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**‘Birth work’ accompaniment and PhD supervision: An alternative feminist pedagogy
for the neoliberal university**

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Abstract: In this paper, we discuss how ‘with-woman’ midwifery and doula care provide resources for rethinking the theory and practice of academic supervision from a feminist perspective. We identify how the tradition of accompaniment in both birth work and academia is under threat given the economic reforms facing public sector education and healthcare. Despite these pressures, we suggest that the practice of focusing on the pregnant woman as an ‘expert’ on her pregnancy rather than on the foetus or the delivery – that is, the ‘product’ of her pregnancy – would help transform how we theorise and practice academic supervision. The aim of the supervisory relation would mean supporting the student’s direct relation to the intellectual, embodied and emotional process of completing the PhD. Such an

approach suggests ways in which the pedagogical practices of contemporary midwifery and doula care can inform academic supervision in the neoliberal university.

Keywords: supervision, accompaniment, relationality, neoliberalism, midwife, doula

The labour of both academics and health care professionals is increasingly subject to drives towards greater efficiency and productivity that shape the contemporary ‘neoliberalising’ practices of institutions like hospitals and universities (England and Ward 2007; Thiem 2009; Benoit et al. 2010). Health care professionals are increasingly governed by pressures to reduce the time of their relational encounters with others. PhD supervision is similarly governed by structures of accountability, time pressures, and objectifications of the supervisory relationship through calculations of workload, the quantification of supervisor time and other measures of ‘audit’ culture such as the increasing use of progress monitoring, and a production-line process of generating PhDs. The outsourcing of services to the private sector is also a hallmark of neoliberal reforms in both universities and healthcare settings. In both the corporate university and the hospital, the student and the patient are constructed as consumers of services, shifting responsibility onto the individual who is now faced with the imperative to assume greater responsibility for their education or care. In the educational sector, the student is increasingly asked to become an entrepreneur of the self and to demand ‘value for money’ from their institutions (Servage 2009). Ways of practicing that resist these pressures to prioritise efficiency, productivity and contractual exchange are often seen as illegitimate, professionally risky or otherwise marginalised.

In this paper, we argue that models for developing alternative relational forms in healthcare settings could productively inform practices in academic institutions. Responses to

neoliberal imperatives in higher education have focused in particular on how drives for maximising efficiency has led to a deterioration of the relational dimensions of education, namely the relationships between teachers and students, and specifically between PhD students and their supervisors. In the move from an elite, apprenticeship-based model to the practices of the present day, academic supervision has continued to emphasise what we contend is a disembodied model of scholarship and intellectual labour. In contrast, health care professions such as nursing and midwifery have long been regarded as forms of ‘embodied labour’ insofar as they directly involve caring for another’s body in an intimate way. We suggest, therefore, that efforts to ‘re-embody’ academic labour can draw usefully on the reflections by midwives and doulas – who we also collectively refer to as ‘birth workers’ to cultivate *accompaniment* as a model of care.

We contend that midwives’ and birth workers’ efforts to develop a ‘with-woman’ ethos in their practice provides important resources for rethinking the relationship between feminised labour, care work and the production of knowledge. The history of European midwifery as a sphere where women worked with relative autonomy until the 20th century has not always been identified as an inspiration or model for feminist practice; for example feminists in early 20th century Britain sought to improve women’s access to medical education rather than to advocate for the improved status of midwifery, which was then perceived as a working-class occupation (Mander and Reid 2002). However, the emergence of women’s health advocacy groups in the 1960s politicised the relationship between women and their carers, including midwives (Thomas 2002). Feminist critiques of the ‘medicalisation’ of women’s bodies combined with interest by policy-makers in including patient evaluations of maternity services enabled the development of ‘women-centred’ models of care in professional midwifery (Rooks 1999). Woman-centred care means the provision of continuity of care (where one midwife, or a team of midwives, provide care

throughout pregnancy, labour and birth); and greater choice and exercise of some control over the setting and unfolding of the birth process, through the development of a ‘birth plan’ for example. Professional or certified doula care is a more recent development in the provision of support during pregnancy and birth. Doulas ‘provide continuous physical and emotional support and assistance in gathering information for women and their partners during labor and birth’ (Simkin 2012). Doula care during labour and birth is non-medical and may include facilitating communication between labouring women, their partners and their medical or midwifery care providers. Doula care after birth emphasises providing ‘education, companionship and nonjudgmental support during the postpartum fourth trimester’ and ‘evidence-based information on infant feeding, emotional and physical recovery from birth, infant soothing and coping skills for new parents’ (Kelleher 2008). The doula profession self-identifies as part of a longer tradition of familial and neighbourly support during pregnancy, labour and motherhood; at the same time professional doula organisations also highlight scientific study of the benefits of continuous emotional or psychological support during pregnancy and labour for reducing medical interventions. Today accompaniment through doula care has been extended to other dimensions of reproductive health care and motherhood, including during pregnancy loss or abortion (Chor et al. 2012) and to women incarcerated during their labours and births (Schroeder and Bell 2005).¹ Review of academic literature supporting ‘with-woman’ midwifery and doula care concludes that ‘continuous support in labour increased the chance of a spontaneous vaginal birth, had no harm, and women were more satisfied.’ (Hodnett et al 2012, 2). These developments in midwifery and doula practice have reclaimed the history and practice of accompaniment as important for an embodied feminist politics.

¹ Doula services have also been trialed in US hospitals to provide support for critically ill older adults (Balas, Gale and Kagan 2004) and for end-of-life care (Corporon 2011).

Indeed, in other domains such as education the idea of the teacher as midwife has a longer feminist history. Belenky *et al* (1986: 217) drew on the figure of the teacher as midwife to describe how teachers ‘assist students in giving birth to their own ideas, in making their own knowledge explicit and elaborating it’ Additionally the aim of the relationship in each case could be described as the accomplishment and timely delivery of a ‘body:’ the living body of the child, and a living body of work. In this sense, PhD supervisors could be described as midwives of a thesis (Haynes 2009). In this paper, we seek to examine more closely how midwives and doulas theorise their own practice of accompaniment to identify resources for developing relational models of PhD supervision. We see this as part of a broader effort on the part of feminist scholars to embody the process of knowledge production and to consider changing forms of labour in the public sector. We do this through a reading of the distinctive practices of midwifery/doula care and PhD supervision. This paper seeks to address this question: what lessons from the practice of accompaniment during pregnancy and birth can be applied to the practice of PhD supervision in the neoliberal university?

We argue that ‘with-woman’ midwifery and doula practice, and specifically the concept and practice of accompaniment, provides resources for refiguring the process of academic supervision from a feminist perspective. Accompaniment as a concept has a parallel history as a mode of ‘being with’ another, most profoundly in liberation theology, activist practice and more recently in the international development context as a replacement for ‘aid’ and the relations of dominance and need implied by this term (Lynd, 2013; Farmer and Guitierrez 2013) though it has more recently been taken up as a guiding concept for practicing ethical scholarship in American Studies (Tomlinson and Lipsitz, 2013). These reflections on accompaniment or ‘with-woman’ care convey how relationships guided by an explicitly politicised ethos can be transformative and empowering.

In doing so we hope to contribute to the literature on feminist pedagogy (hooks, 1994) that seeks to challenge hierarchies, use personal experience as a valid resource and emphasise how transformative learning can enable self-actualisation on an individual and collective level. By attending to the ways in which feminised forms of labour and relational practice enable access to specific forms of knowledge, feminist thinkers have shown how dominant models of knowledge production and epistemology presume the existence of a disembodied masculine thinker. They argue that this model is an unhelpful fiction that pretends the thinker is unmarked by his/her corporeal, cultural history and is able to transcend the limits of his/her particular experience. Feminists have countered this model by developing strategies for writing and doing philosophy differently such as *écriture féminine* (Irigaray 1979, 1985; Cixous 1976). However such poetic approaches have tended to invoke, but not explicitly draw on, the technical and practical forms of knowledge women have developed about their own bodies and creative capacities. Our effort to conceptualise feminist postgraduate supervision is informed by feminist theories that argue for the importance of developing an alternative language that is neither ‘masculine’ nor feminine as it has been defined by patriarchy (Irigaray 1985). Our contention is that expanding the conceptual vocabularies and practical repertoires available to describe postgraduate supervision is one important way to initiate transformation.

Our rationale for discussing practices of ‘birth work’ to enrich the conceptual discussion of postgraduate supervision is that the accompaniment ethos characteristic of this work views pregnancy and birth as transformative events with the potential to affirm and expand one’s embodied capacities. This model has enabled midwifery to challenge the medicalisation of childbirth and to establish the legitimacy of alternative protocols and sites for pregnancy and birth care outside of hospitals. Although doulas have been primarily oriented towards accompanying women giving birth in hospitals, rather than at home or in

alternative settings, doula care has also developed to support the ‘full spectrum’ of reproductive health as well as to provide support in settings typically underserved by conventional obstetric care, including in transgender and queer communities. Midwives and doulas have been especially successful in practicing accompaniment in community midwifery in the UK and in hospital and prison health projects in the US, practices that we think can be drawn on to transform academic supervision. Contemporary midwifery and doula care also provides important resources for rethinking postgraduate supervision as the professionalization of both practices has been informed and influenced by second-wave feminism, but in significantly different ways to how feminism has impacted on academia where liberal feminism has been mainstreamed but ‘difference’ feminism continues to be marginalised (Petersen and Davies 2010).

The neoliberalisation of health care settings has affected midwives’ and doulas’ professional responsibilities and helped shape approaches to pregnancy and birth that some critics argue reproduce, rather than challenge, imperatives to become an ‘entrepreneurial’ subject. However, we argue that the care work of accompanying women through pregnancy and birth offers a model of confronting, negotiating and resisting institutional constraints that is relevant for the student/supervisor relationship. This is a particularly timely comparison given how education and birth work are often identified as feminised professions, with both currently facing pressures to integrate regimes of accountability, measurement, and surveillance that constrain and shape feminist practice. Given the continued privileging of the disembodied male scholar in academia, we suggest that drawing insights from feminised professions where embodiment is foregrounded provides a useful counterpoint.

Furthermore, by looking at professions where women are simultaneously asked to care and to guide the production of knowledge we shed light on how kinship metaphors tend to limit how feminist relationality is characterised. This responds to the call by feminist

thinkers to develop new imaginaries of kin in response to the conditions of economic – and ecological – crisis (Haraway 2015). The social relations of maternity and sisterhood have been quintessential feminist concerns since the 1970s, when notions of sisterhood were invoked to imagine the commonalities between women from different social, economic, and national contexts. Similarly, the generational metaphor of 1st, 2nd and 3rd ‘waves’ of feminist activism draws closely on the tropes of mother and daughter to describe the relationship of new generations of political activists to their feminist ‘mothers.’ These metaphors of sister, mother and daughter express relationships between women in kinship terms, and have been criticised by feminist activists for obscuring dynamics of power and crudely homogenising the complexity of feminist politics (Laughlin et al. 2010; Purvis 2004). Critics from within feminism argue that appeals to women’s sisterhood tend to downplay differences of class, ethnicity, race, and sexuality. The narrative of ‘waves’ between generations of feminist activists has also been criticised for cleaving too tightly to linear notions of feminism’s ‘progress’ and implicating women in relationships of indebtedness that may hinder alliances between different generations of women (Sandoval 2000; Browne 2014; Gunkel et al. 2012; Henry 2004). In other domains such as the feminised caring professions, relationships between women have been explored through the lens of employer/employee relations (see for example Arlie Hochschild and Barbara Ehrenreich’s (2002) work *Global Woman*) demonstrating how reconfigured relations between women are an important part of the story of new divisions of labour between women workers in the global North and South. The conceptual and empirical work on the limits of sisterhood and motherhood, and on the political economies of caring labour that reconfigure women’s work in a globalised economy, have been enormously influential in shaping understandings of relational identities.

While we use the term ‘labour’ throughout this paper, we do so to acknowledge the critical use of this term by feminist scholars to highlight the devaluation of care and

embodiment in analyses of neoliberalism (Meehan and Strauss 2015). However, research centred on analysing care solely as a form of labour risks obscuring the emotional, affective and embodied dimensions of relationships. The accompaniment work of midwives, doulas and other birth workers could be described as a new dimension of ‘caring’ labour, but in this paper we emphasise instead the way accompaniment can exceed the transactional and calculable dimensions of care that the concept of labour often evokes. In other words, we contend that forming relationships and caring for others should count as work, but cannot be fully encompassed by an analytical framework that foregrounds the commodified, depersonalised and exchangeable aspects of relating to another. What we describe instead is a form of sociality that needs to be counted as ‘labour’ by institutions but equally goes beyond the practices of measurement that characterise these institutional accounts. Indeed, we offer accompaniment as a way to supplement critical analyses of the ‘academic labour’ of PhD supervision and to generate a richer repertoire for understanding and developing the personal supervisor/supervisee relationship. Our contribution is therefore twofold: first, we show how accompaniment practice in birth work can inform debates on feminist pedagogy, and second, we suggest that the relations between mothers, sisters, and daughters in feminist imaginaries can be productively supplemented by alternative formulations oriented around the notion of accompaniment.

Academic supervision in neoliberal times

In this section we reflect on how neoliberalism has transformed the work of academics in different ways and explore how the feminist literature on neoliberalism discusses possible strategies to challenge its most damaging effects. Women continue to be under-represented at the senior levels in most academic disciplines and research shows that the presence of female faculty is crucial for the success of female students (Leonard 2001). However it isn’t just that

women are absent from senior positions, research on the experiences of women in academia show that they experience ‘cultural sexism’ and marginalization at work (Savigny 2014). Moreover, women’s inclusion in the academy relies on the exclusion of certain forms of femininity especially the visibility of feminine bodies and emotions (Clegg 2013; Fotaki 2008).

The marginalisation of women in the academy has taken a distinctive flavour under conditions of neoliberal reforms. Despite claims of gender neutrality, the emphasis on an individualised and competitive workplace culture means that the sector is “more sexist and gender inequitable than ever before” (Alemán 2014, 127). In particular, “feminist passions and politics” are at odds with neoliberal accountabilities and metrics where “misogyny [poses] as measurement” (David 2014, 5). Moreover, traditionally relational work (Fletcher 1998) of caring, networking, being “friendly” and “supportive” in universities continues to be performed by women, and is expected of women formally through work load allocations and informally through work processes and interpersonal interactions. On the one hand, contemporary capitalism promotes culturally feminised forms of labour and skills: interpersonal relations, emotional intelligence, communication and affect. There is an intensified expectation that women will pick up this relational work as it becomes more necessary in the face of the brutality and instrumentalism of neoliberal imperatives and the intensification of audit. On the other hand, these activities are rarely rewarded through traditional progression and promotion policies, despite their importance in sustaining the university’s day-to-day activities.

Feminist voices have spoken out and critically analysed changes to working conditions in the academy following the restructuring of the sector towards more market-oriented forms of provision. Gill (2010) has famously drawn on personal experience to speak out about the hidden injuries and silences of academic life and to show some of the costs of

this- including insecurity, stress, anxiety and shame. For feminists in the academy, the experience of marginalization has been described as a “chilly climate” (Chilly Collective, 1995), characterised by a lack of communal and collective processes of learning, research, and community action. Of course, the climate is differentially experienced by trans people, queer people, communities of colour, and people with disabilities in ableist, heterosexist, and predominantly white institutions.

How have feminists responded to and organised in the face of such working conditions? In a special issue on Women’s Studies in the corporate University, the authors argue that collective biography can be used as a political and epistemological intervention to counter the gendered affective politics of academic work in neoliberal universities (Gannon et al, 2015). The managerial practices of contemporary universities tend to elevate disembodied reason over emotion; to repress, commodify, or co-opt emotional labor; to increase individualization and competition among academic workers; and to disregard the relational work that is essential for well-being at work. Relationships between women and/or feminists within academia are both part of the problem and the solution to countering neoliberal policies as academic women are simultaneously co-opted and made vulnerable by neoliberal practices.

The feminist traditions of fostering non-hierarchical relationships, adopting a process-oriented rather than outcome-focused pedagogy, and encouraging politicisation are particularly needed today as ways of resisting the proliferation of measurement, audit and surveillance technologies. These technologies increase pressures for performance and production and negatively impact on the identities, bodies and psyches of academic and healthcare workers (Davies and Bansel 2010). A small body of literature discusses a range of micro-strategies to resist the depoliticizing and individualizing effects of neoliberalism on women and feminists, often focusing on collectivity. For example, Shoshana Magnet,

Corinne Lysandra Mason and Kathryn Trevenen (2014) advocate kindness as a microtechnique for both resisting and shaping power relations within classrooms and institutions, providing concrete pedagogical suggestions to put this educational theory into practice for coalition building across difference. Spitzer-Hanks (2016) argues that process-model feminism can intervene in the corporate university as a form of microactivism intensely responsive to the classroom encounter between students and instructors, and also responsive to the institutional pressures brought to bear on the classroom: ‘by inviting the student to bring to consciousness and expression their own subjugation to a regulative discourse that seeks to remake them in the image of the hegemon, it is possible to negotiate a place for some kind of educational *jouissance* and to critique the institution without abandoning the undeniably important work that goes on there’(396). Such imperfect feminist interventions as these may give us ‘wobble room’ into whatever gaps we can find in the neoliberal university (Ahmed 2014), and the alternative metaphor of accompaniment we suggest adds further to our repertoire of strategies for creating a new collective imaginary of academia.

Feminist models of supervision

In her research on graduate supervision in New Zealand, Barbara M. Grant (2005) identifies four dominant models at work in the contemporary higher education sector: the psychological, the traditional-academic, the technoscientific and the neoliberal. Interestingly she states that neoliberalism seems to have much less of a grip at the level of on-the-ground supervision practices than we might think. Our experience as supervisors in the UK as well as current research (Connell 2013; Dowling 2008; Grant, 2005) suggests this has changed given the increased pressure to finish on time for both supervisors and supervisees within the period of the ‘contract’ covered by government funding. Interestingly, Grant identifies the

radical/critical as a marginal discourse about postgraduate supervision located primarily in feminist research. It is this ‘marginal’ discourse of feminist pedagogies that we hope to contribute to here in the light of the ethos of accompaniment that informs midwifery practice.

There are elements of the ‘with-woman model’ already present in alternative models of postgraduate supervision that emphasise collaboration over authority. In the UK higher education system, a primary PhD supervisor is typically identified at the start and continues to work with the student until the completion of the PhD. More recently some universities have introduced team supervision as a means of intervening in the intensity of the traditional supervisor-student dyad (Manathunga 2012) that challenges the one-to-one ideal critiqued here. This policy is intended to provide students with greater support during their candidature and to share the burden of sole supervision, yet research suggests that power relations within supervisory teams often reinforce traditional pedagogies (Manathunga 2012) and that they do not necessarily displace the master-apprentice model of supervision (Harrison and Grant 2015). The heroic model of PhD completion as a contest against adversaries is still reflected in the *viva voce* examination where students are required to ‘defend’ their thesis: gendered traumatic experiences of this process are common (Crossouard 2011).

In contrast, feminist approaches to PhD supervision challenge the hierarchical and adversarial model where a master passes on knowledge to a docile and unknowing disciple. Alison Bartlett and Gina Mercer’s (2000) reflections on their supervisory relationship exemplifies ways around this predominant model of supervision, using the metaphors of cooking, gardening and bushwalking to produce alternative models which minimise the “trauma”, “insecurity” and “isolation” students encounter and emphasises the pleasures, rather than the pain, of intellectual knowledge making. They depict a collaborative process where student and supervisor bring different sets of resources to the project. In each of their metaphors –creating in the kitchen, digging in the garden and bushwalking – the supervisor is

presented as an approachable guide and a supportive companion in a process of co-exploration, where who is leading is under constant negotiation rather than assumed from the start. These metaphors of feminist supervision offer different ways of conceptualising supervisor-supervisee relationships. The relationship has the potential to be creatively negotiated despite institutional constraints, and the metaphors invoking craft practices also draw attention to the embodied aspects of supervision. The ethos of accompaniment that we describe here is implicit in the metaphors discussed by Bartlett and Mercer.

Such alternative models of PhD supervision have also pointed to the importance of developing relationships that respond to the student as a whole person by emphasizing the pastoral role of the supervisor. Such an approach is grounded in a feminist critique of the long-standing dualisms in Western culture associated with the concept of Reason. Reason is a fantasy that invokes both dreams of mastery/ domination and dreams of pleasure in being the 'reasonable person' - who is in love with ideas rather than bodies, one who is able to triumph over the contingency of the body and the unreasonableness of the emotions (Sofia 1993, 29). Thus the fantasy of the rational individual is problematic because it is established by splitting off or even rejecting certain embodied capacities such as dependency.

However, finding an alternative mode of pedagogy that valorises emotions and attachment can produce other fantasies that are just as troublesome for women as those traditional to the university, for example, the supervisor who is 'infinitely patient, available, confident in her knowledge, an intellectual and sexual role model, who uses her long office hours therapeutically to help students develop subjectivity and self-esteem and to solve personal problems' (Berlant 1997, 147). Moreover, the managerialist practices that have come to dominate university labour tend to 're-deploy emotion and affective work as neoliberal practices', by naturalising the 'pastoral' dimensions of pedagogical work as women's work (Clegg 2013, 81). Such a model of the feminist graduate student supervisor

who endlessly responds to her students' needs and demands leaving her exhausted is then an unsatisfactory alternative to the 'master' supervisor. We are also mindful that the more 'involved' type of postgraduate pedagogy we advocate can be seen as one of the ways in which women's relational labour is co-opted by institutions to perform the work of neoliberal reform (Leathwood and Read 2009). The challenge then for birth workers and supervisors alike is to create forms of intimacy with their patients/students which doesn't reduce them to this capacity while also seeking to challenge the constraints that the neoliberalisation of healthcare and academia place on their relationships.

Drawing from a more sustained reflection of the literature on birth work below, we explore how practices of 'with-woman' accompaniment provide resources for an alternative pedagogy of supervision. We argue that when feminist academics practice 'with-woman'-inspired accompaniment/supervision they are disrupting neoliberal practices that focus on outcome and that position the student primarily as a consumer. Accompaniment, as we discuss in the next section, gives us a vocabulary to make visible and valuable the work and ethos of currently marginalised supervision practices.

The 'with-woman' model of accompaniment

In this section, we present contemporary midwifery and doula care and their ethos of accompaniment as resources for new models of supervision. We focus primarily on the development of 'with-woman' midwifery in the UK, and on doula care as it has developed in the US as part of broader movements for 'reproductive justice.' These professional orientations to being 'with-woman' during pregnancy and birth (and beyond) offer models of alternative practices of accompaniment.

Midwifery in the UK underwent a significant transformation in the 1990s to what is known as 'midwifery-led' care, which tended to emphasise the pregnant and birthing woman's empowerment through birth and the reorientation of maternity services to enact

what is presented as ‘women-centred’ care (Carolan and Hodnett 2007). This shift to ‘woman-centred’ care is attributed to critical research in the 1980s that highlighted women’s dissatisfaction with midwifery care in the public health system. Public health policy makers and many midwives were hopeful woman-centred care would lead to greater satisfaction with the public health service but also with more material improvements in rates of birth complications, such as caesarean, and thus lower costs to public healthcare services.

Lauren Hunter’s review of the concept of the with-woman ethos in midwifery describes it as ‘the provision of emotional, physical, spiritual, and psychological presence and support by the caregiver as desired by the laboring woman’ (2002, 650). This midwifery model differentiates itself from that of contemporary obstetrics in that it seeks to support the development of birthing women’s autonomy, decision-making and control over decisions related to care. The midwife’s role in this model is therefore less about shaping the process of ‘normal’ birth than about creating a space where birth can be allowed to unfold. The midwifery model is also characterised by the effort to guide practice through the notion of ‘being with the woman.’ ‘Being with’ is a form of accompaniment, implying a connection whereby participants display the same opinion or conviction as well as a sense of physical proximity. ‘Presence’ involves an intersubjective transaction between carer and client that encompasses touching, understanding the lived experience of the client, and sharing her humanity. Sustaining embodied presence, social support and companionship are key to the with-woman model of accompaniment. This model also supports the development of relational decision-making around the choices presented to pregnant and labouring women, to move ‘beyond the individualised midwife–woman relationship to a consideration of previously unacknowledged familial, cultural and socio-political contexts within which decisions about care are made’ (Noseworthy, Phibbs and Benn 2013, e44).

Accompaniment practice can thus also be a site for politicising care and the inadequate support given to women during pregnancy and birth. In the US context, these discrepancies in care more often affect black women, who are nearly four times more likely to die in childbirth, regardless of socioeconomic status (Creanga et al. 2015). Situating women's differential experiences of birth within broader racial, economic and social dynamics has been part of moves to counter predominantly white and middle-class feminist demands for reproductive rights with demands for reproductive justice (Silliman et al. 2004; Mahoney et al. 2016). This has involved efforts to offer accompaniment through pregnancy and birth to communities marginalised by the healthcare system, and to practice accompaniment as a form of political activism. Doula and birth activist Alana Apfel (2016, 7) describes how accompaniment in this context 'interrogates institutionalized oppressions and critiques profit-driven health care models while reinvigorating a conversation about body-autonomy and sexual and reproductive freedoms throughout society.' Building birth givers' confidence, seeking to lessen the potential trauma of encountering institutionalised racism and discrimination, and practicing 'cultural humility' with respect for another are part of the collective resources doulas and other birth workers seek to develop through accompaniment practice.

In the UK, the 'with-woman model' of midwifery has been described as an 'occupational ideology' that tends to inform community-based rather than hospital-based practice. Midwives working in community-based midwifery in this context tend to consider the individualised and relational approach to women clients as an ideal better accommodated by the greater professional autonomy they exercise in community-based settings, which include birth centres and attendance at home births. In contrast, hospital-based midwives often experience their work as a negotiation between this ideal and their 'sense of affiliation' with the institutional priorities of National Health Service (NHS) hospitals and clinics. Billy

Hunter (2004, 267) writes of the emotional labour involved in the often conflicting sense of loyalties experienced by midwives in hospital-based and ‘integrated’ (community and hospital) contexts: this work involves the effort to ‘resolve the disparity between “with woman” ideal and “with institution” necessity.’

Similarly, writing from a phenomenological perspective Blaaka and Schauer (2008) documented how Norwegian midwives working in a high technology labour ward had to manage the struggle between two competing belief systems (a biomedical and a phenomenological belief system):

This act, of being with and doing with woman, has been described by all midwives as the essence of skilled midwifery in this unit. Seeing what the situation actually demands challenges the midwife’s professional judgment and requires presence and time. She must make an effort, and concentrate in order for this appeal to speak to her. In a noisy room it seems to be difficult to realise this value of ‘doing with women’. Midwives are afraid of losing this key value when the birthing process is tied to medical time (2008: 350)

This ethos is thus often at odds with the priorities of neoliberalising healthcare policies that do not value the time intensiveness of being with women, despite research that shows it results in satisfied clients and beneficial outcomes (Hunter, 2002). Indeed, midwives are often called upon in hospital settings to manage pregnancies and births according to obstetric protocols and resource constraints, reducing their ability to tailor care to different women’s needs or desires (Weir 2006). The calculation and management of risk is viewed as a professional responsibility on the part of midwives as well as the personal responsibility of pregnant and birthing women, with implications for women’s experiences of birth and midwives’ practice (Craven 2011; MacDonald 2008). Indeed, recent critical approaches to neoliberalism and maternity care argue that midwives’ emphasis on choice and self-

determination at birth points to how midwifery is enrolled in shaping neoliberal forms of conduct (Fannin 2013; McCabe 2016). Similarly, the provision of doula services by medical institutions has been criticised for facilitating rather than resisting conventional obstetric protocols (Basile 2012). Despite these critical approaches to birth work and its complex relationship to neoliberalism, we find in *accompaniment* an embodied ethos and practice that highlights the relational dimensions of care and the possibilities for generating new modes of feminist praxis.

The midwife and the doula's approach to focusing on the pregnant woman as an embodied 'expert' on her pregnancy rather than on the foetus or the delivery – that is, the 'product' of her pregnancy – would help academic supervisors to also transform their relationships with their students. For example, the supervisor would view the student herself as the focus of the relational encounter of a supervision meeting, rather than what will 'issue' from the student, i.e. the PhD. Placing trust in each student's capacity to develop a direct relation to her thesis can only happen over time, and therefore requires confronting and even challenging the demands of timely completion rates and strictly scheduled supervisions.

Practicing accompaniment through a direct relationship between student and supervisor can also benefit from the particular type of 'political education' is discussed in Suki Ali and Sally Coate's (2013) article on their relationships with their supervisor Diana Leonard. Ali and Coate suggest that Leonard's forthright, exacting and supportive manner made her a formidable supervisor but just as important was her effort to communicate to the students she supervised how to navigate the rules of the game and the politics of academia:

If you do want to get ahead, however, it is really important to understand fully what is involved and to face up to the informal rules and homosocial culture of universities. Otherwise you will be implicitly positioned and disadvantaged by them. Women need to make careful and clever career choices, whether or not you

are willing to be associated with or involved in the competitive, self-promotional behaviour traditionally associated with dominant masculinities (Leonard 2001, 4; cited in Ali and Coate 2013, 24)

This kind of supervisory advice foregrounds the political context of the academic institution in an effort to raise awareness of the context in which the student may continue, after the PhD, to work. This type of guidance about ‘the rules of the game’ doesn’t necessarily foreclose that accompaniment supervisors also encourage their students to transform the academy itself through their teaching and research. Rethinking supervisor/student relationships needs to take into account the institutional context of the PhD. As Christine Halse and Peter Bansel (2012) suggest, the ethics of doctoral supervision can be based on mutual responsibility involving multiple institutional agents and not just student and supervisor for ‘if supervision takes place within institutional and disciplinary constraints (Grant 2008, 24) then the institution is “present” in the private domain of the supervisory encounter’ (2012: 287). The supervisor could be considered a ‘mediator’ between institutional demands and students’ desires from the position of a critical insider. Without an accompaniment ethos, the role of mediation could simply reproduce institutional demands. Diana Leonard’s advice to her student is the critical but implicated position: you may want to join the institution, but whether you do or not, you need to know what’s at stake.

Conclusion: supervision as accompaniment

Our comparative discussion of two seemingly disparate domains, birth work and supervision, provides resources for rethinking knowledge production in the academy. We have discussed how accompaniment, drawing on midwifery and doula care as forms of ‘birth work,’ offers a less hierarchical model of relationality that can productively inform PhD supervision. In this model, the supervisor/midwife/doula cannot ‘do the work’ for the student/client, but their

expertise is applied alongside, rather than over, the efforts of the other. Birth workers and feminist PhD supervisors can offer models of connecting for the transmission of gendered forms of knowledge, whether this is managing birth in technically oriented institutions or surviving in masculinist institutions where certain emotions and bodies are seen as ‘out of place.’ Moreover, the literature on the effects of neoliberalism within universities has tended to focus on documenting the experiences of early career scholars, undergraduates and graduate students separately (Archer, 2008; Neary and Saunders 2016). Our contribution importantly highlights how postgraduate supervision is an important arena for faculty and students to come together to counter the effects of neoliberal imperatives within universities (Petersen 2007).

In conclusion, we signal four ways in which the practice of birth workers and supervisors share qualities that differentiate them from and exceed the metaphors of sisterhood and motherhood. First, in both cases the initial and primary purpose of the relationship is the completion of a transformation in one’s bodily capacities – as a parent, as an academic. In this sense there is always a third entity ‘in the making’ travelling alongside. In the case of midwifery and doula care, this third, the foetus, is not conceived as wholly separate from the labouring woman, but rather as an integral part of her embodied sense of self (Akrich and Pasveer 2000). This opens up the binary relationship of midwife/woman to the wider world unlike the exclusiveness that the pairs self/other, mother/daughter, sister/sister evoke. Second, the ethos of accompaniment seeks to problematise the ways that the medical profession or the academy sees expertise and authority as residing with the birth worker or supervisor. Although practitioners cannot completely evade the hierarchies of relationships that are deeply embedded in healthcare and academic institutions, they aim for co-operation and collaboration with both parties learning alongside each other, and with recognition that the more experienced party will act as a guide in difficult times.

This ethos of accompaniment emphasises the horizontal, open-ended, and transformative possibilities of proximity with another. Readings of accompaniment through midwifery/doula care and supervision suggest possibilities for addressing how kinship metaphors of sisterhood and motherhood sit in tension with the conditions of feminised work that tend to devalue accompaniment in the professional domains of academia and health care (Stephens 2012). Thirdly, accompaniment is also a way of countering the naturalisation of pastoral and pedagogical work as women's work (Clegg 2013: 81). Women may be in particular need of mentors to serve as role models and to help overcome barriers to advancement (Schlegel 2000; Raddon 2002). However in contrast research on doctoral students in the US shows that it was not the gender of supervisors that necessarily was most significant but overall supportiveness of the mentor—including attitudes about balancing professional and personal lives—that positively influenced students' experiences most (Kurtz-Costes *et al.* 2006). Finally, both sets of literature on alternative models of birth work and supervision point to a specific kind of non-familial intimacy as a significant part of these relationships. However they also point to the dangers of over emphasizing the emotional dimension of the role (over-exhaustion, burn out) and the risks of this relational work being co-opted by institutions.

We are aware of the problems that defining midwifery and doula practitioners predominantly as women workers first and foremost poses for contemporary feminism (McDowell 2013). We are also aware of the risks of drawing on organic metaphors that hearken to a naturalistic or romantic understanding of maternity as essential to femininity, or that erase the real differences between giving birth to a child and calling a piece of scholarly writing one's 'baby.' We recognise that our comparison of the practices of birth work and academic supervision has limits, that the practice of midwifery and doula care is not exclusively carried out by women, and that women do not only supervise other women. We

also recognise that not every person who is pregnant self-identifies as a woman. We highlight the minoritarian practices in the literatures on birth work and supervision that don't necessarily conform to the mainstream and that enact alternatives to the hierarchies of professional practice. We see fruitful possibilities in bringing two domains of reflection and practice – birth work and PhD supervision – into conversation with each other. Rather than seeing the birth of children and the expertise of 'care' as antithetical and in conflict with the production of scholarly knowledge, we could start to conceptualise these practices as intimately connected ways of knowing and relating.

Our discussion of accompaniment makes clear how policies and practices of economic restructuring tend to delineate what is imaginable and possible. Both education and healthcare are identified with a public sector ethos yet the conceptual resources for theorising practices of care outside of real - or metaphorical - familial relationships or spaces remain limited. The literature on PhD supervision points to the limiting and sometimes troublesome effects of these familial metaphors: 'the family drama endures as the frame within which even alternative narratives and procedural metaphors are imagined, whether it be by someone trying to be both "mother" and "father", simply "mother", or yet again "sister"' (Johnson, Lee and Green 2000: 144). This paper offers relationships of accompaniment in higher education as "alternative spaces of collectivity" (Joseph, 2014: 140) within the neoliberal university that give us hope for other possibilities. Our reflections on birth work emphasise how midwifery and doula practice are neither wholly reliant on kinship metaphors nor made in the model of a masculine subject whose dependency must be obscured in order to achieve the fullness of autonomous personhood. In both the professional roles of supervisor and midwife/doula, ways of relating are forged that complicate and move beyond the tropes of sisterhood and motherhood. Acting as guides and companions, they accompany another's transformation.

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