

## Contesting Maternal Ideology and the Yonic Myths of Motherhood *An Autoethnography*

*This is a story about my pregnancy and what it means to be a pregnant woman. Five and a half years ago, I made an active decision to become pregnant; at least at the time I thought I was making a conscious and independent decision. But, the on-set of a high-risk pregnancy seven weeks into the first trimester and the life-threatening risk to the fetus soon changed my notions of what it means to be a woman, a pregnant woman, and a mother. Throughout my pregnancy, I constantly shifted between the right-to-life and the right-to-choose, and eventually the choices were no longer mutually-exclusive. While at the end I have allowed my daughter to live, I also underscore a woman's right-to-choose. My narrative of good, bad, and redemptive motherhood highlights the maternal ideology—the narrative of the traditionally selfless mother—invoked and deployed to regulate and constrain women's bodies, and my oppositional narrative of motherhood requires contesting dominant ways of thinking about motherhood and dislodging the unthinkable. I now urge you to begin to contemplate why the notion of motherhood is consequential, and how are women's bodies used to strengthen our nation? This narrative is about being defeated, lost, and struggling while simultaneously celebrating, triumphing, and transforming.*

This is a story about my pregnancy and what it means to be a pregnant woman. I write with great pain and urgency fueled by restricting definitions that I and my *yoni* (a Sanskrit word meaning womb, vagina, and other physical and spiritual concepts to indicate woman-ness) did not create. Five and a half years ago, I made an active decision to become pregnant; at least at the time I thought I was making a conscious and independent decision. But, the on-set of a high-risk pregnancy seven weeks into the first trimester and the life-threatening risk to the fetus soon changed my notions of what it means to be a woman, a pregnant woman, and a mother, including the functions of my *yoni*.

As I now look back, thinking about my *yoni*'s insatiable desire to participate in the process of procreating—becoming pregnant, having a baby, and being a mother—I am astutely cognizant that perhaps my uncontrollable urge had little to do with biology, an innate, natural need to procreate for purposes of symbolic immortality à la Rousseau (1755). Rather, it had much more to do with fulfilling essentialized definitions of what it means to be a woman in America (and perhaps in most other societies embedded in a hetero-patriarchal and paternalistic matrix)—a real woman whose ultimate role is to be a vehicle for cultural production and reproduction (see Collins, 2000). Joane Nagel (2003) reminds us that sexual images, fears, and desires indeed help form racial, ethnic, and national stereotypes, differences, and conflicts; and, race, ethnicity, color, and gender are surely intrinsically bound to ideas of nationality and citizenship. A woman's body is required to pass down traditions to subsequent generations in order to shape ideas and feelings about race, ethnicity, and the nation.

By the time I was 25, I was living the ideal life not only by American standards, but also according to the myth of the model-minority that plagues most South Asian-Americans (I trace my ancestral heritage mainly to Bangladesh and then to India, Pakistan, and Iran) (see Prashad, 2000; Maira, 2002). I married a Bangladeshi immigrant man soon after completing my first graduate degree, and three years into our marriage, we went on to buy our own white picket fence in an affluent New Jersey suburb, made upwardly-mobile friends, and I began my Ph.D., a third graduate degree. What else was there left to do? Was there anything missing in my life? I had, after all, completed my mission as the ideal Bangladeshi-American daughter, an American offspring of the small pre-1965 migration wave of professionals from South Asia. But, in fact, there was something missing. I was still (implicitly) required to maintain and extend patriarchy within a heterosexual matrix. And I would be required to do so not only because my body is gendered or marked as a woman, but also because I hold a particular class and racial status; I am a healthy over-educated upper-middle class South Asian-American woman, a status much different than the pregnant women who were used as a platform during the 1980s and 1990s to have politicized debates about national health crisis and how we, as a nation, should respond (see Zivi, 2005).

During the mid-1980s, the first HIV antibody test was licensed, and simultaneously, it became clear the one out of every four HIV-positive pregnant women—a majority of whom were poor and of color—would transmit the virus to their newborns perinatally (in utero, during labor, or through breast milk) (Zivi, 2005). The number of HIV-infected women in the U.S. rapidly rose as we entered the 1990s and so did the fear of an impending deadly crisis: the very real possibility of more than 3,000 newborns being infected with HIV every year (Zivi, 2005).

The potential national health crisis required the state to think about how to respond to the problem of mother-to-child HIV transmission (see Zivi, 2005). The source of contention is not about response. Rather, it is about how

the State should respond: the debates were about mandatory HIV-testing for pregnant women, particularly poor and of color women. Unfortunately, and more specifically, the debates were not simply about public health or even women's rights and autonomy of their bodies, but rather, they were about the very meaning of motherhood (Zivi, 2005). Clearly then, my gendered, sexed, classed, and racialized body is controlled to extend Bourdieuan (1984) cultural capital, one that maintains the boundaries of the nation-state (see Collins, 2000). The reproduction of "welfare moms" and mothers who are HIV-positive or infected with AIDS are often (state-)controlled in opposing ways for the very same purpose of upholding nationalism. In other words, race, ethnicity, class, gender, and culture collide in one instantaneous moment—the point of conception.

As I witnessed one of my closest friend at the time, among others, go through multiple pregnancies, my partner and I found ourselves to be quickly left behind. We were still a part of the sophisticated and swanky New York City night scene, attending Broadway shows, eating at the *Le Cirque*, and heading off to cigar lounges for night-caps afterwards. Our friends, on the other hand, had traded in their past lives for maroon mini-vans, filling their weekends with *Sesame Street Live!* I too soon began to imagine adding a child to our fabulous life. Motherhood seemed flattering to me: I was young, highly-educated, and upwardly-mobile. I imagined purchasing *juicy couture* diaper bags and *Burberry* onesies. I used Reese Witherspoon and others in Hollywood to glamorize pregnancy. My pregnancy was far less from this imagined truth.

My friend's daughter turned two, and I announced to my partner that I wanted to have a baby. He was ecstatic because he always wanted children (his "biological clock" was perhaps stronger than mine, but I am not so sure I had one to begin with). Although I was pleased with his support, I was irritated that he was not shocked with my announcement, especially since he knew that I never wanted to have children (yes, you read correctly, I never wanted children). His response was, "I knew you would come around. All women at some point in their lives want to have children. It's natural." Four years later, his words haunt me still. The paragraphs to come suggest that perhaps maternal instinct is a socially-constructed concept, reified over time in order to sustain compulsive heterosexual patriarchy. Having children is even a stronger Durkheimian (1915) social fact than marriage; my queer girlfriends in their 30s often envision complicated ways in which they can conceive, like marrying queer biological men who are in similar positions (see also Badruddoja, 2008).

With young blood, passionate love, and a more-than receiving *yonis*, I conceived within a month. Joy overcame us until I began my seventh week. I was diagnosed with a severe and strange form of hyperemesis, which plagued me and the fetus until the moment I pushed the baby out. Hyperemesis is an extended form of morning sickness. Since it is generally not considered a serious condition for pregnant women to be in and only one out of a thousand women in America suffers from it, there is no cure. A majority of hyperemetic

women visit the ER a couple of times throughout the pregnancy for intravenous solutions and the nausea usually subsides by mid-second trimester. However, my partner and doctor soon realized that my condition was much more serious and complicated.

As my pregnancy continued, I began losing weight drastically. I was unable to keep any solids or liquids down and I was throwing up every twenty minutes around the clock. I eventually began excreting yellow-green bile and crimson blood for months to come. By the end of the first trimester, I was down to an unhealthy 90 pounds and the fetus was not growing as it should be. Through my partner's various contacts, we were able to access the top most high-risk doctor in New Jersey and I was switched to his care. I was immediately administered nutrition through an intravenous line that went through my right arm to one of the valves in my heart so that the baby and I could subsist until delivery. I was additionally given oral and intravenous drugs usually prescribed to chemotherapy patients to help control the nausea. Unfortunately, the anti-emetic medications did not minimize the attacks of nausea. Needless to say, I was in and out of hospitals for an entire eight months (my daughter was born a month premature) with multiple intravenous lines protruding from my body and a home-care nurse by my side.

I was weak: I was unable to lift my head, I could not walk because my muscles were slowly deteriorating, and relieving bodily functions by myself was an immense task. My sister flew in frequently from the Midwest to hold my hand in the ER; my father flew in from England every other weekend; my partner left his job to stay at home with me; and my mother-in-law left her partner behind an entire continent, pulled her teenage daughter out of school, and lived with me until I delivered. Our entire world, literally, was turned upside down so that I could deliver this baby safely without costing my own life.

What was I feeling throughout this excruciating and debilitating pregnancy? I wanted out! I wanted it out at any cost. Inside of me, this life was eating me alive, spiritually, emotionally, and physically. The pain of carrying a living being—a gift from god so everyone told me—felt like a bull-dozer driving over my body back and forth repeatedly for eight months. I began to develop a hatred for the life inside of me. I wanted to rip my belly apart and take her out (the sonogram indicated that I was having a girl). All I could think about was how she had taken my life away. She not only forced me to forgo a prestigious teaching appointment as part of my funding for graduate school along with multiple conference invitations for a paper that was gaining much momentum, she also took away my ability to engage in daily rituals like wash my hair or use the toilet by myself. My mother-in-law bathed me carefully everyday and my partner helped me to relieve bodily functions, even cleaning me afterwards. The baby had stolen my dignity, and, hence, I could not bear to look at the weekly sonograms, a standard procedure for high-risk patients, for months to come. Even as she directly looked at me with big eyes through the imaging screen, almost as if she was calling out at me, "Mama,

Mama, it's me. Don't you recognize me?" I looked away. I did not want her to look at me. I did not want her to call out to me. I felt nothing when I saw her legs trying to push through the taut skin on my round, scarred belly, trying to kick.

I secretly wished for a miscarriage so that I would no longer have to carry this burden inside me. Soon, my feelings towards the baby inside of me became more violent. I became suicidal, not only wanting to kill myself and destroy my *yonis*, but I also wanted to deliberately harm her. I envisioned various methods of how to end the pregnancy, including throwing myself down the stairs. I was immediately prescribed various C-Class anti-depressants, drugs that seep through the placenta and affect the fetus in similar ways that it would affect the mother, by a psychiatrist. Unfortunately, the medical establishment in the U.S. is less than holistic. My psychiatrist felt that it was crucial for me to take C-Class medications in order to carry out the remainder of the pregnancy. How could I deliver if I was not in a sane state-of-mind? My OB/GYN, however, strongly urged me to gain inner strength and courage rather than popping pills. He was worried about the baby, especially her serotonin levels at birth. In addition, medical personnel in general had little understanding of how a mother could hate her child, purposely wanting to harm her baby. My psychiatric report read "narcissistic and immature." Why didn't I ask to terminate the pregnancy?

I did. Throughout the pregnancy, I requested an abortion every day. Up until eight weeks before my daughter was born, I was still asking for an abortion—a partial-birth abortion. I could not tolerate the physical pain and emotional anguish of the pregnancy. While my husband, mother-in-law, and my family were supportive of me, they, along with my doctor, persuaded me every week to try to continue the pregnancy—to hold on a little bit longer. Delivering this baby was almost mandatory due to the various ways in which the intersections of race, class, and gender work in the U.S. Had I been a black, single, and poor woman, I, first, would not have access to the type of medical care that I had, and, second, I would not have been continually encouraged to continue with the pregnancy. Slowly, week after week went by, and it came time to deliver a small but healthy baby girl.

Soon after pushing her out of my burning, aching, clipped, and sewn *yonis*, I held her. It was not until I touched my four-and-a-half pound daughter that I fell in love with her. Yes, it was instantaneous—truly love at first sight. The nurse was trying to pry her away from me so that she could calculate the APGAR score on this new little person. Up until that first touch—the warmth of her extraordinarily petite flushed face against my sweaty cheeks and her tiny salty and slimy fingers in my feverishly hot mouth—I had no maternal instincts; I could care less about her and I had no desire to protect her or to help her to extend her life. What happened? How could my feelings toward this child be manically bi-polar? I do not know what happened or if I can ever reconcile my feelings, but the ending is less than sweet. It is in fact bittersweet. I am

left with an unanswered question that I continue to grapple with: what does it mean to be a mother?

The politically-charged debates around mandatory HIV-testing for pregnant women in the 1980s and 1990s were indeed about what does it mean to be a mother? More importantly, what does it mean to be a “good” mother versus a “bad” mother”? According to maternal ideology, “good” mothers engage in acts of self-sacrifice and self-abnegation, always putting the interests of their children before their own (Zivi, 2005). Moreover, this behaviour is presumed to emanate from natural instinct that at least all mothers should have, if not all women—an innate maternal instinct that should be guiding women to recognize their infant’s well-being first (Zivi, 2005). By implication, “bad” mothers are women who put their children in harm’s way, either through a willful disregard for their maternal instinct or because they lack such instinct (Zivi, 2005).

Hours after giving birth, even though my feelings towards this child drastically changed within a moments notice, I was still unsure if I wanted to breastfeed her. I was truly uncomfortable with the idea, perhaps a function of my own fears about my sexuality and to protect my own selfish desires and insecurities. This was yet another obstacle towards helping her subsist. What was wrong with me? What kind of mother was I? What kind of human being was I? A day and a half later, I guiltily requested the nurse to help me feed her. It seems that it was too late. She was comfortable with a synthetic nipple and even after a week, I was not producing enough milk to feed my severely under-weight daughter. Now I add to my list: In addition to wanting to kill my daughter, I refused to provide her with the best nutrition possible once I gave her life.

Indeed, sharing my herstory pains me greatly, but writing is beginning the process of redemption for me. When my daughter calls for me and I look into her eyes, I am shamed. I am ashamed by my ugliness inside, and I am unable to look at myself lucidly in a mirror. Her innocent brown eyes are unaware of my dark secret. I contemplate if I should ever tell her about how our relationship began, and how it might have almost ended even before really beginning. Will she hate me? Will she understand? Will she forgive me? Will I forgive myself? Clearly, my experiences with my pregnancy have had a profound emotional impact on me, forcing me to constantly re-think what it means to be a woman and what it means to be a (good) mother. The notion of motherhood being natural is haunting. I cannot shake my nervousness when both men and women comment on how motherhood (and nursing) is the most natural phenomenon in the world. I have not slept soundly since I became pregnant; I still wake-up in the middle of the night sweating with fear as my partner’s words, “It’s natural,” ring in my ears, making me feel ridiculously inadequate as a mother. I rush to the nursery to cuddle my sleeping four-year-old daughter, silently assuring her that I will never let anyone harm her, including myself.

I will eternally be indebted to my partner for helping me to save our daughter's life. If it had not been for him, his persistence, his perseverance, his sacrifices, my daughter would not be here today. My partner helped prevent me from making a profound and volatile mistake in my life. If I had ended my daughter's life, I too would have murdered my soul with her. I cannot imagine my life without my daughter. Her laughter is what helps me to wake up in the morning everyday and try to do something wonderful. She is my guiding light, my magnum opus. I love my daughter more than anything in the world and I would make sacrifices instantaneously to protect her. My ultimate goal is to protect my daughter and provide her with a loving upbringing.

Still, I have serious trepidations with the good/bad mother continuum because it does not reflect the realities of most women's lives and it fails to recognize the vastness of mothering practices in the United States. Through the good/bad mother continuum, multiple mothering narratives were invoked in the debates for both support of (i.e., *Ryan White Comprehensive AIDS Resource Emergency Act*, 1996) and opposition to (i.e., Rebecca Denison's congressional testimony, 1998) mandatory testing (Zivi, 2005). Even though I am highly skeptical of State control of bodies, especially women's bodies and the possibilities of reproduction, on both sides, mothering is central for women and it defines women as women. On either sides of the health crisis debates, maternal ideology is used to influence laws and research agendas, and it is also used to restrict and punish the behavior of women, most often than not, poor women of color. Both camps invoke the standard maternal ideology (good mother versus bad mother) to argue the same discourse: to ignore or not have maternal instincts undermines the bond between mothers and infants which in turn threaten the very fabric of community; the regulation of bad mothers is deemed necessary and acceptable not only because such women pose a threat to their child's well-being, but also because they pose a threat to social order and stability (Zivi, 2005). In other words, it is through the portal of mothering that the regulation of women's bodies is justified. And clearly, the assumption here is that motherhood and womanhood are tightly linked, even when in fact many American women cannot and do not give birth. The debates for and against mandatory HIV-testing for pregnant women then support that mothering is a natural requirement for most, if not all, women (see Zivi, 2005).

What my story begins to suggest is the very elasticity and compelling nature of maternal ideology. I argue that the assumption of the naturalness of mothering behaviour and the mother-child bond is enormously faulty. Maternal ideology falsely naturalizes and decontextualizes the practice of mothering. To presume that good childcare is the natural outcome of an innate instinct, first, renders women as wholly responsible for the care and well-being of their children, and, second, it erases the practice of mothering from social and historical obstacles that constrain it, like poverty, racism, and affordable health care (Zivi, 2005).

The hard and fast line drawn between right-to-life movements and the right-to-choose is indeed false. I am perpetually dumbfounded as each new administration publicly debates along binary terms over a woman's body, her ability to reproduce, and the potential of a fetus; the dichotomous options—life versus choice—do not suffice and they certainly do not reflect the realities of American women's lives. Throughout my pregnancy, I constantly shifted between the right-to-life and the right-to-choose, and eventually the choices were no longer mutually-exclusive. While at the end I have allowed my daughter to live, I also underscore a woman's right-to-choose. My narrative of good, bad, and redemptive motherhood highlights the maternal ideology—the narrative of the traditionally selfless mother—invoked and deployed to regulate and constrain women's bodies, and my oppositional narrative of motherhood requires contesting dominant ways of thinking about motherhood and dislodging the unthinkable. I now urge you to begin to contemplate why the notion of motherhood is consequential, and how are women's bodies used to strengthen our nation? I end my story here defeated, lost, and struggling while simultaneously celebrating, triumphing, and transforming.

*Author's Note: I wrote this piece as a monologue which was submitted to a call for oral performances for a show entitled "Yoni Ki Baat," sponsored by South Asian Sisters, an all women's organization based in Northern California. "Yoni Ki Baat," meaning "Vagina Monologues" in Hindi, celebrates the vastness of women's gender and sexual identities. My piece, entitled "Contesting Maternal Ideology: The Yonic Myths of Motherhood" was accepted and performed by an artist Maulie Dass at the Canvas Gallery in San Francisco, California, on November 19, 2005. I would like to thank the women of South Asian Sisters Production and the amazingly talented performing artists of "Yoni Ki Baat" for providing me with a safe space to express my yoni—my body, mind, and soul.*

## References

- Badruddoja, Roksana. 2008. "Queer Spaces, Places, and Gender: The Topologies of Rupa and Ronica." *National Women Studies Association Journal (NWSAJ)* 20 (2) (Summer).
- Bourdieu, Pierre. 1984. *Distinction: A Social Critique of the Judgment of Taste*. Cambridge: Harvard University Press.
- Collins, Patricia Hill. 2000. "It's All in the Family: Intersections of Gender, Race, and Nation." *Decentering the Center*. Eds. Uma Narayan and Sandra Harding. Bloomington and Indianapolis: Indiana University Press. 156-176.
- Durkheim, Emile. 1915. *The Elementary Forms of Religious Life*. New York: Free Press.
- Maira, Sunaina Marr. 2002. *Desis in the House: Indian American Youth Culture*



*in New York City*. Philadelphia: Temple University Press.

Nagel, Joane. 2003. *Race, Ethnicity, and Sexuality: Intimate Intersections, Forbidden Frontiers*. Oxford: Oxford University Press.

Prashad, Vijay. 2000. *The Karma of Brown Folk*. Minneapolis: University of Minnesota Press.

Rousseau, Jean-Jacques. 1992. *Discourse on the Origin of Inequality*. Trans. Donald A. Cress. 1755. Indianapolis: Hackett Publishing.

Zivi, Karen. 2005. "Contesting Motherhood in the Age of AIDS: Maternal Ideology in the Debate over Mandatory HIV Testing." *Feminist Review* 31 (2) (November): 347-374.