injury and embodied care work**

### ***Introduction***

In this paper, we examine the effect of injuries on the lives of 'mother workers' (McDowell, 2007), with a particular focus on the impact of such injuries on embodied maternal care work. Bowlby, McKie, Gregory and McPherson (2010) argue that care patterns and activities are not static across the life course: requirements, needs and modes of care provision require ongoing negotiations and adjustments. When a major event occurs -- a physical injury in the context of this study -- adjustments 'in people's everyday lives and often in their interpretation of their own identity and self-worth' (Bowlby et al., 2010, p. 62) are required. In the first part of this paper, we outline current discourses of working motherhood, with a focus on the experiences of mothers and the embodied care work that forms part of their daily labour. We examine the everyday labours of mothers and highlight the physical care they give to children, something which remains invisible in the context of the persistent devaluation of maternal care in neoliberal societies and the lack of support for work/care integration. We consider whether the concept of 'body work' might be helpful in understanding women's embodied labour, and explore whether this concept, developed as a way of understanding the embodied, corporeal and sensory dimensions of certain forms of paid employment, should be expanded to highlight the multiple forms of embodied labour performed by mother workers. Finally, we draw on the limited research on workplace injuries to mothers, together with research that focuses on mothering with longer-term illness and disability. This enables us to build an understanding of the different ways in which women's caring labour may be affected by adverse embodied events and experiences such as injury, illness and other experiences of impairment.

In the second part of the paper we turn to our empirical study with injured mother-workers. After explaining the methodology of the study, we present its key findings about women's embodied care of children and the challenges women experience when injured. The women's accounts make it clear that the embodied work of motherhood is central to their daily lives with their children: the interruptions caused by physical injury at work are significant and far-reaching. The responses of service providers and, to a lesser extent, partners, demonstrate the very limited ways in which women's embodied maternal care work is recognised and understood. In these women's accounts,

injuries to their bodies act as a fracture point in systems of care and paid work that are already tightly stretched. Linda McDowell (2007) suggests that good mothers are now expected to be paid as well as unpaid workers; that is, they are expected to contribute financially to children's well-being (hence her term, mother workers). However we argue that such expectations have not led to fuller recognition of, or support for, the broad range of women's activities as both paid and unpaid workers, including the necessary bodily work of mothering. Although many women's working bodies are engaged in both mothering and paid work on a daily basis, these links and the embodied integration that facilitates them are unaddressed. Mothers' own practices and their accounts of workplace injury, however, reflect highly intertwined and entangled patterns of embodied care and paid work which are not readily visible to employers or to organisations tasked with assisting them to recover. Indeed they are not readily visible to mothers themselves unless a disruption, such as an injury, brings them to their attention.

### ***Care work, bodies and motherhood***

Mothers live at the convergence of these social messages: (1) that the successful worker is the unfettered, totally committed, ideal (and thus gendered male) worker as Williams (2000) outlines; (2) that the work world is more valued and valuable than the domestic sphere; and (3) that the best mothering is hands on, intensive, all consuming, and altruistic. (Pugh, 2005, p. 731)

Like other feminist sociologists, Pugh rightly identifies the continuing contradictions between the expectations regarding successful workers and mothers but, despite passing recognition of what she calls the 'hands on' character of 'the best mothering', she pays less attention to the physical work of motherhood than to discourses about good mothering. Contemporary accounts of motherhood in the advanced capitalist countries of the global north identify multiple points of contradiction and contest: the rise of intensive mothering (Hays, 1998), the on-going and prescriptive social regulation of good mothering (Goodwin & Huppatz, 2010), inequalities between mothers in terms of resources and social validation (Thomson, Kehily, Hadfield & Sharpe, 2011) and the persistent challenges of integrating paid work and the demanding activities of maternal care (Backett-Milburn, Airey, McKie & Hogg, 2008; Brekke & Nadim, 2016; Lavee & Benjamin, 2016). As Sulik (2007) observes, 'women's unequal participation in care work therefore has potentially deleterious effects on mental and physical health, including high levels of stress and depression' (p. 859). Yet while women enact and establish their motherhood through physical care for their children, the daily repetitive physical tasks

of care and nurture which are critical in mothering are mentioned much less often (Maher, 2009). Although such embodied labour is little discussed, it is often physically demanding and can create significant bodily and resulting psychological pressures (Habib, El Zein & Hojeij, 2012; Messing, 1998; Salerno, Livigni, Magrini, & Figà Talamanca, 2012). It is notable that the physical aspects of mothering attract attention most often when concerns about good and appropriate motherhood are raised for mothers with disability. Indeed, women with disability face not only discrimination but often fear the loss of their children (Filax & Taylor 2014; Grue & Tajford Lærum, 2002; Prileltsensky, 2004; 2003)<sup>i</sup>. Thus alongside the overall devaluation of mothering labour that subtends the organization of work and care in Western societies (Bowlby et al., 2010; Stephens, 2011), it seems that the physical labour of motherhood is rendered particularly invisible, except when breaches are feared.

Our approach to mothering is influenced by the recent work of Thomson et al. (2011, p. 6), who have proposed that motherhood is best understood as both a bodily 'situation' (drawing here from de Beauvoir [1963]) and the social arrangements that surround and produce mothering practices. This approach highlights the specific embodied care work of motherhood, which includes domestic labour, the physical work of child caring, and *care of the maternal body* that facilitates both paid and unpaid work. Previous work by Maher (2009; 2007; 2005) has focused on daily practices of care as creating mother identities and motherhood. Generally this physical work of mothering is not well documented though there is indicative research suggesting that the physical demands are significant. For instance, Smith (2010) reports on a recent study with mothers in construction work in which women were very clear that 'mothering young children is much more physically difficult than working in trades' (p. 62). As one of the women in her study comments, mothering is 'an ergonomic nightmare' (p. 63): domestic workplaces are variable, labour with children is ceaseless and repetitive, and children, unlike materials on the building site, are not static objects. McGrath and De Filippis (2009) analyse regulated and unregulated child caring activities and offer the following observations about the physical work of childcaring, a key component of mothering labour:

Child care is a physically and emotionally demanding job. It involves providing constant attention to young children and/or babies, often without any other adults present, and so with few or no breaks. The work also involves a great deal of lifting and bending, which can lead to injuries. (McGrath & DeFilippis, 2009, p. 71)

Forssén and Carlstedt (2001, p. 154) similarly observe that mothering activities can produce physical strains. Women in their study describing motherhood across the life course emphasized the valued

intimacy and sensuality of maternal physical work with children, but also the significant stresses and strains which affected their own health.

Recent literature focused on mothers with disability also illuminates the centrality of embodied labour to mothering. Filax and Taylor (2014) suggest that an experience of disability or impairment can act as an 'embodied revelation', because taken for granted or invisible physical processes integral to motherhood are revealed. Kaiser, Boschen, and Reid (2014) document the adaptive techniques mothers with a disability use to provide physical care and nurture for their children. The use of mechanical aids such as hoists, organizing others to undertake physical processes (such as bathing and dressing) and the reciprocal physical adaptations of children all formed part of mothers' strategies to provide physical care for children (see also Lindgren, 2011). Lewiecki-Wilson and Cellio (2011) argue that neither mothering nor disability are static, but rather both should be seen as 'embodied, situated and social experience' (p. 3); when they interact, they create liminal spaces 'where borders flow into one another, particularly the borders between the social and the personal, outside and inside, others and self' (p. 1). Such observations begin to address the embodied complexities of mothering as a practice, highlighting the importance of physical labour and the physical body to maternal care work. This raises questions about the concept of 'body work' and whether it is helpful in understanding mothers' embodied care activities.

### Embodied care and body work

Feminists have long recognised the care work that women do, both paid and unpaid, for their own families and as part of their jobs. However, here too there has been a focus mainly on emotional work and nurturance, a focus which obscures the particular characteristics of the corporeal interactions involving working with and on the bodies of others. For instance, even now public worries about care of elderly people constantly bemoan the absence of compassion among care workers, without recognising the physical activities timely care requires (Cohen & Wolkowitz, 2018). However, beginning in 2000 (Kang, 2003; Twigg, 2000, Wolkowitz, 2006; 2002), researchers using the term 'body work' have tried to explore this and other aspects of the relation between bodies and paid work, including care work, although their efforts have hardly dented the public invisibility of physical care and its costs.

Gimlin (2007) identified several different uses of the term 'body work', and different meanings are still evident in research on corporeality in the workplace, as summarised by Mik-Meyer, Roelsgaard

Obling and Wolkowitz (2018). 'Body work' may refer, firstly, to paid 'work that takes the body as its immediate site of labour' (Wolkowitz, 2006), recognising that 'bodies form the objects of material production in a range of jobs' (Cohen, 2011, p. 190). Here contact with bodies or 'dirty' bodily products means that body work is often hidden as something demeaning (Twigg, 2000). Gimlin also identifies bodily efforts to manage one's own and others' emotions as a form of body work, so that both bodily and emotional care are included. There is also another meaning of body work that points to the effects of work on workers' own bodies, termed by Gimlin 'body-making through work' (2007, p. 353). By this she refers to the ways in which bodies are altered by the work they do. There is a final meaning of body work that is also relevant here and that refers to the work done on or to the worker's own body to ensure it meets the requirements of an employing organization, either to meet aesthetic criteria or to ensure it remains physically healthy and able to continue fulfilling the demands of the job (Gimlin, 2007).

The attention now given to body work has been quite successful in making embodied work, and its gendering, a focus of academic study; it highlights the 'physical and emotional aspects of work performed on others' bodies' (Gimlin, 2007, p. 359) as well as how engagement in work leaves embodied traces and that bodies need attention in order to remain 'fit' for employment. However, while the concept of body work has been developed to understand embodied processes in paid employment (Cohen, 2011; Gimlin, 2007; Wolkowitz, 2006), less attention has been given to the centrality of embodiment to unpaid household and caring work and whether this can also be understood as a form of body work. This is despite the fact that physicality is often acknowledged in examinations of the meaning of pregnancy, childbirth and lactation (Gatrell, 2013; 2007; Lee, 2018; Little, Major, Hinojosa & Nelson, 2015). We suggest that it might be fruitful to think of women's embodied care work as body work in the sense not only that it attends to other people's bodies and emotions (in the case we discuss here, children's), but also in the sense that it is physical labour that both marks women's bodies and requires maintenance work to be done on them; we conceptualise this as embodied care work. We argue that outside academic studies, such as those mentioned above, body work, across the public and domestic spheres, in the form of **embodied care work**, remains invisible and that this invisibility has implications for women workers and particularly for mother-workers. This paper aims to draw attention to this connection and the material implications it has for mothers who are undertaking paid employment and maternal caring concurrently.

### The impact of injuries on working mothers

The limited scholarly picture of the importance of the physical labour of motherhood is paralleled by gaps in research on women's injuries at work. A frequently mentioned limitation of the leading literatures is that occupational health and safety research usually relies on biomedical accounts of health and illness (Messing, 1997; Wolkowitz, 2006), which means that socio-cultural factors and influences are not a focus. Hence, as observed by Franche and Krause, the family and social contexts of returning to work have not attracted extensive research: 'Little work has been conducted on the impact of family and social contacts on return-to-work outcomes' (2002, p. 247).

While gender is acknowledged as a key variable in return to work and recovery (ISSA, 2002; Calvey & Jansz, 2005; Clay, Fitzharris, Kerr, McClure & Watson, 2010; European Safety Agency, 2003; Fan, McLeod & Koehoorn, 2010; Franche & Krause 2002; Holbrook & Hoyt 2004; Krause, Dasinger & Neuhauser, 1998; Lederer, Rivard & Mechakra-Tahiri, 2012; Schultz, Crook, Meloche, Berkowitz, Milner, Zuberbier & Meloche, 2004; Selander, Marnetoft, Bergroth & Ekholm, 2002), such findings are often quantitative and the meaning and impact of gendered labours, caring responsibilities and familial relations are opaque. Williams (1999) suggests there is a circular and cyclical absence of women workers from occupational health and safety research; Wolkowitz, similarly contends women's injuries and illness in relation to work 'have long gone unrecognised' (2006). Assumptions that women generally work in less risky environments intersect with gendered labour market positioning of women as precarious workers or 'not workers' at all (Messing, 1998; Williams, 1999; Wolkowitz, 2006); women's work issues are considered 'peripheral' (Messing, 1997). Women's physical work in care industries and service roles may be viewed as 'less than' work because of its similarities to women's domestic roles, resulting in a lack of attention to carers, who by extension do not need care (Wolkowitz, 2006; 2002). Messing's (1997) analysis reveals workplace cultures, occupational health and safety practices and knowledges, and research agendas that turn away from women's health problems at work. Again a limited exception here is occupational health and safety research on women's employment while pregnant, generally with a focus on regulating women's work options (Williams, 1997). As sometimes occurs in the focus on mothers with disabilities (Filax & Taylor, 2014), it is the physical health of children that it is the major concern rather than that of their mothers.

Given the paucity of knowledge about the physical demands on women in both these key spheres of paid work and mothering, an entrenched inability to see links between women's health, their families and work conditions (Williams, 1999) is perhaps unsurprising. The interconnections between women's health as workers, as mothers and in relation to experiences or events of illness are poorly

understood (Williams, 1999; Cunningham-Burley, Backett-Milburn & Kemmer, 2006). Mothers are generally expected to absorb the stresses, both temporal and physical, of paid work/family care intersections (Williams, 1997): workplaces have not generally adapted to ameliorate these pressures. In response, as Cunningham-Burley et al. (2006) found, women work hard to limit their own illnesses and absences from work in order to maintain their status as reliable and flexible workers. Recent research identifies the struggle employed mothers experience when they need to put their own health needs or self-care first: women are torn between their own care needs and their children's care needs (Sitnik, Masyn, Ontai & Conger, 2016) and are likely to put children first (McKenzie, 2014). 'Because care work is understood as what women do for others, it shapes what women are willing to do for themselves when facing illness' (Sulik, 2007, p. 858). It also highlights the tensions that may arise between different forms of body work, in this case self-maintenance and embodied care for others.

Although a number of recent studies have emphasised the significance of the work/ family interface in accounting for women's greater absences from work and lower return-to-work rates in comparison to men (Casini, Godin, Clays & Kittel, 2013; Koehoorn, McLeod, Fan, Hogg-Johnson & Lippel, 2014; Väänänen, Kumpulainen, Kevin, Ala-Mursula, Kouvonen, Kivimäki, Toivanen, Linna & Vahtera, 2008), the intersections of women's injuries/illness, care responsibilities and employment need further investigation. Jane Lewis has saliently observed that in Western societies, we see an increasing individualization of the gendered care burden (Lewis, 2001; see also Wheelock, 2001). Although the creativity and responsiveness of mothers who integrate work and mothering can be readily observed (no significant loss of time with children; progress in the workplace despite barriers; some policy shifts to facilitate maternal employment, see Bianchi et al., 2006), the role of the mother worker is still uneasily positioned in western societies. Julie Stephens (2011), for instance, identifies an existing 'cultural unease' directed towards maternalism and the troubling implications this unease has for maternal labours. The 'valorization of self-sufficiency' (p. xi) and the demonization of dependence devalues mothers' work of care giving, along with the work of other caregivers. In this context, an integrated perspective taking account of the complexities of rehabilitation, recovery and the family care / dependency contexts in which these take place is both absent and necessary to understand the experiences of injury and illness for women who care for dependent children. In particular, knowledge about the embodied maternal care work by mother workers, and how familial care responsibilities and obligations influence recovery and return to work is valuable to advance understandings of both women's patterns of return to work and the physical impacts of the work/care nexus for mothers more generally. In what follows we seek to advance this understanding by looking

at the experience of women struggling to cope at home after workplace injuries, thereby making more visible the centrality of embodied care work to motherhood.

### ***Studying the experiences of injured mother workers***

The study reported here explored how injuries that inhibited their employment were experienced by mothers in terms of their on-going embodied care for children. The research was a commissioned partnership project linking researchers at Monash University with two Australian industry service organisations located in the state of Victoria, the Transport Accident Commission (TAC) and WorkSafe, both delivering services to injured workers. Both of these organisations are independent organisations funded by the Australian government to support people who have experienced workplace injury and road accidents. They work to develop long-term support and service plans with injured workers and drivers and their employers. The project was commissioned by these organisations as a response to their occasional observation that mother-workers spent longer out of the workforce after an accident or injury than other injured workers. It was carried out between July and December 2012. Given the need for women's increased workplace presence and existing research suggesting that gender influences women's recovery from injury, the organizations were keen to understand this pattern better.

The study had three phases: 1) a review of existing national and international research; 2) an analysis of each organisation's quantitative data regarding women's injuries and patterns of return to work; and 3) a qualitative investigation of women's experiences of injury and their care work in the families. In this paper, given our interest in the significance of body work and, particularly, embodied care work, across the domains of paid and unpaid work, we draw on the third, qualitative phase of the study, for which ethical approval was gained from Monash University Human Research Ethics Committee. A full description of the findings is available in Maher, Lindsay and Tanner (2015).

The twelve women who participated in the study were recruited via multiple mailings sent out by the two partner organisations. The mail-outs were directed to women who were employed, lived with dependent children and had experienced an injury, either at work or in a traffic accident, that resulted in absence from work. As is evident this is a limitation of the study as each organisation assigned one of two sexes to their clientele: this pre-supposes the respondents identified in this way. These mail-outs were undertaken by the organisations after obtaining permission from their respective ethics boards. Letter recipients were invited to contact the research team if they were interested in

participating in the research. Given the need to protect women's identities and ensure that their service providers could not identify their stories if published, and the non-representative nature of the study, only indicative descriptions of the women who participated are included. Five participants came from the TAC cohort and seven from the WorkSafe cohort. Fewer women than we had hoped responded (our aim was N=20) and we consider there are two reasons for this. To preserve confidentiality, the letters were sent to potential participants by the organisations and recipients may have been concerned about the security of the information they would provide. Secondly, since the organisations had poor data on how many of the women they had been in touch with had dependent children, the letters were sent to all women and were phrased in quite general terms. This does mean however there was no presupposition about how women came to be caring for these dependent children: they were simply invited to respond if they cared for dependent children. We had initially intended to interview only partnered women with children so as to limit demographic variables and optimise our ability to synthesise the findings. But due to the low response rate, we revised our recruitment target and included two women with dependent children who were raising them alone.

The women were between 35 and 52 years of age. The number of children women cared for ranged from one (N=4) to more than four (N=2). As seen in the list of the 12 participants in Table 1, eleven of the women had direct dependants living in their households at the time of injury. Their children's ages ranged from 12 months to 19 years at the time the injury was sustained. The twelfth woman did not have any children at the time of her injury although she subsequently gave birth to two children and her care for them was seriously affected by her injury.. The injuries reported by the women varied considerably: they included serious accidents resulting in long-term physical impacts, shorter-term occupational injuries (that none the less sometimes resulted in prolonged absences from work), and some emotional and stress disorders that were connected to physical incidents at work from which they had recovered (N=2). The women had not, therefore, all experienced direct physical injury, but all identified effects on their embodied maternal labour as one of the outcomes. Time since injury ranged from 18 months to ten years. At the time of interview, six women had returned to work, three of whom had permanently modified duties including reduced working hours, and three were no longer employed and were uncertain when or if they would return to work. The other six were still off work as a result of their injuries.

***Insert Table 1 here***

Our sample included women working in a diverse range of occupations: there were two independent professionals; one administrator; one police officer, two working in creative industries; two working in health service provision; two care workers; one hospitality manager and one retail service worker (See table 1). Some of the women we interviewed were doing 'body work' in their employment (Wolkowitz, 2006; 2002), working directly on the bodies of others, or being required to present their bodies in particular ways (defined by Gimlin, 2007 as a form of body work).

Women were interviewed at home for approximately 45 minutes; all the interviews were tape recorded and transcribed verbatim. A collaborative approach was used initially to develop a set of themes that would form the basis for coding in QSR Nvivo. The three members of the research team at the time read the interview transcripts and identified key emerging themes around mothering, maternal employment and injuries. These themes were refined and consolidated through research team meetings and emails. A further close reading of the interviews refocused attention on how women described the body work involved in mothering in the context of their injuries and everyday activities.

Data was then coded into the NVivo programme and an analysis was conducted using thematic qualitative description. Sandelowski suggests qualitative description offers a framework through which 'comprehensive summar[ies] of an event in . . . everyday terms [that are] an accurate accounting' (2000, p. 336) of those events can be developed and understood. Critically Sandelowski argues these accounts can be recognized as valid by both researchers and participants. She argues that this is still clearly 'interpretive' (Sandelowski, 2010, p. 79) since data can never speak for themselves, but the emphasis is on 'descriptive validity' (2000, p. 363) and staying close to the everyday meaning offered by participants as one analyses the data. This approach was identified as valuable in dealing with data from these transcripts of injured worker mothers since the study was expressly interested in these under-examined experiences and the meanings ascribed to them by women. We have focused on the voices of women themselves, using quotations to stay as close as possible to these ascribed meanings.

All the women we interviewed reported that their injuries impacted on their mothering care and practices as well as on their employment. In the following section, we discuss how women described the impacts of their injuries on their ability to care for their children and how they experienced this interruption to the embodied care work they do as mothers, carers and workers. These accounts highlight that physical care was central to their mothering activities and practice. Yet in terms of their

own recovery, partner support and the responses of service providers, this embodied maternal care work was unacknowledged, either as a loss to the woman and her children or as having a potential impact on her physical recovery.

## ***Findings***

Women's accounts of how physical injuries impacted on their family and working lives revealed wide-ranging effects; they described how they affected their identities as mothers and as workers, and they outlined the difficulty they had in asking for help or assistance. In particular, the findings indicate that paid work and maternal caring are materially enmeshed through and via the bodies of these mother workers, in so far as their mothering was affected by injuries and this then had an impact on their employment. These interactions between paid work, unpaid work and injury recovery were not a focus for employers but, for the women we interviewed, they were central to the effects of their injury and their process of recovery. Our findings reveal that the embodied labours of employed mothers are invisible to employers and, at times, even to women themselves.

For all these women, the implications of their injuries for their caring work were deeply concerning. As they described their activities as mothers before and after injury, the extent of embodied work that women do as they mother and the ways in which physical labour constitutes caring were not referred to directly but were implicit in what they said.

***Eva:*** *You know I got three kids and 14 years old and one just turned 13 and my little one is seven. So like I used to do everything for them in the mornings, to wake them up, make their lunches ready and you know drop them off at school and pick them up and do all the cooking. Then get ready, go to work. (Three children)*

These activities all involve bodily labour, even though it is not explicitly mentioned, and Eva's injury meant that she was no longer able to care for her children in this way. Another woman, Nicole, told us that her inability to function as a result of injury led to a realisation by her family of the amount of embodied care work she did at home; this echoes the 'embodied revelation' referred to by Filax and Taylor (2014) in their discussion of the effects of disability on mothers' ability to care for their children and reveals the normalization and invisibility of this work. This is not confined to the embodied care work she carries out for (and with) her son, which is a central element in her account, but also includes other aspects of domestic labour.

**Nicole:** *I think the whole family realised that the amount of work that I actually do at home where the house is clean, it's cooking, like dinner is cooked and you know being, like running around with my son, being active and you know like doing sport, getting to there and like swimming and all that. (One child)*

And Cassie told us how, since her injury, she has changed how she cares for her children because of the effect of her injury on her ability to carry out certain physical tasks.

**Cassie:** *I'd wake them up for school in the morning and I'd sit out there with them and talk them through getting their toast and put bits in their lunchbox with one hand and then one of the older ones would butter their sandwiches. The two little ones can make their own but I just wanted to, you know, be there with them for that. (Six children)*

These quotes show that practices of physical care and intimacy are deeply enmeshed in women's daily mothering activities and, as we argue, these activities may be understood as a form of maternal body work, extending current conceptions of body work. The simple activities described above – waking children up, buttering toast, running around with children – are invoked by these women as part of a larger project of facilitating the lives of children: the 'normal ...mother ...thing', as Nicole describes it elsewhere. As is so clearly expressed in these quotes, there is a daily integration of physical and caring activities directed towards the smooth functioning of family life, and children's lives in particular. It is partly taken for granted, at times invisible, but also actively assumed by these women as integral to their mothering. Wolkowitz (2006; 2002) has argued that in paid work, especially paid care work, sociologists' attempts to make emotional labour visible by identifying it as a distinct input (Hochschild, 1983) have to some extent obscured the way in which emotional work is connected to, and often expressed through, physical activities. It seems that when it comes to mothering activities very often discussion of the emotional work of mothering similarly obscures its entanglement with and dependence on the physical labour of mothering. But women's desire to 'do everything' for their children, to 'be there with them', is, as Thomson et al. (2011) suggest, in part concretised in the physical activities through which mothers and children interact, all of which can be seen as care work. For women, these physical activities were critical to caring emotionally for their children although the bodily labour they involved was often implicit in their accounts.

Fracturing (and remaking) the daily care work practices of motherhood

When injury interrupts the patterns of these daily interactions, the effects are profound. Lucy, Katie and Anita each identify a series of physical activities they can no longer do because of their injuries. These changes have had a 'big' effect on their mothering and on family lives. Following Cunningham-Burley et al. (2006) and Oakley (2007), it is the rupture or break that illuminates the ways in which maternal body work is a critical aspect of mothering. As Lucy says, she has not been able to be 'the mum' she wants to be, or to share her children's explorations; she can only stay with them and watch.

**Lucy:** *It's been very big, I guess, because I haven't been able to do the things that I've wanted to do with my little girl. Like I haven't been the mum that's been able to pop her in the pram and go for a walk around the river or, do you know what I mean? So I haven't -- sort of family time and that sort of thing for me isn't running around and, or getting in a pool and swimming with my little girl because it makes my back ten times worse. (One child, three years of age)*

The activities that these women have had to give up include participating in leisure activities which they see as part of both their mothering role and their identity as a mother. There is an emotional cost of this inability to engage physically in embodied care work for the children.

**Anita:** *Like going to the beach, we go quite a bit down to the beach and um, I don't walk the rocks and play with them and walk up and down the beach anymore like I used to. It's, you know we don't do the wandering through the rocks at low tide and stuff anymore. It's like I'll sit and just keep an eye on them and so they miss that. (Two daughters)*

It is not only their inability to engage in outdoor activities which they regret but also the difficulty of undertaking more ordinary but enjoyable everyday tasks, such as bathing children:

**Katie:** *I've lost mobility. I can't bend my knee, like I can't kneel on it. When my daughter was little I couldn't bath her because I can't get down into the bath (Two children, one teenager, one born post accident).*

These accounts provide clear evidence of the centrality of physical work to mothering, and the taken-for-grantedness of many of the forms of care work that women do, whether paid or unpaid, that renders it largely invisible in terms of broader accounts of labour and work (Wolkowitz, 2006; 2002).

Women identify losses in terms of physical activities they do with children as integral to mothering (walking by the river or on the beach) as well as activities they do for children (using the pram or bathing a child). Their 'doing' of this care work is part of being 'the mum', as Lucy says; it is a core part of their worker-mother identities. They do not question the importance of this labour as part of their mother-worker role, reinforcing the centrality of body work to mothering. In fact, they emphasise the adaptations they have had to make to ensure that they are able to engage in the body work involved in day-to-day caring for children. Like Cassie who has involved her older children in helping to butter the younger ones' toast in the morning (above), Lucy has invented an aid to help her toilet train her daughter.

*Lucy: Yeah it hasn't been easy. Getting her in and out of the car, toilet training has been a nightmare as well, like you know I had to get a little step and stuff for her to get up on the toilet because I couldn't lift her and so, yeah just those sorts of things.*

Of course some of the things the mothers said they could no longer do might be seen as primarily housework. For instance, Jamie described peeling potatoes by wedging them between her feet on the ground while caring for her toddler children. However, we argue such tasks represent the enmeshed practices of caring labour that are often characteristic of mothers' embodied care work, where tasks of nurture and domestic work are occurring simultaneously. Importantly, Jamie's response to her injury, which was to prepare food using her feet, was typical of how women responded to these bodily interruptions to their daily caring activities and reminiscent of the adaptive techniques (Kaiser et al., 2011) used by mothers with disability. Women's desire to maintain the body work necessary to caring activities drove their determination to keep going with physical care even when their injury made it really difficult, reinforcing our analysis that women see even quite prosaic household tasks as a critical part of their care for children. This was particularly the case when activities involved care of their children's bodies, such as toileting and bathing, but was also evident when women's own bodies needed care because they were injured and women elected to prioritise a different form of body work, caring for their children. Gimlin (2007) outlines different forms of body work including the work of keeping the body healthy in order to do that work and. if we apply that analysis here, we see that these women are prepared to compromise the work of keeping their own bodies healthy in order to continue to give care to their children. This has also been noted in relation to mothers' ill health when mothers put caring for others above their own health needs (Mackenzie, 2014). In Fran's words:

**Fran:** *People always say to me ‘You know I don’t know how you cope going to work with all your migraines and kids’ and you know, like [they say] ‘You should, you must spend a lot of days in bed’. And I said, ‘Well I don’t, I can’t be in bed when I’ve got children running around’. So you know I just have to suck it up and manage somehow and worry about it later. (Two young children)*

Some of the mothers’ prosaic physical activities are more readily visible than the emotion-laden ones, or become visible in the ruptures of injury as other members of the household have to take them on, including their children. But this process of becoming visible also reveals how invisible this embodied labour is normally. Kate mentioned what happened when she was in hospital:

**Katie:** *Both [my partner and my son] made the comment ‘well um, when you weren’t at home it was great because you weren’t nagging’. But on the other hand, the house wasn’t clean, the washing wasn’t done, the food wasn’t and they sort of said to me, ‘We didn’t realise how much that you actually did around the house until you actually weren’t here for those 13 days’.*

And women went to extraordinary lengths to make sure that they were able to undertake the embodied work of caring even when doing so clearly presents them with real difficulties. Jill, who cared for her grandson, described how her injury meant she now had to rely on her husband’s and grandson’s help.

**Jill:** *The first week was a bit hard, getting myself orientated around the house but then I started planning on how I could do things. You know if I put things on my lap in the wheelchair and go to the table I could do that and with the help of my grandson I used to, I started cooking meals and things so I could put things into the microwave oven but once it was hot I wouldn’t take it out in case I spilt it and with the help of my husband and my grandson, you know like I wouldn’t have been able to do it without them. They [husband and grandson] were a great support. (Primary carer for her grandson)*

What was striking was how much even household tasks which could in principle be done by someone else were understood by these women as their responsibility, i.e. part of their mothering identity. Jill’s comment, above, that she had great support as she re-oriented herself to doing physical tasks in her wheelchair points to partner support, to which a number of women referred, but concurrently reinforces her ownership of this embodied work. As she later said, ‘Well I mean I still do everything I used to do but I just take longer to do it or if I can’t do it the way I used to do it, I’ve just found another way of doing it’. Aligned with the reflections by Katie and Jamie, this shows how

injuries revealed the amount of physical care work that women undertook around the house and how central it was to their everyday mothering practice, part of what we argue can be usefully identified as maternal body work.

There were some forms of body work that the women were no longer able to engage in and that were critical both to them and to their children. Jamie talks of picking up her twins.

***Jamie:** I think the main thing was that I hadn't realised how much I pick the twins up and how much they wanted that from me, like you know even just after dinner always just coming to sit on my lap and often both of them at once and my incapacity to say no to that.*

Although injuries did sometimes work to make the daily labours of mothers more visible, the women did not challenge the expectation that they carried the primary responsibility for this type of work. In fact, when Lucy couldn't physically complete these tasks, she felt guilty and anxious.

***Lucy:** I feel awful that I'm home all day with my little girl yet he comes home and I have to ask him to do housework so I sort of, like it's probably more of a guilt thing for me that you know, why should he have to do it when I've been home all day.*

This underlines the significance of mothers' ability to undertake the embodied labour of mothering to their feeling that they are good mothers and wives; it illuminates how injury can undermine their sense of self through its effect on their bodily ability to undertake these forms of care work.

### Invisible embodied labours?

As outlined above, one objective of this project was to ask whether the service providers tasked with rehabilitation took the embodied labours of mothering into account. Each of the women was asked whether their services or supports had assessed their needs with reference to care responsibilities at home. A small number of the women, three in total, indicated they were provided with some help with vacuuming and laundry in the first few weeks after their injuries. Many partnered women also described some partner and extended family support in the immediate aftermath: mothers parenting alone talked more about the support of their own parents. However, all these women were very clear that service providers did not discuss children's care needs or the types of physical strain that might occur in the context of their caring work at home. For the organisations, who were tasked with

developing care plans for these women, the women's embodied mothering labour was invisible, not evident as a physical demand as critical as vacuuming or clothes washing. In fact, as we have noted elsewhere (Maher et al., 2015), data on the presence of dependent children was not routinely kept by these organisations tasked with supporting recovery. Both Cassie and Jamie felt that the assessment of post-accident support did not consider the physical intimate embodied work of mothering. Our analysis of their responses indicates that these women are experiencing the invisibility of multiple forms of embodied labour (Messing, 1998; Wolkowitz, 2006); their injuries at work are not assessed in any way in relationship to their embodied maternal labour despite the body work that crosses these domains. As Jamie's comment that she was 'the only person that can do them' for her children and step-children makes clear, these activities were not seen by these mothers as transferable to others. For the service providers, they were not visible at all. This becomes clear from Cassie's and Jamie's experiences. Cassie points out that decisions were made about what assistance she needed (with lawn mowing, for example) without any understanding of the immensity of her daily maternal embodied labours. She felt her maternal body work, and the time it took, were seen as 'nothing' (Cassie).

**Cassie:** *In that time, I was offered nothing to help with my family and then they sent around an occupational therapist three weeks before my surgery. Not post my surgery, so her, she deduced from seeing me three weeks before my surgery that the only assistance I needed when I returned from surgery was lawn mowing once a fortnight and one and a half hours of cleaning once a fortnight and that is it. No other support. Not to get my groceries, nothing, nothing at all. So I got put in, I went into hospital and I woke up in plaster and I knew I'd been reconstructed which is a really long recovery.*

Jamie suggested that more effective support could be provided by someone talking to all members of the household about the help that could be offered and the length of time recovery was likely to take. She felt that this sort of assistance would be more helpful than what was currently provided.

**Jamie:** *I think to actually provide assistance it would be better if they sent someone out to you to give, to actually give you help when you need it and or probably even more important, education, so and probably not in pamphlet form. Like having someone come to the hospital or come out and see you afterwards with your support person, so with the husband there, giving you an idea of how long it's actually really going to take for things, what sort of things to expect in terms of how everyone is going to feel and what they can offer in terms of help ... If you had someone coming out to help you*

*with things like that, in the same way as after an injury, if there was someone coming out once a week or a couple of times a week to do the things that you, you know, needed to be done and you're the only person that can do them then it would help.*

The provision of support which would enable mothers to continue to undertake the physical and embodied labour of caring is highlighted by the profound effect that an inability to undertake this labour had on their maternal identities. When mothers experienced physical injuries that changed their practices of care for children and their ability to undertake the bodily work of caring, this affected how they saw themselves as a mother and as a person. This is clear in Cassie's and Anita's comments.

**Cassie:** *Yeah so I'm lucky to have my older daughters because they've been outstanding. But it's that loss of role, it's just a loss of role as being a mother ...*

**Anita:** *You almost have to find a different you. It's almost that yeah, you have to put that part of you away and go 'No, I really have to be this person now' and it's OK to ask for help and it's OK to, and it's not, it still goes against the grain, it's not OK to ask for help...*

They were deeply distressed by their inability to do 'everything for them' (Eva, three young children), a phrase which captured both the aspirations and practices of mothering. These comments reinforce the importance of care work and, in particular, the embedded and embodied care work of mothering in how mothers understand their everyday existence and experiences. When they themselves need help or face limits in the physical care they can give, the impacts are significant. Ann Oakley (2007) has suggested that 'fractures' of the body extend beyond broken bones: her proposition was certainly borne out here. Each of these women indicated that *the ability to take care of others*, to engage in the body work that is central to mothering, was critical in their daily lives. This ability to take care was in part founded on the integration of embodied labours as constitutive of motherhood. The physical labour of motherhood was taken for granted, often invisible to the women themselves as well as those around them, but nonetheless vital and non-negotiable. When injuries interrupted, or broke these patterns, and women could no longer physically work at mothering, they were concerned about their physical *and* emotional absences. As Amanda reflected regarding her 14 year old son, 'I'm still battling to ... be fully there emotionally and practically take care of him': for her, as for the other women and their children, the embodied and physical aspects of mothering were deeply linked. This is painfully clear in Sue's comments:

**Sue:** *I've always tried to hide [my pain] from them and I just find that I can't. Especially last year was a really tough year and my daughter said, 'I just want to go away and come back when you're better'.*

### ***Discussion and conclusions***

The findings of this study reveal that injured mother-workers in our sample continue to assume primary responsibility for the care of children, and that responsibility includes a significant amount of both physical labour and activities that can usefully be understood in terms of body work. When women experience injuries that may have both physical and/or psychological effects, the extent of the physical labour they do for their children, and the invisibility of that work – to themselves, to other family members in terms of their employment -- are revealed. These findings echo those of Cunningham-Burley et al. (2006), who argued that non-routine situations of illness offered an opportunity to illuminate broader patterns at the intersections of work and mothering.

We found exploring these non-routine situations in the interviews to be very useful analytically, as they provided a window through which everyday values, relationships and negotiations around caring and providing could be revealed and the interrelationships between work and home explored. (Cunningham-Burley et al., 2006, p. 392)

In particular, in our study, the embodied maternal care work of the home was more fully revealed when injuries sustained outside the home not only prevented participation in employment but also affected their maternal labour. In creating a fracture in everyday patterns, injuries illuminated the importance of embodied labour in women's everyday integration of mothering and employment. These injury events interrupted, and thus, revealed the material, bodily enmeshment of mothering, caring labour and paid labour in women's everyday lives.

Such findings suggest that notion of body work as it has been developed in relation to employment (Cohen, 2011; Twigg, Wolkowitz, Cohen & Nettleton, 2011; Wolkowitz, 2006), and which has illuminated the centrality of bodies in many forms of contemporary labour processes, may also be valuable in understanding the embodied care work involved in mothering. This concept can be extended beyond an explicit focus on body work in employment to highlight the physical work of mother workers thereby offering a richer insight into the material lives of worker mothers. Twigg et al. (2011) exclude unpaid embodied labour from their discussion of body work, due to its distinctive

character, but we would argue that the specific constraints of body work in employment - time, space and co-presence (Cohen, 2011; Twigg et al., 2011) - are also critical in understanding mothering labour, as mothers do physical work on others' bodies, manage emotions and maintain their bodies to do this work. In the intermeshed embodied labours of mother workers, the bounded bodies assumed in workplaces (Wolkowitz, 2006) are doubly displaced. The fractures that emerge in the public sphere are also critical in the private sphere.

We suggest that there is value in extending our understandings of body work to encompass not only the embodied complexities of paid employment but also the sphere of socially reproductive care work. Our analysis of accounts of mothering after a workplace injury show how much the emotional intimacy and support mothers hope to give their children revolve around usually unnoticed or unspoken physical efforts - not simply hugs and kisses, but making the sandwiches or doing sports together. Women's responses to bodily injuries reinforce the integrated and entwined way their maternal bodies are simultaneously engaged in both paid work and care work, both of which are disrupted by injury.

When injury occurs, bodies are not able to participate in labour processes of production. Workplace processes of rehabilitation are designed to respond to such injuries and facilitate recovery and return to work, in part countering the tendency of employment to treat the body as absent. Yet, the invisibility of other intermeshed embodied impacts of such injuries for women with children, the work they undertake unpaid on and for the bodies of others and on their own bodies, reveals persistent limits in social and employment responses to the needs of mother workers, who routinely maintain their maternal embodied care work in conjunction with their paid work.

McDowell has identified one of the ironies of contemporary neoliberal society as the requirement that women control the intensifying private sphere of care at the same time as they contribute to the productivity of the public sphere.

[O]ne of the most glaring paradoxes of the reification of the values of independence and individualism in the shift towards workfare policies is that the achievement of adult self-sufficiency embedded in these policies apparently continues to depend on a particular version of selfless parenting, particularly, of course, by mothers. (McDowell, 2004, p. 153)

Stephens (2011) too argues that the necessary dependencies of motherhood are deeply

undervalued in contemporary neoliberal societies. Employers are encouraged to seek and support women's productivity, but this emphasis does not include attention to making the enmeshed material work/care nexus that they embody easier.

Women in this study carried primary responsibility for care in the home that included significant embodied care work. For the most part, this maternal labour is expected of women and largely unrecognized, sometimes even by women themselves. When women experienced the loss of physical capacity for embodied care work at home, this labour was invisible for those service providers concerned with their physical recovery. While women reported some limited discussions of household tasks with service providers, physical caring for children was not a focus. We argue that using the lens offered by the mothering/injury nexus reveals an important additional aspect of the gendered patterns of labour market participation, which is the embodied labour that women with children undertake as part of their management of the paid work/care negotiation.

These findings support McDowell's (2007) contention that 'working mothers' are now normative, but also reflect the limited knowledge and integration of women's caregiving responsibilities into broader employment structures. These workplace organisations and the service providers they engaged sought to address the physical injuries that were keeping women from work, without any acknowledgement of the impact of women's physical caring activities on women's bodies and therefore on their patterns of recovery. While women maintained their sense that both care and paid work are important, and located care as activity and orientation (Lister, 2009), surrounding social systems did not. Bowlby et al. (2010, p. 97) consider that 'caring can involve networks or chains of individuals, resources and sometimes organisations that are linked together in care relationships across space and through time'. The significance of women's embodied maternal care work in maintaining these networks, or chains, is poorly recognized and little supported. Extending the insights generated in the focus on body work in employment to address the complexity of embodied maternal care work may assist in building our knowledge of the everyday enmeshed labours of mother workers at home and in employment. It also suggests that further research is needed to explore the impacts of injury on the body work involved in working and caring; how work and care are materially entangled in differently gendered bodies; and whether these entanglements are peculiar to mother workers or are also to be found amongst parent-workers of different genders and embodiments.

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<sup>i</sup> The phrasing 'with disability' signalling attention to the person first and affirming a social model of disability is preferred by key advocacy agencies in Australia, such as People With Disability Australia and Women with Disabilities Australia.