Navigating Silences: The Everyday Relationship Between Chilean Mothers and the State[1]

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Navigating Silences: The Everyday Relationship Between Chilean Mothers and the State. In Chile, social policies are founded on the notion of women as primary caregivers burdened with the main responsibility for others. These policies conceptualise women as deficient, requiring their parenting to be monitored. Drawing from our ethnographic studies of specific instances of encounters with the state, this article examines how low-income mothers navigate, experience and are subjected to silence and silencing. Silences are at the basis of their relationship with a state that provides minimal, almost imperceptible care, compelling these women to manage their silence to obtain even the slightest assistance.

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Introduction

In Chile, as in other places in Latin America, social policies have been built upon the figure of women as caregivers as well as those assuming most of the responsibilities towards kin, especially children, the elderly and ill. While policies emphasize the importance of strong women as allies and dependable figures, they simultaneously portray poor women as lacking and inadequate individuals and citizens. This portrayal necessitates close attention and supervision, as these women live "under suspicion" (Vergara et al. 2018). This tension underlies the proliferation of stereotypes that do little justice to women's constant, active and prolific search for what they view is best for their families. And if women's family responsibility may be the case in various contexts, in Chile it also requires considering the existence of decades of institutional distancing as part of the neoliberal model in which the population as a whole and in particular those in need have learnt that the rules of the game imply doing everything on one's own, while at most accessing *"ayuditas" (little help)* or small support, through sporadic "benefits" of the state.

Based on three ethnographic projects developed and conducted over the past decade in Santiago, Chile, this article reflects on the strategies employed by women who are mothers and reside in low-income neighbourhoods. It exami-

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nes how these women navigate various forms and aspects of silence and silencing in their interactions with state institutions. The study highlights the ways these women use silence as a tool for coping, resistance, and communication, shedding light on their complex relationships with state institutions.

Concretely, we analyse the use of silence and silencing in four different instances of the relationship that women establish with the state during early motherhood: childbirth, early checkups, preschool education, and parenting skills programs. In all these encounters, we argue, women navigate control and surveillance by managing silence. This involves the more or less conscious omission of information, comments, and the sharing of emotions. Women may lead this silence management themselves or employ it as a response to being silenced by professionals when establishing a relationship with the caring face of the state. We suggest that these are agent women that navigate this relation wisely and attentively, learning through trial and error, aiming and finding their way for achieving at least glimpses of care from the side of the state.

Our analysis complements the existing anthropological literature on silence (Wikan 1989; Jackson 2004) which has mainly focused on the kinds of silence that take place through violence, war and terror (e.g. Das 1997) everyday violence (Bourgois – Scheper Hughes 2004; Han 2012; Gammeltoft 2016) and other instances of profound suffering such as bereavement (Smørholm 2016). Concretely, we aim to contribute to debates on the issues of silence, power and subordination. For our argument we follow Ahmed (2010) and then Parpart (2010) in their claim that silence not only takes part as subordination, but that it can also be a response to oppression once one considers its subtle transformative potential. Silences cannot be acknowledged only as deliberate or subconscious ways to deal with conformity towards the unchangeable (Gammeltoft 2016) but can work productively in the search for a glimpse of the caring side of the state.

Chilean social policies through neoliberalism and women's relationship with the state

The Global Inequality 2022 report highlights Chile is a highly unequal country, where the top 1% of income earners hold 26.5% of the total income and 49.6% of the nation’s wealth (Chancel et al. 2022: 189). Additionally, income inequality in Chile is closely linked to education, both at an individual and regional level (Garretón 2017: 40). In Santiago, the “deep socio-spatial inequalities are manifested in an intricate geography of segregated areas that share common disadvantages such as low accessibility to jobs and amenities, high levels of urban violence and a poor quality of public services” (Garretón 2017: 42), while other areas benefit from investment, wealth and development.

The Chilean case necessitates further examination of neoliberalism as an economic and political initiative introduced during the Pinochet dictatorship (1973 - 1989), which impacted the expectations, subjectivities, and problems of its inhabitants (Han 2012). In accordance with neoliberal values, an extensive privatisation of health, education, and social security services took place, under the motto of a subsidiary state. Its principles led to the dismantling of various state provisions, while specific attention was directed towards alleviating extreme poverty (Goyenechea 2019; Rojas 2019; Ruiz – Boccardo 2014) and its urgent problems through the targeted allocation of resources. At the same time, neoliberalization implied the spreading of a consumer culture in which aspirations and tools such as bank and commercial credits became part of the everyday lives and coping strategies of families and individuals (Moulián 1997; Han 2012; Araujo – Martuccelli 2014). As Canales, Bellei, and Orellana (2016) state, the implementation of comprehensive neoliberal reforms has led to the introduction of the free market as the principal regulator of social services. As a result, education in Chile has undergone rapid privatisation and is now managed by local municipalities. Public schools receive per capita subsidies where funding is allocated based on the number of students enrolled, leading schools to compete to meet family preferences.

Following the same trend, fiscal expenditure on health was significantly reduced and concentrated in the National Health Fund (FONASA), which fulfils the function of insuring and financing the beneficiary population of the public sector, which can also opt for subsidised care through private providers, usually with co-payments, through the modality of free choice (Cid et al. 2016). In other words, "the public network begins to function as a quasi-market through the introduction of fees for health care (fee for service), policies of outsourcing services within hospitals, the implementation of policies that tend towards hospital self-financing, as well as the adoption of management models from the private sector" (Goyenechea 2019: 9).[4] Concomitantly, there is a constant transfer of resources and patients to private providers, based on the logic of demand subsidies.

Finally, in the field of social security, Chile has implemented a range of social policies over a span of more than four decades to combat poverty. These include conditional cash transfers of modest amounts that operate as emergency funds to help families improve their situations using their own resources, while they are expected to fulfil minimal activities. For example, *Subsidio Único Familiar* (SUF) was introduced in 1981, aiming to aid economically deprived families with no formal work with support towards children's expenditures that to date involve approximately 23 USD per child per month. To receive the

[4] Our translation.

monthly allowance, families must ensure that their children participate in health programs, attend check-ups and vaccinations, and subsequently enrol in the education system.

The SUF has partially adopted a social investment approach, where the government invests in developing human capital and encourages citizen participation in activities designed to ultimately break the cycle of "intergenerational poverty" (Murray – Cabaña 2018). At the same time, it is hard to take these inspirations too seriously considering the meagre amounts and investments involved. Later, during the governments of the Concertación coalition from 1989 to 2010, a legally guaranteed social assistance system was launched (Rojas 2015). One of its primary programmes, *Chile Solidario*, launched in 2002, stressed the importance of integrating marginalised citizens into the state's social services, providing beneficiaries with priority access to available policies, including social housing and programs dealing with domestic violence and other necessary services (Larrañaga et al. 2014). The key innovation of this programme was the *Programa Puente*, which tasked professionals with linking families to pertinent social services whilst offering them psychosocial guidance and stipulating an amount of money that compelled families to collaborate with family support during their two-year participation in the programme. *Puente* aimed to reduce extreme poverty in households through a capabilities approach (Raczynski 2008; Tabbush 2010) by promoting self-sufficiency among beneficiary households (Arriagada – Mathivet 2007). In essence, these policies perpetuate the notion that individuals aim to overcome poverty through their own efforts, with some support and limited assistance. Simultaneously, a voucher system that could be perceived as remuneration or salary by the poorest groups consolidated a hierarchical structure within a paternalistic framework that requires women's work and an uncomfortable position of demonstrating the need of the support and capacity to fulfil the state's expectations regarding their behaviour (Rojas 2015: 230).

This incomplete overview of social policies for low-income families in Chile highlights the limited and minimalistic support provided to most of the population. This is the case even considering its innovations, and sense of a widening social protection system that, in the end, does not question the premise of expected self-fulfilment and entrepreneurship as the fundamental basis upon which society relies. This last point requires further development in terms of its consequences towards positioning and subjectification of citizens.

Araujo and Martuccelli (2014) suggest that this system creates a pervasive sense of positional inconsistency within society. This feeling arises from the perception that social position can be actively destabilised because individuals are made responsible for the tasks related to their social integration (Araujo – Martuccelli 2014: 33). These findings align with Manuel Canales's argument

(Hopenhayn 2020) that only one of the two promises of neoliberalism in Chile has been fulfilled. The first promise was to improve lives by alleviating of poverty. While this was partially fulfilled, the second promise—to overcome the highly stratified social organisation—was not met. For most of the population, their social position remains insecure, regardless of any improvement in their economic conditions. Concomitant to these circumstances, an 'agentic individualism' of 'hyper-actors' (Araujo – Martuccelli 2014) has emerged; subjects who must take full responsibility for themselves beyond institutional guidelines.

For the purposes of this article, it is important to note that these features are especially pronounced for women who are mothers. Their burden of responsibilities is amplified under what scholars term 'maternalism' in social policies (Staab 2012; Ramm – Giddeon 2019). This concept means that women are expected to act as mediators, providers, or collaborators, with children, the elderly, disabled, or ill relying heavily on them in these roles. This focus has been widely criticised for placing the burden on women, overlooking the relevance of women's unpaid reproductive work in the process of capitalist accumulation (Federici 2004, 2020; Gutierrez-Garza 2019). This overemphasis on women's roles as mothers (Lister 2003; Molyneux 2006; Richards 2004; Schild 2013) creates significant challenges for recognizing women as care recipients themselves.

Moreover, policies related to childhood often frame their relationship with women as subjects of lack, perpetuating long-term class prejudices that primarily view women as (poor, urban) mothers (Ladd-Taylor – Umansky 1998; Rojas 2019; Molyneux – Thomson 2011; Murray – Tapia 2022). These policies overlook the diverse realities and hierarchies in which they are applied, positioning women as passive conduits to reach children (Llobet – Milanich 2018). Furthermore, historically, the state and society in general understand parenting by low-income families as under suspicion; "required to be intervened or directly disqualified, through legal-social procedures" (Vergara et al. 2018:2).[5] In fact, it is safe to suggest that long-term successful childhood-related policies, from early successful reduction of child mortality rates (Jiménez 2009; Vergara et al 2015) to childrearing advice (Rojas 2010: 140), have relied on maternalism (Ramm – Gideon 2019), as women learned how 'good childcare' was measured in check-ups with the exchange of powdered milk (Goldsmith 2017b).[6]

[5] Our translation.

[6] The universal policy of free milk established in 1954 (Goldsmith 2017a) consisted in a first conditional transfer, which institutionalised a specific way in which the state permeated the everyday lives of citizens through childcare (Murray and Tapia 2022).

In a way, this attitude is particularly concerning if many low-income women tend to adopt traditional representations of motherhood, naturalising their material and moral responsibility towards their children, as the only figure on whom these duties can fall (Gajardo – Oteiza 2017). Simply put, policies that objectify women run the risk of reducing them to their reproductive capacity in a context where motherhood is often seen as the most important role of a woman, even outside of religious contexts. This poses a threat to women's identity and autonomy (Montecino 1996). Furthermore, numerous Chilean women exhibit a hyperagentic form of motherhood (Murray – Tizzoni 2022), which entails maternalism, a normative responsibility towards children based on religious ideals of Catholicism—specifically, the Virgin Mary's inspired ideals of maternal love (Warner 1985), and a specific response to growing global and expert-led local expectations regarding parenting, which are mediated through policies (Hays 1996; Faircloth 2013; Preissler 2022).

Despite these recent configurations of motherhood in Chile, in our work we have encountered a significant mismatch and lack of comprehension regarding mothers by experts and state agents. Many times, women have been understood as passive, deficient and ignorant, carrying the weight of long-term, profound, and class-based prejudices. This overlooks the fact that, as mentioned above, women are the key partners necessary to make policies and mandates effective. In the following sections, we question this relational disconnection by examining the meaning, texture, and implications of silence in the relationship between women who are mothers, the state, and its representatives. Before delving into this discussion, we briefly contemplate the implications of silence in relation to women's interactions with the state and its institutions.

Silence, violence, power, women

Following the well-known Western articulation between power, discourse and agency, silence characterises those who are marginalised or subordinate, lacking the opportunity to speak up or participate in matters that are relevant to themselves or others. As Dahl (2017: 93) reminds us, domination consists of "the power to name something," establishing an order around that which is said, while the unspoken remains vague and, in a way, non-existent. Similarly, Spivak's (1994) concept of subalternity refers to the absence of power "that manifests when subjects, objects, relations and spaces cannot be described and therefore do not seem to exist" (Dahl 2017: 94). The understanding of silence as an inability to speak and its intrinsic relation to subordination has located 'voice' within feminist research as a sign and symbol of women's agency and subversion (Parpart 2010). By extension, silence has represented the goal and tool of domination, seeking to exclude women from public discourse and

spaces, thereby hindering the recognition of their rights and perpetuating the invisibility of everyday oppression (Romero-García 2020).

Beyond these dichotomies, silences emerge as intricate and nuanced phenomena that warrant closer examination and understanding. They encompass complex situations and enactments that defy simplistic categorizations.

As Ahmed (2010) points out:

> Sometimes silence can be a tool of oppression; when you are silenced, whether by explicit force or by persuasion, it is not simply that you do not speak but that you are barred from participation in a conversation which nevertheless involves you. Sometimes silence is a strategic response to oppression; one that allows subjects to persist in their own way; one that acknowledges that, under certain circumstances, speech might not be empowering, let alone sensible (Ahmed 2010: xvi).

In line with Ahmed, Parpart (2010) suggests that privileging voice over silence as a sign of agency can lead to ignoring subtle and less obvious strategies of change, as well as the transformative potential of phenomena such as silence and secrecy, which "can also provide the space for discovering and consolidating inner resources, questioning the status quo and developing long-term strategies for renegotiating gender relations" (2010: 25).

A compelling illustration of the power of silence as an agent can be found in Romero-Garcia's (2020) work on a women's prison in Mexico. Here, incarcerated women in subordinate positions choose to remain silent in cases of rape or mistreatment by prison guards. Speaking out in such a context often risks exacerbating their current situation. Following Mahmood (2001) Romero-García claims that beyond the violence of silencing one can also think of a certain kind of agency in this situation, one which understands agency not only in its traditional sense of the capacity for changing things, but also considering the capacity for suffering and persistence (Mahmood 2001: 217, in Romero-García 2020). This extreme—and certainly debatable—example underscores the imperative to tackle silence beyond viewing suffering subjects as inherently lacking agency.

Anthropological approaches to silence and suffering (Das 1997; Han 2012; Bourgois – Scheper Hughes 2004) provide important antecedents in this line of analysis. For example, Gammeltoft (2016) examines how women confronting different kinds of domestic violence in a conservative society like Vietnam cope through deliberate and subconscious acts of silence and fantasy. Wikan's (1989) study and her approach to silence through bereavement suggests the need to understand silence as part of a deliberate control vis à vis expressions of grief and despair (1989; 1992). Michael Jackson also suggests that silence is

communicative, portraying it not as resignation or indifference, but as "a way of healing and reconciliation" (2004: 56).

Methodology

This article is based on three research projects conducted over the past decade in Santiago, focusing on women from low-income neighbourhoods, and their interactions with various aspects of the state during the period of early motherhood. Although they have different objectives, they share an ethnographic, holistic, and inductive perspective through which we have sought to understand the practices and discourses of women who are mothers and their families over a long period of time, mainly through qualitative techniques such as participant observation and in-depth interviews.

The first project (2010-2012) sought to understand the similarities and differences in how women from different socio-economic groups experience and signify the first year of motherhood (Murray 2012, 2013, 2015). This involved 12 months of ethnographic fieldwork with 16 women, following categories of educational attainment (five women with secondary, five tertiary, and six technical) and area of residence (low-, middle-, and high-income areas) as proxies for difference and inequality in the city (Garretón 2017). We visited each of them once a month in their homes and accompanied them to relevant activities, including medical check-ups and family celebrations, from the third trimester of pregnancy until their babies were one year old. Six years later, we conducted a follow-up study with nine of the original participants from the different groups, focusing on their current lives, responsibilities, satisfactions, and concerns (Murray – Tizzoni 2022).

The second project (2018-2020) sought to understand and characterise the parenting of young children in Santiago. Our ethnographic fieldwork was conducted for twelve months in Peñalolén, in the eastern region of Santiago. We approached the parenting goals of our interlocutors, the everyday life and routines of families and kindergartens, and the expectations and difficulties they face. We focused on 20 households with children aged 1-3. We also carried out participant observation in two kindergartens in the area, attended workshops on breastfeeding and parenting skills, and conducted interviews and informal discussions with professionals.

The third project (2019-2021) aimed to understand the parenting choices of low-income families with young children and their relationships with public agencies. As in the first project, we followed nine women and their families from the third trimester of their pregnancy until the babies turned one. This time we focused only on those who lived in deprived neighbourhoods and used the public health system. During 24 months of ethnographic fieldwork, we followed these women and their families as they went about their daily

activities, such as taking their children to kindergarten or attending medical consultations at nearby health centres.

To investigate the interplay between women, the state and silence—an aspect not originally within the scope of our studies—we have revisited our research material on four specific instances of women's relations with different state bodies during early motherhood: childbirth, early check-ups, preschool education, and parenting skills programs. These four types of relationships allow us to reexamine our original aims across the three projects and enter the complexities of silences and their nuances without oversimplification, exploring both the dynamics of deliberate silences (for a discussion on intentional silence, see Gammeltoft 2016) and those that are imposed, along with their temporal dimensions. The re-examination of the three projects can achieve this by investigating how women navigate and experience silence in their interactions with various state entities during early motherhood. This approach allows for a deeper understanding of when and why silences occur—whether as a strategic choice or as a result of external pressures—and how these silences evolve over time within the context of state-provided childcare and support programs. Our ethnography invites us to reflect on the need for silence to avoid the possibility of further violence in the case of childbirth and baby check-ups, foregrounding the limits of the possibilities of state surveillance and the feelings and knowledge of women who learn to stay silent. The relationship with kindergartens reveals women's apprehension about potential instances of silence exercised by the staff, particularly in their cautious monitoring of children's behaviour as a measure of their mother's compliance. Finally, the case of the parenting skills workshops shows the contradiction present in a programme that is designed to listen, but which ends up openly silencing its participants. Each of these instances allows us to approach an issue that is difficult to grasp from a single type of encounter.

Care, surveillance, and the state through silence

Certainly, the Chilean neoliberal state strictly regulates resource allocation and strongly sanctions the behaviour of beneficiaries. It is in relation to such a state, and more specifically, to the range of state professionals and their personal takes upon these mandates (Dubois 2014) that our participants actively implement strategies to evade control and access care. Silences provide insight into what types of control are deemed acceptable or tolerable, as women navigate, learn, and replicate well-known strategies for confronting the state. They innovate and may even take on surveillance roles themselves within the realm of state-provided childcare. In other words, analysing silences presents an opportunity to recognise what women seek and avoid in their relationship with the state, taking into account nuances that are often overlooked.

In this section, we make use of four examples of how women interact with public institutions during early motherhood as the relevant locus for approaching care and surveillance through and with silences specifically. Firstly, we examine the existing strategic obedience women perform and the management of silence towards professionals through pregnancy, childbirth and baby check-ups. Secondly, we make use of an example of how women, as a counterpart, perform their suspicion and control over nurseries and their professionals. Finally, we introduce our reflections around *Nadie es Perfecto* ('Nobody's Perfect' or NEP) parenting skills program, which left participants disillusioned in their pursuit of engaging with the caring state.

In various research projects focusing on motherhood that we have conducted in Santiago over the past decade, we have observed the ambivalent relationship women have with healthcare professionals and their subtle and open criticism of Chile's public health system. While we cannot claim this is universally applicable, we have frequently heard and observed women in their encounters during pregnancy, birth, and their children's check-ups. They often articulate, demonstrate, or advocate for what they perceive is intrinsic to their relationship with healthcare; an exercise that sometimes involves experiences of violence, either directed towards themselves or those close to them, especially during childbirth.

At the same time, as we have observed (Murray 2012) it would be one-sided to consider women's critiques of the public health system solely through the lens of "obstetric violence" and similar incidents. In our studies we have observed how pregnant women employ different strategies to achieve optimal care and childbirth outcomes, beyond just avoiding interactions with abusive healthcare providers. According to our findings, women's expectations and possibilities certainly consider pain and the avoidance of violence, while values dealing with access to comfort, glimpses of "the good life" or simply being able to receive visits in a nice place after birth are part of the picture, in tune with the neoliberal valuation of private as better to public services per se.

One of our recurrent findings observing women's interaction with the public health system consists of the use of long-term practices performed and reproduced by low-income women to increase the possibilities of a good treatment through 'strategic obedience'. By this, we mean that, overall, women adopt a passive and obedient approach towards medical advice and the prenatal check-up schedule, concentrating on adhering to those expectations. Performing obedience appears as a concrete way of presenting themselves as responsible, caring mothers; a role their social environments strongly encourage. The administration of silence is constitutive of this type of obedience, since women actively refrained from mentioning certain decisions regarding self-care during

the pregnancy to health professionals to avoid being judged, perhaps following an administration of silence that preceded their relationship as mothers.

Perhaps the most graphic example illustrating the necessity of strategic obedience to cope with motherhood is the accounts of women describing the use of violent language, attitudes, and actions by midwives and other professionals during childbirth at hospitals. These descriptions are based on either their own experience or what they have learned from other women. They assert that their only tool against such violence is silence—a phenomenon not unique to Chile and documented in several studies (e.g. Martin 2001; Castrillo 2016; Abdala 2021). Examples of such language include phrases such as "now resist, fat" which downplay, dismiss and ignore women's pain during childbirth. This reality appears to be ubiquitous in Chile according to recent quantitative research (Cárdenas – Salinero 2023; see also Sadler et al 2016). Here is one example from Angélica (40):

> It was inhumane. I came [to a public hospital] with high blood pressure […] the obstetrician started with a vaginal exam and from then onwards I had contractions every five minutes […] the older women in the room having her second child told me "don't listen and don't say anything because these fools mistreat you when you complain." I kept quiet and fainted a few times, but no one noticed. I heard a midwife telling the woman next to me saying: "What do you complain about? Didn't you like "it"? (Murray 2012).

At this early stage as mothers, women already draw minimal precarious boundaries between state control (and eventual violence) and an intimate sphere of care. Through silence they filter the information they provide while at the same time aiming to maximise access to the caregiving state (Schild 2013). To some extent, those who manage to "escape" by means of use of subsidized private medicine facilitated by the state in the last decades—even if only once—enjoy the relief of managing a system through the double achievement of attending private medicine and hiding this fact from public nurses and midwives (sometimes vice versa).

Women's strategic silences vis à vis the state also appear at the later stage of "healthy child check-ups" (*Control de niño sano*], which is perhaps the clearest example of the intertwining of state care and control in terms of who is being cared for (the young citizen) and who is being controlled (the mother). In our years working with women, we have discovered that for many, these monthly encounters with nurses and paediatricians feel like a constant test they are destined to fail. They often face professionals who assume their ignorance about the health, development and well-being of their children, perpetuating entrenched practices that place poor women 'under suspicion' (Vergara et. al

2018) or portray them as ‘deficient subjects’ (Raz 2013) compared to the normative ideal of the “good mother”.

Unlike childbirth, regular checkups are required to access various social programs and benefits, including cash transfers, full immunisation of babies, provision of formula milk and more. Therefore, in their first year, during the constant check-ups women learn clearly to understand the game of surveillance and care that they will face in their role, as they experiment with the limits of negotiations. Certainly, women subject themselves to the critical scrutiny of judgemental professionals who often reinforce feelings of weakness and failures, whether their babies are perceived as either too fat or too thin, too big or too small. These are just a few examples of the ways in which they can be made to feel they are failing. But agreeing to endure what we understand as biased surveillance and humiliating sermons does not mean that women are unaware or passive in their resistance.

Once again, “silence management” appears to be the primary and simplest strategy for coping with this hostile situation. On many occasions, we witnessed how women choose not to tell health professionals about decisions they made regarding their childcare activities in the domestic space. Some examples of these undisclosed decisions were the inclusion of water or formula milk during the first six months of children’s lives, the use of a baby walkers, and the implementation of alternative feeding methods such as baby-led weaning.[7] All these elements are contrary to the official recommendations of state policies on early childhood. A typical example of the relationship between health professionals and women in our studies was when we witnessed how Estela (28) remained silent and nodded her head while a nurse vehemently pointed out to her the catastrophic consequences of not hugging her eight-month-old son, Melchor, every time he cried, after she accidentally confessed that she sometimes left him crying in the crib.

> Nurse: “For example, before there was the belief that you left the baby in the crib and if he cries, he cries”. Estela: “But, yes, I still let him cry […]”, Estela interrupted the nurse with emphasis. The nurse answered: “Yes?”. “I mean, sometimes […]”, Estela replied not so emphatically. “But […] Sometimes it’s like five minutes and I say to him: ‘Melchor, shut up’ and he goes on and on crying and then I lift him”. Another nurse, who had been attentive to the conversation, intervened: “the idea is not to let them cry […]”, she says to Estela, “But sometimes I take him from the crib and stop crying immediately”, implying that it is a whim. “It's because that’s what he needs”, replies the nurse, with a condescending tone. “Because if you don’t lift him that generates stress,

[7] Baby-led weaning is an approach that bypasses the traditional weaning practice of spoon-feeding pureed foods or baby rice, and instead encourages the introduction of foods in their whole form to babies from 6 months (Brown – Lee 2010).

> releasing a hormone that eventually kills neurons, you see? Then he will no longer cry, but he will feel the same stress and will continue to generate the same sensation and the same hormone that kills the neurons". When we left the room I asked Estela what she thought about what the nurse told her. She shrugged and told me that she couldn't hold Melchior all the time in her arms because things around the house didn't get done by themselves. (field notes, February 2019).

In summary, Estela learnt that day that she would not mention this issue again to the nurse in future encounters to avoid being judged or patronised. Her long-term experience will lead her to appear as obedient and non-opinionated; i.e. a "good patient" and citizen.

The various silent decisions and practices that these women adopt early in motherhood draw from different and sometimes contradictory sources of information. These sources range from current trends in parenting advice on social media to peers and longstanding traditional recommendations, which health professionals often deem undesirable. Women selectively opt for a range of 'out of the norm' practices when required, feeling that professionals do not consider their specific realities and needs, as in the example of picking up the baby as soon as she cries. In sum, in this period of learning roles regarding care and control in various directions, women already negotiate and end up mastering the performance of silences and appearances through practice in the various encounters with professionals. Their careful performance in this and the following instances of these relationships also evinces their search for recognition and the chance to avoid abandonment or the little sense of care they get from professionals. Were this not so, it would be difficult to understand the level of control with which they calculate every movement of their interactions with state professionals.

If check-ups show the clear intertwining and inseparable relation between women and the caring and controlling state, public day-care or nursery centres represent, at first sight, the least threatening and most caring space provided by the state towards women. Chile has an extensive network of daycare centres, and every year, political leaders highlight the construction of new nurseries in various parts of the country in their annual addresses, symbolizing their commitment to the nation's future citizens (Flores 2020).[8] Interestingly, the persistent encouragement by authorities at every level to send children to daycare centres from an early age—a fact that is sensitive considering that maternity leave in Chile is limited to six months in total—has found partial success, as most families opt for sending children to daycare and nurseries after

[8] Public investment at this level in Chile tripled between 2008 and 2018 (Flores 2020), focused on increasing the coverage of public kindergartens for children aged 0-4. In this period, coverage increased from around 90,000 children in 2006 to more than 270,000 children across the country.

certain milestones such as being able to speak, walk, or being able to go to the bathroom on their own (Murray et al. 2021).

Led by female educators and technicians, these daycare centres epitomise the caring face of the state, for which mothers are profoundly grateful. This gratitude is amplified by the fact that families often have few alternatives that offer the same quality and number of daycare hours. The women in our studies highly valued these centres for their extended hours and provision of meals, which allowed them time for themselves, to do housework, or to return to work after the postnatal period. These softer, nurturing, and feminised spaces provide a sense of care for the women themselves.

However, there is a tendency to delay babies' entry into these centres for various complementary reasons. On one hand, by the end of their pregnancies, women tend to follow the traditional maternal script in Chile, which emphasizes renunciation and resignation, prioritising the mother-child bond above all other relationships (Montecino 1996, 2010). These normative mandates underlie women's strong resistance to the idea of returning to formal work or physically separating from their babies too soon during the first year (Murray 2013). This follows a stratified logic in which only women with interesting, satisfactory or well-paid jobs tend struggle more at the time of deciding (Murray 2015; Murray et al. 2021). The commitment to 'staying with the baby' (Murray 2013; 2015) sometimes includes strategic planning to delay the return to work for at least a year after the baby's birth through medical leave of various kinds such as baby reflux or postpartum depression. These should be easily understood as questionable or more related to a paid deal than to a medical prescription. This leave is often provided by medical doctors in the private sector. There exists a subtle alliance between certain health professionals, who encourage extended breastfeeding and 'attachment practices' (Murray 2013, 2015), and women who aim to use medical leave to extend their time away from formal work. For example, Jocelyn did not want to take her daughter, Florencia to a nursery fearing the well-known abuses that sometimes occur in these places. This was because of the diseases she could get sharing with other boys and girls, and because she "is still very little". She preferred to pay a woman to take care of her at home. To attain her goal, she consulted a recommended doctor who provided medical leave for baby's reflux.

It is important to consider that women's suspicion of other caregivers as deficient acts as a driving force for their reluctance to leave their children in others' care. This is especially true for nurseries, where caregivers cannot be closely monitored. Following this lack of trust, and Jocelyn's example, it shows that many women prioritise delaying the entry of children into daycare centres until they begin to talk and are able to report any instances of violence, mistreatment, or abuse experienced when unsupervised. Women prefer to personally care for their children, ask someone close to them or even pay to

relatives or neighbours to do so. For the women in our work, public policies on young children's childcare have not responded to the desire and expectations of families. The lack of trust in these institutions during this stage as potential good caregivers is articulated with the desire of women and their environment to be at home with the child, avoiding judgments. Finally, *Nadie es Perfecto* provides a further example of the various tensions between silence and silencing of women, with professionals that elude participants' voices beyond the strict program. NEP is a governmental parenting skills program of workshops based on group meetings or one-on-one counselling sessions that focus on "sharing family parenting experiences, learning from others, and receiving guidance on common problems in order to strengthen child development" (Chile Crece Contigo 2017).

As part of a project that we developed in the borough of Peñalolén in Santiago, we studied two versions of these workshops which took place in nurseries, participating in its various sessions (Murray – Tapia 2022). During fieldwork we observed how the so-called "social cases"—carers deemed to need the advice of a social worker due to living or behaving outside the norm or being at risk of extreme situations such as deprivation, violence, or drug use—deliberately avoided the persistent effort of nursery professionals encouraging them to participate. In other words, those who felt constantly exposed to judgmental comments by professionals and at risk strategically, avoided situations that might unnecessarily expose them to this criticism.

At the same time, the initial optimistic expectations around the NEP program we encountered among some participants—who anticipated a platform for sharing concerns and problems related to parenting, as suggested by the invitation to participate—were quickly dashed. Throughout the sessions, we observed that while caregivers, primarily mothers and some grandmothers, framed their parenting efforts around the goal of 'doing the best they can' under difficult circumstances and sought to share their experiences, the workshop facilitators maintained a distant, poker-faced attitude, discouraging this path of sharing. With gentle yet firm guidance, facilitators discouraged participants from speaking freely, orienting discussions towards concrete advice on accident prevention and formulaic tips based on attachment theory and similar approaches. As we have observed (Murray – Tapia 2022) by ignoring and deliberately silencing the different life situations of families, NEP reproduces a prejudiced view of poor women as deficient and incapable of change or agency. In this case, it is through silencing that an otherwise evident activity of the caring state becomes one in which only glimpses of care may come to being, depending on the attitude of specific professionals. Meanwhile, it becomes yet another platform to understand the limits of the caring state and to

temper expectations. Unsurprisingly, the suggest response to overwhelming situations is to scream into one's pillow, quite literally as we see here:

> Many times one is overwhelmed by many things; not only childrearing, but that the next-door neighbour is complicated, that my partner is not there and I am alone. I don't know who is going to bring things (groceries) home [...] There are many things that one has to [...] and can think about but let's not forget that this creature, a tiny one that is growing and deep down we have to give him more positive things and leave a piece of paper in their mind, things that are really worth it. Therefore, if I feel bad, I go to the bathroom, I don't know [...] or pick up my pillow and I scream into it: "ah!", and then I come back and see my son [...] and all that. (field notes, May 2018)

Discussion

Beyond the more recognised dimension of silence as a signal of subordination, this article explores the idea that silence can also deal productively with evading instances of violence and state control, even permitting access to the minimal instances of care the state offers to women in Chile. We emphasise the concept of the minimum, grounded in the well-known idea of a subsidising state that permeates social policy, where women often seek no more than modest assistance, "little help" or *ayuditas*. Our examples provide a first attempt to approach one aspect of the relationship between low-income women and the state. This relationship is characterised by a pervasive silence, reflecting a lack of full trust. The state engages in silencing practices through different professionals and formal encounters—illustrated in this paper by instances such as childbirth, medical check-ups, and parenting skills programs. In response, women adopt a strategic approach, extracting whatever benefits they can earn from this relationship, even if those benefits are minimal.

In what follows, we organise our final reflections around the processes through which women develop strategies to relate to state control and care, and the types of subjectivities and ultimate purposes of these strategies. Regarding the former, it is important to understand that, in response to a state that has used surveillance for decades to control and direct care practices to their own institutionalised standards, women have devised strategies concerning what information to disclose or withhold from state officials. An important part of these strategies is women's ability to perform the well-known image of the 'poor subject' envisaged by these policies, a role deeply rooted in the history of low-income urban populations (see Illanes 2010; Han 2012).

The implementation of strategies to evade the vigilant state carries a *longue durée.* Women transmit relevant information verbally, often as whispers or short indications to younger women, while reproduction of practices by accompanying older or more experienced women is at the base of this transmission

(for a similar discussion see Han 2012: 56). These practices are constantly updated in a neoliberal present where the state is perceived as inconstant in its help, and punitive in its control. In other words, women's dealing with the double-faced caring and controlling state creatively combines long-term processes and strategies of silence and silencing that are transmitted and reproduced through generations, which are complemented by iterative personal learning through personal experience that is redoubled in each encounter with state institutions. Concretely, women who have repeatedly been sanctioned by public professionals for revealing care practices not in line with standard guidelines quickly incorporate the strategy of withholding certain information in the future. In these interactions, many become more skilled and strategic in their relationship with the state.

Within this framework of the long and short term, it is unsurprising that the mothers who participated in our studies often view private services in health and early education as the most desirable, positioning private services as those in which they may be free of undesirable control and possible violence, as the childbirth example clearly shows. In a similar way to what Biehl (2016) observed through a Brazilian case study, in their position as consumers they may find more certainty than as citizens.[9] Certainly, this positioning is articulated with the specific individuation and subjectification processes that have taken place in Chile where, as Araujo and Martuccelli (2014) claim, hyper-agency is encouraged, and pride is attained only through one's own management of issues and autonomy from the support of others, especially the state. This does not only mean evading the state, but also developing the tools to profit from it the most.

In this context, it is interesting to ask what is at stake when women act as active agents, extracting any semblance of care from the state. Even though these efforts often seem unworthy and do not significantly contribute to their self-construction, women must persist in navigating this dynamic. Perhaps this search refers to the fact that, even if care is precarious or even more of a simulacrum, it is fulfilling to experience that there is something more than oneself or close ones who may give a hand. But the problem or paradox of this search is that accessing those glimpses or crumbs of care, it is necessary to deploy strategies that include half-truths and treading a very line between showing and hiding. Perhaps, then, it is not so much the desire to obtain that glimpse of care, but rather a sense of triumph or success in the act itself—in the agency involved in overcoming control to get that glimpse.

[9] Speaking about the case of a man from Porto Alegre who lives with a chronic illness and often prefers to buy his medicines due to the temporary obstacles and discontinuities of state bureaucracy, Joao Biehl (2016) notes that "Edgard prefers the position of consumer instead of citizen since it gives him more control and confidence" (2016: 253).

Our findings, though somewhat disturbing, align with this final point in several ways. As we have seen, participants who seek private services coincide with those described by Araujo and Martucelli (2014: 29), who aspire to a future in where the state plays no role. They perceive that heavy dependence on the state, embodying the figure of the 'assisted poor', makes you unworthy or loser in this system. Our research confirms that women do not search for a caring state guarantees their future, but one providing some support—a little help to succeed or improve by their own means, as exemplified by state-subsidised access to birth in a private clinic.

In a way, navigating these interactions with care and control—by skilfully evading the latter both literally and symbolically—demonstrates agency and self-reliance. It shows how one can achieve outcomes independently, in this case, a positive benefit from the state. Ironically, it looks as if the possibility of some care or simulacra of care from the state is yet another result of one's own abilities, aligned with the Chilean neoliberal self. At the same time, it is hard to believe that there is nothing else left, and that this final attempt for the search for care does not leave the door open to a less sceptical sense of citizenship. We prefer to believe that the ways around this search glimpse a partial, almost untraceable fine line towards a sense of belonging; citizens in search of some recognition that would allow for a new social pact.

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