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## **From Infanticide to Activism: The Transformation of Emotions and Identity in Self-Help Movements**

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## From Infanticide to Activism

*Emotions and Identity in Self-Help Movements*

Verta Taylor and Lisa Leitz

Over the past two decades support groups and networks mobilized around a shared bodily condition, psychological problem, or victimization experience have become pervasive in American society. Social movement scholars working in the political process and contentious politics traditions have tended to overlook health and self-help movements because their actions purportedly do not constitute a force for political and institutional change. A stream of recent research suggests, however, that self-help and consumer health movements, many of which originated in earlier protest campaigns such as the women's, gay and lesbian, disability rights, AIDS, and mental health movements, have been significant forces for change not only in identity and public opinion, but in the healthcare industry and the legal sector (Taylor 1996; Klawiter 1999; Klawiter 2008; Allsop, Jones, and Baggott 2005; Brown and Zavestoski 2005; Crossley 2006; Archibald 2007; Epstein 2007a; Whittier forthcoming).

Although self-help movements share many of the attributes scholars associate with social movements (Katz 1993; Wuthnow 1994; Taylor 1996; Archibald 2007), the self-help repertoire represents a displacement of protest from the economic and political realms to other institutional arenas such as medicine, mental health, law, religion, and education. Social movement scholars continue to debate whether collective challenges that do not target the state can rightly be considered under the rubric of social movements (McAdam, Tarrow, and Tilly 2001). Over the past decade, however, a less state-centered conceptualization of social movements has emerged rooted in what Armstrong and Bernstein (2008) describe in a provocative article in *Sociological Theory* as a "multi-institutional politics" approach (Zald and Berger 1978; McCarthy and Wolfson 1996; Armstrong 2002;

Cress and Myers 2004; Van Dyke, Soule, and Taylor 2004; Staggenborg and Taylor 2005; Jasper 2006). The political process model is based on a Marxist conception of power that views domination as organized by and around the economic and political structures of society with culture playing a secondary role. This leads to a narrow conception of politics. Contemporary approaches to power, influenced by European New Social Movement theory (Giddens 1991; Touraine 1981; Melucci 1996; Katzenstein 1998; Crossley 2002) and contemporary cultural theory (Bourdieu 1977; Foucault 1977, 1980; Fligstein 1991; DiMaggio and Powell 1991; Sewell 1992; Armstrong and Bernstein 2008), hold that in late modern societies power is more multidimensional and is both symbolic and material. Conceiving of power as structurally and culturally based justifies a more inclusive definition of social movements by connecting shifting repertoires of contention mobilized around identity classifications and distribution to the multidimensional nature of power in modern society.

We adopt David Snow's (2004b: 11) definition that views social movements as collective challenges to cultural as well as material systems of authority. In this paper, we examine a self-help movement that has been a significant force for cultural and political change by challenging medical knowledge and practice, mobilizing constituents to obtain research funding, changing legal regulations and laws, and fostering public discussion about postpartum depression. Our analysis focuses on a Pen-Pal Network of women incarcerated for committing infanticide who, by virtue of participation in a self-help movement, come to define their actions as being the result of postpartum psychiatric illness. We will show how participation in the movement allowed women to minimize their shame and emotional distress and to shift blame for their actions to the medical and legal systems, enabling them to remake their identities as mothers. The network is part of a larger self-help movement that emerged in the mid-1980s focused on providing support and direct services to women who suffer postpartum psychiatric illness and on changing medical and legal policy and practice related to the treatment of postpartum psychiatric illness (Taylor 1996).

The core of self-help is social support and an emphasis on experiential as opposed to professional knowledge. In this paper we show how the social networks and the solidarity that form among self-help participants in the process of getting and giving support and formulating an experiential definition of postpartum depression to explain the reasons they killed their children foster a sense of injustice and righteous anger, which are necessary for movement mobilization. One of the reasons that social movement scholars have failed to take self-help movements seriously is that they have been deemed "expressive" and oriented to personal change, rather than "instrumental" and directed at structural transformation. Rather than dismiss the significance of self-help because of its emotionality, we aim to show that emotion is fundamental to the politicization of self-help participants. A great deal of the mobilization work of self-help movements is "emotion labor" (Hochschild 1983) that involves channeling, transforming, legitimating, and managing participants' emotions to bring them into alignment with the movement's claims.

### Theoretical Links between Emotions and Identity

In the last decade, there has been a flurry of scholarship in search of an empirically grounded explanation of the common emotional patterns associated with social protest and social movements (Taylor 1995a; Goodwin, Jasper and Polletta 2001; Einwohner 2002; Benford and Hunt 1992; Flam and King 2005). In our view, a theoretical understanding of how emotions operate in social movements requires that social movement scholars make greater use of middle-range theories and empirical research by scholars in the field of emotions (Klein and Taylor 2007). In this analysis, we link theories of emotion that focus on the way emotion confirms and affirms individual identity with collective identity approaches to social movements that consider the strategic deployment of identity as vital to understanding social movements engaged in struggles that occur in culture and everyday life (Giddens 1991; Gamson 1992a; Taylor and Whittier 1992; Melucci 1995; Bernstein 1997; Snow 2001). Self-help movements contribute to the reconstruction of social identities by mobilizing around collective identities that translate negative and stigmatized emotions and identities imposed by dominant groups and classificatory schemes imbedded in modern institutions, such as medicine, psychiatry, and the criminal justice system, into positively valued self-definitions (Whittier forthcoming; Morrison 2005 Taylor 1996). Sociologists interested in emotions have documented the significance of emotions for the construction of self and identity (Stryker 1987; Howard and Callero 1991). According to affect control theory (Smith-Lovin and Heise 1988; Smith-Lovin 1990, 1995), emotions act as messengers that signal to the self whether events confirm or disconfirm identities. The theory predicts that, because the character of a person's emotions is determined by his or her identity, people construct events in ways that corroborate their own and others' identities so as to create positive emotions. Particularly relevant to the study of social movements is the way sociological models of emotion address the matter of nonnormative identities. Affect control theory postulates that occupying stigmatized, deviant, or marginal identities gives rise to strong negative emotions, such as shame, guilt, and fear, which can set into motion a search for new ways to characterize the self (Smith-Lovin 1990; Scheff and Retzinger 1991; Britt and Heise 2000).

Whereas affect control theory helps us understand the process by which self-help participants accept, negotiate, and resist emotional states perceived as nonnormative, social movement theory directs our attention to the collective processes involved in the construction of new emotional framings, labels, and identities (Taylor 2000a; Polletta and Jasper 2001; Blee 2002; Hunt and Benford 2004). Social movement scholars have demonstrated that the construction of a collective identity among participants is essential to the mobilization of social movements. Further, in modern societies participation in social movements is becoming a key factor in the ongoing social constitution of personal identities and biographies (Giddens 1991). Taylor and Whittier define collective identity as a "shared definition of a group" or a sense of "we" (1992: 105, 110) and suggest that it entails an ongoing process of negotiating and framing a group's commonalities. Numerous studies have shown that participants engage in considerable emotion labor in order to merge their personal

identities with the collective identity of a social movement community (Taylor and Rupp 1993; Snow and McAdam 2000; Klandermans and de Weerd 2000; Dunn 2004; Whittier forthcoming). In this paper, we draw upon insights from this body of work to understand the role that emotion plays in the politicization of self-help activists.

### The Pen-Pal Network of Women Who Have Committed Infanticide

In the 1980s the American public knew very little about postpartum depression. That changed, however, after a *Phil Donahue Show* about a woman imprisoned in the Muncy State Correctional Institution in Pennsylvania for killing her one-month-old son by dropping him off a bridge into a creek while suffering psychotic symptoms of postpartum illness. What most viewers who saw the program did not know is that Donahue's guests were part of a submerged network of activists mobilizing to demand that the medical establishment recognize the emotional problems that some women experience after the birth of a baby as a distinctive medical and psychiatric condition (see Taylor 1996 for a fuller description of the postpartum self-help movement). Over the next two years, widespread media attention to postpartum illness related to infanticide fueled the growth of two national social movement organizations, Depression After Delivery (DAD) and Postpartum Support International (PSI) that have brought public and professional awareness to postpartum-related psychiatric illnesses. These organizations operate through support groups; produce newsletters, publications, and conferences; and are involved in a myriad of tactics aimed at legislative, policy, and legal change, challenging cultural ideas about what constitutes normal motherhood, and transforming medical and psychiatric practices.

The movement originally mobilized among networks of feminists with clear connections to the women's movement of the late 1960s and 1970s. In 2006, DAD, the more grassroots of the two organizations, merged with PSI. Over time, PSI, headquartered in Santa Barbara, California, has evolved into a professional social movement organization with a largely paper membership base that relies largely upon a paid staff and stable funding to influence policy and public opinion on behalf of its constituency (McCarthy and Zald 1973). Professionalization has allowed the movement to survive and gain legitimacy with medical professionals and policy makers. The movement has also acquired legitimacy through celebrities who have gone public about their experiences with postpartum psychiatric illness (see Lerner 2006).

The Pen-Pal Network we focus on here is part of this larger movement. The network emerged in 1990 when the leaders of DAD and PSI were deluged by letters from women serving time in prison for postpartum-related infanticide reaching out for emotional support and for legal and psychiatric assistance. To respond to these requests, the founder of PSI modeled a support group for imprisoned women on pen-pal networks she had been involved in as a child. She mailed a letter to each of the imprisoned women who had written PSI and DAD, and within a month she received nine letters from women wanting to be included in the network. Prison life made the traditional pen-pal model impractical, however, because most prisons do not allow

inmates to correspond directly with other inmates. In order to get around this, PSI established a Pen-Pal Network Newsletter that summarizes letters women write to a coordinator and this newsletter is, in turn, mailed to all the women in the network. The newsletters contain information about the network members' welfare, progress on their trials, appeals, and parole decisions, legislative and psychiatric developments concerning postpartum illnesses and infanticide, and summaries of recent research and professional conferences on postpartum psychiatric illness.

The Pen-Pal Network actively recruits participants. When cases of postpartum-illness-related infanticide receive media coverage, members of the Pen-Pal Network and the network coordinator write encouraging the women to join. Some women also discover the Pen-Pal Network through the web site of Postpartum Support International, and others are referred by attorneys, family members, and friends. Since 1990 the network has had six coordinators, and most have themselves experienced postpartum psychiatric illness. The coordinators are women outside prison walls, and their role is to correspond with women in prison, manage the newsletter, mail materials to prisoners, family members, and attorneys, and maintain lists of attorneys and health officials to testify as expert witnesses in court cases.

Since its inception, between nine and thirty-five women have participated in the Pen-Pal Network at any given time. As is typical of social movements, women move in and out of the network. When we conducted the survey in 2002, sixteen women were involved, but by summer 2007 the network included thirty women. They ranged in age from twenty-three to fifty. Most participants are white, although members of nearly every racial minority have been represented in the group. At the time we surveyed the network, twelve participants were white, one was biracial and one was Native American. Prior to the crime, eleven were married, and they had an average of 2.2 children. Half reported a preprison household income of less than \$25,000, and only one reported an income of more than \$100,000. Less than a third (six) of the women worked outside the home, primarily in a range of low-paid occupations. In terms of education, three women had college degrees, and another eight of the fourteen women had some college or technical-school training.

Thirteen women in the network were charged with murder. Half of the cases went to trial, and only half of the women had access to a private attorney. About half used a postpartum psychiatric defense, although the majority could not afford to mount a full insanity defense with expert witnesses. Seven were serving life sentences, three with no option of parole. Five were engaged in some type of appeal at the time of the survey. Although all of the women had undergone a psychiatric evaluation, typically the examination did not take place until several months after they were arrested. Four women volunteered that they had been sexually or physically abused prior to their crime.

As part of the movement's strategy to bring about change, the Pen-Pal Network provides women the opportunity to promote, manage, and express emotions that resist and oppose the stigmatized identity of a purposeful killer. There are two main categories of emotions expressed in the context of the movement: the *emotions of guilt*, which include grief, shame, and loneliness; and the *emotions of resistance*, which include righteous anger, moral outrage, and love. Our analysis will

demonstrate that women's involvement with the network allows them to embrace a collective identity that overcomes their shame and isolation by defining them as reasonable mothers; provides medical and legal explanations for their actions that evokes righteous indignation over the institutional treatment of infanticide linked to postpartum psychiatric illness; and supplies identity accounts that complicate and redefine the emotion norms of conventional motherhood (Taylor 1996, 2000a).

### Data and Methods

Our analysis is based on individual-, organizational-, and cultural-level data obtained primarily through field research conducted between 1985 and 2007. We used qualitative procedures to organize, code, and analyze all of these sources of data. Individual-level data include an open-ended survey of participants in the Pen-Pal Network conducted in 2003 and letters of participants in the Pen-Pal Network written to each other and to the network coordinator since the network's inception in 1990. We mailed open-ended surveys to sixteen participants in the Pen-Pal Network serving time in prison for killing their children, and fourteen were returned ( $n = 14$ , response rate = 87.5 percent). The questionnaire explored demographic data, stories of women's crimes, disposition of their legal cases, their participation in the Pen-Pal Network, and their personal feelings and identities. The survey data were coded for these themes and analyzed qualitatively. We also analyzed more than three hundred letters from over thirty participants in the Pen-Pal Network written to Postpartum Support International (PSI), Depression After Delivery (DAD), and the first author by women serving prison sentences for committing infanticide. We coded the emotions conveyed in women's letters and used them to develop an inductive theoretical understanding of the emotional transformations associated with collective identity construction.

Organizational-level data about collective identity construction and the tactics of the Pen-Pal Network were obtained from PSI and Pen-Pal Network newsletters published from 1990, when the Pen-Pal Network was first established, to 2007. The PSI newsletter is published quarterly, and the Pen-Pal Network newsletter is sent only to imprisoned women who are members of the Pen-Pal Network. Additional organizational-level data was derived from multiple key informant interviews with Jane Honikman, founder of Postpartum Support International and the Pen-Pal Network, and Nancy Berchtold, founder of the now-defunct Depression After Delivery. We also draw upon participant observation of the two social movement organizations between 1987 and 1995 by the first author (Taylor 1996).

To obtain information about cultural representations of maternal infanticide, we examined media coverage of the cases of all of the women in the Pen-Pal Network. A Lexis-Nexis search elicited more than three thousand newspaper and magazine articles, editorials, and opinion pieces. We used these data to obtain additional details about the crimes and disposition of the legal cases and to develop an understanding of the cultural depictions of the women and their crimes. In addition, we analyzed transcripts of television appearances by members of the Pen-Pal Network.



### Collective Identity

Getting and giving support is the heart and soul of self-help. Women's interactions in the Pen-Pal Network through the newsletter and personal correspondence allow them to construct solidarity and a collective identity in spite of the fact that they are incarcerated and geographically separated.<sup>1</sup> Our analysis draws on Taylor's previous writings on collective identity (Taylor 1989; Taylor and Whittier 1992), which suggest that there are three components to collective identity: boundaries, consciousness, and negotiation. We turn now to a consideration of how each of these components allows us to understand the role that emotion plays in the construction of collective identity among members of the PSI Pen-Pal Network.

### Boundaries

Boundary work is a central task in collective identity construction, and it entails constructing both a collective self and a collective other (Taylor and Whittier 1992; Hunt and Benford 2004). The construction of a positive identity requires both a rejection of the classificatory schemes, codes, and stigmatized identities of the dominant society and the creation of new-self affirming identities.

Infanticide has a long history in most societies. Most scholars hold that the specific patterns associated with child killings in different societies are a reflection of societal variations in the construction of motherhood and parenting (Oberman and Meyer 2008; Meyer and Oberman 2001). Beginning in the late nineteenth century, a medical model of infanticide began to emerge in Western Europe and Canada in which child killing came to be understood as a response to social and demographic processes that altered the practice and meaning of motherhood. In the United States, however, neither the courts nor medical experts have embraced the medical model of infanticide as fully as in France, England, and Canada. In England, for example, the British Infanticide Act of 1922 recognizes infanticide as a distinct form of homicide linked to the effects of pregnancy, birth, and early motherhood on the emotional and mental status of the mother. Women who are able to demonstrate that they suffered from a postpartum mental disorder at the time they killed a child are charged with manslaughter instead of murder and most receive probationary sentences and psychiatric care rather than prison sentences.

The United States presents a stark contrast. The criminal justice system has only rarely accommodated a postpartum psychiatric defense, and women whose postpartum psychiatric illness results in infanticide are treated poorly by the legal system and stigmatized in the media (Spinelli 2003, 2005). The case of one of the women who participated in the Pen-Pal Network is fairly typical of the judicial handling of infanticide. A single woman living in rural Ohio, she was working at a minimum-wage job after her husband walked out of their marriage when she became pregnant. With no family support, unemployed, and on welfare, she gave birth to a son, but the father, an alcoholic, took no responsibility for the child. She had two daughters from her previous marriage, and in the three years prior to giving birth, there had been three suicides in her family, including her mother, plus the unexpected death of her father. On the morning she killed her son by slitting his throat, she was suffering

paranoid delusions. She imagined that people were following her, hiding in her home, and were going to kill her and her son. She writes in a letter to the Pen-Pal Network:

I had been experiencing people following me for months, traveling behind me in cars, hiding in the closets of my home, peaking through the curtains from outside my windows, and following me in grocery stores. They were going to kill us both by stabbing us with knives and scissors. I felt I had no choice but to take the life of my son and mine as well before these people entered the bedroom to kill us. I was protecting him from screaming with the pain of having that happen to him. I couldn't stand the thoughts of him crying. Not because the sound of his crying bothered me, but because I loved him so much, it hurt me when he cried.

In a classic case of what psychiatrists define as "altruistic suicide" because her motivation for killing her son was to protect him from greater harm (Resnick 1969), she then attempted suicide by cutting her own throat and setting fire to her house to speed up her own death. Her ten-year-old daughter came home, found her, and reported the murder to a neighbor, who called paramedics who then revived the woman. She was diagnosed as insane at the time of the crime by five psychiatrists. Tried before a judge without a jury, she was charged with aggravated murder and aggravated arson, was found not guilty on both of those counts but guilty of murder, and sentenced to fifteen years to life. She was a model prisoner visited regularly by her two older children and grandchildren, but despite several appeals, served twenty years and was released at the age of sixty-one. Her time was reduced by four years largely as a result of appeals to the Adult Parole Authority of the State of Ohio by legal and psychiatric experts and researchers affiliated with Postpartum Support International and the Pen-Pal Network.

Medical, sociological, and psychological research describes the strong stigma attached to postpartum psychiatric illness (McIntosh 1993; Dennis and Chung-Lee 2006). Major newspapers wrote more than one story about half of the fourteen women who responded to our survey, and two of the cases received enormous attention, generating hundreds of articles in the national media and feature stories and covers of *Time* and *Newsweek* magazines. The case that received the widest media coverage during this period was that of Andrea Yates, who drowned her five young children in a bathtub, was convicted of first-degree murder in 2002 and sentenced to life in prison. Her conviction was later overturned on appeal. A Texas jury then ruled Yates not guilty by reason of insanity, and she was committed to a high-security mental health facility where she remains, sharing a cell with another woman who committed infanticide. Although news stories frequently make reference to mental illness, specifically postpartum depression and psychosis, the headlines and stories nevertheless depicted the women as "monsters," "baby killers," "killer moms," "evil," and "cold-blooded killers with the icy will to slaughter their children."

To kill one's own child is the antithesis of ideal motherhood. An article in *Time Magazine* describes how these women's actions defy the expectations of maternal caring, proclaiming that "when an apparently normal mother suddenly snaps and kills her newborn child, it elicits an almost primal horror."<sup>2</sup> Women in the network approach the media with deep misgivings because, according to one of the network

coordinators, "they've all had their (negative) fair share as a result of their own personal circumstances." Participation in the Pen-Pal Network allows women the latitude of expressing the guilt, shame, and intense grief they experience as a result of their actions and to overcome their isolation by connecting with other women who have experienced a similar fate. Through supportive communication, often referred to as "a lifeline" or "life saving," the women in the network develop a sense of "we" that centers around the shared experience of postpartum mental illness that led to what they typically refer to as the "loss" of their children, their negative portrayal in the media, and the injustices they believe they have suffered in the courts and criminal justice system.

Both the survey data and women's individual letters to the coordinator of the Pen-Pal Network reveal that, despite the fact that they are behind prison walls, participation in the network allows women to forge strong bonds of friendship and solidarity with women who are, as one woman put it, in "similar situations, so little explanation is required." Women's correspondence frequently refers to the "abuse" they have suffered in the media, the legal system, and in prison, and the Pen-Pal Network uses a variety of tactics to build solidarity among women in prisons, including writing encouraging notes to each other and the use of expressions such as "stay strong," and "keep your head up." One woman who tried unsuccessfully to kill her son and was charged with attempted murder explained that the women in the Pen-Pal Network are "all an extension of my immediate family ... I feel that I am not alone with what I go through and feel." When another woman serving a life sentence for killing her child first received an information packet and letter of support from PSI, she wrote, "I got your card tonight and about cried. I have been praying for someone like you and your organization to come along. It is so good to know that I am not alone."

Women's correspondence is sprinkled with expressions of love, concern, and compassion, which allows participants to create a sense of community built on shared affection with other women who have undergone the same experience (Rupp and Taylor 1987; Taylor and Rupp 2002). At the end of 2001, a woman serving time wrote to the network members, "I want to wish my fellow Pen-Pal Network ladies the merriest of holidays and always remember that 'you are not alone! And to my PSI family—I love you and thank you for all you do for everyone.'" Most of the women express the view that only someone who experienced postpartum psychosis and killed a child can truly understand what they have experienced. Women who form a connection with other women serving prison sentences for committing infanticide express mistrust and fear about discussing their crimes with other prisoners because, as one member of the Pen-Pal Network explained, "so many of them talk about what they hear or read and it's hard to learn to trust." In some prisons women serving sentences for infanticide are referred to by other inmates as "baby killers."<sup>3</sup> A line of demarcation is even drawn between the network and family members: One woman explains:

I know how special and precious my family is, but they don't understand what I am going through. They think they do, but they don't. They can't. No one can. ... When I said no one could understand I was wrong. Support groups understand. The women in the Network of Pen Pals understand. My true healing began when I was put in contact with these women.

The solidarity that forms between women who are bound mainly through written correspondence is evident in the letter of one woman who wrote to the network describing her sadness when Susan Hickman, one of the leading experts on the relationship between postpartum illness and infanticide, died in 1998. She writes:

My heart is saddened and I cried yesterday morning when I read of her passing. I feel as though I know her, though I never met her, though I met her through the information I was given on PPD/P as one of the articles was all about her. I was able to relate to her and all the others I read about. I feel a bond with each and every one of them.

Working collectively with others allows women who have been defined by the state as deserving of punishment for the crime of infanticide not only to express emotions of guilt but to create narratives that suppress unwanted emotions and evoke more pleasurable emotions of love, compassion, and friendship.

### Consciousness

Affect control theory (Smith-Lovin and Heise 1988; Smith-Lovin 1990; 1995) predicts that feeling bereft leads individuals to try to change the way they feel. Participation in the Pen-Pal Network provides women convicted of infanticide an opportunity to engage in emotion work to transform their discredited identities into valued ones. To do this requires not only rites of affirmation and expressions of solidarity that foster new emotions, but collective resources that allow participants to remake their identities as mothers (Schrock, Holden, and Reid 2004).

Critical to this process is the formation of group consciousness that imparts a larger significance to the collectivity. Group consciousness is constructed through the Pen-Pal Network's talk, narratives, framing processes, and emotion work, all of which provide women an opportunity to construct new narratives indicative of a more emotionally satisfying story: victimization. Two frames bind women together and generate oppositional emotions: a *medical frame* that justifies their actions on the basis of postpartum psychiatric illness, and a *legal frame* that attributes their imprisonment to an unjust judicial system.

The network's affiliation with the larger postpartum self-help movement supplies a medical frame (Snow et al. 1986; Snow and Benford 1992) for the inappropriate negative emotions—depression, guilt, shame, anxiety, and fear—experienced by a significant number of new mothers that are rarely acknowledged in dominant representations of motherhood (Taylor 1996). Women in the Pen-Pal Network receive the newsletter of PSI, which summarizes recent research and conference presentations that discuss the medical basis of postpartum psychiatric conditions and promote medical strategies for the treatment of these conditions. Since 1952, the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the official handbook of mental illness, has excluded psychiatric illness connected to childbirth as a distinct diagnostic category. After more than a decade of campaigning by professionals and researchers affiliated with DAD and PSI, the most recent edition makes reference to postpartum onset in connection with depressive, bipolar, and brief psychotic disorders (American Psychiatric Association 2000). This condition is limited, however, because DSM-IV specifies that it has to occur within four weeks of delivery.

In their letters to the network, it is common for incarcerated women to recite statistics on the prevalence of postpartum psychiatric illnesses and to decry the lack of public awareness of the condition, as a letter from a woman who served twenty-five years for killing her son illustrates: "I wish to become a part of this organization in order to help inform society of the symptoms of this illness, so it can be recognized and treated before a tragedy occurs that causes it to have to go into the court of law." All of the women who completed the survey explained their killings using medical and psychiatric diagnostic terms, and the overwhelming majority indicated that they had no intention of killing their children, except in those cases where the act was motivated by altruistic considerations. Debra Gindorf, who killed her two children in order that they would not survive her own multiple suicide attempts, explained in a media interview: "I know it's the illness that did this, not Debra Gindorf, not their mommy."

Women's lack of agency in attributing their actions to postpartum illness is striking. When pen-pal women refer to the deaths of their children, they express intense grief, but avoid any reference to their own role in the killings, using phrases such as "the tragedy," "the consequences of PPD and PPP," "the results of this illness," and "the loss of my child to this illness." Typical is the explanation of one woman who wrote in a letter to the network: "It is possible to be so stressed, so overworked, and so overrun that it takes a toll on one's mental capacities and one comes to the state of mind I was in when this tragedy happened." That this woman understood her behavior to be the result of a medical condition is clear when she goes on to state that "it is possible that through medication and proper therapy, and a strong desire for a person to get well, this tragedy could have been prevented." Another woman wrote in a letter to the network: "I really am understanding that my son's death wasn't truly my fault, but sometimes that is a little difficult to fully accept. I have a lot of healing to do through the PPD and abuse from this tragedy."

It is important to emphasize that the women are not unwilling to accept responsibility for their actions. Just the opposite; they use repentant language, making frequent reference in their letters to "dealing with my crime" and "facing what I did." Participation in the Pen-Pal Network provides, however, a medical and scientific explanation of their actions that allows women to offload their guilt, intense grief, and shame, and to maintain their identities as mothers. Typical of the kinds of letters written by women to the network is a letter from a woman sentenced to sixty-three years in prison for killing her son; at the time she wrote she was engaged in an appeal based on postpartum psychosis: "Any and all advice you can find will benefit me greatly, both legally and therapy-wise. Your material has eased my confusion, guilt, and isolation and I thank you from the depth of my heart."

The medical frames provided by the postpartum depression self-help movement (see Taylor 1996) also allow women in the Pen-Pal Network to build a collective oppositional consciousness around their unjust treatment by the criminal justice system. The medicalization of their crimes contributes to a collective understanding that the responsibility for their children's deaths lies, in part, with the failure of society to recognize the connection between postpartum psychiatric illness and child killing. The use of an insanity defense and the standards for insanity vary widely among states in the United States (Perlin 1997). Although the cases of some

women in our study have been instrumental in revising case law with respect to the insanity defense (Prejan 2006), most of the women in the Pen-Pal Network did not use an insanity defense because they did not receive a psychiatric diagnosis at the time the killing occurred, they lacked sufficient resources for a protracted legal battle, or they were unaware of the network of legal and medical experts associated with PSI whom they could all upon for advice. Even when it was later introduced in appeal, an insanity defense rarely resulted in a "not guilty" verdict. The coordinator of the Pen-Pal Network indicated that, for the most part, only women with significant financial resources had been able successfully to mount an insanity defense.

In their letters, members of the Pen-Pal Network express strong oppositional emotions over what one woman described as "how lame our medical and judicial systems are in not only handling infanticide due to post-partum mood disorders, but meeting[*sic*] out compassion towards those of us who are trying to survive the loss of both our children and our freedom." Women convicted of child killing receive differential treatment in prison. A woman serving a life sentence expressed moral outrage over this:

I still have one child alive, I have missed the last 10 years of his life. We have an active mother's support group here (in prison), but due to my particular crime I can't have my son participate! How is this helping family unity? Also, because of my crime, I am not allowed to participate in our Dog Training Program. Makes me feel less than human, almost like a slap in the face.

Another woman wrote of her "outrage" upon reading about the life sentence handed out by the Philadelphia court system to another "helplessly sick woman," and yet another describes members of the Pen-Pal Network as having been "railroaded by the legal, judicial (system) because of a radical change in our hormones and lack of understanding given to birth."

As a measure of the emotional transformation that occurs by virtue of women's participation in the Pen-Pal Network, a woman penned a letter after watching a November 8, 2001, *Oprah Show* on which Deborah Sichel, a member of PSI, appeared in support of Andrea Yates' insanity defense. She writes: "I am truly 'revived.' Today is the first time that I didn't get 'depressed' on the anniversary (11-11-1995) of M\_\_\_\_'s death." Responding to another women's recent life sentence for killing her child, a member of the Pen-Pal Network wrote:

I truly feel that sexism in the justice system has been demonstrated in this case. Postpartum psychosis is a woman's issue and women must stand united about it to open men's eyes. Wouldn't it be different if men suffered from such a diagnosable illness?

That these women are "doing the time" instead of "letting the time do you," as the expression goes among prisoners, is fairly evident: she ends her letter with the P.S. "Please inform me if I can help make a change for the better!" These expressions of oppositional emotions are encouraged by participation in the Pen-Pal Network. The politicized emotions of the Pen-Pal Network emerge, in part, from its roots in the women's movement and the strong feminist influence that legitimizes the expression of anger and criticism of male-dominated institutions (Taylor 1996).



### Negotiation

Remaking the self through the redefinition of the self, the strategic use of identity, and the public deployment of emotion are the core of self-help. Scholars of social movements view collective identity as an interactional accomplishment that is the product of negotiations between participants in social movement networks and organizations and relationships with a movement's allies, opponents, and bystanders, including the media (Gamson 1992b; Gamson 1995; Whittier 1995; Melucci 1996; Snow 2001; Hunt and Benford 2004). As Bernstein (1997) has argued, identity-oriented movements achieve change through two types of identity work: *identity for education* that challenges the dominant culture's perception of the group, and *identity for critique* that challenges the values, identity categories, and practices of the dominant culture.

Previous work by scholars such as Whittier (forthcoming; 2001), Kemper (2001), Dugan (2005), and Dunn (2004) demonstrates that social movement participants often use emotions strategically in their attempts to resist negative definitions imposed by the larger society and to generate the sympathy of bystanders and authorities. In her research on the child sexual abuse movement, Whittier (2001) found that activists display different emotions and engage in different kinds of emotion work in internal movement contexts than they do when they are dealing with external targets, such as the media, medical and legal institutions, and the state because of variations in what she conceptualizes as the emotional opportunity structure.

Thus far, we have focused on the emotional expressions and strategies used by members of the Pen-Pal Network within the context of the movement where participants are encouraged to express both emotions of guilt, shame, and loss, and emotions of resistance, such as moral outrage, righteous indignation, and love, that promote solidarity and healing. In keeping with the movement's emphasis on the deployment of identity to educate others about postpartum conditions, when members of the Pen-Pal Network make public appearances in the media, or allow their stories to be told in criminal cases, public conferences, movement publications, and in connection with the enactment of legislation, they avoid emotional displays that might evoke opposition. The Pen-Pal Network steers them toward a simple retelling of their story, which frames their actions in terms of maternal grief and loss and psychiatric illness rather than providing a complex account of the legal and social injustices they have encountered, their failure to receive adequate treatment by the medical establishment, and their resulting anger and moral outrage.

During the early stages of the movement, between 1986 and 1990, women who committed infanticide and/or their husbands, along with medical professionals and activists affiliated with the postpartum support movement, made thirty-four appearances on nationally syndicated television programs and news broadcasts including the *CBS Morning Show*, *Good Morning America*, the *Today Show*, *20/20*, *Hour Magazine*, *Larry King Live*, and the *CBS Evening News*, as well as on local and national talk shows including *Geraldo*, *Phil Donahue Show*, *Joan Rivers Show*, *Morton Downey Jr. Show*, and *Salley Jessy Raphael*.

One woman who made dozens of media appearances was Angela Thompson, a registered nurse, who typically appeared with her husband Jeff, a police officer.

Angela was charged with first-degree murder for killing their son, Michael, but was acquitted by reason of insanity. Believing Michael the devil and her husband Christ (a common delusion), she drowned her baby, meticulously wrapped him in a blanket, placed him in a box, and buried him in the garden with mothballs (which she believed to be Rosary beads) around his grave to "expunge the world of the devil." Angela was treated for one month in a psychiatric hospital and spent four months out on bail awaiting the results of the trial. In none of her public appearances did she deploy oppositional emotions by expressing anger or moral outrage at the medical and legal systems. Rather, hers and other women's emotional displays when they told their stories were structured by what Whittier (2001) terms the emotional opportunities of the context. The societal stigma surrounding infanticide is not conducive to the expression of oppositional emotions, such as anger and indignation. The following statement by Angela Thompson from a January 22, 1991, *Oprah Winfrey Show* titled "Baby Killers" illustrates this:

As a mother you can only imagine the tremendous guilt and grief I felt when I woke up from the delusions. I remember pounding my fists on the wall in disbelief screaming, "my son, my son, how could I have done this?" I couldn't understand how someone like me who always wanted to have children, to rear children, could do something like this.

More recently, three members of the Pen-Pal Network—Paula Sims, Debra Gindorf, and Tammy Eveans—serving no-parole life sentences in the Dwight Correctional Center spoke out about their grief. Although they admit that telling their stories might spark more hatred than pity because the public may think they are using "postpartum psychosis as a convenient excuse for their crimes," all three women indicate that they poisoned, drowned, or smothered their children not because they did not love or want them, but because "they were victims, too—of postpartum psychosis, the rarest and most severe form of postpartum mental illness." Paula Sims admits, "I don't expect people to forgive me. I haven't forgiven myself, but I'm being punished for being mentally ill." Like so many women in the Pen-Pal Network, these women still embrace their identities as mothers. Tammy Eveans suffered postpartum psychosis after the birth of all three children, suffocating two as infants and her oldest as a three year old: "There's not a day that goes by that I don't think about my kids," she says. "If I ever get out of here, the first place I'd want to go is the cemetery." She adds that if she doesn't get out of prison, "I know I'll see them again someday. And the first thing I'll tell them: 'I love you.'"<sup>4</sup> Both the print and electronic media continue to report sensational cases of infanticide related to postpartum illness, and recently two celebrities, Brooke Shields and Marie Osmond, have spearheaded the movement's public-awareness campaign by publishing books on their personal experiences with postpartum depression.<sup>5</sup>

Despite being incarcerated, members of the Pen-Pal Network are able to engage in a variety of tactics to bring about change. They form support groups in prison that both educate pregnant women about postpartum illness and allow at least some women who have committed infanticide to form a collective identity inside prison walls. They frequently write letters to members of Congress and elected state officials. For example, one woman's letter to the network makes reference to writing President Clinton urging him to promote legislation to prevent the deaths of future



children. Characterizing postpartum psychosis and postpartum depression as “a national health issue,” she goes on to say that when she reached out for help before she killed her child, the “doctors did nothing to help me except make fun of me and send me home.” The women urge PSI to initiate advocacy projects, such as the “Free Deborah Gindorf Campaign,” that petitioned judicial bodies for parole and governors for clemency for women prosecuted for postpartum infanticide. In May 2009, this long-running Pen-Pal Network campaign succeeded when Illinois Governor Pat Quinn commuted Gindorf’s life-sentence, and she was paroled after serving twenty-four years in prison. Members of the Pen-Pal Network also provide advice to women and their attorneys about how to draft appeals, clemency petitions, and parole paperwork. Women even engage in high-risk activism with respect to their own legal trials in order to raise awareness about postpartum illness. Recently, one member of the network went forward with a trial because she wanted to publicize postpartum psychiatric illness, in spite of her lawyer’s strong objection that the state where she resides does not recognize postpartum psychiatric illness as grounds for an insanity defense and that the publicity would likely lead to a longer sentence. The judge determined that this woman’s decision to use her trial as a social movement tactic was itself an indication of insanity and committed her to a state mental institution.

The public-awareness campaign to frame and reframe child killing as linked to postpartum psychiatric illness has done more to stimulate the growth of the postpartum support group movement than perhaps any other tactic, and postpartum-related infanticide also has been at the forefront of PSI’s lobbying for legislative and legal changes for the prevention and treatment of postpartum illness. With the support of a Democratic senator from New Jersey inspired by the first lady of New Jersey’s personal battle with postpartum depression, PSI is lobbying for U.S. Senate passage of “The Mom’s Opportunity to Access, Help, Education, Research, and Support for Postpartum Depression (MOTHERS) Act” (S. 324). The House version of this bill (H.R. 20), which passed in March 2009, was first introduced in 2003 as the “Melanie Stokes Postpartum Depression Research and Care Act.” It was named after a pharmaceutical sales manager married to a physician in the Chicago area who committed suicide after the birth of her child. Both bills would expand research funding for postpartum psychiatric illness, increase public awareness, and assure psychiatric screenings for new mothers. In at least five states (New Jersey, California, New York, Texas, and Washington), PSI has successfully lobbied for legislation that increases awareness of postpartum illness among the general public, the medical community, and/or correctional officers. In at least two of these states, California and Texas, the legislation was the direct result of high-profile infanticides. In California the heightened awareness of postpartum psychosis resulting from Angela Thompson’s infanticide case resulted in legislation, and the Texas law is named the Andrea Pia Yates Bill to commemorate one of the highest profile cases of multiple infanticides in American history.

Through their participation in the PSI Pen-Pal Network, women who have committed infanticide reconstruct their own identities while strategically deploying identity for education and critique to challenge public policy, medical and judicial practices, and cultural definitions and meanings of motherhood by bringing to light the serious emotional problems experienced by some new mothers. The medical frame, solidarity, and emotional transformation that result from the collective identity

constructed by the Pen-Pal Network provide an alternative space where women can reclaim the idea that they are good mothers. Many of the pen-pal women work for change in the name of their children. The explanation of one woman’s motivation for participating in postpartum awareness campaigns is typical: “I hope to be able to bring something good out of this for children, in memory of my son, John.” In a later letter, she elaborates: “The more society is informed of this illness, the less chance of this happening to another infant. My son’s life will be meaningful through the process of educating others and saving the lives of other infants.” In their narratives, women redefine themselves as “good mothers,” not only to the children they still have, but to the ones they once had.

When members of the network heard about Andrea Yates’ drowning her five children, many wrote her to provide support. They also reach out to women in their own prisons, urging them to join the network. One woman who heard about another prisoner who had committed infanticide on her cell block wrote:

There are probably many more like her here that are too afraid to be known. Oh, if they could only realize they are *not* bad people—that they were mentally ill—*not* criminals. I can never forget where I came from. Thus I have a greater love for people and a deeper compassion for women who *have walked* in these same shoes (her emphasis).

## Conclusions

Since the 1980s, we have witnessed in the United States the surge of powerful expressions of collective identity in the form of self-help movements that make contradictory claims. They challenge the wide-ranging forms of control used by institutions of the therapeutic state at the same time that they co-opt therapeutic discourse to obtain access to the benefits and services of medical institutions (Polsky 1991; Giddens 1991). The Pen-Pal Network we describe here is typical of the self-help repertoire of collective action that emerged in the historical moment of the 1980s, which saw the dismantling of the U.S. social welfare state engineered in the wake of the New Deal, the expansion of the medical system, and the professionalization of grassroots self-help movements that spun off from the feminist, civil rights, ethnic, and gay and lesbian movements of the sixties. It is remarkable that this form of collective action has received so little attention from scholars of social movements. Self-help movements share the fundamental features scholars associate with a social movement—solidarity, temporal continuity, strategic action, the use of noninstitutionalized tactics, and the quest for social change.

In the introduction to this paper, we attribute the neglect of research on self-help movements, in part, to the state-centered bias of the political process and contentious politics approaches to social movements. In modern societies, culture and identity play a central role in power and resistance. To ignore self-help and medical movements that both appropriate and challenge therapeutic discourse and practice to define collective identity would be to overlook a considerable amount of collective action that has been a significant force for change in U.S. society. Some scholars may take issue with the fact that we define the Pen-Pal Network as a social movement because

of its relatively small size. Although size is one of the ways social movements signal support for their claims, we agree with scholars such as Melucci (1996), Castells (1997), and Goldfarb (2006) who have argued that the submerged networks of civil society where solidarity, resistance, and change is hatched slowly outside the nests of power should be as interesting to scholars of social movements as the mass-based movements that preoccupied researchers in the 1970s and 1980s.

The existing body of theorizing and research on social movements has a great deal to offer scholars interested in self-help and medical movements. It is our view, however, that these movements may require students of social movements to rethink some of the assumptions underlying general social movement theories about the size, targets, organization, tactical repertoires, and outcomes of social movements that rely on the politics of recognition and visibility (Bernstein 1997; Fraser 1997; Whittier 2007). In this paper, for example, we illustrate how the study of self-help and medical movements can contribute to theoretical advances in understanding the role that emotion plays in collective identity construction in social movements. Starting with the premise that empathy and support are fundamental to the self-help repertoire led us to theorize the significance of emotions for the construction of collective identity and social movement tactics. The field of social movements only recently has acknowledged the centrality of emotions to social protest and political contention, and studies of self-help movements have been at the forefront in nudging the field in this direction (Taylor 1995a; Taylor 1996; Gould 2001; Whittier 2001).

Emotions are an integral part of the personal and collective identities associated not only with self-help, support, and health advocacy groups, but all social movements (Melucci 1995). Our research demonstrates that the emotional transformation associated with participation in self-help movements and the public sympathy generated by the emotion work of self-help activists in the reconstruction of stigmatized identities and their collective representation are key to understanding the politicization of self-help. While several scholars have called for the reincorporation of emotions into the study of social movements, much of this work fails to draw adequately on the body of theory and research by scholars interested in the structural, cultural, and interactional processes that give rise to emotions and their expression. This paper seeks to bring about a greater synthesis of these two fields of sociology by combining affect control theory, which is concerned with individual's experience, expression, and management of emotions, with collective identity theory that accentuates the collective processes involved in the formation and collective representation of a movement identity.

## NOTES

1. Debate about whether collective actors are able to construct collective identity without face-to-face communication has centered primarily on internet organizing and online chat groups. Although some researchers have argued that online participation does not contribute to the construction of collective identity (Ayers 2003; Allee 2007), a growing body of research has found that the internet facilitates the maintenance of an existing collective identity and that the internet can also be an especially useful tool for identity construction within geographically disparate (Drentea and Moren-Cross 2005) and marginalized groups such as transgender people (Broad 2002; Shapiro 2004) and white power activists (Dobratz 2001; Futrell and Simi

2004). Similarly, Rupp (1997) has shown that letters were important to the maintenance of collective identity in women's groups that were unable to meet face-to-face, such as international women's organizations between the two world wars.

2. Anastasia Toufexis, "Why Mothers Kill Their Babies: Severe Distress Affects Some Women in the Months after Giving Birth," *Time Magazine*, June 20, 1988, 81, 83 (quotation on 81).

3. Lori Rackl, "'It's the Illness that Did This... Not Their Mommy': Illinois Women Locked up for Killing Kids Hope Change in Attitude on Postpartum Depression Could Free Them," *Chicago Sun Times*, July 27, 2006, 22.

4. All of the quotations in this paragraph come from Rackl (2006).

5. Brooke Shields, *Down Came the Rain: My Journey Through Postpartum Depression* (New York: Hyperion, 2005); Marie Osmond with Marcia Wilke and Judith Moore, *Behind the Smile: My Journey Out of Postpartum Depression* (New York: Warner Books, 2001).