Emilie Egger //

Last summer at a conference on organic farming, I took a “weedwifery” walk with a longtime herbalist. Near the end of the hour-long event, during which the herbalist pointed out the extensive health uses of commonplace plants that usually become subject to removal when they appear in people’s gardens, another conversation emerged. Several participants, all young, white women, showered her with questions about the benefits of the essential oils they had begun to sell as distributors for large companies. After about a dozen questions, the herbalist gently rolled her eyes and responded with tempered frustration about the abundant misinformation surrounding oils and their limited uses as health products before moving back to the subject of her expertise.

The tense atmosphere between an established herbalist, who was also a woman of color, and the white women seeking information about their new business ventures brought to mind familiar connections between the performance of wellness and gendered racial dynamics that the booming essential-oil industry reinscribes. Besides structural socioeconomic issues (the traditional workplace expels women, especially when they become parents and many see a promise of extra income as part of an essential-oils multi-level marketing business), health and medical concerns abound among women who participate in alternative-health communities. These remedies often

function as a response to fear and frustration that doctors don't take women's health complaints seriously.

The *New York Times Magazine* recently published a feature article about Gwyneth Paltrow's wellness company, goop, arguing that the "modern lifestyle" brand is populated by women who don't feel heard by their health-care providers. The *New Yorker* explored these themes in an article about essential oil sellers' vague claims to "empowerment" in the business realm and "health" at home in the midst of what author Rachel Monroe calls our collective "age of anxiety."

Beyond their status as a potential health remedy, essential oils have merged with what linguist Julie Roberts terms the "societal technology" of social media. Most distributors conduct their businesses through sites such as Facebook, Pinterest, and Instagram. In her book *The Visualized Foetus*, Roberts argues that mommy blogs and their associated social-media feeds provide one of the only means for women to make meaning about their private lives in a public forum (Roberts 112). While Roberts' work focuses on pregnant people sharing fetal ultrasound images, her concerns regarding societal technology also apply to other online representations of motherhood. For essential-oil vendors, Instagram serves as one of the few platforms through which women have an opportunity to perform authority and create meaning as businesspeople, healthcare purveyors, and, especially, as mothers.

Equally compelling as their murky health claims, the essential-oils moment speaks to familiar linkages between families, cleanliness, and health. Many essential-oil distributors are white women. Most rely on at least a middle-income status (or their partner's income) to jumpstart their business and keep it afloat when it fails to provide adequate income. The overlap with the mommy bloggers of Roberts' chapter and essential-oils moms stands out: many are conventionally attractive mothers of Christian families who make their case for keeping their families pure of disease, germs, and health issues through the use of oils. Indeed, the language of "purity" and "nature"—in regard to their oils, their homes, and their children—appears regularly in social-media marketing. As Roberts writes, these interactions reference a specific set of family values. She writes, "social-media representations of [motherhood] rely on social conventions [i.e.] 'good' mothers, who go to the doctor, eat right, etc…"

Aromatherapy and herbalism aren't new phenomena, of course. Much essential-oil therapy consists of rebranding old forms of herbal medicine (many of which stem from indigenous traditions) as part of a very specific, expensive, aspirational family status. Moreover, rising costs precludes access for many of the communities who propagated knowledge of herbal medicine long before companies like Young Living and doTerra existed. Rather than citing long-standing traditions, several oil companies portray themselves as providing their product to people of color as a gift, often invoking troubling colonial tropes.

These dynamics differentiate the essential-oils movement from other women-led alternative-health care movements in the United States, such as those anthropologist Sandra Morgen details in her 2002 book *Into Our Own Hands*. Morgan focuses on the underground abortion network Jane,

criticisms of The Pill that led to congressional hearings, The National Black Health Women's Project, and the publication of *Our Bodies, Ourselves* in 1970. All of these became "social movements… experienced and structured as political forces," and led to widespread organizing and concrete changes in the lives of women (Morgen 12).

By contrast, the essential oils trend follows the trajectory of domestic self-improvement, best understood through the framework of postfeminism. Rosalind Gill defines post-feminism as a "sensibility" that centers self-discipline, the body, and sexual difference. Essential oils market their products as a guarantee to ensure that a (traditionally feminine, healthy—read: thin—white) mother can raise a healthy, successful, "all-natural" family. Add to this growing scholarship on white women's place in the history of domestic white supremacy and the grassroots role of women in displacing indigenous culture through through so-called "rescue" and "uplift," such as Margaret Jacobs' 2011 book *White Mothers To a Dark Race* (Jacobs xxxi).

With this historiography in mind, the discourses of "purity" and "natural" form more of a continuity of health as an aspirational product that is to be obtained privately rather than a move toward all women's "empowerment."

Featured image from Thomas Picauly via Unsplash.

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