ARE YOU MY MOTHER?
PERPETUATING GENDER INEQUALITY THROUGH
LISTENING EXPECTATIONS AND RELATIONAL ROLES

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ABSTRACT. Since the 1980s, ethics of care scholars have interrogated the gendering of care virtues and argued for divorcing virtues from binary masculine-feminine thinking. In this paper, we draw upon two case studies that situate listening as care and use corpus linguistics to explore ways in which expectations of care, enacted through listening, continue to not only be gendered, but heavily coded as feminine responsibilities. More specifically, we investigate the ways in which mothers and expectations for listening as care provision are intertwined, as further evidenced by the “mom friend” phenomenon. We argue that lessons from ethics of care scholarship may provide opportunities to challenge the mobility of feminized expectations of care and further decouple gender from care virtues.

Keywords: ethics of care; listening; gender; mother; care expectations; corpus linguistics

1. Introduction

In a classic children’s storybook by P.D. Eastman (1960), a baby bird hatches while his mother is away and immediately asks himself, “Where is my mother?” The story proceeds through the little bird’s decision to leave the nest in search of his mother. In the first part of the story, the baby bird “did not know what his mother looked like” and inadvertently walks by her during the search. As the pages turn, the baby bird meets multiple animals and vehicles in the search to find his mother. Each time the little bird poses the question “Are you my mother?” or calls out “Here I am, mother!” he is met with rejection, denial, or silence. The baby bird persistently declares, “I have to find my mother,” “I want to go home,” and “I want my mother!” throughout. At the end of the story, the bird finds his way back to his nest and mother, who asks the baby bird, “Do you know who I am?” The baby identifies his mother as a bird, affirming, “You are my mother,” and snuggles under her protective wing. This classic narrative offers a glimpse into the ways that many children have been encouraged over the past 60 years to identify with their mothers – someone who is like them, someone who feeds and shelters them at home, someone who is uniquely fit to enact care.

In this paper, we investigate the ways that care has been gendered in our discourse, particularly through feminine familial roles. Specifically, we consider the ways that Western society, exemplified by the United States, perpetuates expectations of certain enactments of care, such as listening. We begin with the assumption that listening is foundational to the provision of care and consider gendered expectations of interpersonal listening through analysis of two cases: online crisis hotline counseling and face to face focus group discourses about ethical listening. Throughout the analysis, we find a pervasive expectation and desire for a listening and caring mother-figure, or “mom friend,” that underlies an ongoing search for the moment when they feel listened to, cared for, and can declare “You are my mother!”

To contextualize this empirical analysis on macro and micro levels of care in society, we utilize two sets of literature. First, we ground our analysis in the social construction of gender and the ways that emotion work reflects gendered binaries. From this foundation, we examine empirical data that positions listening as care, demonstrating how our expectations of who should be listening perpetuate a binary construction of gender that importantly couples gendered familial/relational roles (e.g., mother) with care. Finally, we consider how the feminist philosophical ethics of care tradition can offer a perspective through which to break the cycle of socially inequitable expectations of listening and care, resist perpetuating a social system in which the emotion work of listening is primarily conscripted to feminine family roles,
and extend our ability to interrogate gendered expectations of care and increase visibility of care that does not conform.

Within current social understandings of care, feminine-coded understandings of care that emphasize emotional support and empathy (cf. Gilligan, 1982) are associated with social expectations of female gendered relational roles, such as mother. This intertwining of care expectations and role serves to not only underscore gendered expectations of care via cultural stereotypes and representations, but to also perpetuate a myopic cultural understanding of what care is and who can provide it. We utilize examples of the “mom friend” concept used in popular media and draw upon two empirical contexts, online enactments of listening in crisis situations and face to face discussions of ethical listening expectations to be performed in everyday life in family structures, to shed light upon the stickiness of gendered expectations of care and social mobility of mothering.

In online and face-to-face discourses, we explore how current expectations of listening as care perpetuate gendered understandings of care. We situate this exploration within the realm of a larger question: “How might we create better expectations for listening interactions that promote more holistically caring societies?” By moving away from binary thinking that codes aspects of listening and care as masculine and feminine, we can better question the gendering of virtuous care entirely. For, across both cases, we observe that people typically seek caring listening from those filling feminine relational roles (e.g., mothers and sisters), and when that expectation is not met, rather than seeking a listening ear from another person within the family structure who fills a masculine role, people seek listening from a “mothering” role outside the family, such as a “mom friend.”

2. Social Construction of Gender and Emotion Work

The social construction of gender and emotion works are foundational theoretical concepts to this work. These concepts impact a productive discussion of a feminist ethic of care position and the paths by which gender is produced and reinforced in particular ways through our expectations and practices of care. This paper proposes the need for interrogating and dismantling binary thinking embedded within a heavily gendered social role, that of “mother,” in relation to expectations of care provision. By doing this, we contribute to the interrogation of a binary embedded in societal expectations of listening and communication scholarship.
2.1 Perspectives on Gender

The social construction of gender and opposing theories favoring gender essentialism are well-trod theoretical ground for feminist scholars, and traditions useful for our purposes of interrogating gendered expectations of listening care. Understandings of gender rooted in essentialism position gender as a binary system of male and female identities, eliminating alternative identities between these poles and making available interpretations that situate gender identity as deriving directly from physical sex. Such views have received extensive critique from scholars, such as Fausto-Sterling (2000), arguing that binary systems at once render invisible both intermediate physical identities (e.g., intersex) and gender identities (e.g., nonbinary and gender-queer), and are weakened by the existence of identities rendered invisible. Binary understandings of gender are additionally critiqued for inadequacy in addressing intersectionality and accounting for how autonomous individuals may resist oppression (Nagoshi et al., 2014).

In contrast, social constructivist views of gender divorce physical sex and gender identity, distancing gender from the physical body and instead suggesting that gender is expressed or performed based on socially prescribed understandings of gender roles (Butler, 1988). One result of this view is positioning gender identity and expression as fluid, representing a full spectrum rather than opposing poles. Such a conceptualization allows for the visibility and validation of identities invisible in a binary system, as well as the decoupling of physical sex and gender. A social construction of gender similarly allows for culturally variegated understandings of gender identity and performance, as well as for the mutability of gender identity and expression over time.

That said, in moving from theory to practice, the constraints of a gender binary remain salient in everyday experiences, as social constructivism and binary thinking can overlap. When gender becomes an axis of oppression, as in our current cultural climate, a binary understanding of gender reinforces this inequality. That is, as sociologist Risman (2004) notes in an elucidation of gender structure theory, “even when women and men with feminist identities work in organizations with formally gender-neutral rules, gender inequality is reproduced during everyday interaction” (p. 436). Gender expressions normalized under binary views that recouple physical sex and gender (e.g., the notion that women are naturally suited for childcare because their anatomy allows for childbirth) function to “universally define and enforce an all-encompassing set of socially expected appearances and behaviors” (Wilchins, 2004: 29). The real-world effects of such expectations are visible in myriad contexts, including familial caregiving and emotion work, as discussed below and in the empirical analysis of listening expectations to follow.
2.2 Emotion Work and Gender

Originally coined by Hochschild (1983), emotion work refers to “the unpaid efforts of family and personal life” behind the “intentional management and display of one’s own feelings, usually undertaken in order to influence the feelings of others” (DeVault, 1999: 52). Since the term’s introduction, literature on emotion work appears dominated by empirical investigations into North American heterosexual families (often white, often two-parent households, though emotion work in the context of divorce has been addressed) (cf. Coltrane, 2000, for review). Although limiting, this orientation is not surprising, given that one vein in this tradition argues for the importance of considering emotion work in furthering understanding of household labor and the gendered division thereof (Coltrane, 2000; Erickson, 2005). Erickson (2005), for instance, argues specifically that expanding “family work” (typically taken to mean housework and child care) to include emotion work further underscores “the view that the division of household labor varies according to culturally based constructions of gender rather than on the basis of biological sex” (337).

The relative invisibility of emotion work at all, let alone gendered emotion work, makes available the temptation to view women’s social role as emotional caregiver as a “given,” again coupling gender with binary understandings of physical sex and resultant social expectations. As Erickson (2005) argues, “continued neglect of emotion work within the family work literature risks perpetuating the view that being an emotional caretaker is something women are rather than something women do” (349). Thus, further work is needed to not only dismantle binary understandings of gender in practice, but in doing so to bring to light individuals made invisible by such binaries and expand our cultural understandings of care and the expectations for where that care comes from.

Listening, like all communication, is inflected by issues of power and gender. Certain people might be expected to listen and remain silent while others have the rights to listen in, even eavesdrop. Indeed, listening is often equated with silence and seen as a feminine aspect of communication (Glenn & Ratcliffe, 2011). According to Lacey (2013): “Like any other cultural practice, listening is embedded in the complex realities of unequal power relations, cultural specificities and the dynamics of continuity and change” (22). Active and responsive listening is often conceptualized in everyday discourse as a strength of those filling feminine roles and a weakness of those in masculine ones. Yet listening, as an active form of communication, requires something of the dialogic partner and contributes to the ongoing discourse through particular social roles and power relations. Gilligan (1987) presents listening – of understanding by hearing and being heard – as an aspect of care in relationships and central to ethical social interactions. Ayim
(1997) emphasizes this connection between care and listening, arguing that “if language is caring, it will begin by displaying a readiness to listen to the other speakers” (99). Thus, although listening is often coded feminine in the communication process, it has also been constructed as an aspect of care and foundational to ethical social dialogue.

In the following section, we describe the ways that listening, as an act of care, is feminized in social discourses and becomes emotion work of those filling feminine roles. By highlighting the ways that the emotion work of listening as care is put in feminine domain, we hope to both expand ways that care might be conceptualized and push back on societal construction of listening as feminine work that places the burden of listening (and caring as listening) on particular societal roles.

3. Two Cases: Calling on Feminine Listeners

We consider feminized care in two contexts in this paper, personal crisis management and everyday listening. We consider the gendering of care by examining gendered expectations surrounding listening, as both a category and foundation of care, in these spaces. The first case spotlights the use of gendered familial/relational terms in contexts for which individuals seek crisis counseling. More specifically, this case draws on publicly available data from a text-based crisis hotline, which provides a form of listening care to anonymous clients. The second explores the use of gendered familial/relational terms (e.g., mother, father, sister, brother) in self-reports of listener expectations in everyday discourse. This data was drawn from a larger research project related to ethical listening in diverse cultural communities. It reflects an intra- and intercultural discourse that, in part, reflects the ways that particular communities construct listening as care.

Throughout these online and face to face discourses about care, we explore the questions: How do the constructed expectations of listening care in people’s online and face to face discourses reflect gender binary systems? How can current theorization of gender, emotion work, and ethics of care confront these understandings? What are initial steps that might be taken to expand care practices, especially through socially constructed listening gender roles? These questions are explored through analysis of the discourse used to construct gender roles in these cases. Particularly, a basic corpus linguistic methodological approach was adopted to explore the frequency with which gendered terms were used in the discourse.

Corpus linguistics is one way to analyze language through a quantitative approach, and typically involves analyzing frequencies of particular linguistic parts to understand how often certain linguistic features appear in a given discourse, how this frequency may pattern across different parts of the
corpus, or how often particular linguistic features (whether that be particular morphemes, lexical items, or phrases) co-occur with each other (Gries, 2010; Nesselhauf, 2005). Frequency results can then be used to uncover the ways that texts in a given corpus create and reflect a broader discourse. Through corpus linguistics, researchers select particular linguistic features to study in the corpus and analyze these parts of language to formulate conclusions about the ways that linguistic patterns answer target research questions. In sum, corpus linguists are interested in linguistic frequencies and make discursive claims based on those statistics. Researchers base their claims on the idea that by using larger samples of text than could easily be processed manually, and by identifying linguistic variation that occurs more frequently than would be expected by chance, one can infer particular language practices across groups and cultures (Yates, 2001). This is true both for larger corpora and for smaller interactional discursive texts (Caldas-Coulthard & Moon, 2010; McCarthy, 2003). In this study, we use analysis of word frequency to infer particular cultural practices around listening and emotion work.

Through both empirical cases that we analyze here, the expectation for those occupying feminine roles to be the primary listeners in a relationship appears deeply embedded. This empirical evidence is intended only to illustrate, on a broad level, the pervasiveness and extent of feminine care expectations. Limitations of the data we draw upon are noted throughout, but the ways in which listening care is socially constructed as the responsibility of those occupying feminine roles will become clearly evident.

3.1 Case 1: Listening in the Online Crisis Hotline Context
Launched in 2013, Crisis Text Line (CTL) is a free, text-based crisis counseling service offered within the U.S. that pairs individuals facing stressors (texters) with trained volunteer counselors; counselors utilize a web browser-based platform to engage in “active listening” techniques (Bodie, 2015) and provide care resources (issue-specific hotlines, shelters, etc.) to anonymous texters in real time. Texters connect with counselors and initiate discussion by texting a start word (e.g., “help,” “start,” “hello”) to 741-741. The intent of CTL is not to diagnose a condition or provide tangible aid, per se, but rather to help a texter “move from a hot moment to a cool calm” by facilitating emotional processing and creating a strategic plan to manage the stressor or one’s response to the stressor (Crisis Text Line, 2016a). Texters tend to skew young, rural, and low-income; nearly 75% of texters are under 25 years of age, while 19% of total texter volume is from the 10% lowest-income zip codes (Crisis Text Line, 2016a). As of January 2017, the organization reported processing more than 29 million text messages (Crisis Text Line, 2016a).

Crisis Text Line supports texters experiencing myriad social stressors and mental health issues, including relationship issues, sexuality questions,
divorce, self-harm, depression, suicidal ideation or intent, and so on. While individual texter data are anonymous and unavailable from the organization, CTL publishes aggregate data, including conversation content pertaining to issues/stressors communicated by texters during conversations with counselors (Crisis Text Line, 2016b). These particular data appear as word clouds, labeled by “crisis type,” such as Anxiety, Health Issues, or Physical Abuse. Each word cloud contains the 35 most frequently appearing words in conversations about that crisis type. Within each word cloud, the size of each word indicates the relative frequency with which the term was mentioned by texters within the topic context. According to CTL, data are gathered via surveys completed by crisis counselors during/following each conversation with texters (Crisis Text Line, 2016b). A single conversation with a texter can address multiple crisis types or topics. Word clouds were captured from the CTL website in spring 2017 for the purpose of this analysis.

This data set is limited in several ways. In addition to opacity regarding the corpus of individuals contributing to the word clouds, it is also impossible to infer the discrete context(s) in which each top term was used across conversations, or even directionality. For instance, “friends” appearing in the word cloud for depression could indicate that texters sought support from friends, that friends contributed to depression, that friends did not know about the texter’s depression, etc. We argue, however, that the salience of relational terms, particularly familial relational terms, is telling, in spite of the ambiguous relationships between crisis topic and top terms.

Familial terms appeared in all of the 18 word clouds made available by CTL. Such terms include broader categories, such as “family” and “parents,” as well as more specific relationships, such as “mom” and “dad.” Across the 18 word clouds, “mom” appeared in all 18; “dad” in five; “parents” in 11; and “family” in eight. As suggested by these frequency results, multiple terms often appeared in the same word cloud (e.g., “parents” always appeared with “mom”), though some appeared with greater frequency both across word clouds and within topics, as suggested by the size of each word relative to others in each topic cloud. The term “dad” appeared salient in topic word clouds labeled Bereavement, Physical Abuse, Stress, Family Issues, and Sexual Abuse; in each instance, however, “dad” was dwarfed by the relative size of “mom.” We do not mean to imply that the presence and relative size of a term is indicative of a parent’s involvement in perpetuating the stressor/topic for which a texter sought support (as in, perpetuating physical abuse), but rather to highlight the salience of such relationships in broadly dealing with such issues based on the higher degree of frequency with which these relationships are referred as compared to each other. It is telling, for instance, that even when “parents” appeared in a word cloud, “mom” was additionally and specifically referenced. It is also worth noting that the only relational
term, aside from “mom,” apparent in all 18 word clouds is “friends.” Similarly, “listen” appeared significant in these contexts as well, appearing alongside “mom” and “friends” in six word clouds, for topics labeled Bullying, LGBTQ, Health Concerns, Friend Issues, School Problems, and Eating Disorders.

We thus posit that this consistent proximity between topic and mothers suggests gendered expectations of the presence of care and parental involvement. That is, while directionality is opaque, the salience of “mom” suggests expectations, regardless of whether those expectations are met or not. For instance, a texter may suggest “I told my mom but she didn’t do anything” in relation to Friend Issues; we parse this phrase as suggesting the texter expected the individual filling their mother role to provide some form of care, was disappointed when that expectation was not met, and then sought assistance elsewhere.

Again, one of the limitations of corpus linguistics as a methodological approach is that it is impossible to infer the context in which such terms were used which is. The salience of listening as a concept commonly mentioned by texters in relation to these topics is notable, however, and points to their importance in the discursive culture as a whole, especially in conjunction with the frequency of feminine role references. In the second case, we see how these concepts are also closely connected through the dialogues of a number of focus groups as they talked about good listening in their everyday lives.

3.2 Case Study 2: Face to Face Focus Groups
The second case includes a corpus of texts constructed from 11 focus group dialogues about good listening that were video recorded, transcribed into English (using the open source software ELAN), and exported to text documents (using Microsoft Word). This corpus represented two types of dialogues: the first set of seven texts were dialogues about good listening within particular communities of difference (Asian, ASL, Latino, First Nation, Caucasian LGBTQ and Allies, Caucasian Men, and Caucasian Women) and the second set of four texts were three multi-difference dialogues and one multi-gender Caucasian dialogue. The second stage of focus groups and the texts that resulted from these dialogues were comprised of several of the participants in the first stage of focus groups, and the facilitator was the same in all 11 discourses. The final corpus included 100,958 lexical tokens representing 4,639 different word types as uttered by 40 distinct interlocutors.

Based on analysis of the corpus, family roles that were gendered feminine (e.g., mother, daughter, grandmother, aunt, etc.) were referenced significantly more than masculine roles (e.g., father, son, grandfather, uncle, etc.). Stories that were told related to listening typically included references to women who were clearly constructed as performing the emotional work of listening
in family structures. For example, whereas references to mom/mother totaled 75, there were only 22 references to dad/father (a ratio of 3.5:1). Whereas there were 33 references to daughters, there were only 14 references to sons (a ratio of 2.4:1). Whereas there were 12 references to sisters, there were only seven references to brothers (a ratio of 1.7:1). Whereas there were nine references to aunts, there were only six references to uncles (a ratio of 1.5:1). Whereas there were ten references to grandmothers, there were only eight references grandfathers (a ratio of 1.25:1). Taken independently, any of these individual ratios may not at first appear significant. Taken together, however, when discussing the role of listening in community life, there is a clear pattern that privileges references to feminine family roles over masculine ones,\(^1\) as seen in Figure 1 below.

**Figure 1** Gendered Listening Roles in the Family

![Figure 1](image-url)

Throughout the community’s discourse, references are consistently made to the feminine gender roles in family as being the people who listen and teach how to listen. A different perspective in which a participant frames one of their masculine family members as being a good listener rarely appears (with four specific exceptions mentioned by four separate participants in the Asian, LGBTQ and Allies, Caucasian Women, and ASL groups – a husband, brother, son, and grandfather, respectively).

Consider, for example, the following participant quotes in which listening is correlated with feminine roles by participants who identified as Latino, First Nation/Native American, and Caucasian. In this first excerpt, a Latino participant describes the way that his mother does not listen to him and he confronts her during the act of interruption. In this discourse, he indicates that listening is a crucial part of allowing a person to “fully appreciate their experience” and to offer support and care:

> I’ve had to do this with my mom, where um. Where I – I started talking to my mom about some of the things you know, uh, I went
through as a child that she didn’t know about. Or maybe she did, but you know, but we didn’t talk about it. And so, she would interrupt me, and say ‘Oh, oh hijo.’ You know. And I said, ‘Mom. You know what? I love you but you need to like listen to me right now. This is important stuff. And – and I – and I think that um we want to automatically step in and help somebody, you know, by shutting them out so they don’t have to feel the full impact of what – of what they’ve experienced. And so, when we don’t allow somebody to fully – someone when they’re confiding in you – something traumatic that’s gone through their life – and we cut them off and say, ‘Hey. I understand what you’re telling me.’ We don’t allow that person to – to fully appreciate their experience. And they don’t tell you what’s deep inside them that’s been hurting them all these years. We cut them off of that, and sometimes when we do it to some people, you know, that – that they want to share something? But they really don’t. You – you are essentially telling them, ‘You know what? It’s okay for you not to speak about your experiences.’ And you’re – you’re – you’re negating their experience, you know, as a person.

As seen in this narrative, the Latino participant emphasizes that listening is a part of caring. That when a person chooses to interrupt and does not allow someone to fully confide, it communicates a negation of their experiences and even of their life as a person. Lack of listening thus implies lack of care and it is constructed as important for a mother to counteract this behavior and intent.

The importance of this care by a person in a feminine familial role is emphasized in the discourse of a member of the First Nations community as well. Here, a focus group participant indicates that her mother discriminates against her daughter and that it is important to teach her daughter to have realistic expectations about the behaviors of her grandmother:

It’s more on the lines of protecting my children? ‘Cause when this happens it’s usually, um, my mom discriminating against my daughter on certain things. Um, and I tell her, you know, cause of the history between my mom and I? I’ve already seen her actions. I can tell when she’s giving bad advice and stuff. Or, when she’s manipulating people and stuff. And I’m like, I’ve already experienced this? You know, don’t – don’t listen to her. Don’t take any of her advice. You know. It’s bad advice. Um, and that’s just me being a mom and just protecting her.

In this remark, the speaker is constructing herself as listening well to both her mother’s capacity (or lack thereof) and her daughter’s needs. She acts as the mediator between both people filling these feminine familial roles,
simultaneously indicating that her own mother did not care for her well, “I can tell when she’s giving bad advice…when she’s manipulating people…” and that she will care for her daughter well, “…and that’s just me being a mom and just protecting her.” In this excerpt, we again see the importance of care by both the complaints and the declarations of the speaker.

In the final excerpt we include here, a Caucasian woman points out the ways in which her mother cut her off so that she did not feel listened to and this resulted in the negative outcome of her shutting down her feelings. In this discourse, as seen in the previous two, the participant invokes the expectation for her mother to care through listening and although she considers her “a good mom,” she indicates that a lot of her own current self-perceived negative behaviors (including not listening and cutting off people) are tied to her own mother’s lack of listening:

Because my mother was a notorious cutter-offer. And so like, you’d start and to this day does that. And um, and so you – so not feeling listened to. You could never get your whole sentence out. So you were always just in this state of talking fast. You know? Shutting down your feelings? Because you couldn’t get it – you couldn’t like – and I guess often times it happened more in conflict. So if you, you know. You, whatever, get caught as you know a high schooler you know doing something or whatever. And you’re trying to explain your thinking and you – you just get shut down. That’s where you – and I had a good mom. I don’t want to make it sound like I didn’t. But she – but that – that was my mom and my conflict. But I can trace it back to a lot of behaviors that I have now. Like, I’m a person now where I have to – I struggle because I will cut people off. I will – I married into a family that everyone cuts each other off.

These are just three examples of a common discourse that ran throughout the focus group discourses. Throughout the conversations about listening, mothers were constructed as creating more or less effective listening spaces. The frequency with which they were referenced and the ways in which they were discussed showed a set of expectations among participants that mothers should be listening, whereas masculine family roles were rarely mentioned in the conversations about good listening, and throughout the hours of discussion, fathers were not mentioned even once.

3.3 The Feminine Work of Listening
As seen across these cases, listening is primarily constructed through the discourse as feminine work, especially as work to be done by individuals in feminine family roles. In the first case, callers into a crisis hotline both refer to listening and more frequently refer to feminine roles as they engage the
listener. In the second case, focus group participants discussing listening in their everyday lives consistently reference feminine familial roles at a much higher rate than masculine ones. In other words, listening is constructed as the virtue and emotion work of women.

Although listening appeared embraced by all participants as meaningful and important in a variety of contexts, the emphasis on interpersonal listening and care is placed in the feminine domain. As good listeners are framed as feminine family members, they also gain the implicit responsibility to enact that listening role as it becomes socially expected. This reflects Friedman’s (1987) description of gendered moral projects, which “would determine which commitments and behaviors were to be considered normal, appropriate, and expected of each gender” (64). Despite the expanding conceptualization of gender as socially constructed and its resistance to categorical binaries, it appears, based on these cases, that listening is a type of care that is expected from those filling feminine familial roles. Although life stages may impact the expectations that people have for how much their families must or ought to listen to them (e.g., a person in their early 20s may have a different expectation than someone in a later life stage), this is not necessarily true as people’s family experiences vary widely. Additionally, the age of the participants in the focus group dialogues about good listening did not appear to impact their discourse that consistently referenced feminine familial roles at a higher rate than masculine ones. Thus, caring listening appears to be a specific moral ideal that society is constructing for women. This construction may be taking place in both public and private spaces, among strangers, friends, and families.

4. Families, Ethics of Care, and the Listening Relationship

In the section that follows, we discuss ways that a person’s ethical framework – such as expectations of ethical care through listening – might develop socially. By briefly summarizing the way that the feminist ethics of care tradition began with reliance on a gender binary and has evolved to embrace more nuanced understandings of both gender and care as embedded in healthy relationships that defy gender binaries, we use lessons from the care ethics tradition to resist perpetuating a social system in which the emotion work of listening is primarily conscripted to feminine family roles. Through this discussion, we point to a way in which all humans can be encouraged to perform their ethical responsibility and courage to care through listening to each other, arguing not that women should avoid caring as listeners within or outside of the family structure, but rather that we must expand our expectations around who should listen to be based more on the many diverse relationships and gender expressions that impact our ethics.
Families are one of the primary institutions in which culture is passed down between generations, in which discursive environments are set, in which humans learn their ethical understandings, as experienced in many of our lives. This is exhibited in the care discourses in our two case studies, and also in the historical construction and promotion of certain societal values and virtuous ideals (Frede, 2013). As Baier (1987: 56) puts it: “We are born into families, and the first society we belong to, one that fits or misfits us for later ones, is the small society of parents (or some sort of child-attendants) and children, exhibiting as it may both relationships of near equality and of inequality of power.” Many ethical systems have assumed that a person’s sense of ethics develops in a family structure that is healthy and fair to begin with (Kymlicka, 2002). Yet, if families are the primary place where people learn how to be good, ethical, citizens – it does not take us very long to find examples where families function in fundamentally unjust ways. For all theorists that attempt to build ethical acquisition from the family – it is not only the family structure that shows examples of not being caring that they must contend with, but also the fact that some children grow up with a number of different family cultures and cultural transmission may occur outside of traditional nuclear families. These early relationships in our families serve to structure our understandings of how the rest of society functions, beliefs of how listening should function, and helps construct the ethical frameworks that guide all of our interpersonal interactions and the expectations that we have for ourselves and others to communicate in particular ways.

Arendt argues, “labor is the necessity of answering the call of the other” (Ohler, 2008: 120). The labor of answering another’s call requires one to listen to the call. Thus, listening itself becomes a form of labor. Those who engage listening with their whole beings invest energy and resources that might have been used otherwise. Any demand on resources – including a call to listen – comes at a cost to someone and serves to reinforce social exchange of resources that may be ethically or unjustly practiced. As Erickson (2005) puts it: “Offering encouragement, showing your appreciation, listening closely to what someone has to say, and expressing empathy with another person’s feelings (even when they are not shared) – day after day, year after year – represent emotion work of the highest order” (339). Thus, listening – especially that which requires extra amounts of the community’s emotional concerns of comfort, love, respect and care – becomes one type of emotion work. Construed this way, listening is a labor of care that lies in the domain of the feminine in families.

One philosophical tradition that has explicitly considered how care is a central organizing principle to ethical behavior is ethics of care. The ethic of care tradition is a set of feminist philosophies, which call for a transformation of our perception of what counts as humanity’s highest virtues and/or
promote discussion of differences that may arise as people develop differing modes of moral understanding based on their particular experiences and standpoints. While it is not the only feminist ethical philosophy, it is highly influential and specifically takes into account more diverse voices than that of traditional philosophy. Of chief concern to care ethicists is the virtue of care and the ways that it can lead to a better society. Two of the primary philosophers motivating early ethics of care theorization are Carol Gilligan and Nel Noddings, both publishing important care-based texts in the early 1980s. Ethic of care theories tends to frame morality and ethics in terms of caring and nurturing (and other virtues typically associated with femininity) rather than ethics of justice and individual autonomy (and other virtues typically associated with masculinity). Based on her empirical research, Gilligan (1982) argues, “The moral imperative that emerges repeatedly in interviews with women is an injunction to care, a responsibility to discern and alleviate the “real and recognizable trouble” of this world. For men, the moral imperative appears rather as an injunction to respect the rights of others and thus to protect from interference the rights to life and self-fulfillment” (100). Although Gilligan and Nodding tend to emphasize the distinctness of men’s and women’s morality, other ethics of care thinkers suppress this gendered claim, choosing instead to focus on how different voices (regardless of gender) may choose to focus their discourse on that of rights and justice or responsibility and care. It is useful here, however, to understand the roots of care ethics as it’s helped set the trajectory of the care ethics tradition and also reflects an ongoing gendering of care that is exhibited in current discourse.

Gilligan’s (1982) *In a Different Voice* prompted the field of care ethics that continues to be debated and expanded today (Larrabee, 1993). Her ideas contrasted with other ethical philosophies by proposing differences between the ways that moral themes (often associated with women’s and men’s voices) are expressed. Gilligan argues that men tend to use terms of justice, autonomy, and rights to understand ethics and morality, while women tend to use terms of caring, relational ties, and responsibility. Even though the moral development of men and women may differ in shape, all people are obligated to provide caring responses to other people in their relational network. Because her work is typically construed as making statements about men and women’s voices in total, it is beneficial to note that she attempts to “highlight a distinction between two modes of thought and to focus a problem of interpretation rather than to represent a generalization about either sex… no claims are made about the origins of the differences described or their distribution in a wider population, across cultures, or through time” (Gilligan, 1982: 2). Thus, although Gilligan points to a gendering of care and justice impulses, she does not argue that this is a definitive aspect of a person’s sex
but rather could be a result of any number of factors. Gilligan’s care ethics focuses on developing virtues of care that are founded on ideas of particular and situated others, concrete relationships, care for other persons that are gained through understanding their own positionality and difference, embedded in specific relationships, combining both emotion and cognition with concrete responses and actions, and as universal principles that have multiple appropriate responses depending on the particular situation (Blum, 1993).

In this same era, Noddings’ (1984) *Caring: A Feminine Approach to Ethics and Moral Education* worked toward articulating a morality based on the idea of caring. Noddings grounds ethics in human affect. She argues for a virtue ethic that arises out of caring while not placing caring on a long list of abstract ethical ideals or conceptualizing caring as virtue itself. She establishes caring as the sentiment that calls us to take care of other people and pursue their best. Noddings argues that each human is unique and the ways that we care for each other will be subject to lived experiences – but the foundational need and desire to both care for others and be cared for in dynamic relationship is universal. That is, we all care for others and need to be cared for, but how we enact that care can differ dependent on our individual needs, social networks, and cultural perspectives. Through this lens, as with gender, the social construction of our values is shaped by the discourse of all members of a society.

Since Gilligan’s early work, care ethicists have developed a number of branches that fit under the umbrella of the care ethics tradition. These branches tend to emphasize the particularity of human experience and primacy of relationship in determining and enacting virtuous living. While some care ethicists focus more on the universality of relationships, others focus on particular and localized relationships (e.g., Larabee, 1993, and Tronto, 1995). Regardless of which approach one takes, it is clear that care ethicists place the focus on “care-fully” engaging others. The relationship is what drives the ethical care that people are responsible to provide, especially for the most vulnerable members of communities and relationships.

Listeners run the risk of ignoring that gendered performance of their caring listening can be enacted in myriad and diverse ways by any particular individual. Gender, like all facets of human identity, is socially constructed performance – including the identity of “listener.” Thus, even in the development of what it means to “care,” it is crucial to recognize that privileging any one type of enactment of care in the name of feminine forms of communication can serve to reify societal structures and expectations that are better dismantled, or at least critically interrogated.

Indeed, the stickiness of listening care and feminine familial relations is visible in the transposition of familial roles to other social situations. It is
worth reviewing an illustration of how archetypal “mother” care can be assigned to others while maintaining the relational association. For instance, “mom friend” is a term coined by younger generations in recent years. Somewhat similar to a “den mother,” it references a member of one’s social circle who takes on additional caretaking responsibilities, such as acting as a designated driver, reminding others to eat meals and take medications, and listening. The term is ubiquitous enough in the U.S. to have earned an Urban Dictionary entry as well as descriptive articles from popular content outlets such as Buzzfeed (Penn & Parker, 2016). In this instance, “mom” refers to a gender role rather than a biological role, as one need not be a literal mother to be a “mom friend,” and thus further entangles expectations of care with a gendered relational role. The attachment of care to “mother” is known to ethics of care scholars, and we highlight it here to encourage revisiting this coupling and its potential consequences.

Orr (2014) argues that ethics of care theories are grounded in the role of a caring “mother” being central to a healthy society. Yet, the potential of care ethicists to thereby reify care as a feminine responsibility is real. If ethics of care is grounded in feminist traditions, how is it that we have silo-ed virtues based on a gender binary? Part of the answer is that “feminism” is not monolithic. Yet, as seen in this brief overview of care ethics, the origins of this feminist ethic has moved the focus of ethical development from that based on women’s voices and “mothering” to one emphasizing the importance of our relational responsibilities, regardless of the gendering of that relationship.

The role of “mother” is often the ultimate feminine caregiver archetype (Mayseless, 2016). Thus, the social reinforcement of “listeners” as being women or as performance of emotion work in the feminine domain can minimize the ways that caring listening might be enacted by those filling non-feminine gender roles. It can also serve to enable or allow people who want to avoid being affiliated with such roles to avoid the social responsibility and emotion work of listening. It is not enough to say that women should not be the only people expected to listen in society. We must instead dismantle the entire binary gendering of virtues or risk silencing those who do not identify with that binary. Although the focus on listening to women’s voices that was present in ethics of care theorization was important to the ethical narrative, we need to promote listening to those who identify differently and yet still enact care in its many facets – including listening.

5. You Are Not My Mother (But You Can Still Care)

Both the online and face to face discourses in our case studies underscore the persistence of gendered expectations of listening care, and the difficulty in
enacting in everyday life the shifts that are already underway in academic thinking, as seen both in our discussion of the social construction of gender, of emotion work, and of ethics of care philosophies. The corpus linguistic analysis of both cases shows a frequency of referencing the mother figure as someone who is expected to care-fully listen, yet this expected task perpetuates gender inequity. Many people can care and listen without needing to perform feminine gender roles as perpetuated through a gender binary.

As so many feminist scholars have remarked, associating femininity with care can result in unequal divisions of household labor, the devaluing of care professions, and in other ways render invisible the work done by carers and the importance of care more generally. Suffice it to say, gendering care – specifically denoting care as restricted to a feminine domain – has far-reaching consequences in society. We suspect that persistent coupling of listening as care with the feminized “mother” role results in similar consequences, not least of which are imbalanced familial expectations of care, listening, and dialogue.

We reiterate that decoupling care from gender is crucial not only for expanding our understanding of care and situating listening within care, but also for increasing the visibility of those whose care does not conform to gendered expectations or “mother” – care as a tool for this expansion. As a first step to expand care practices, especially through socially constructed listening gender roles, we argue for renewed recognition of listening as emotion work and as foundational to care, and call for further interrogation of gendered expectations of listening within our family institutions in particular, and performance of care in society as a whole.

Ethics of care scholars have done much work to decouple gender and care virtues, yet this pair finds a new home in the particular domain of motherhood; this connection appears so ingrained that “mother” as a relational role has achieved greater mobility than the values and behaviors of care, such that friends demonstrating care become surrogate emotional mothers and “mom-friends.” We thus call for a systemic challenge of this association and push for a renewed effort to divorce gender and care, such that “mother” is no longer the archetype. Doing so may also facilitate an expansion of care, such that previously-deemed masculine aspects of care come into focus as additional tools, in balance with feminized care aspects of empathy and emotion. As we expand our care toolbox and become more skilled in expecting and accepting care of many different kinds from many different people, it is our hope that our social relationships and individual well-being will be strengthened.
NOTE

1. The one outlier to this pattern occurs with the terms husband and wife. Whereas husbands were referenced 27 times, wives were only referenced 6 times. Based on the demographic information of the participants in the focus group dialogues, there were more participants who indicated that they had husbands than had wives. This could indicate the increased referencing of these roles in the dialogue. In addition, more participants indicated that they were mothers than fathers, which may lead to increase of self-referencing and related use of terms related to mothers. However, when limiting the calculations to references of “my mother” or “my father,” the pattern of privileging feminine family roles still holds with “my mom/mother” garnering 55 references and “my dad/father” only 14, an even higher ratio than when not filtering self-references (3.9:1 as compared to 3.5:1).

REFERENCES


