

GENDER AND SOCIAL MOVEMENTS

Gender Processes in Women's Self-Help Movements

VERTA TAYLOR

Ohio State University

Mainstream theory and research in the field of social movements and political sociology has, by and large, ignored the influence of gender on social protest. A growing body of feminist research demonstrates that gender is an explanatory factor in the emergence, nature, and outcomes of all social movements, even those that do not evoke the language of gender conflict or explicitly embrace gender change. This article draws from a case study of the postpartum depression self-help movement to outline the relationship between gender and social movements. Linking theories of gender to mainstream theories on social movements allows us to recognize gender as a key explanatory factor in social movements and, in turn, to identify the role that social movements play in the social construction of gender.

Despite considerable interest in women's movements, until recently political sociologists and sociologists of social movements rarely evoked gender as a force in the emergence and development of social movements. This is not surprising, since the field of social movements, especially compared with other areas of study, has been remarkably untouched by the gender scholarship produced in the social sciences over the past decade. The few social movement scholars who have examined gender relations in protest groups find that movements are organized along gender lines in ways that previously have gone unrecognized (Fantasia 1988; J. Gamson 1997; McAdam 1992; Neuhouser 1995). The relatively scant attention to gender by mainstream scholars of social movements provides a stark contrast to a growing body of case material on women's protest by feminist writers, which demonstrates that gender is, in fact, a pervasive feature of social movements (Blee 1996, 1998; Marx Ferree and Yancey Martin 1995; Naples 1992, 1998; Ray 1999; Schneider and Stoller 1995; G. West and Blumberg 1990). Empirical research by feminist social sci-

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REPRINT REQUESTS: Verta Taylor, Sociology Department, 300 Bricker Hall, 190 North Oval Mall, Ohio State University, Columbus, OH 43210; e-mail: vat@ohstsoca.sbs.ohio-state.edu.

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tists suggests that gender hierarchy is so persistent that, even in movements that purport to be gender-inclusive, the mobilization, leadership patterns, strategies, ideologies, and even the outcomes of social movements are gendered (McNair Barnett 1993; Beckwith 1996; Blee 1991, 1996; P. Brown and Ferguson 1995; Marx Ferree 1994; Fonow 1998; Nagel 1998; Robnett 1996, 1997; Staggenborg 1998; Taylor 1996; Taylor and Whittier 1992; Whittier 1995). A few examples from recent studies illustrate. In her study of Black women's participation in the civil rights movement, Robnett (1997) identifies a distinct form of grassroots leadership carried out by women who were prevented from occupying formal leadership positions by the exclusionary practices of the Black Church. She coins the term "bridge leaders" to refer to the behind-the-scenes leaders who held no formal titles but played key roles both in mobilizing mass participation and creating movement solidarity. Blee's (1991) research on women in the 1920s Ku Klux Klan reveals that women used distinctive strategies, drawing on family ties, traditions of church suppers, and family reunions to mobilize and on women's gossip in the form of "poison squads" to spread a message of racial and religious hatred. Nagel (1998) holds that masculinity is integral to nationalist politics in the contemporary world. Gender hierarchy is expressed not only in more subtle forms, such as the construction of patriotic manhood and exalted motherhood as icons of nationalist ideology and the designation of gendered places for men and women in national politics, but in more explicit forms, such as the domination of masculine interests in the ideology of nationalist movements and sexualized militarism that simultaneously constructs the male enemy as oversexed and undersexed (as rapists and wimps) and the female enemy as promiscuous (sluts and whores).

This new knowledge on gender processes in social movements by feminist scholars has not, however, been brought together in a systematic theory of gender and social movements. A theory that addresses the intersections of gender and social movements is needed for a number of reasons. First, gender hierarchy is partly created through organizational practices, and we should expect gender and its intersections with race, ethnicity, class, and sexuality to be as much an organizing principle of protest groups as it is of institutionalized ones. Second, attention to gender is necessary for a thorough and accurate explanation of collective action. The role of gender stratification in the emergence of social movements, even those seemingly not about gender, has been obscured through the gender-neutral discourse that characterizes prevailing theories of social movements. Third, gender as a set of cultural beliefs and ways of interacting with others figures heavily into many of the identity movements that have swept the political landscape in recent years, not just those that focus on women's concerns (Castells 1997; J. Gamson 1997; Messner 1997; Taylor and Whittier 1992). Fourth, theories of gender have tended to emphasize the maintenance and reproduction of gender inequality and to neglect the "countervailing processes of resistance, challenge, conflict, and change" (Thorne 1995). A synthesis of the theoretical literatures on gender and social movements has the potential to advance our understanding of gender change processes by making explicit the role of social movements in the social construc-

tion and reconstruction of gender (Pelak, Taylor, and Whittier 2000). Such an approach, I will argue, allows a more complex reading of the contradictory impulses found in a variety of recent gender movements—from women's self-help to the spate of men's movements—than we get from a gender perspective alone.

In this article, I delineate the theoretical links between gender and social movements. The analysis is grounded in my research on the postpartum support group movement (Taylor 1996), a national women's self-help group that emerged in the mid-1980s and continues into the present, although I draw on studies of other movements to provide evidence of the model's wider utility. While social movement scholars disagree as to whether self-help groups fall under the rubric of social movements (see, e.g., Chesler and Chesney 1995; Katz 1993; Wuthnow 1994), I treat the postpartum support group movement as an internally oriented movement following an identity logic of action. Such movements generally are contrasted with strategic movements that employ instrumental action and are externally oriented, although the theoretical distinction is not always congruent with a group's actual practices (Bernstein 1997).

After describing the data and methods of the study, I briefly discuss the two different theoretical traditions—sociological theories of gender and social movements approaches—that guide the analysis. I then delineate the multifaceted links between gender and social movements by tracing how gender relates to the social and political context, mobilizing structures and strategies, and collective frames and identities of the postpartum support group movement. I conclude by arguing that fuller integration of the scholarship on gender and social movements is the key to understanding processes of gender resistance and change and, in this case, opens the door for a reinterpretation of feminists' excessively harsh criticisms of women's self-help (Hochschild 1994; Kaminer 1992).

DATA AND METHODS

I designed all aspects of this study of the postpartum support group movement in accordance with the epistemological and methodological principles that most writers agree to be the core of a distinctive feminist methodology: a focus on gender and gender inequality, a spotlight placed on the everyday experiences of women, reflexivity as a source of insight, an emphasis on participatory methods, and a policy or action component (Cancian 1992; Fonow and Cook 1991; Reinharz 1992). The analysis is based on individual- and organizational-level data collected over a period of nearly 10 years (1985-1995). I used three sources of individual-level data: interviews with 29 participants (24 women and 5 men) in the movement, a mailed survey to 220 telephone support contacts located in most regions of the United States, and interviews with 52 women who describe themselves as having experienced postpartum illness and a comparison group of 50 presumably normal mothers. In addition, the study relies on three types of organizational data: archival data in the national offices of Depression After Delivery (D.A.D.) and Postpartum Sup-

port International (PSI), the two key social movement organizations; participant observation at local, regional, and national conferences and board meetings; and transcriptions of television talk shows and news programs that featured self-help activists. These data were supplemented with 56 semistructured interviews with medical and mental health providers and an analysis of the self-help and medical and scientific discourse on childbirth, postpartum illness, and motherhood published between 1975 and 1993. (Fuller description of the movement and complete documentation of the data are available in Taylor 1996.)

The goal of feminist research is to make women's experiences visible, render them important, and use them to correct distortions from previous empirical research and theoretical assumptions that fail to recognize the centrality of gender to social life. A feminist research approach not only directed my attention to the gendering of social movement processes and theory but it led me to question conventional feminist interpretations of women's self-help (Taylor 2000).

GENDER AND SOCIAL MOVEMENT THEORIES

Although scholars fairly universally adopt social constructionist perspectives to understand gender relations, there is considerable variation in the epistemologies, contexts, and levels of analyses of the theories that have developed to explain gender hierarchy (for reviews, see Chafetz 1988; England 1993; Hawkesworth 1997). The most sophisticated conceptualizations treat gender as an element of social relationships that, like race and class, operates at multiple levels to categorize and distinguish the sexes and to rank men above women of the same race and class (Hill Collins 1990; Connell 1987; Lorber 1994; Scott 1986). Multilevel frameworks seek to avoid universal generalizations that are impervious to the historicity and contextualized nature of perceived differences between the sexes by conceptualizing gender as operating at three levels. Multilevel approaches, first, view gender as organizing social life at the *interactional level* through the processes of socialization and sex categorization, which encourage gender-appropriate identities and behavior in everyday interactions (Howard and Hollander 1997; Ridgeway 1997; Thorne 1994; C. West and Zimmerman 1987). Second, multilevel theories emphasize the complex ways that gender operates at the *structural level* so that gender distinctions and hierarchy serve as a basis for socioeconomic arrangements (Reskin 1988), the division of labor in families (Huber and Spitze 1983), the organization of sexual expression and emotions (Hochschild 1983; Schwartz and Rutter 1998), work and organizational hierarchies (Acker 1990), and state policies (Gordon 1994). Finally, multilevel theories attend to the *cultural level*, specifically to the way that gender distinctions and hierarchy are expressed in ideology and cultural practices, such as sexuality and language, as well as in the symbolic codes and practices of institutions, such as art, religion, medicine, law, and the mass media (Smith 1990). My analysis of the postpartum support group movement treats the social construction of gender as taking place at these three respective levels.

A systematic incorporation of gender into an understanding of social movements requires that we examine the way that these gender processes are embedded in the factors that trigger and sustain social movements. My approach to social movements relies heavily on recent theoretical formulations that combine the insights of classical collective behavior theory, resource mobilization theory, and new social movements theory (Klandermans 1997; McAdam, McCarthy, and Zald 1996; Tarrow 1998). The theoretical framework emphasizes three sets of factors that explain the emergence and development of social movements: shifting political and social opportunities and constraints, the forms of organization used by groups seeking to mobilize, and variations in the ways that challenging groups frame and interpret their grievances and identities.

THE POSTPARTUM DEPRESSION SELF-HELP MOVEMENT

The social movement that participants refer to as "the postpartum depression self-help movement" consists of two separate but interacting national social movement organizations, D.A.D. and PSI. Both groups formed in the mid-1980s out of the experiences of women in two separate regions of the country—Pennsylvania and California—who suffered serious postpartum psychiatric illness and were unable to find sources of treatment and support that confirmed their self-diagnoses. The postpartum self-help movement mushroomed between 1986 and 1988 as a result of rampant publicity that began with the founder of D.A.D.'s appearance on the "Phil Donahue Show." Widespread media attention focused on a possible link between postpartum illness and infanticide helped D.A.D. grow into a network of more than 250 support groups tied together in some cases by state or regional-level associations. The movement operates through a "warm line" that links women with support groups, national and regional conferences, newsletters and publications, and a network of lay and professional leaders and experts whose perspective on postpartum illness is sanctioned by the movement. Consistent with the composition of the organizations that historically have made up the feminist movement in the United States (Buechler 1990) as well as the demographic base of the new social movements (Eder 1993), participants in the postpartum support group movement come mainly from the white, educated, upper-middle class. The movement's structural origins among white middle-class women call attention to their struggle to balance work and family roles as their participation in paid employment has caught up with that of African American, single, and working-class women (Hochschild 1989).

The postpartum movement's three main strategies—direct service, consciousness-raising, and lobbying—were borrowed directly from its founders' prior activism in the women's health movement of the 1970s (Meyer and Whittier 1994). In the postpartum self-help movement, women find support and community not only through face-to-face groups but also through indirect channels such as telephone networks, self-help reading and talk shows, and pen-pal networks, all of which serve to confirm shared

experiences and open windows on new identities. Just as important as the services they provide, support groups create free spaces in which participants can express misgivings about the views of medical and scientific experts and put forward their own claims. In addition to providing preventive education to populations at risk and educating medical, mental health, and legal professionals, as well as politicians and the public at large about the needs of women and their families, activists in the postpartum support movement engage in a variety of institutional change strategies. These include pressuring medical and mental health professionals to treat postpartum illness as a legitimate psychiatric disorder; lobbying for legal recognition of a postpartum psychiatric defense in cases when women are charged with killing their children; demanding health insurance coverage for postpartum illness as a complication of pregnancy; and advocating new experimental treatments, such as progesterone treatment and the use of antidepressants in pregnant and nursing women.

THE INTERSECTIONS OF GENDER AND SOCIAL MOVEMENTS

What does it mean to treat social movements as gendered? The significance of gender may be more apparent for some movements than for others, for example women's and men's movements seeking to rewrite the meaning of femininity and masculinity that target gendered policies and practices pertaining to employment, family, and reproduction. But gender is also constructed in movements that do not explicitly evoke the language of gender conflict and, therefore, is an explanatory factor in the emergence, course, and outcome of protest groups. Elaine Brown (1992), for instance, implicates gender conflict in the decline of the Black Panther Party. She recounts the way that the male power rituals of the Party—specifically its military structure, use of violence and aggression, and promotion of sexual rivalries—not only excluded women from the Black power struggle but planted the seeds of its destruction. My analysis of the postpartum support group movement suggests that gender comes into play in the three broad sets of factors that scholars postulate to explain social movements: the political and cultural context that supports and constrains protest, the mobilizing structures and strategies through which protest is expressed, and the frames of meaning challengers use to identify their grievances and collective commonalities. Since this framework is derived from a single case, the significance of gender should be treated as a hypothetical continuum with respect to other cases.

Political and Cultural Opportunities and the Gender Regime of Institutions

There is a great deal of research by political opportunity theorists, such as Tilly (1978), McAdam (1982), and Tarrow (1998), that establishes a link between changes in institutionalized politics and the emergence and nature of social move-

ments. This work, without exception, takes the political arena as the site of challenge. Recent research by feminist scholars calls for a broadening of the focus of inquiry from the state and political institutions as contexts in which social movements are embedded to include other institutional arenas, such as medicine, the workplace, education, and religion (Epstein 1996; Jenness and Broad 1997; Fainsood Katzenstein 1998; Klandermans 1997; Taylor 1996; Whittier 1995). Gender scholars point out that the processes by which gender stratification is maintained vary from institution to institution and from organization to organization (Acker 1990; Connell 1987). Connell (1987, 120) refers to the specific "state of play of gender relations in a given institution" as its "gender regime." To the extent that gender inequality is reproduced in political, economic, legal, religious, medical, human service, and other institutions, changes in the gender regime of the institutional context should be understood as part of the broader set of political constraints and opportunities that impinge on social movements.

Recently, feminist researchers (O'Conner, Shola Orloff, and Shaver 1998; Orloff 1996) interested in the way that welfare states reproduce gender hierarchy have developed specific gendered dimensions for categorizing states' social policy regimes. Drawing from this work, I propose that a gender analysis of political and cultural opportunity structures should focus on the way that shifts in gender *differentiation* and gender *stratification* contribute to the formation and mobilization of collective identities. This allows us to examine gender processes in a wide range of institutional and organizational contexts that generate social protest.

Gender policies with respect to women's sameness or difference from men, particularly as they relate to women's roles as workers and as mothers, are critical for understanding the changing contours of women's collective action. The postpartum self-help movement has, from its inception, sought to have the unique burdens of motherhood enshrined in maternity and family policies. Even if activists placed women's problems squarely within the context of a medical establishment that denied women accurate information about their bodies, they embraced medicalization because of their belief that postpartum illness has both a biochemical as well as a social component. Medical institutions are uniquely positioned to recognize the vocabulary of female difference spoken among American mothers who historically have gotten little support from the state. By the 1980s, however, medical writings had begun to promote the liberal feminist image of the middle-class working mother who combines maternal satisfaction with paid employment and advocated social and psychological explanations of postpartum illness associated with women's identity as mothers. The dominant medical view maintained that major depression, manic depression, and psychosis suffered in the postpartum period are not distinct conditions except in timing. Ironically, a major review of psychiatric syndromes linked to reproduction—published in a 1989 issue of the *Journal of the American Medical Association* offered a feminist account, stating that the medical labeling of postpartum psychiatric conditions may reflect "culturally biased attitudes toward women" (Gitlin and Pasnau 1989, 1413, 1420). Although self-help

activists and medical professionals were not always on the same side, the postpartum depression movement emerged in a period when the medical establishment was becoming more receptive to feminist claims.

The concept of gender regimes alerts us to the fact that the structural manifestations of gender stratification, along with its ideological justifications, vary from one institutional context to another. In medicine, gender stratification is structured into the hierarchy of expertise, or the lay-expert dichotomy, created by the professionalization and scientific basis of medicine (P. Brown and Ferguson 1995). A considerable body of research points to resulting gender bias in the composition of the medical profession, medical research, and practice, including the labeling and classification of medical conditions, standard treatment regimens, the allocation of research funding, and the dynamics of doctor-patient relationships (Lorber 1997). A passage from an early edition of *Our Bodies, Ourselves*, one of the first feminist self-help manuals, reflects the view of the women who founded the postpartum support group movement: "What little research has been done on postpartum is heavy with male bias and conventional attitudes about motherhood."¹

In the 1980s, when the postpartum self-help movement emerged, medicine had begun to retreat from its ultimate fulfillment account of motherhood that set up the expectation that, for a woman, true happiness cannot be gained without motherhood, even if it is usually combined with paid employment. As women entered the medical fields in larger numbers, medical accounts of postpartum depression increasingly were written by women physicians or by men sympathetic to the feminist standpoint. They questioned "the possible adverse effects of the 'rosy' picture of pregnancy, childbirth, and early parenthood which is painted in many antenatal classes and in most books and magazines for expectant mothers" (Romito 1989, 1443-46). A few physicians with close ties to the emerging postpartum self-help movement were also willing to discount dominant medical discourse about the female body by considering hormonal explanations of postpartum illness. British gynecologist Katharina Dalton (1980) linked postpartum illness to progesterone deficiency and advocated progesterone therapy to treat the biochemical basis of postpartum illness. James Hamilton, an American gynecologist who authored the first medical book on postpartum psychiatric conditions in 1962 and who would eventually be anointed "the father of postpartum depression" by self-help activists, looked to the way that childbearing affects the functioning of the thyroid gland, producing biochemical abnormalities that make women vulnerable to depression and anxiety. Since Hamilton acknowledged social factors in postpartum illness, he admitted in a letter written to postpartum depression activist Jane Honikman in 1987 that the decision to emphasize the biological basis of women's problems was strategic:

After my bath of fire with criminal problems, I feel sure we cannot get a fair hearing for infanticide cases unless we use the word "psychosis . . ." It is alright to use the single word for depression, or postpartum depression for less severe cases, but we cannot sell the courts to let a patient off easily and call her some kind of a depression.²

To understand fully the climate in which the postpartum depression self-help movement emerged, it is also necessary to place it in the larger context of the burgeoning of women's self-help that sought to empower women by cultivating self-knowledge as a challenge to medical authority and diagnoses. Self-help had become the *modus operandi* of hundreds, perhaps even thousands, of loosely structured feminist groups that sprang up in the 1970s in response to the feminist critique of the male-dominated and profit-oriented medical establishment and to the feminist analysis of the ways that the physical and emotional health of women is shaped by gender inequality. Ironically, one of the strategies used by President Ronald Reagan's administration in the 1980s to compensate for plummeting federal allocations for mental health care created further opportunities for activists to develop the lay expertise necessary to contest medical knowledge and practices pertaining to postpartum illness. Reagan's 1983 appointment of Dr. C. Everett Koop as Surgeon General furthered general acceptance of self-help as a strategy of medical and mental health care. Under Koop, the National Institute of Mental Health and the National Mental Health Consumer's Association began issuing formal guidelines for the establishment of self-help groups and distributed them through more than 50 self-help clearinghouses in 20 states to facilitate the growth of specialized mutual support groups. When it came time to establish a network of support groups geared to women's distress following childbirth, the woman who founded PSI, Jane Honikman, a 1960s generation idealist and long-time women's health activist, found the resources from her ongoing feminist support group. But Nancy Berchtold, who launched D.A.D., turned to the New Jersey Self-Help Clearinghouse, which provided an organizational template for the movement. The concept of self-help found fertile ground among women who deployed self-knowledge to challenge what they believed to be mythical and unscientific assumptions about postpartum illness.

In calling for an expansion of contemporary conceptions of political opportunity structure, I agree with Paul Burstein (1991), who argues that politics proceeds in relatively self-contained policy domains, each with its own issues, actors, and processes. Understanding the "gender regime" of the institutional context within which a movement is embedded is necessary for a full explanation of the mobilization, claims, strategies, and collective identities of a set of collective actors.

Gendered Mobilizing Structures

Expanding political opportunities within established institutions may create possibilities for collective action, but the emergence of a social movement depends also on whether aggrieved groups are able to develop the organizational solidarity that is necessary to launch a movement. Research in the resource mobilization tradition points to two critical aspects of movement organization: (1) preexisting mobilizing structures or the nonmovement links and ties among individuals that exist prior to collective mobilization (Freeman 1975; McAdam 1986; Morris 1984) and (2) the organization of collective action or the organizational form that a movement takes once it is underway (W. A. Gamson 1990; McAdam 1986; Zald and

McCarthy 1987). Gender relations and hierarchy figure heavily into both types of mobilizing structures.

The Division of Preexisting Mobilizing Structures along Gender Lines

As several recent studies have established, we cannot fully understand a movement's patterns of mobilization without attending to the dynamics of gender, race, class, ethnicity, and sexuality (McNair Barnett 1993; J. Gamson 1997; McAdam 1992; Whittier 1995). These inequalities are embedded in the informal social networks, clubs, and formal organizations that provide the incentives to get people to take the risks associated with participating in collective action. It was the exclusion of women from leadership positions in the Black church, according to Robnett (1997), that left women in the civil rights movement little choice but to exercise leadership primarily at the grassroots and community levels. As this example illustrates, gender divisions can also facilitate mobilization. This has often been the case in sex-segregated women's colleges, clubs, and associations, which have been fertile grounds for the growth of feminism (Freedman 1979).

Gender differentiation almost everywhere tends to precipitate the creation of informal interpersonal networks that make it possible for women to fulfill their responsibilities for the care and nurturing of children and family members and for household survival. This explains at least in part why women predominate in the toxic waste movement, since they get involved in protest when a family member gets sick (P. Brown and Ferguson 1995; Lichterman 1996). The first postpartum support groups were spawned from the personal networks of two veterans of the 1960s cycle of the women's movement who suffered postpartum emotional difficulties. Both had a history of participation in separatist feminist organizations connected to the women's movement. In the tradition of radical feminism, the first postpartum support groups treated female separatism both as a means of emotional support and as a space where women could express solidarity, put forward their own experiential-based views of their problems, and create changes in their lives.

Although the contemporary postpartum support movement no longer espouses a separatist ideology, it nevertheless mobilizes along gender lines. It is no accident that when activists made the first national appearance on the "Phil Donahue Show" and suddenly had to come up with a name for themselves, they chose Depression After Delivery (and the acronym D.A.D.) to emphasize that the organization is centered on women and holds men accountable, in part, for women's problems. One activist stated flatly, "If it weren't for men refusing to help women raise children, then we wouldn't be going through this in the first place." A sign of the extent to which gender segregation still prevails in the postpartum support movement is that separate fathers' groups exist in several regions of the country. One issue of D.A.D.'s newsletter attempts to overcome gender division in the organization in a photo in which a father is displaying a tee shirt redefining the group's acronym to mean "Dads Against Diapers—It's Not a Job, It's A Doody!"

Gendered Organizations and Tactics

What Tarrow (1998) terms the "connective structures" that link leaders and followers and different parts of a movement and allow movements to persist are also gendered. In a by now classic article, Acker (1990) argues that gender division and hierarchy are a subtext in the structure of all organizations, and there is no reason to expect social movements to be any different. Scholars working in the resource mobilization tradition find that formal organizations with clearly defined leadership are the most effective structures for mounting challenges to political institutions (W. A. Gamson 1990; Staggenborg 1991; Zald and McCarthy 1987). But bringing gender squarely into the analysis of social protest leads us to ask whether the forms of organization that characterize women's protest groups may, in fact, be more diffuse, autonomous, and local? Gusfield (1994) describes groups with this type of structure as "fluid" movements because a large portion of participants' activism is embedded in beliefs and everyday actions. But even these more local and fluid models of organizing are gendered. Stall and Stoecker (1998) argue that the well-known decentralized grassroots Alinsky model that has influenced social welfare activism since the early 1970s is organized along an essentially masculine logic that views community organizing as a means to power, in contrast with "the women-centered model," which treats community building as a goal of organizing.

The crux of women's self-help is to be found in the submerged networks or social movement communities that coalesce loosely around the informal leadership and personal relationships stitched out of participants' giving and getting emotional and other very individualized kinds of support (Marx Ferree and Martin 1995; Melucci 1989). The repertoire of modern women's self-help is diverse. As activists interested in postpartum illness began to build a viable support network at the local, state, and national levels, the face-to-face support group no longer served as the prototypical form of organization that it had been in the 1980s. In addition to the national network of *face-to-face support groups* that provide information and mutual aid, the movement mobilizes through other types of women's support communities that rely heavily on discursive strategies that depend on the communication technologies of the informational society (Castells 1997; Fainsod Katzenstein 1995). D.A.D. operates national, regional, and local "warm lines" to provide *telephone support* to women and their families. Although local D.A.D. volunteers report getting anywhere from 1 to 2 calls to as many as 10 to 15 calls a month, national D.A.D. is typically deluged with as many as 1,100 calls in less than a week's time following a nationally televised news program or talk show mentioning postpartum illness.

Self-help reading or bibliotherapy is also significant, not only for the personal reconstruction that takes place in contemporary women's self-help movements but in exhorting women to embrace broader understandings of their problems. Activists have written articles for popular magazines and authored numerous books with titles such as *This Isn't What I Expected* (Kleiman and Raskin 1994) and *Mothering*

the New Mother (Placksin 1994) that connect women's experiences to the cultural imperatives and oppressive aspects of motherhood. A 1990 letter to "Dear Abby" linking postpartum illness to the inferior ways that women are treated in society, for example, led to nearly 2,000 requests for information from D.A.D. In addition, professionals affiliated with the movement routinely publish scholarly articles that contradict mainline views in the medical and psychiatric literature and make women aware of the way gender inequality relates to the diagnosis, labeling, treatment, and research on illness. As important as books, articles, and newspaper stories are for mobilizing women, *talk shows and nationally televised tabloids*, in which survivor narratives take center stage, alerted many of the women that I interviewed to the collective nature of their problems. Between 1986 and 1991, activists appeared on 28 televised talk shows and tabloids. Even if, at times, these shows encourage women to embrace the simplistic psychological explanations harped on in much of the commercial literature (J. Gamson 1998), they also often serve as strategic opportunities for activists to counter the assumptions of motherhood when participants admit that they were not "automatically infused with a joyous desire to love and nurture" their new babies (Hotchner 1984). Finally, the files of D.A.D. and PSI are filled to the brim with letters from women describing their personal ordeals, their inability to make sense of their experiences, and their desire to seek connections with other women who have experienced the same problems. *Pen Pal Networks* have been especially important to creating solidarity among women incarcerated for killing their children. That these artificially constructed forms of community are built on close personal relationships between women and promote the female bonding and emphasis on caring that scholars consider typical of women's communities is conveyed through activists' open expressions of love and affection with each other. But these networks do more than simply provide individual support. Even prison authorities recognize the subversive potential of women's solidarity, as in one instance in which the Superintendent of a State Correctional Institution where three members of the pen pal network were imprisoned informed the women of an administrative policy forbidding inmates to correspond with individuals incarcerated in other institutions.

In women's self-help movements, the belief in fundamental differences between female and male values—whether they are seen as socially or biologically determined—serves as the basis for a distinctive kind of emotion culture organized around female values, nurturant personal relationships, and an ethic of caring. It is not uncommon for participants to use maternal metaphors to characterize the woman-to-woman support provided by self-help, as in a recent popular self-help book on postpartum depression that begins, "If it were possible to put a big motherly hug into words, that is what we'd do for every postpartum mom who picked up this book" (Dunnewald and Sanford 1994, 5). Even the name of D.A.D.'s newsletter, *Heartstrings*, signifies the emphasis placed on caring and nurturant relationships in self-help. The emotion culture of the postpartum self-help movement is not

simply an extension of women's traditional nurturing role but grows out of a conscious awareness of the significance of emotional control for upholding gender differences. Activists struggle to resist this imperative through collective practices that redefine feeling and expression rules that apply to women to reflect more desirable identities. Women who have suffered postpartum illness are told not to be ashamed and are encouraged to tell their stories and to express their feelings on television and radio talk shows and news magazines, at conferences where they confront health and mental health professionals, in self-help writings, at the office, in church, and to countless others that they encounter in the course of their daily lives. When activists express feelings of guilt, anxiety, depression, and anger in connection with motherhood, they not only defy the emotion norms pertaining to mothers but experience themselves as different from traditional—and ideal—mothers. That activists use the expression of emotions as a deliberate tool for change goes along with the insistence, which is fundamental to women's self-help, that collective self-expression is politics.

Acker (1990) developed the concept of gendered organizations to describe the kinds of organizational structures found in the workplace that are the engines of modern societies. She argues that these organizations, which are structured around the identity of the "ideal male worker," are governed by a masculine ethic of rationality and reason that necessitates setting emotions and personal considerations aside. In contrast, women's self-help movements cultivate distinct structural forms that dictate open displays of emotion, empathy, and attention to participants' biographies (Taylor 2000; Taylor and Rupp 1993). They conform, in other words, to an essentially feminine logic. In the postpartum support movement, this feminine logic or emotion culture is not available exclusively to women. The handful of men active in the movement are also influenced by the distinctive emotion culture. In a speech at the annual meetings of PSI, one man who leads fathers' groups urged men to overcome the emotional detachment and inexpressiveness typical of white middle-class masculinity and "talk to their wives about their feelings" (Hickman 1991).

Bringing gender squarely into the analysis of social protest perhaps leads us to ask whether it might make sense to think of collective action repertoires as gendered? McAdam (1988) describes a similar type of emotion culture in the "beloved community" that formed around the 1964 freedom summer campaign, and Chesler and Chesney (1995) identify caring and nurturant relationships as core elements of all self-help groups. Such organizations provide a stark contrast to the large-scale all-men meetings of the Promise Keepers—sometimes referred to as "The Super Bowl of Christianity"—steeped in an aura of powerful masculinity associated with organized sports (Messner 1997). Certainly, I do not mean to imply that women's organizations always conform to a feminine logic. What I am suggesting is that examining the gender logic of a movement's mobilizing structures allows us to rec-

ognize the impact of gender processes on movements that do not explicitly evoke the language of femininity and masculinity or of gender contention.

Gender and Framing Processes

In recent years, social movement theorists have placed increasing emphasis on ideas and beliefs, or the collectively shared grievances and unique frames of understanding, that people use to make sense of their situation and to legitimate collective action (Johnston and Klandermans 1995; Klandermans 1997; Morris and McClurg Mueller 1992). Contemporary scholars of social movements rely on two concepts for understanding the cultural dimensions of social movements: *collective action frames* (Snow and Benford 1992; Snow et al. 1986) and *collective identities* (W. A. Gamson 1992; Melucci 1989; Taylor and Whittier 1992). Social movements often appropriate gender ideology to legitimate and inspire collective action because gender symbolism resonates both with individuals' personal beliefs and larger cultural values that describe the world and what we can expect from it (Swidler 1995). Gender dualism, for example, was tightly woven into German National Socialism. Not only was masculinity glorified and male bonding considered the foundation of the Nazi state, but gender oppositions served as the metaphor for the polarization of Jews as weak and emotional and Aryans as strong and rational (Koonz 1987). A gender analysis of social movements requires that we recognize the extent to which gender dualistic metaphors supply the cultural symbols that social movement actors use to identify their commonalities, draw boundaries between themselves and their opponents, and legitimate and motivate collective action.

Gender as a Collective Action Frame

To the extent that gender operates as a constitutive element of social interaction and relationships, it is not surprising that images of masculinity and femininity are reproduced in the language and ideas that social movement activists use to frame their messages and in the emotions that they cultivate to mobilize and influence proponents and opponents (Robnett 1997; Taylor 1996; Taylor and Whittier 1995). The language of gender difference and power is pervasive in contemporary women's self-help and serves as a major framework for understanding the problems that trouble women. One has only to turn on any daytime talk show to discover the fixation of women's self-help on gender war (Albronda Heaton and Leigh Wilson 1995).

Once we recognize that the postpartum support group movement emerged from networks of feminists with clear connections to the women's movement of the late 1960s and early 1970s, then we can understand more fully why feminism served as what Swidler (1986) would describe as the "cultural toolkit" for building the move-

ment. From its inception, the postpartum support group movement connected women's emotional distress to the gender division of labor in American society that designates women primarily responsible for the care and nurture of children. When women admit to having suffered postpartum illness, they make a clear and visible break with conventional views by providing concrete illustrations of motherhood as a role that can be oppressive to women. Jane Honikman described the first support groups as responding to what she believed was a devaluation of the "traditional woman" both by the society at large and by what she termed "the feminist women's movement." She viewed her organizing as a way to expand the reaches of feminism: "I assumed that the feminist movement would follow me through, that just because I had the baby didn't mean I would be left out."³ Nancy Berchtold, the woman who launched D.A.D., stressed the connection between her own psychiatric problems and the isolation of motherhood as a social role. She remembers thinking "I had the baby of my dreams." But two weeks later, instead of "bathing in the glow of maternal love," she suffered a psychotic break that required hospitalization and extended use of medications. An ardent feminist, Berchtold saw the notion of women's difference from men—she called it "women talking to women and mothers talking mothering issues"—as necessitating a separate women's organization to address postpartum illness (Bebb 1995, 20).

The following passage from a recent self-help book illustrates the way that activists have advanced a critique of conventional gender ideology—in this case American society's valorization of motherhood—to explain their problems.

Society is quite clear about what your emotions are supposed to be once your baby is born. Television, movies, magazines, newspapers all give you the message that happiness, calm satisfaction, joy, and pride are the norm when a new baby arrives. Family friends and medical professionals tell you to "relax and enjoy your baby" as if relaxation played even the smallest role in the drama of life with a brand new child. (Placksin 1994, 8)

Although self-help activists also ground their politics in a critique of the gender bias of the medical establishment, they evoke gender inequality in a much more fundamental way. In laying out the agenda of PSI, Honikman outlined in a speech delivered to civic and social welfare groups in her local community a "system for action" that would reach out to both the mother and father to offer ongoing resources and support and that would struggle to correct the medical profession's tendency to "brush aside the fact that postpartum is a period of stress compounded by fatigue when the mother feels neglected." She linked women's problems to shifts in gender relations in American society, specifically the "change from the traditional family unit, where the man went to work and woman stayed home to raise children." Although Honikman advocated support and treatment for individual women and families, above all she challenged social service agencies and private industry to support "universal access to quality child care in all communities, urban, suburban, rural, and industrial, middle class and poor."⁴

That even such formats as talk shows can promote feminist interpretations is revealed in the following letter written to D.A.D. on August 20, 1986, one day after the founder's appearance on the "Oprah Winfrey Show."⁵

Dear Supporters,

I entered the hospital three months after giving birth. The doctor in the emergency room told me that I might have a latent case of schizophrenia that the stress of childbirth brought out. My terror increased, and in every respect I get very angry at the ignorance some professionals display in the face of postpartum illness. I had seen several talk shows dealing with postpartum depression and psychosis during my pregnancy, and I even saw one while hospitalized. It was during dinner and I had to beg the staff to allow the TV on. When I watched this program, the relief that I felt was enormous. I blamed myself thinking it was my character at fault. The reactions of others seem to promote self-blame. Imagine telling a heart patient to "wash your kitchen floor and that mean old ventricular fibrillation will disappear." Imagine telling a diabetic to "go out and buy a new dress and the diabetes will improve." I can only be thankful that because of your movement the future is brighter for ourselves and our daughters where PPD and PPP is concerned. Our generation must be the vocal one so no woman will ever again have to suffer in silence.

In recent years, as the mass feminist movement has receded, a later generation of activists has sought to combine feminist explanations of postpartum illness with a psychiatric and medical diagnosis and prescription for treatment. This shift in the way that activists are framing the problem of postpartum illness began as an attempt to win professional support and to justify a psychiatric defense for women charged with murdering their children. Gender continues, nevertheless, to play a pivotal role in mobilizing participants through the strong connection that activists make between postpartum illness and the gender division of parenting, the dominant cultural discourse on motherhood, and the gender bias of the medical establishment.

Gender and the Formation of Collective Identity

Social movement scholars use the concept of collective identity to research the question of how challenging groups define and make sense of the question of who we are and the complex and ever-changing process that collective actors use to draw the circles that separate "us" from "them" (Castells 1997; W. A. Gamson 1992; Giddens 1991; Melucci 1989; Taylor and Whittier 1992). Gender difference in virtually every culture is key to the way that actors identify themselves as persons, organize social relations, and symbolize meaningful social events and processes (Harding 1986). Treating gender as an analytic category in the construction of collective identity illuminates the role that gender symbolism plays in the socially constructed solidarities that mobilize collective action.

We cannot fully understand the vitality of modern therapeutic self-help movements without recognizing the wide range of feelings—from depression to anger—generated by gender subordination and the way they figure into the collec-

tive identities and ideas associated with this repertoire of collective action (Mirowsky and Ross 1989). The gender division of emotional labor, specifically the self-sacrificial love expected of mothers, plays an important role in galvanizing women's participation in the postpartum support group movement, as well as in shaping the movement's personalized political strategies, distinct emotion culture, and identity-oriented outcomes. Solidarity with other women and the group consciousness that grows out of participating in self-help make it possible for women to recognize and label a host of nonnormative feelings—guilt, anxiety, depression, and anger—as postpartum illness (Taylor 1995). Women-only support groups may reinforce gender categorization by drawing boundaries between women and men, but they also give women permission to express feelings that deviate from the maternal ideal.

Even if self-help activists are constructing women's commonalities in therapeutic terms, they utilize the movement's collective identity not only to accept their nonnormative feelings but to negotiate and resist dominant cultural meanings and representations of motherhood. The link between gendered cultural symbols and postpartum illness is repeatedly evoked on talk shows, in self-help writings, at conferences, and in other public forums where women allied with the movement openly discuss, as one self-help writer put it, the "need as women to replace the myth of maternal bliss with a more inclusive view of motherhood," that is "more realistic and accurate," and places more emphasis on "the challenges and difficulties that are part of the territory" (Dunnewald and Sanford 1994, 3-4).

In this largely white, heterosexual, middle-class movement, motherhood is often used as a unifying image in a way that disregards the fact that women are embedded in particular cultures, communities, and institutionalized inequalities. Still, the postpartum depression self-help movement illustrates that relying on motherhood as a basis of solidarity is not necessarily essentialist. The emotions depicted in women's survivor narratives communicate an alternative femininity by calling into question the cultural idea that an emotional response to children akin to love is somehow natural, essential, and inevitable by bringing to light entirely different dimensions of motherhood. For instance, the book *The Cradle Will Fall* (Burak and Remington 1994), which tells the story of D.A.D. member Michele Remington who shot and killed her baby and then attempted to end her own life, attributes Remington's severe postpartum depression to failure to bond with her son Joshua. Remington describes how she felt the first time she held Joshua in her arms in the hospital:

I almost felt paralyzed. Mechanically like a robot, I held out my arms. I was holding Joshua just as I had held many other infants, but there was no joy. I tried to act the part of the happy mother, but I was terrified. . . . All I could think of was bonding, bonding, bonding, bonding.

It is not uncommon for activists to evoke gender distinctions to draw clear boundaries between their own lay and experientially based understandings of their problems and what is seen as inadequate professional knowledge of postpartum illness. At times, confrontations erupt between lay activists and medical professionals, as it happened at a national conference of PSI held in Pittsburgh in 1991, when in her keynote speech Dagmar Celeste pointed the finger at “male-dominated medicine for contributing to the emotional costs of mothering” by denying women’s actual feelings “both good and bad.” Referring to her own institutionalization, Celeste charged that when women’s “real experiences become too severe to ignore, we are referred to psychiatrists who treat us with magic potions (drugs) and other treatment modalities, even though there is no official diagnosis (DSM-III) for our ailment. This so-called treatment,” she concluded, “is the socially imposed sanction for our failure to obey the rules.”⁶

Recent research by social movement scholars points to the fact that people do not bring ready-made identities (e.g., gendered, racial, sexual, or national) to collective action. Rather, the collective identities that people deploy to make public claims is an accomplishment of a set of collective actors that derives from their common interests, experiences, and solidarity (Marx Ferree and Roth 1998; Rupp and Taylor 1999; Taylor 1989; Whittier 1995). Feminist scholars who have researched the breast cancer movement in the United States discovered that, even though race, class, and sexuality are linked to breast cancer, most activists place the disease—particularly the enormous pressures to hide their illness through breast reconstruction—squarely in the context of white, heterosexual, middle-class views of femininity and sexuality (Klawiter n.d.; Montini 1996; Taylor and Van Willigen 1996). Only a gender analysis explains such embodied strategies as the self-portrait of breast cancer activist and professional photographer Matuschka exposing her one-breasted body and mastectomy scar on the cover of the *New York Times Magazine*. The caption read “You Can’t Look Away Anymore.” Certainly, the fact that there are class, race, and cultural differences among women and between women and men make the development of gender consciousness problematic. But these differences do not entirely override the significance of gender as a means by which actors identify themselves and symbolize their commonalities and differences. Rather, it requires a more nuanced understanding of the way that activists construct and deploy different identities in specific protest contexts (J. Gamson 1995). In the international women’s movement of the early 20th century, gender solidarity—or the notion of women’s difference from men—found expression in all of the major international women’s organizations and allowed them to overcome profound national differences (Rupp and Taylor 1999). As these examples illustrate, only by connecting our analysis of activists’ frames of meaning to the larger structure of gender relations can we fully understand why social movements mobilize around particular sets of ideas and identities and not others and the role that gender plays in the framing of protest.

CONCLUSION

Feminist scholars interested in the study of social movements recently have called attention to the gendering of social movement processes and social movement theory. The ignoring of a wide range of women's collective action by mainstream social movement scholars has led to a preoccupation with movements operating in the political and economic arenas rather than the cultural arenas, an emphasis on formal organizations and exclusion of more fluid and diffuse forms of association, the accentuation of cognitive factors and negation of emotions in social protest (Marx Ferree 1992), and a focus on institutional change strategies rather than identity politics (Whittier 1995). This exclusion, in turn, creates fundamental inadequacies in theorizing about social movements. In this article, I have tried to demonstrate that treating gender as an analytic category in the study of social movements illuminates a range of questions for investigation that both expand and challenge conventional assumptions. A sophisticated analysis of gender that incorporates the multiple fields in which gender differentiation and hierarchy operate will enable scholars to identify important new issues pertaining to the political opportunities, mobilizing structures, and framing processes of social movements. In deploying gender to understand the emergence and course of a movement, we must also remain cognizant of the way that gender interacts with other systems of stratification, such as race, ethnicity, and sexuality, that mediate the institutional contexts, organization, and the collective identities and strategies of movements (Einwohner 1999; Irons 1998).

If feminist scholars are to use gender as an analytic category that fosters emancipatory projects, then it is necessary to shift the question from how gender operates in social movements to how social movements contribute to the social construction of gender. It is my view that a fuller integration of the literatures on gender and social movements provides a set of empirically grounded concepts that will advance our understanding of gender change by making explicit the role of social movements both in affirming and challenging the gender order. The advantage of the social movement tradition is that it calls attention to the role of human agency in gender change. The agency component, while acknowledged, is missing from strictly cultural and deconstructionist accounts of shifting gender relations (Butler 1990; Danuta Walters 1995). I have shown, for example, that a combined gender and social movement approach offers a more complex reading of women's self-help than we find in the usual feminist accounts. Feminist writers, for the most part, have been outspoken in arguing that contemporary women's self-help reinforces women's subordination by promoting what Wendy Kaminer (1992) terms a "cult of victimhood" that works against feminism's most fundamental tenets (Echols 1989; Simonds 1992; Wolf 1993). In contrast, I have highlighted the way that the postpartum depression movement undermines gender inequality by targeting the practices and logic of social institutions, including medicine, the family, and the law, that inscribe gender difference and maintain gender stratification. Activists have increased women's access to medical information and resources and even gained a

small foothold in the construction of medical knowledge and practice with respect to postpartum illness. The movement also positions itself to challenge cultural codes pertaining to gender by raising public awareness of the contradictions of motherhood, the role that many scholars consider pivotal to the gender order (Huber and Spitze 1983). By using postpartum illness as a site for challenging what Hays (1996) terms the ideology of intensive mothering that requires women to dedicate much of themselves to child rearing, activists in the postpartum self-help movement are engaged in defining a new kind of mother. Women's self-help communities also contribute to the reconstruction of gender through cultivating emotion cultures that dictate open displays of emotion and empathy and legitimate attention to participants' feelings and personal biographies, thereby challenging the division between the "public" sphere of states and markets and the "private" sphere of family and kinship that some feminist scholars consider to be basic to the devaluation and subordination of women (McMahon 1995).

If the weight of the evidence that I have presented suggests that women's self-help movements present a challenge to gender stratification, the following question remains: To what extent does this or any other type of activism call into question the "binary divide" that some scholars hold to be the foundation of gender (Butler 1990; Stein and Plummer 1994)? The postpartum depression movement, like many contemporary social movements, mobilizes around an interpretive frame of gender difference. It constructs collective identities based on members' shared experiences as white, middle-class, heterosexual women, thereby drawing on conservative norms of femininity. The movement also adopts organizing structures and strategies that, on one hand, assume that women's modes of relating, whether biologically or socially based, are different than men's modes of relating and, on the other hand, position women as helpless victims of an uncaring medical establishment. Herein lies the paradox of women's self-help. Using gender as a framework for collective action has the potential to bolster the gendered institutions against which women take aim, as has so often been the case historically when women have been agents in the medicalization of their own problems (Theriot 1993). Furthermore, it reinforces the "natural attitude," that the sexes are fundamentally different (Hawkesworth 1997). It is, however, both the pervasiveness of gender in social life and our critical lack of understanding of the historically and culturally specific ways in which the gender code changes that create the need for more adequate social movement theory.

NOTES

1. The information from *Our Bodies, Ourselves* and the formation of Postpartum Support International comes from an interview that I conducted with Jane Honikman on April 7, 1992, in Santa Barbara, CA.

2. This excerpt is from a letter written to Honikman in June 1987.

3. These quotations are from an interview I conducted with Jane Honikman on April 7, 1992, in Santa Barbara, CA.
4. From "A System for Action," an August 1984 speech in Jane Honikman's personal papers, Santa Barbara, CA.
5. From the organization files of Depression After Delivery, Morristown, NJ.
6. From a speech given at the Fifth Annual Conference of Postpartum Support International, June 28, 1991, Pittsburgh, PA. In the personal papers of Dagmar Celeste, Columbus, OH.

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Verta Taylor is professor of sociology at Ohio State University. She is coauthor with Leila J. Rupp of Survival in the Doldrums: The American Women's Rights Movement, 1945 to the 1960s; coeditor with Laurel Richardson and Nancy Whittier of Feminist Frontiers; author of Rock-a-by Baby: Feminism, Self-Help, and Postpartum Depression (1996); and has published numerous articles on women's movements, lesbian feminism, and social movement theory.