

Trudelle Thomas

Shut that Kid Up ***Motherhood as*** ***Social Dislocation***

[M]othering is not supposed to be a solo mission. The real mission involves pulling into your circle of life all those who have something to offer and are willing. You are the gatekeeper, but you were never meant to be the whole world to your child. (Davis-Thompson, 1999: 84)

Not long ago, I taught a college course called “Writing about Parenting.” My students were mainly young adults attracted to the course because they hoped to someday become parents. I especially enjoyed getting to know a caring young woman named Helen. She had recently spent a semester in Nicaragua as part of a Service Learning program and there she’d become attached to Sergio, a deaf two-year-old boy with whom she’d worked in an orphanage. Helen was in the early stages of trying to adopt and bring Sergio to the United States. Although she was unmarried and just 21, Helen was determined to offer him a better life. Over our spring break, she flew to Nicaragua to visit Sergio and brought back snapshots to pass around our class.

Like others in the class, Helen was well read, well traveled, thoughtful, and intelligent. Getting to know her, I came to realize that Helen—like most members of the class—was in the dark as to the practical realities of mothering. She believed motherhood to be a private undertaking—solely about a loving relationship with a child. She believed that the United States offers a child-friendly environment. And she believed that mothering skills are natural or instinctive. “As long as I love Sergio enough, things will fall into place,” she wrote.

Readily understanding Helen’s love for Sergio, I often found myself searching for words to prepare her for the path ahead. I thought back eight years

ago to my first pregnancy, a time of eagerly anticipating motherhood. If only a wise older friend had offered me a road map—how much shame and misery I might have been spared!

In a new book called *The Mask of Motherhood*, social scientist Susan Maushart argues that mothers delude each other by wearing a “mask of motherhood ... an assemblage of fronts—mostly brave, serene, all-knowing—that we use to disguise the chaos and complexity of our lived experience” (1999: 2). According to Maushart, this mask silences, divides, isolates, and devalues mothers. It creates barriers between mothers and everyone else, including their children and each other. And by hiding the “complexity and chaos of our lived experience,” the mask actually prevents our society from realistically preparing prospective mothers. Becoming a mother is a huge “trauma of re-organization ... experienced as enormous in personal terms, yet it remains socially invisible” (1999: 106).

The conditions of motherhood that she describes strike a chord with me. In the U.S., mothering young children is carried out in isolation from “the real world,” and most such mothers function primarily as sole parents, assuming full charge of the demanding, continuous physical tasks associated with childcare and domestic duties, especially in the early years. Moreover, few women in our society receive practical, hands-on preparation for motherhood, thus our knowledge base tends to be hopelessly abstract and theoretical, creating a very steep learning curve. In addition, new mothers experience continual interruptions on a daily basis and several years of sleep deprivation. And they are at especially high risk for serious depression and for marital decline. According to Maushart, all these factors contribute to “a lethal cocktail of loneliness, chronic fatigue, and panic” (1999: 120). “The lack of fit between the expectations and realities of mothering may be experienced as a personal crisis, but it is ultimately a social tragedy” (1999: 118).

Since the ending of my course on “Writing about Parenting,” I’ve given more thought to what I want to tell Helen. In the following observations, I try to “drop my mask” and create a kind of road map which points out the detours and barriers, and offers some direction. It’s taken me years to figure out that motherhood is *not* just a relationship with a child, it’s a whole new relationship with the larger world; that the United States is far from child-friendly; that love is *not* enough; and that to mother well, a person must develop a new kind of intelligence—a set of attitudes and skills that I call “partnership skills.” Partnership skills allow a mother to share power and decision-making for the well-being of her child, and include deep respect, advocacy, self assertion, and problem-solving.¹ I want to tell Helen that these abilities are not instinctive or “natural”—in fact, sometimes they seem to run counter to natural instinct. Moreover, in U.S. society, many forces actively discourage new mothers from developing these needed partnership skills.² At every turn, mothers are shamed into believing that any problems they run into are caused by their own inadequacies.

Two stories, two lives

With Helen in mind, I re-read a set of a dozen journals kept between my son's birth and the time he started kindergarten. Reading them, it struck me that they record two very different stories—almost two distinct lives. One is a joyful story of the actual relationship of early motherhood. Giving birth, nursing, learning to care for a young child were all easier than I expected, and more joyful. When I write about my son words like exhilarating, delightful, amazing, ecstatic recur. For example, I had always planted beds of impatiens in the front of my house, but Gabe's first year I didn't get around to it. I feasted my eyes on my son, satiated by the beauty of his sound, his touch, his smell; flowers would be superfluous! This "joyful story" was especially intense during that first year but it continued as I watched his world grow bigger to include first words, first steps, first friends, and a host of new discoveries. Helping my son to grow and blossom was a source of ongoing delight.

Overshadowing the "joyful story" is the story of the working woman, the wife and friend and citizen, who needs to integrate him into a larger social world—the world of adults and jobs and schedules and public events. Quite often this attempt at "integration" resulted in frustration and shame. The following account is typical of my early years as a mother:

March, 1993. Had to take Gabe on a work errand today. Child care arrangements fell through at the last minute.... Both appointments went smoothly. But then both men [at the same company] had to check on something before I could leave. I took a seat in a reception area, hoping the baby would stay quiet just a little longer.... Gabe started to get hungry. He whimpered. There was no private place for me to nurse him. His cries grew louder. Finally, I lifted my blouse and discreetly helped him latch on to my breast. He proceeded to suck loudly. At that very moment, both men came striding into the room from different hall-ways. Each stopped in his tracks when they saw us. Each had the same look of horror on his face—as if he'd caught me masturbating.

The journals record dozens of similar experiences. As much as I loved my son, it didn't take long to realize that the rest of the world didn't share my passion. Quite often I got the impression that most people regarded a child as an embarrassment, a nuisance, a distraction from the important stuff of life. Here is another entry, written a year later:

October, 1994. So far, mothering has been such a huge OPENING UP for me. I am so proud of my body for producing this baby. I LOVE nursing him. I feel powerful and capable.... Yet I feel society is pushing me to the sidelines. I spend so much time literally standing out in the hall, bouncing a baby on my hip—during church services,

at a graduation, in hospital waiting rooms. I have a squirmy baby who is not welcome at public events. If he babbles or cries, I get hateful stares.... I feel out of joint with the world. I feel so much bigger and more alive than ever, but it seems as if others expect me to become smaller and quieter—"just a mother." So many images I see of mothers are placid and pink, and I feel like I'm magenta.

For years, the journals record a constant clash between the way I'd hoped to be treated and what actually occurred. The "story of the working woman, the citizen" is full of frustration and tension, which only seems to be intensified by the passions of the "joyful mother" recorded in the other story. Although I claimed to feel "powerful and capable," in fact, the journals reveal a woman who is living with a constant level of distress, a sense of being out of synch with my society, a continual strain between her desires as a mother and the constraints of the larger world. The clash between the "two lives" creates an unremitting tension—like a high-voltage electrical current. The journals crackle with angry frustration.³

Motherhood makes the passions circulate

French philosopher and psychoanalyst Julia Kristeva has observed that motherhood makes passions circulate (quoted in Parker, 1995: 20). Psychoanalyst Rozsika Parker writes that "it is ambivalence in particular that makes passions circulate, as well as firming boundaries, forcing reflection ... thus providing a spur to individuation for both mother and child" (1995: 20). While Parker focuses on the mother's ambivalence toward her child, for me a much greater source of ambivalence was the clash between the motherly passion to protect and the pressure of the larger world to make the child conform—or better yet, disappear. "Shut that kid up!" was the unspoken message I repeatedly received. When I couldn't "shut him up" I felt inadequate, guilty, and ashamed.

The tension finally began to ease when Gabe entered all-day school at age five. By that time, I'd found a good school and lost my illusions about society's view of mothering. I'd begun to realize the truth of Harriet Lerner's words: "Until women collectively articulate authentic experience, feelings of shame, guilt, and inadequacy [will] flourish ... block[ing] healthy anger and protest" (Lerner, 1994: 63). Just as important, I'd begun to develop some "partnership skills" that would prove crucial to my son's well-being.

The great illusion

A watershed in my journey as a mother occurred when my son was six. For almost 20 years I'd been close friends with Sam. He was in his 50s, childless, widely-traveled, a respected teacher and spiritual leader in our city. We'd often traveled together and considered ourselves lifelong friends. A few years had slipped without contact. I'd been unusually busy with a full-time job, a young child, and frail in-laws. I wrote Sam a letter saying I missed him—could I take

him out to lunch and renew our friendship? We made plans to meet at a favorite Chinese restaurant.

For the first hour, we talked easily—catching up on news. Sam gazed into my eyes like a soul-mate. Finally the conversation edged around to why we had lost touch for two years.

Sam looked at me levelly and said, “The reason I stopped seeing you is because I can’t stand being around your son.”

I took a deep breath, restraining a sudden urge to start jabbing at his eyes with my chopsticks.

Sam went on to say that he thought Gabe was an annoying and undisciplined child. As far as Sam was concerned, four-year-old Gabe was on a path to juvenile delinquency. My husband and I obviously didn’t know what we were doing as parents. “I tried to demonstrate how to discipline him but you never picked up on it, so I just gave up,” said Sam.

Calmly I told him that yes, Gabe had gone through some rocky times, we’d been working on discipline, things were better now. “Maybe you aren’t the best person to advise me. You don’t have kids, and you haven’t spent much time with kids, so it’s hard for you to know what goes into raising them. There’s more to it than discipline....”

Our lunch ended with Sam assuring me that he wanted to renew our friendship, if only I could arrange more childcare. In fact, that encounter was the death knell of our 20-year friendship. How could I be friends with someone so insufferably arrogant, so utterly convinced that he was an expert on my life?

Replaying that conversation many times in my mind, I tried to figure out how an intimate friendship could end in such a stand-off. The memory came to mind of our last visit, two years earlier. Sam had come to the house one day to help me with a work-project. Gabe, then four, had gotten sick without warning and stayed home from pre-school. A deadline kept me from canceling the appointment with Sam. When Gabe kept calling for me from the other room, Sam had grown tense and impatient, scolding him sternly.

Now, putting myself in Sam’s shoes, I tried to imagine how the world might look to him: Trudy’s chosen to have a child and it’s her responsibility to raise it. She was a little nuts early on with all that breastfeeding, but it’s been years now—long enough for her to get on top of things. She should have reliable childcare by now. After all, we live in an era of shared parenting and daycare centers. She should have a child that’s well-behaved and respectful to adults. The media is full of women who are balancing family and career and who don’t expect other people to put up with their brats. I used to think Trudy was so competent—why can’t she get her act together?

Here’s how the same world looks to me: I did choose to have a child but I assumed my friends would rally around me. I’ve worked hard to line up childcare but a child needs his mother when he’s sick. If I spend my working hours away from Gabe, I want to be with him during free time. Shared parenting is a noble ideal but no one I know really pulls it off. I want my child

to be well-behaved and respectful, but I also want adults to be respectful toward him. So often they're not. The whole world seems to be organized around adult priorities with little regard for children's needs. Some voices espouse "family values" but only if they want something back, like a vote or a market-share. Those Superwomen in the media are figments of someone's wishful imagination. I *am* competent—I've never worked so hard in my life—and I sure could use a little help!

I think of Sam's perspective as a kind of "Great Illusion" that has little to do with my life as a parent. His view of family life is a fantasy, a virtual reality, based on hearsay and on media portrayals, without a shred of first-hand experience. It goes unchallenged because the "the mask of motherhood" causes many women to pretend to be more "on top of things" than they are.

And yet this "Great Illusion" shapes the views of most Americans—including people like my student Helen. Sam is certainly not alone in his view that children are already getting plenty of attention. In a recent cover story in the Sunday *New York Times Magazine* (July 23, 2000), researcher Lisa Belkin quotes many childless adults who publicly refer to children as "anklebiters," "crib-lizards," and "spawn of the devil." She describes a growing "child-free movement" of adults who yearn to live in childless "Minimum Breeder Quotient" neighborhoods, free of "breeder-yuppie-scum." They think parents are already getting more than their fair share of benefits, tax breaks, respect, and real estate. Belkin also quotes economist Sylvia Hewlett (1989), founder of the National Parenting Association and co-author (with Cornel West) of a book called *The War Against Parents*. Hewlett and West maintain that today's parents as a group are anything but "pampered and powerful"; rather, they have lost substantial ground over the past 40 years. Their book provides convincing evidence that parents (of children under age 18) have been inordinately hurt by managerial greed, government policies, and a parent-bashing popular culture.

Up against the wall

Facts notwithstanding, the "Great Illusion" distorts family life in the U.S. No one raises children in a vacuum, and in the U.S. mothers must interact with larger institutions which may include hospitals, HMOs, schools, social welfare agencies, businesses (and more) that prize efficiency and conformity over other human needs. Even institutions whose stated purpose is to help children and their parents (like schools and hospitals) are influenced by the "Great Illusion." They have a vested interest in perpetuating the belief that parents are "pampered and powerful" and thus that mothers are infinitely adaptable. Mothers are assumed to have the resources to adapt themselves and their children to the schedules and policies of such larger institutions. When a mother fails to do so, she may conclude, "There must be something wrong with me! I'd better shut up or everyone will find out!" Rather than challenging the institution, she blames herself and protest is blocked.

My own experiences of stress and shame have pushed me to realize that a

crucial part of “becoming a mother” is developing a new kind of intelligence. This new intelligence includes partnership skills that will allow a mother to share power and decision-making for the well-being of her child. To be effective, a mother must intentionally cultivate skills such as deep respect, advocacy, self-assertion, conflict-resolution—even in the face of the “Great Illusion.” Consider the following three examples:

One day as we are both waiting at the school-yard gate, I get to talking to Diane, the mother of Abby, a first grader who is legally blind and finds her way with a cane. A remarkably confident and outgoing girl, Abby has many friends at the elementary school where she is mainstreamed with sighted children. Diane mentions that she’s feeling frantic, racing from her full-time job to pick up her daughter every mid-afternoon when school lets out.

I know what it’s like to rush from work to school every day at 3:30 to ferry a child to ever-changing childcare arrangements. “You ought to get her into the extended care program,” I suggest. “My son goes a few days a week and loves it! The kids can stay as late as six.”

“I looked into it,” replies Diane. “But the lady said they’ve never had a blind child in the program. They don’t know if they can handle her,” Diane’s voice trails off. “I don’t want to send Abby where she’s not welcome.”

Another school-yard conversation, this time with my friend Kennedy, someone I admire very much. A divorced mother, she’s worked hard to buy a house in a good school district. In addition to working and raising her seven-year-old son, she’s close to finishing a college degree. “I’m having a tough time,” she tells me today. “Cortney’s acting up in school. His teacher thinks something’s wrong with him—he might have learning disabilities or ADD! She wants to hold him back in first grade!” Kennedy confides that she’s had a “summit meeting” with Cortney’s teacher, the principal, the school psychologist, and others. They all urge her to have him tested privately for learning problems. The fact that she is African American and that every other person at the meeting was white only makes Kennedy more distrustful. “They’ve already labeled him. They talked down to me! I don’t like all their talk of medication and Special Ed.! I’m thinking of putting him in a private school.” She has tears in her eyes. “I can’t even do this right!”

A third example is my own. One day as I pick my son from pre-school, I learn that he has poked a kernel of corn up his nostril. “I wanted to see how far it would go!” says Gabe. Later I call our HMO to find out if the corn poses any danger, and the nurse suggests I bring him in. Soon I find myself in the tiny examining room of a specialist I’ve never met. The ear-nose-and-throat doctor barges into the room, bristling with impatience. “I’ll try to remove it, but if it doesn’t work, we’re going to have to schedule emergency surgery at 6 a.m. tomorrow. This could cause an infection—it could be *life-threatening*. Now see if you can calm him down!”

Calm him down in the next five minutes—without music, without comfort, without a rocking chair? My mind is racing: “Is this truly an

emergency? I can't get off work tomorrow—I have a packed schedule!" Already distressed, Gabe senses my mounting anxiety. The impatient ENT returns and begins probing Gabe's nose with a long pointed metal instrument. Gabe squirms with terror. When I mention to the ENT that I have to work, he barks: "Your child's life is at stake! Tell your boss it's *an emergency!*" Adrenaline surges in my system for days.

What do these three mothers have in common? In each case, the mother feels up against a wall. She knows her child needs something and she's not sure what it is or how to get it; she doesn't even know what questions to ask. She is in unfamiliar territory where someone else—someone "professional" who ostensibly knows more than she does—is making decisions that affect her child and her own daily life. Instinctively, she senses she is being disrespected but she doesn't know her rights, doesn't know how to ask for help, and doesn't even believe there's any likelihood that she can be helped. She senses this in spite of the fact that the extended care program, elementary school, and HMO ostensibly exist to serve children, including her child.

In none of these three scenarios is there any shortage of love or goodwill on the part of the mother. In a gentler world, the professionals involved would have listened more carefully to the mothers' concerns, taken time to explain the situation clearly, not wielded power so thoughtlessly, not shamed them. They might have provided the needed services as if she were a valued paying customer.

Nonetheless, in each case, "the system"—whether childcare, educational, or medical—is not likely to change soon. If she is to meet her child's needs, each mother must develop a new intelligence. She must know how the bureaucratic "system" works and how to effectively make her way through it. This involves learning her own rights and responsibilities, learning new language, and learning subtle political and social skills. Only through such learning can a mother avoid being bruised by systems that value their own efficiency and agenda more than the well-being of her particular child.⁴

If I could re-live my "corn crisis," for example, I might have asked for a second opinion, or called my own trusted pediatrician for advice. Or asked for thirty minutes to collect myself before scheduling surgery. Even in the face of a bullying doctor, I had several options, but lacked the awareness to consider them. I had not yet begun to develop this new intelligence. As a result, I was ineffective. My son *did* end up undergoing "emergency surgery" the next day, causing great distress to both him and myself, and disrupting the lives of many others in my workplace. The ENT's arrogance went unchallenged.

A new intelligence

Perhaps I can illustrate this new intelligence by telling about a turning point in my own education as a mother. A few years after my "corn crisis," I became involved in a support group that became a lifeline. Run by a volunteer board, the ADD Council of Cincinnati is a grassroots consumer organization

for adults afflicted with Attention Deficit Disorder and parents of children with the condition. After attending a few monthly meetings, I got to know Lydia Bigner, a board member who led a workshop I attended. I described her in my journal.

June, 1998: I'm impressed by Lydia B.—a poised, petite woman—black hair—very articulate. She runs the resource library, and evidently gives workshops to parents around the city. Has two kids—a son and daughter—who have struggled in school due to ADD—difficulties similar to Gabe's. They are both in high school now and doing well (honour students!). She's very knowledgeable about local doctors and psychologists who specialize in ADD—knows who the good ones are (and the stinkers). But what interests me the most is that she's great in working with schools. Another board member said, "Lydia can get teachers to eat out of her hand. She knows how to get them on her side!"

Over the next few years, I tried to learn as much as I could from Lydia. I attended several talks that she gave through the Council, spoke with her after meetings, sought her advice about challenges I faced with Gabe, read books she recommended. She became a model to me of what a successful mother could be—a person who made sure her child got treated fairly by teachers and doctors and others. She showed me, for example, a prototype of an introductory letter that she sent to her son's new teachers each September. "My son has done well this past year—this would not have been possible if not for the school's staff, teachers, and my son's own effort...." The letter goes on to suggest classroom accommodations that have helped her son.

Thanks to Lydia's suggestions, I worked to develop mutually respectful relationships with others in my son's life. One such relationship was with my son's school counselor. In first grade, in a heated moment, Mrs. B. harshly remarked, "Your son has no coping skills!" My natural impulse was to attack her. I held my tongue and, instead, tried what I now call Lydia's "sweet advocacy" approach. Over time, I tried to cultivate an attitude of respect and loving kindness toward Mrs. B., despite my anger. I asked her advice, and sent her thank you notes when she was helpful. At the same time, I worked with my son to develop the "coping skills" he needed. By the next year, Mrs. B. was telling me what a pleasure Gabe was, what wonderful progress he was making.

Imitating Lydia, I also got to know as many people possible at my son's school. Within a few years I was on a first-name basis with his teachers, the principal, the cafeteria workers, the librarian, and others. I learned how to talk the "teacher-speak" (and "doctor-speak") as best I could. I formed informal alliances with others around my city who were knowledgeable about ADD and about children's services.

Gradually, I acquired new kinds of knowledge. Lydia steered me toward

several sources of self-education. I attended workshops and read as much as I could about ADD, including other parents' suggestions for navigating "the system." This led to a the discovery of a new body of literature aimed toward parents of children with disabilities and "special needs." For example, I read the work of Robert Naseef, the father of an autistic son, who writes,

The outcomes for children and families are best when parents and professionals work together as partners with mutual respect and shared decision-making power.... [Yet there are] barriers on both sides of the partnership when dealing with today's dominant medical model of providing services in many public and private agencies [where] services are provided from the top down and the primary expertise and decision-making power is squarely with the professional partner. Some parents have negative experiences with authority figures, contributing to parents' justifiable anger and making trust and collaboration difficult. (1997: 174-175)

It became clear to me that schools as well as agencies and health-care providers operate according to a "top down model." I began to see that my anger was justifiable, and that there were ways anger could be channeled to effectively help Gabe and to work toward genuine partnership with service-providers (such as teachers, doctors, and other professional helpers).

Framing the problem in this way—as a political and social problem rather than as a personal failing—made a world of difference in my ability to solve it. I stopped feeling ashamed and inadequate and began to take pride in my son's progress and in my own efforts to help him succeed.

Framing this as a political problem led to me attending workshops to learn about parental rights and responsibilities, including relevant legal rights. I started keeping more careful records of conversations and meetings related to my son's education. Knowing that other parents had fought hard to secure the rights of "special needs" children and their parents was a source of strength to me.

At the same time, I began to cultivate new attitudes toward professional helpers in "the system"—attitudes that might be called a new spirituality. At another workshop sponsored by the ADD Council, I listened to the words of a "parent mentor" named Paula Thompson (who had successfully raised a child with autism):

Like it or not, part of your task as a parent is to educate the professionals about your child's needs. You must rise above personality issues to focus your energy on what you want for your child. Know which issues are critical and which ones you can let go of.... You've got to be pro-active but not so pushy that people will stop taking you seriously. Build goodwill whenever you can, and try to be calm, objective, and patient. Tempers run high—because your

child is so precious to you—but you've got to be calm—majorly calm—because if you have a child with special needs, it's a long haul.

For me, meditating and exercising were important resources for my learning how to stay “calm, objective, and patient” and to maintain good will and a spirit of respect toward others in my child's life.

As I look back on my encounters with Lydia Bigner and others in the ADD Council, I can see in myself a gradual movement away from the shame and inadequacy of my early years as a mother toward a growing sense of pride, competence, and what Lerner would call “healthy anger and protest” (1994: 63). I formed new alliances rooted in mutuality, educated myself, and deepened my spirituality. Although there is still much to learn, now I have the tools to acquire the “partnership skills” to advocate for my child and to share power and decision-making for his well-being.

In summary: advice to Helen

Recently, I received a note from Helen, the student mentioned at the beginning of this essay. She writes of good news about Sergio, the little boy in the Nicaraguan orphanage. Partly through her interest in him, a U.S. family is close to finalizing the adoption of both Sergio and his sister. She writes, “Sergio and his sister have never lived together and they now get the chance. I have been in contact with his future mother and she wants to keep in touch” (16 September 2000). Evidently Helen's age was a barrier to completing her own adoption of Sergio, since most international adoption agencies are unwilling to accept prospective parents younger than age 26. Still, I'm sure that motherhood is in Helen's future. And so in closing, here is what I want to tell Helen.

Becoming a mother is about loving a child the way you've loved Sergio, and the mother-child bond can be a great and energizing passion. To love that child well you will need to undergo a subtle yet earthshaking transformation. You'll have to let go of many of your own ideas about the role of mothers in U.S. society and to recognize the “Great Illusion” for what it is. You'll have to drop the “mask of motherhood” and instead begin to trust your own experience and insights, and to share them. Even now, in anticipation of motherhood, you can begin to develop a finely-tuned “shame detector” to help you screen out the voices that foster guilt, self-doubt, and submission. It wouldn't hurt for you to learn about childhood health and about discipline.

But more importantly, it's not too early to begin to align yourself with others who can help you to learn to assert yourself, educate yourself, develop “sweet advocacy,” claim your power, and make your voice heard. The real challenge of becoming a mother is to develop a new intelligence—to learn partnership skills that will serve you not just in your mothering but in many arenas of life.

As scholar Jerome Bruner writes in his preface to a new book, *A World of Babies*, “There is nothing in the world to match child rearing for the depth and

complexity of the challenges it poses.... All child rearing is based on beliefs about what makes life manageable, safe, and fertile for the spirit. (DeLoache and Gottlieb, 2000: ix, xi, xii). As you learn to practice this new intelligence, I have every confidence that you will create a life for both you and your child that is “manageable, safe, and fertile for the spirit.”

¹In her important book on maternal identity, Ramona Mercer asserts that much of maternal competence is “dependent on the woman’s cognitive abilities: to project into the future, to consider alternatives and problem-solve, to know what information she needs and where to obtain it, to communicate effectively, to trust others, and to establish nurturing relationships with others. Evidence indicates that the latter two abilities becomes part of a woman’s schemata during her early years of being mothered” (Mercer, 1995: 303). Robert Kegan also sheds light on the cognitive skills involved in parenting in his 1994 book, *In Over Our Heads: The Mental Demands of Postmodern Life*. (See the section called “Mental Demands of Private Life: Parenting and Partnering.”)

²For a fuller discussion of the social and political skills that are encompassed by “partnership skills,” see the works by Eisler and Loye (1990) and by McGinnis and Goldstein (1997). These writers helped me to formulate my thinking about the learned social skills involved in parenting.

³For enlightening analysis of the strain between the private world of childrearing and the public world of work and business, see the works of Arlie Hochschild (1989, 1997) and of Deborah Fallows (1985).

⁴Of course, parents also need to push for systemic change. For imaginative visions of such systemic change, see the works by Leach (1994) and by Hewlett and West (1989).

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