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Becoming a Mother

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Front Cover

Karen Turnbull, "Rhiannon," coloured artist's ink, chalk, and gesso on paper, 15" x 20.5", 2000.

Diane Speier

Becoming a Mother

When I first began ruminating on the subject of becoming a mother, I thought that in the twenty-first century this process could be a complicated matter with a plethora of considerations to be made before, during, and after birth. As an academic feminist undertaking research on women's experience of childbirth I am aware of the multidimensional and personal aspects of becoming a mother, along with some of the socio-cultural pressures to meet that "feminine imperative." As more women are no longer ruled by the biological inevitability of motherhood, with the twentieth-century advent of contraceptive technology, they are faced with many new and sometimes contradictory choices. Prior to my re-entry into the academy, I had been a certified childbirth educator since 1977 and a postpartum parent educator working with mothers and their babies since 1981. Witnessing the transition to motherhood has given me a personal perspective on women's issues during this time in their life cycle, while feminist research within higher education has substantially broadened and deepened that viewpoint. This maternalist/feminist perspective is an unconventional combination and it is from this expanded viewpoint that I will consider some of the salient issues that confront women on the threshold of becoming a mother.

When I became a mother back in 1974, the process seemed to be a much simpler one, and the decisions reflected that relative simplicity. Once I chose the doctor who would attend my birth and which of the two hospitals where he had privileges, the rest fell into place. There certainly was a limited amount of literature on the subject—about a handful of books. Women were unaware of fetal alcohol syndrome, the effects of caffeine, or the dangers of teratogenous substances. Choice seemed to be focused on what kind of baby paraphernalia to buy or what to include in the layette. But things have changed since then.

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Two years later I was making new choices, this time for something quite avantgarde—I was planning to have my baby in a birth center with midwives. This decision had to be defended on a regular basis as the hegemonic obstetric stance of hospitalized birth using physicians made my choice look unsafe. Maternity services were beginning to expand in the 1970s as the place of birth and the choice of birth attendants were no longer restricted to hospitals and doctors. This was a response to the women’s liberation, women’s health and childbirth reform movements that were challenging the way in which childbirth was being conducted with its long list of potential interventions, the indiscriminate use of technology, and the epidemic of cesarean sections. Becoming a mother was becoming a complex matter indeed.

In 1981, when I was having my third child, childbirth options had expanded even further, and some of the challenges from the women’s movements had been institutionalized. These changes included the use of birthing rooms in hospitals, vaginal birth after cesarean deliveries, the rebirth of midwifery care, and sibling visitation. When my fourth child was born at home in 1988, he had all his siblings present to welcome him, and the midwives who attended my birth had been practicing home birth for some time.

However, the decisions about childbirth are not the only considerations facing women as they approach motherhood. Now, more than a quarter century since that relatively simple time, all sorts of issues confront women. In this article I will be focusing on the following matters: 1) How are women influenced by the cultural imperative to become mothers? 2) What choices do women face about childbirth and infant feeding? 3) How is a woman’s identity changed by the role of mothering?

This list of issues is not exhaustive of those women in the twenty-first century have to face, but they incorporate many of the complexities for women becoming mothers. Because childbirth is the event that initiates women into motherhood, this article will highlight the issues around the second category in much more detail.

The Motherhood Mandate

In the 1970s, feminism began to focus on the cultural pressure to become mothers, now that contraception had given women more control over the biological choice. Nancy F. Russo articulated the centrality of motherhood in the definition of female adulthood in her significant writings on the “Motherhood Mandate” (Russo, 1976, 1979). With more control over when a woman might become pregnant, she is still compelled by the primacy of this role within a pronatalist social context (Russo, 1976, 1979; (Contratto) Weiskoff 1980; Chodorow and Contratto 1989). The social and cultural institutions that enforced the motherhood mandate made “the idea of a woman being something other than primarily mother and wife ... literally unthinkable” (Russo, 1976: 145). Feminism revealed the “woman-as-mother” assumption (Russo, 1976) as heterosexist (Simons, 1984; Lazaro 1986), recognizing diversity

among women, particularly within lesbian consciousness where childbearing (at least in those days) was not part of their identity, and those women who chose to remain childless (Simons, 1984). "Insofar as voluntary childlessness is considered a valued option for women in our society, motherhood itself becomes an option rather than a mandate" (Russo, 1979: 12).

The illusion that motherhood is a freely chosen option tends to collapse for women who do not have access to reproductive technology and for whom motherhood might be the only valued option when constrained by employment at the lower end of the economic scale. The kind of advanced education, training or experience required to attain a job that would be an attractive alternative to motherhood is not anticipated or accessible for women in lower socio-economic groups (Russo, 1976, 1979). Social class plays a part not only in access to contraception and abortion but for choices in childbirth as well, a topic I will return to later in this discussion. Within the political and social context of black and Hispanic communities, giving birth can be one of the most meaningful actions for a woman denied most other meaningful opportunities (Simons, 1984). As more (privileged) women have entered the labour force in careers that provide the kind of achievement and satisfaction that enriches their sense of self, choosing not to mother has become an important alternative, even if only a small proportion of the population exercise the option (Simons, 1984; Lazaro, 1986). Because in the end, "for most women, the decision to become mothers is more a matter of social pressure than a free decision" (Lazaro, 1986: 98).

Feminist writing has been influenced by the ideas of Simone de Beauvoir (1952), who focused on the oppressive conditions that motherhood has traditionally imposed on women.

The absence of women who successfully combined a professional career with motherhood and Beauvoir's own profound alienation from woman's traditional role of wife and mother can provide insight into her angry, ambivalent, but largely negative view of motherhood in *The Second Sex*. (Simons, 1984: 352)

Beauvoir's attitude towards motherhood has been the subject of feminist debates for years (O'Brien, 1981; Simons, 1984; Lazaro, 1986). However, it was Adrienne Rich (1976) who distinguished between the institution of motherhood within patriarchy, which Beauvoir was condemning, and the experience of motherhood, which has the potential to be richly rewarding. As women's options have increased during the last quarter of the twentieth century, the motherhood mandate has loosened its grip on the identity of adult females who now grapple with various roles in their busy lives.

Choices in pregnancy, childbirth, and lactation

Women in the twenty-first century have a smorgasbord of choices to

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consider when it comes to how they are going to give birth. There are decisions to make during pregnancy about where to have a baby (hospital, birth center or home), with whom (doctor or midwife), and how (naturally, with medication, high tech or cesarean). Often the “how” is formulated during childbirth preparation classes where information is imparted on the process of birth and what they can expect when they go into labour. In North America there are a diversity of classes available—different methods such as Lamaze, Bradley, and various eclectic orientations, hospital classes, independent classes, classes in doctors’ offices. Sometimes women will also seek exercise classes to keep fit while their contours are changing shape dramatically. In addition, there are prenatal diagnostic tests galore: serum alpha-fetoprotein, amniocentesis, chorion villus sampling, ultrasound, glucose tolerance tests, group b streptococcus, and treatments such as Rhogam shots for mothers who are rhesus negative, the North American equivalent to anti-D immunoglobulin (Enkin *et al.*, 2000). Towards the end of pregnancy there might be a fetal biophysical profile for high-risk mothers—a composite of five variables that test the condition of the fetus, stress tests, nonstress tests and other assessments of the fetus (Enkin *et al.*, 2000). This is before birth begins.

Once a woman is in labour, she has various other choices to make about how she would like her birth to be, who might be there, and what interventions she wants. If she has drawn up a birth plan ahead of time, her birth attendants might already know her preferences through discussions over the specifics of her plan. She might have decided to have a doula (an experienced woman who assists the labouring mother) at her birth for support and advocacy, and in order to maximize the potential for non-interventionist childbirth (Raphael, 1976, 1988; Klaus *et al.*, 1993). What was unknown prior to the beginning of labour will assert itself once her contractions begin, and whether or not she has the tools to persevere in the face of unbelievable pain will depend on her belief system, her determination, and the conduct of the human environment surrounding her. The medicalization of childbirth in the twentieth century has influenced a woman’s choice of childbirth setting (Mackey, 1990); and a woman’s choice of birth attendants will reflect her perception of risk and how much she subscribes to the medical model of childbirth (Howell-White, 1997). Her definition of childbirth will often be determined by dominant cultural meanings, and in some cases she will resist them and in others will align with them (Davis-Floyd, 1992; Howell-White, 1997; Monto, 1997; Machin and Scamell, 1997, 1998).

Modern maternity care, driven by obstetric discourse and focused on the medical aspects of childbirth, has failed to acknowledge the psychological component in our understandings of the complexity of childbirth (Waldenstrom, 1996). As a perinatal psychologist myself, I have shared a psychophysiological perspective with my clients in the childbirth preparation that I taught, in order to prepare them for the many non-medical aspects of birth that happen. Since women always give birth in accordance with the way they live (Peterson, 1981),

the issues that are consonant with their life prior to delivery will surely play out during the drama of birth, a grand magnification of those issues. An awareness of the probability of these dramatic events, which obstetric discourse ignores as irrelevant, allows couples to recognize things that might interfere with the process. They can choose to work on them before they go into labour, or they can deal with them in the moment in order to release their hold on the labouring woman. Midwives tend to be more in tune with these matters, as their approach to birth is often holistic (Rothman, 1982) and personal.

The social class of childbearing women will affect both their expectations and their experience of childbirth (Lazarus, 1994; Zadoroznyj, 1999). Much of the feminist discourse on women repossessing their bodies is based on middle-class attitudes toward control that vary from the kind of control that lower class women are seeking. Social class differences were reflected in the kinds of concerns that women had as well access to and desire for knowledge (Lazarus 1994). Zadoroznyj found a more encouraging outcome in her study, where working class women having subsequent babies were empowered by the previous experience. "They became better informed, gained knowledge and confidence, and developed a sense of their right to affect the management of their own births. Their first birth, then, ... marked a turning point in the development of these women's identities" (Zadoroznyj 1999: 281).

In another study by Fox and Worts (1999), they revisit the critique of medicalized childbirth and find that it is the privatization of motherhood that affects what a woman will experience in labour. When a woman is anticipating support after childbirth because the division of labour has been supportive beforehand, she is less likely to request medical intervention. The biomedical model of childbirth can disempower a woman by reinforcing dependency and inadequacy at just the time when her responsibility to a helpless new person is activated. "Medicalized childbirth 'gives birth' to a mother who typically has just had her own dependency underlined, at a time when she is about to undertake what may be the most demanding task of her life" (Fox and Worts, 1999: 331). They also found that women with strong support from their partners were less likely to suffer postpartum depression. These issues of support at all times surrounding the perinatal period are key elements in developing a policy for maternity care.

In 1980, Ann Oakley found that women who had experienced a highly technological childbirth were more likely to experience postpartum depression; this was the first time that a spotlight was shined on the correlation between technology and psychological sequelae. As Fox and Worts (1999) note nearly 20 years later, when a woman feels her autonomy compromised at a moment of high vulnerability she is likely to feel overwhelmed by the responsibility of privatized mothering unless she has strong social support in place. Oakley (1992, 1993) has gone on to study how social support benefits women and their babies in childbirth, also recognizing the importance of psychosocial factors in perinatal outcomes. Contrary to the old paradigm that viewed postpartum

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depression as a product of hormonal imbalances, the influence of medicalized childbirth and the presence of social support are key factors that need to be integrated into how we assist women who experience depression following childbirth (Nicolson, 1986). What is often revealed in postpartum depression is the dissonance between expectations and reality, contradictions experienced once a woman becomes a mother (Oakley, 1980; Nicolson, 1986).

Depression is one of various social influences on a woman's decision to breastfeed her baby. Certainly an "empowered birth" will enhance that first contact with her baby, as the embodied experience of a powerful childbirth continues into the moments afterward when a woman is primed for receiving her child. The contemporary sexualization of breasts, issues of body image, partners' attitudes to breastfeeding, the lack of exposure in western cultures to the sight of breastfeeding, and social class are some of the issues that affect women about the choice to breastfeed (Dykes and Griffiths, 1998; Stearns, 1999). Feminism had a part to play in moving women away from nursing their babies, liberating them from being tied to their infants; however, there has been a resurgence in feminist interest of a positive kind in breastfeeding (Blum, 1993; Blum and Vandewater, 1993; Stearns, 1999). The difficulties of combining paid work with breastfeeding are cited as reasons why women discontinue nursing, as the workplace is usually not compatible with the demands of breastfeeding mothers (Blum, 1993; Dykes and Griffiths, 1998).

Lactation is an embodied female experience that has been understudied, probably because of the essentialist trap of exclusive motherhood (Blum, 1993; Kahn, 1995; Stearns, 1999). When feminists examine the maternalist organization La Leche League, a self-help organization that began in the 1950s by mothers for mothers, they are torn between traditionalist attitudes towards motherhood that veer towards biological determinism and the promotion of a woman-centered knowledge of childbirth and lactation that challenges androcentric attitudes. La Leche League has been disapproving of women's employment for decades and has slowly moved toward acknowledging that some breastfeeding mothers also need to work (Blum, 1993; Blum and Vandewater, 1993). Their slogan, "good mothering through breastfeeding," is not violated by employment if the mother chooses to make the effort to continue nursing (which is not an easy choice for reasons already mentioned). I can remember attending League meetings in both California and New York in which women were rebuked by League leaders for deciding to work, when they were genuinely looking for help in combining work and breastfeeding. I saw these women's efforts as success stories, but the League leaders' attitudes were condemning, and this was one of the reasons why I stopped attending meetings. I am pleased to see that they are meeting the challenge for change, because women can really benefit from the important breastfeeding information imparted in La Leche League meetings, and it is a cause worth promoting if they have broadened their attitudes to include the needs of working mothers.

The maternal body is exemplified through breastfeeding; however, women

have to negotiate the different cultural values attached to breasts in the decision both to initiate breastfeeding and to continue against the odds (Young, 1998; Stearns, 1999). "To the extent that breastfeeding occurs in the presence of others and/or symbolizes good mothering, it is also a visual performance of mothering with the maternal body at center stage" (Stearns, 1999: 308-309). Although women must go through all kinds of gyrations in order to remain discreet while nursing in public, the fact that breastfeeding is becoming a more public phenomena means that in the future more people will be accustomed to witnessing women nursing their babies, with the potential to reduce the stigma currently attached to it. I nursed four children over five years of my life and I became quite skilled in learning where it would be comfortable to nurse in public and where it would not. I wouldn't have given up that intimate contact with my children for anything.

However, one of the biggest deterrents to breastfeeding is the perception that mothers cannot be sexual beings, and the splitting of women's identity into mother or sexual person, but not both. This patriarchal Madonna/Whore split has been the subject of feminist writing for a generation, and the sexualization of breasts creates a dilemma for women making feeding choices (Rich, 1976; [Contratto] Weisskopf, 1980; Ferguson, 1986; Chodorow and Contratto, 1989; Young, 1998; Stearns, 1999). This separation of women's sexuality and maternity is an important focus in the changes in a woman's identity experienced once she becomes a mother, and I will discuss this in more detail in the next section of this article.

Women's changed identity in motherhood

When a woman becomes a mother she enters the period of change called "matrescence," the process by which she takes on the full responsibility of mothering in the face of numerous changes to her identity (Raphael, 1976). As she takes on this role in the full sense of the experience on all levels of her experience, she is confronted with various adjustments in her changing sense of self.

Childbirth brings about a series of very dramatic changes in the new mother's physical being, in her emotional life, in her status within the group, even in her own female identity. I distinguish this period of transition from others by terming it *matrescence* to emphasize the mother and to focus on *her* new life style. (Raphael, 1976: 19)

When Raphael wrote these comments in 1976, she introduced the idea of the doula, an experienced woman who mothers the mother, providing insulation from the pressures of the external world while assisting the mother to move through the process of matrescence. It was some years later that the idea became popularized, with services providing doulas both for labour and delivery as well as postpartum home care. I worked as a doula before this new specialty was

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created and found that one of the advantages that Raphael was concerned with, the satisfactory experience of breastfeeding, was assured by this kind of special care. However, the more important concern of assisting at this time is in helping women make that adjustment to a new, intense, and irreversible role.

Who is this new person? If she was a working woman prior to birth, she will be on maternity leave, and much of the next several months of that leave will be concerned with whether or not to go back to work, and on what terms—part-time, full-time, job share. Her perception of herself as an employed individual receiving acknowledgement and recognition in the world will be temporarily lost to the demands of a needy infant on a 24-hour schedule. In my experience of working with new mothers I found that a woman's sense of identity is so wrapped up in her worldly position that the role of mother offers few rewards by comparison. Going back to work is a means of maintaining those aspects of her identity while she is trying on the role of mother. Often by the time their second child is born, they have become an experienced mother and are more ready to quit their job and stay home with both children. I have watched hundreds of women confront these decisions about returning to employment and the issues around childcare that surround them (Grace, 1998).

As a woman-turned-mother, she is no longer free to come and go as she pleases, being responsible for a dependent new infant. Whether that responsibility is shared or not will depend on how she negotiates parenting with her partner, assuming she has one, and the division of labour within the family (Ortner, 1974; Rosaldo, 1974; Chodorow, 1978; Chodorow and Contratto, 1989; Fox and Worts, 1999). This might be her first realization of the devalued status of mothering (Lazaro, 1986; Chodorow and Contratto, 1989; Grace, 1998) and the invisibility of the work that she does domestically. Despite the Motherhood Mandate, the patriarchal institution of motherhood reinforces women's subordinate position in male dominated society (Rich, 1976). Women in this transition experience the full measure of the distinction between public and private profoundly (Blum, 1993, Grace, 1998). "The extent to which men share in domestic responsibilities affects not only the balance of power in the household but also the way women approach motherhood, beginning with the day they give birth" (Fox and Worts, 1999: 344).

And what about her sexual identity as a woman? The patriarchal prohibition on mothers being sexual has been referred to already as regards lactation but affects women generally as well, including mothers who do not breastfeed (Rich, 1976; [Contratto] Weisskopf, 1980; Ferguson, 1986; Chodorow and Contratto, 1989; Young, 1998; Stearns, 1999). The debate was perfectly encapsulated in the title of Susan (Contratto) Weisskopf's review essay "Maternal Sexuality and Asexual Motherhood." Sexuality and motherhood are mutually exclusive experiences in a patriarchal society that dates back to the Puritan colonial era when motherhood and sexuality were assumed to go together and fathers intervened in the mother/child relationship (Ferguson,

1986). Is this not the original meaning of the “law of the father” (Young 1998)? No doubt there is a dampening effect on feeling sexy and aroused when children can be heard in the next room; that is the reality of maternal sexuality. And for many women the experience of breastfeeding activates sexual feelings and can be confusing within a maternal context (Rich, 1976; [Contratto] Weisskopf, 1980; Young, 1998). The demand for asexual motherhood can be seen as a means of preventing women from coming into an integrated sense of their identity, newly expanded by motherhood instead of split by it. “Nor would maternal sexuality be such a problematic topic if there were not exclusively mother-raised children and if the power of the mother in child rearing were not so exaggerated” ([Contratto] Weisskopf, 1980: 781). I believe in and work towards an empowered and integrated sexual experience for new mothers, so that they do not need to sacrifice one part of their identity while embracing another all-encompassing one.

Conclusion

In a society that defines motherhood as the quintessential role for adult women, there are assumptions underpinning this cultural imperative that there is something called the “perfect mother.” There isn’t. Mothers are human and flawed, and are learning on the job—no other adult “career” would lack intensive training ahead of time. Because mothering is a trial and error experience, we need to respect that at best it will be “imperfect.” Some feminist writers in the past felt that “mothering could be wonderful if women could recognize and take pleasure in their procreative and maternal capacities and if these were not taken over by institutional constraints and alienated understandings of mothering” (Chodorow and Contratto, 1980: 84). When Nancy Chodorow and Susan Contratto wrote these words in 1980, they probably could not have imagined to what extremes women would be driven by the Motherhood Mandate in the twenty-first century. As more women have delayed motherhood until after the establishment of a career, they have confronted infertility in increasing numbers. Medicine has obliged with the advent of new reproductive technologies, prompting an ongoing debate within feminism since the mid-1980s. It is alarming how much money couples will spend on infertility treatments that have an appallingly low success rate, in “attempts” to become parents. I read a news report recently regarding a dispute over a couple in their fifties who had lied about their ages in order to receive in vitro fertilization, and were now carrying twins. The Motherhood Mandate has taken on new and perplexing meanings for women in the 25 years since Nancy Russo first wrote about it.

In the twenty-first century, women in our post-industrial society have so many choices and even more concerns as they find themselves addressing the complexity of the transition to motherhood. Compared to the simplicity of my experience in the 1970s, it seems like an awesome task. Negotiating the multitude of decisions about the location of birth, the choice of birth practi-

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tioner, childbirth preparation, prenatal diagnostic testing, and the plethora of interventions during childbirth itself can be daunting. How a woman defines childbirth will be influenced by cultural meanings, and if she is having her first baby she is facing the great unknown as she goes into labour. That is the paradox: we know so much about pregnancy and childbirth now, and yet the medicalization of childbirth does little to alleviate the fears that women have—fear of the pain, fear of the power, and fear of the unknown. Perhaps the twenty-first century will find maternity care incorporating the social and emotional concerns of mothers within the definition of childbirth as a holistic event in women's lives.

It is my belief that if childbirth was redefined within this broader context, then the identity changes women encounter as they take on the role of mother could be empowering. An 'empowered birth' ignites new personal resources for a new mother who is experiencing an enhanced sense of self-confidence and personal power from the successful completion of childbirth. She takes that heightened awareness into the transition to motherhood. It is one means of preventing depression following childbirth, as the adjustments of matrescence are met with a new sense of strength and perseverance (a trait keenly needed during the early days of breastfeeding). Hopefully the refinements she is making to her sense of self will allow her to integrate her sexuality with her motherhood creatively and positively.

Becoming a mother can be an all-embracing experience even as it becomes a complex endeavor. We need to facilitate this transition, because one thing remains constant for humanity at all times, and that is when a woman gives birth to a child she gives birth to herself as a mother.

References

- Beauvoir, Simone de. 1989 (1952). *The Second Sex*. Translated and edited by H. M. Parshley. New York: Vintage Books.
- Blum, Linda M. 1993. "Mothers, Babies, and Breastfeeding in Late Capitalist America: The Shifting Contexts of Feminist Theory." *Feminist Studies* 19 (2): 291-311.
- Blum, Linda M. and Elizabeth A. Vandewater. 1993. "Mother to Mother': A Maternalist Organization in Late Capitalist America." *Social Problems* 40 (3): 285-300.
- Chodorow, Nancy. 1978. *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender*. Berkeley: University of California Press.
- Chodorow, Nancy J. and Susan Contratto. 1989. "The Fantasy of the Perfect Mother." *Feminism and Psychoanalytic Theory*. Ed. Nancy J. Chodorow. New Haven: Yale University Press. 79-96.
- (Contratto) Weisskopf, Susan. 1980. "Maternal Sexuality and Asexual Motherhood." *Signs: Journal of Women in Culture and Society* 5 (4): 766-782.

- Davis-Floyd, Robbie E. 1992. *Birth as an American Rite of Passage*. Berkeley: University of California Press.
- Dykes, Fiona and Helen Griffiths. 1998. "Societal Influences Upon Initiation and Continuation of Breastfeeding." *British Journal of Midwifery* 6 (2): 76-80.
- Enkin, Murray, Marc J. N. C. Keirse, James Neilson, Caroline Crowther, Lelia Duley, Ellen Hodnett and Justus Hofmeyr. 2000. *A Guide to Effective Care in Pregnancy and Childbirth*. Oxford: Oxford University Press.
- Ferguson, Ann. 1986. "Motherhood and Sexuality: Some Feminist Questions." *Hypatia* 1 (2): 3-22.
- Fox, Bonnie and Diana Worts. 1999. "Revisiting the Critique of Medicalized Childbirth: A Contribution to the Sociology of Birth." *Gender and Society* 13 (3): 326-346.
- Grace, Marty. 1998. "The Work of Caring for Young Children: Priceless or Worthless?" *Women's Studies International Forum* 21(4): 401-413.
- Howell-White, Sandra. 1997. "Choosing a Birth Attendant: The Influence of a Woman's Childbirth Definition." *Social Science and Medicine* 45 (6): 925-936.
- Kahn, Robbie Pfeufer. 1995. *Bearing Meaning: The Language of Birth*. Urbana and Chicago: University of Illinois Press.
- Klaus, Marshall H., John H. Kennell, and Phyllis H. Klaus. 1993. *Mothering the Mother*. Reading, MA and Menlo Park, CA: Addison-Wesley Publishing Co.
- Lazaro, Reyes. 1986. "Feminism and Motherhood: O'Brien vs Beauvoir." *Hypatia* 1 (2): 87-102.
- Lazarus, Ellen S. 1994. "What do Women Want?; Issues of Choice, Control, and Class in Pregnancy and Childbirth." *Medical Anthropology Quarterly* 8 (1): 25-46.
- Machin, David and Mandie Scamell. 1997. "The Experience of Labour: Using Ethnography to Explore the Irresistible Nature of the Bio-Medical Metaphor During Labour." *Midwifery* 13(2): 78-84.
- Machin, David and Mandie Scamell. 1998. "Using Ethnographic Research to Examine Effects of 'Informed Choice'." *British Journal of Midwifery* 6 (5): 304-309.
- Mackey, Marlene C. 1990. "Women's Choice of Childbirth Setting." *Health Care For Women International* 11: 175-189.
- Monto, Martin A. 1997. "The Lingering Presence of Medical Definitions Among Women Committed to Natural Childbirth." *Journal of Contemporary Ethnography* 25 (3): 293-316.
- Nicolson, Paula. 1986. "Developing a Feminist Approach to Depression Following Childbirth." *Feminist Social Psychology: Developing Theory and Practice*. Ed. Sue Wilkinson. Milton Keynes: Open University Press. 135-149.
- Oakley, Ann. 1980. *Woman Confined: Towards a Sociology of Childbirth*. Ox-

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- ford: Martin Robertson.
- Oakley, Ann. 1992. "Getting at the Oyster: One of Many Lessons from the Social Support and Pregnancy Outcome Study." *Women's Health Matters*. Ed. Helen Roberts. London and New York: Routledge. 11-32.
- Oakley, Ann. 1993. *Essays on Women, Medicine and Health*. Edinburgh: Edinburgh University Press.
- O'Brien, Mary. 1981. *The Politics of Reproduction*. Boston, London and Henley: Routledge and Kegan Paul.
- Ortner, Sherry B. 1974. "Is Female to Male as Nature Is to Culture?" *Woman, Culture, and Society*. Eds. Michelle Z. Rosaldo and Louise Lamphere. Stanford: Stanford University Press. 67-87.
- Peterson, Gayle H. 1981. *Birthing Normally: A Personal Growth Approach to Childbirth*. Berkeley: Mindbody Press.
- Raphael, Dana. 1976. *The Tender Gift: Breastfeeding*. New York: Schocken Books.
- Raphael, Dana. 1988. "The Need for a Supportive Doula in an Increasingly Urban World." *Women and Health: Cross-Cultural Perspectives*. Ed. Patricia Whelehan. New York: Bergin and Garvey. 73-83.
- Rich, Adrienne. 1976. *Of Woman Born: Motherhood as Experience and Institution*. New York: Bantam Books.
- Rosaldo, Michelle Zimbalist. 1974. "Woman, Culture, and Society: A Theoretical Overview." *Woman, Culture, and Society*. Eds. Michelle Z. Rosaldo and Louise Lamphere. Stanford: Stanford University Press. 17-42.
- Rothman, Barbara Katz. 1982. *In Labor: Women and Power in the Birthplace*. New York: W.W. Norton and Co.
- Russo, Nancy Felipe. 1976. "The Motherhood Mandate." *Journal of Social Issues* 32 (3): 143-153.
- Russo, Nancy Felipe. 1979. "Overview: Sex Roles, Fertility and the Motherhood Mandate." *Psychology of Women Quarterly* 4 (1): 7-15.
- Simons, Margaret A. 1984. "Motherhood, Feminism and Identity." *Women's Studies International Forum* 7 (5): 349-359.
- Stearns, Cindy A. 1999. "Breastfeeding and the Good Maternal Body." *Gender and Society* 13 (3): 308-325.
- Waldenstrom, Ulla. 1996. "Modern Maternity Care: Does Safety Have to Take the Meaning Out Of Birth?" *Midwifery* 12 (4): 165-173.
- Young, Iris Marion. 1998. "Breasted Experience: The Look and the Feeling." *The Politics of Women's Bodies: Sexuality, Appearance, and Behavior*. Ed. Rose Weitz. New York: Oxford University Press. 125-136.
- Zadoroznyj, Maria. 1999. "Social Class, Social Selves and Social Control in Childbirth." *Sociology of Health and Illness* 21 (3): 267-289.

Cassie Premo Steele

What I cannot tell you

is how your touch arrived with loss, how, looking at you, I had to look away from your father, and myself, and how we were never the same again. How your eyes became my focus, not his, not mine for him, how we were strangers to each other, connected only by the ribbon of your skin. I cannot tell you that nothing was as important, not my writing, not my politics, not my sex. I wanted to lose myself in you, abandon everything, be where you were, and live only through you, through who you were becoming. But I cannot tell you this. I will pretend that the love between us, your father and I, is as strong as ever, that we have grown in our love for each other because of you, and that it is better, but different, all the things that people say. And I will tell you that my writing did not change, except to get better, I was more in touch with my emotions, felt a sympathy with other mothers, all the things that women writers say. And I will tell you that I grew, too, became a different person, and this part will be true. I became the kind of person who can tell you lies and do it out of love, do it because the love I feel for you has changed everything.

Brenda Clews

The Notebook of the Maternal Body

Here it is a question of writing *in language* of a foreclosure that institutes language itself: How to write in such a way that what escapes the full force of disclosure and what constitutes its displacement can be read in the gaps, fissures, and metonymic movements of the text?

—Judith Butler (1993: 197-8)

My body's an empty shuddering sac,
mammoth, aching, sweating on the bed in the
sheets in which we live day and night.

The maternal body is taboo.

A rotund, mountainous mother,
cradling my baby to these swollen breasts.

A maternal rhythm of blood
and milk flows...

I have lost my contours. I do not know
whose body I inhabit.

While many of us may not feel *comfortable* with our bulky bodies, our bodies that do not reflect the male “anima,” that are de-sexed (although pregnant women are highly orgasmic), that do not portray the svelte, sporty, independent-seeming “woman” so emblazoned on our collective psyche, while most of us may feel awkwardly elephantine and yet buried in the obscuring enculturated mirrors, we must rise from those depths with our mammoth bodies, bodies producing and sustaining life, and celebrate.

Morphogenesis: Giving form to what has been construed as formless, fearful, even chaos-producing, and therefore hidden not just behind planes of mirrors, walls, but behind embarrassments.

A morphology of the maternal? As if it were a terrain...

A hidden terrain of which there are only sightings, hints...

Brenda Clews

...“having released our minds from subjection to a neutral symbolic, we had released the power of the maternal...”

“the presence of a female source of value ... [yet] there is the danger of representing it as a female duplicate of the authority of male origin.”
(The Milan Women’s Bookstore Collective, 1990:111)

The chatter of mothers, sharing the work of raising the world, is not in the texts, is banished from the canon, is an other discourse hidden from the acts of cultural memory. It is not found in important conversation.

That huge belly poking into the world, walking down the street, sitting at the dinner table, the puffed face above it, surrounded, limited, contained by embarrassments, by discretions, by polite talk of forthcoming motherhood/babies, by ironic stories of parenting that attempt to distance and somehow taint or degrade the experience, to contain the uncontainable, to de-potentiate the power of the woman whose womb carries the embryo of the world in it. To force her away from her own experience: her own body/her own language.

We are left utterly changed on the other side of it, whether we have one child or a stream of them, we never return. But you find that while you have no words to describe this in-itself and for itself, you do have a sharing with other women, an often unarticulated mutual understanding.

“They were not inclined,” adds Martins, “to disturb the past which brought feelings of sadness and depression.” One elderly woman told her, “If I can’t tell the whole truth I’d rather not tell the story.” We can therefore imagine a second narrative, running alongside these stories and in counterpoint to them, in which the women either have not found accommodating strategies for their anger and pain, or in which they’ve accommodated so much that their voices have been suppressed altogether. This second narrative is an important one to remember when reading these stories, indeed, it is an echo that informs all Western literature, a gap in the cultural text we’ve inherited, the background against which the mother story must be constructed.” (Di Brandt, 1993:145)

There is a “woman’s world” where a man can never enter. The world of the mothers. It is a world whose existence I was completely unaware of before becoming a mother. Even during my first pregnancy I noticed how I was being “accepted into” “included in.” This level of interconnectedness between other mothers and me, who was about to become one, was something that never occurred before. Bearing a child into the world is an initiation into

into “that” world
of women who are mothers
who know who have an interconnection that is based on the experience of motherhood who have a language that refers to it so much unsaid yet felt in the speech of women between women it is a comforting world where you, your tiredness, your joy exists empathetic not threatening or judgmental a sharing so few words for it

into the folds

Brenda Clews

“Zizek argues that the “subject” is produced in language through an act of foreclosure...What is refused or repudiated in the formation of the subject, set outside by the act of foreclosure which founds the subject, persists as a kind of defining negativity. The subject is, as a result, never coherent and never self-identified precisely because it is founded, and, indeed, continually refounded, through a set of defining foreclosures and repressions that constitute the discontinuity and incompleteness of the subject.”
(Butler, 1993:189-90)

What is it that the mother is saying in her speaking of frustration, exhaustion, a speaking that always dwindles into incoherence and silence?

Are there simply massive and internalized social controls against this speaking?

membranes and folds

The Notebook of the Maternal Body

membranes and folds

placental nutrients building the first
cells

The primary enfolding
of the brain
— embedded

like living sea coral

nourished on breast milk

The maternal encoded in
the membranes of the brain
archaic layers
imprinted with life's
earliest experiences

The first structuring
principle organizing
the folding and folding
over and over until
its creativity, impetus into
form, is forgotten...

Brenda Clews

References

- Butler, Judith. 1993. *Bodies That Matter*. Boston: Routledge.
- Brandt, Di. 1993. *Wild Mother Dancing*. Manitoba: University of Manitoba.
- The Milan Woman's Bookstore Collective. 1990. *Sexual Difference*. Indiana: Indiana University Press.

Pamela J. Downe

Stepping On Maternal Ground *Reflections On Becoming An “Other-Mother”*

I have been a stepmother for almost four years, but my stepdaughters have been central in my life for much longer. Since they were very young, I have thought about them constantly, talked about them incessantly, fought with them frequently, and loved them consistently. Yet, in becoming a stepmother, I did not become *their* mother, but I did become—and I am now—a mother of sorts. I must be. I work too hard and care too much to be otherwise. But there is little room for stepmothers in the prevailing images of motherhood. Drawing on popular cultural images, academic writings and personal experiences, I reflect here on my attempts to claim an “other” maternal identity that is all too often rendered illegitimate and invisible. The general aim of this article, therefore, is to contribute to the few existing works that attempt to create a presence for stepmothers in our scholarly analyses and everyday worlds.

Biomothering as base-line

As an anthropologist, I am fascinated by the everyday assumptions and behaviours that constitute complex cultural constructs. As I explore the cultural dimensions of motherhood and mothering in particular, I am drawn to those academic and artistic works, like the popular Canadian play *Mom's the Word*, that poignantly illustrate how motherhood is a public, social terrain within Euro-Canadian society. For in presenting the ways in which the cultural boundaries that have previously marked women's privacy become transgressed under the mantle of maternity, these works lay bare the piercing societal gaze that is projected onto mothers, and new mothers in particular. This gaze, which in true postmodern fashion emanates and circulates in diffuse ways, allows and legitimates—in some cases even necessitates—that we ask if the mothers in our communities are good enough, giving enough, kind enough. Do they have

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enough time, money, and energy? Like Atlas holding the world on his shoulders, do these women adequately and virtuously uphold the supposedly global institution of motherhood that the “New Right” (Abbott and Wallace, 1992: 44) tells us is a woman’s ultimate duty and responsibility? There are literally thousands of examples around us that speak to the power and force that these questions exert on women who are busy dealing with the often unseen and everyday challenges of mothering. The academic and artistic merit in addressing and problematizing this gaze is, in part, that it demonstrates how ideals of motherhood are elevated while the grounded experiences of mothering remain invisible. However, the majority of work that offers such insight is based primarily on the ideals of biological mothering and on the experiences of those women who have conceived, carried, and given birth to their children. In this article, I argue that taking biomothering as the base-line of mothering generally, and as the conceptual starting point for all analyses of motherhood, (re)establishes the normative idea that becoming a mother is—or should be—a biological process.

Even with the tremendous diversity in contemporary North American families and the fact that more women than ever before are stepmothers (Morrison and Thompson-Guppy, 1985: 11), there remains a strong and overriding cultural emphasis on biological child rearing. In her fascinating analysis of childlessness in the United States, Elaine May (1995: 213-14) argues that since the 1980s a new kind of pronatalism has been promoted, one in which the romantic and defining dyad is no longer the husband and wife, as it was in the marriage-focussed pronatalism of the 1950s, nor the man and woman, as in the “child free” anti-natalist movements of the 1970s. The prevailing image that defines the pronatalism of today, which may in fact be a reinvention of what Claudia Johnson (1999: 159-172) describes as early nineteenth-century ideals of parenthood, is that of mother and child. Contributing to the contemporary currency of this image are the proliferation and popularization of reproductive technologies and medical visioning techniques that now allow us to see the biological connection between a woman and her fetus in unprecedented detail. Biological maternity, therefore, is uniquely positioned to be that which ultimately informs and defines contemporary and dominant views of motherhood and womanhood. Indeed, in an influential psychological and self-proclaimed feminist analysis of women in distress, Pamela Ashurst and Zaida Hall (1989: 97) argue that “A woman’s capacity to create, bear and nurture a child is the very essence of her womanhood, her unique and special capacity.... Birth is the only defence against the inevitability of death.... When a woman has a child, she confirms for herself and for others that she is a complete woman, fertile and capable of the biological task of creating and perpetuating life.” Like Natalie Angier (1999: xii), I am frustrated by the ongoing re-emergence of such essentializing descriptions that equate women with wombs and that represent a “resuscitation in recent times of all the fetid clichés that I, and probably you, ... thought had been drawn, quartered,

and cremated long ago.” However, it appears undeniable that set against the background of sensational fetal images and the increasing uses of and knowledge about technological “treatments” for infertility, such biological determinism has renewed salience and resonance, reinscribing the biological imperative onto motherhood and onto the expectations of those who are now becoming mothers.

What effect does this emphasis on biological mothering have on other forms of mothering and on the women who do that mothering? And how might that penetrating societal gaze discussed previously differently affect these other mothers? To address these fundamental, yet too often unasked, questions, it is useful to begin by offering a very straight forward sociolinguistic analysis. Every category of mother except for biomothers appears to require adjectival qualification—grandmothers, adoptive mothers, foster mothers, godmothers, mothers-in-law, and stepmothers—and the resulting marginalization is therefore reasonably clear. For just as feminist scholarship of almost thirty years ago has shown that modifying professional categories with feminine descriptors—lady doctor, female lawyer, poetess—reinforces the fact that these are normally masculine domains with a few feminine exceptions, so too the qualification of categories of mother reinforces a view that normative motherhood is that which involves pregnancy, childbirth, and a genetic relationship with the child. Just as it was reasonably uncommon twenty years ago for anyone to refer to a “gentleman doctor” or “male lawyer,” so too it is uncommon today for the term biomother to be used. It is taken for granted that “mother” refers to the woman with the biological connection to the child. But, of course, not just any biological connection will do. This normative position is also restricted to those of certain economic standing, age, marital status, racial privilege, and heterosexuality, with welfare mothers, teen mothers, mothers of “advanced age,” single mothers, minority mothers, and lesbian mothers, relegated to their own adjectival margins. Perhaps I am being too critical, for it can be argued that such linguistic specificity reflects the diversity of motherhood, allowing us to avoid grand-narrative homogeneity and to recognize the different contexts in which women work as mothers. However, because this kind of definitional qualification is reserved only for those who do not fall within the prescribed demographic category connoted by the term, “mother,” a hierarchical dichotomy is established. This dichotomy separates those who became mothers in, to use Gayle Letherby’s (1999: 359) words, an “unusual” way from those who became mothers in the “regular” way.

As I reflect on becoming a stepmother and further deconstruct the biological imperative that is imposed on dominant models of motherhood, my intent is not to dismiss or devalue the importance of biomothering. I fully recognize that as the most common form of mothering in North American societies today, biomothering remains an important aspect of millions of women’s lives and deserving of the attention it frequently garners. Instead, my aim here is to address the regulatory dichotomy between assumptions of usual

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and unusual motherhood and to discuss how such regulation affects other mothers.

A narrative on becoming

Becoming a mother is a rite of passage and is therefore marked by culturally celebrated and venerated rituals. Reflecting the emphasis on biological mothering, the majority of these in Euro-Canadian society focus on pregnancy and childbirth. My induction into motherhood did not begin with pregnancy tests, baby showers, or naming ceremonies, but with an unceremonious and unscripted meeting at an Italian restaurant when my partner introduced me to his two children, then nine and seven years old. Amara, the youngest, sat chewing on the crust of her pizza, staring at me over the serving pan, answering my nervous questions with only a nod or shrug. Her older sister, Kaitlin (Katie), was more willing to engage with me, and I felt a promising moment of hope when she and I playfully hid my partner's car keys, causing him to dash about in a frantic search. That initial meeting led to a period of approximately three months when I literally felt nauseous with trepidation at the thought of sharing a life with these two remarkable children. I continually questioned whether I was "up to" the challenge of being in their lives in such a systematic way. My confidence was waning; what if I made a mistake? What if I was a disappointment? And, more self-centeredly, did I really want to let the freedom and rewards of my single life go? In sum, I went through a dizzying period of ambivalence, when I knew I should be excited but was sick with terror instead.

Approximately five weeks into this first phase, a good friend of mine became pregnant and as she spoke about her own feelings of excitement and circumspection as well as the physical adjustment to morning sickness and exhaustion, I was amazed at the similarities in what we were experiencing. From that point forward, we began to relate the stages we were both going through in becoming mothers and, again, they were remarkably alike. The second trimester was, for both of us, a tremendous departure from the first in that the nausea and trepidation ultimately passed, and the next three months were, for lack of a more academic phrase, great fun. Just as my friend spent time with her family preparing their home for the baby, I spent time with my partner and his daughters preparing for my new role and our new life as a family. We all went to the circus, established a Sunday dinner tradition, spent afternoons at the zoo, cooked Thanksgiving dinner, and dressed for Hallowe'en. I started doing things that I had never done before (nor did I ever think I would be doing), including assessing everything around me—from signs on passing buses, to movies, to fast food packaging—to determine whether they were "suitable" for children. I poured through catalogues and scoured stores looking for just the right gifts, wrapping, and cards. Reading everything that had anything to do with stepparenting (and that wasn't much), I was anxious to "get it right," and to prepare as fully as possible for my new role. More aware of the girls' presence than ever before, I no longer approached my life as if it were a

solo performance; there was now an ensemble cast. Viewing this period of my journey with the comfort of hindsight, I find it interesting to read Gayle Letherby's (1999: 370) description of her personal transition from "involuntary childlessness" to stepmotherhood: "I am no longer 'involuntarily childless'. Indeed, as I 'fell for' a person and not a family it is possible to argue that I have become an 'involuntary parent'." While I can appreciate the ambivalence she alludes to here, this description really does not fit with my experiences because I truly did "fall for" a family. I never knew my partner before he was a father, and because when we first met the girls lived with him on a more or less full-time basis (as they do now), it is a role that he embraces and that contributes centrally to his self-identity and presentation. "Falling for" a family, then, was my only option if I chose to pursue this relationship. During what I see as this second phase in the process of becoming a stepmother, I willingly made the decision to reinvent myself, adopting a very definite parenting role. Just as my friend felt her fetus move within her for the first time and who became aware of the significance of her newly emerging parental status, I too became aware of the significance of my shifting identity as my family continued to develop.

The months before the wedding (the event which served as the birth of my bonafide stepmother status) constitute the third trimester in this process of becoming. During this time, I found that the generic parenting role to which I was adapting in the second phase shifted, and I was now engaged in a far more gender-specific process. I became particularly and intensely aware that I was not becoming a stepparent, but a *stepmother*, an "other-mother," a second nurturer. While this burgeoning maternal identity was undoubtedly influenced by the fact that my relationship with the girls was deepening (I was now living with them full-time and was therefore doing more of the routine and daily "mothering" tasks), I firmly believe that the responses that this increasingly public relationship garnered from others was of greater influence. Because I was participating more openly in the girls' lives by attending softball games, science fairs, band concerts and the like, I was being recognized by other mothers and this recognition was thoroughly enjoyable. I felt as if I was finally in the world's largest women's group and, as a feminist, began to revel in the everyday recognition that women—more specifically, mothers—accord one another. When I (temporarily) took on the task of grocery shopping for all of us, for example, I was astounded that the same grocery store where I had shopped while single suddenly took on a whole new dimension now that I was shopping for a family. The place that I had once found to be a fairly boring and sterile environment had become a place for socializing, for lively discussions in cereal aisles about nutrition, the trials of early adolescence, sex education and school curriculum. In a world falsely and far too simply divided between "mothers" and "non-mothers," I had moved quickly from one side to another and was enjoying the strokes and pats of attention that, once again, acknowledged my changing status. Although I did not have the mobility and freedom I once had, I truly felt as though I were glowing.

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In this narrative of becoming a stepmother, I have relied on the same metaphorical template that underlies Mary Silverweig's (1982) compelling story of becoming *The Other Mother* to her partner Stan's three daughters. She too describes a trimestered process marked by pregnancy-like stages of initial uncertainty, midway excitement, and ultimately external recognition (which she describes as "validation"). Given that Silverweig (1982: 109) expresses the same kind of frustration with the everyday overemphasis on biological mothering that I do, why, then, are she and I both drawn to this metaphor of pregnancy? In "real time," the phases that marked my becoming a stepmother exceeded the three month period claimed above (especially the third phase that was actually several years in duration), and yet in my recollection, they become neatly distilled down to the equivalent of human gestation. Why does this biological imperative exert such an analytical grip on how so many of us recall our ascendance to non-biological motherhood?

Rejecting the sociobiological and evolutionary psychological arguments that put genetics and female physiology forward as answers to these questions, I believe that what Betsy Wearing calls "the ideology of biological motherhood" has become so normalized and routinized in collective consciousness, it is the standard against which all other forms of mothering are measured. To be socially recognized as a mother, a woman usually must meet some elusive and unspecified but nonetheless naturalized ideal of connection and care. Although we have the works of Ann Daly (1982), Nancy Chodorow (1978), Adrienne Rich (1977), and Evelyn Glenn (1994) (to name only a few) that persuasively present the social and cultural underpinnings of motherhood, it appears that greater influence lies with the idea that motherhood is ultimately the product of a natural "maternal instinct," and that this biological instinct must be embraced and exhibited in order for a woman to be a good and "real" mother. For example, the seven-step process of becoming a stepparent set out by Patricia Papernow (1993: 13) is based on Gestalt and family systems theories but is draped in biological discourse that is used at one point to describe the "umbilical cord connection" to the children that may ultimately be achieved in the Contact and Resolution Stages of a stepparent's development. Similarly, in her extremely critical and negative recollection of her father's second wife, Alison Townsend notes that she longed for a stepmother who would be a "mammary mom" and would therefore "really know how to nurture and to love" (1989: 153). Likewise, in a 1997 broadcast of Laura Schlesinger's popular "Dr. Laura" radio program, Schlesinger contradictorily referred to an absentee father as "only a sperm donor" but repeatedly referred to an egg-donating woman as "the baby's real mother." Regardless, then, of who is doing the daily work of mothering, the biological connection to the woman who conceived, carried, and bore the children is reified as the ultimate definition of mother and motherhood.

With these kinds of assumptions about biological mothering establishing the rules of the game, it makes a certain kind of sense for other-mothers to adopt

the related language of biology in order to be allowed to play and to be recognized as players. According to Donna Smith (1990: 25), stepmothers may be more likely than adoptive or foster mothers to embrace idealized standards of biological maternity because we have been historically branded as the very antithesis of those ideals. Indeed, it would be impossible to become a stepmother in this time and place without running into that ubiquitous characterization of stepmothers as the ultimate evil. For as tirelessly as we try to care for our stepchildren with love and kindness, few can fully step away from that prevailing sentiment that was once succinctly summarized by one of my stepdaughter's friends, "God, she's such a bitch."

Mirror, mirror on the wall, am I even a mother at all?

Returning to a basic sociolinguistic analysis, I am interested (because most of my academic research has been in Central America) in the Spanish colloquialisms for "mother" (*madre*). *Mama*, *mamita*, and *mamasita* are only a few of the common terms of affection used for "the most important woman in the world, *mi madre*," to quote a Costa Rican research participant. *Madrastra*, on the other hand, is the singular and phonetically harsher word used to refer to a stepmother. Whereas the word *madre* is translated in the 1987 University of Chicago Spanish-English dictionary to mean "mother; womb; river bead," denoting a cradle-like nurturance, *madrastra* is translated more negatively to mean "stepmother; discipline; discord." Donna Smith (1990: 14) raises a similar distinction between bio- and step- mothers as she delves into the English etymology of the word and notes that "we find the very word, 'step', means loss; it comes from Old English 'steop' and Old High German words linked with those for ... bereavement." Although this phrasing historically arose because becoming a stepmother in European societies was in fact associated with the actual death of the biomother, the idea of loss now has a more metaphorical meaning given that most stepmothers of today usually share the care of the children with biomothers. The notion of loss, then, is extended to infer that something is missing from both the stepmother herself and her relationship with the children. This is well exemplified by the definition of "stepmother" that, according to Smith (1990: 14-15), appeared in the 1961 version of Webster's Collegiate Dictionary: "one who fails to give proper care and attention." Similarly, the Oxford English Dictionary cited by Smith defines the verb "to stepmother" as meaning "to provide ... unfairness or cruelty." Clearly, then, the "loss" symbolized through the prefix "step" is now colloquially associated with a cruel deprivation of nurturance, virtue, and kindness.

In examining the ways in which this idea of the cruel stepmother permeates cultural thought and public ideology, many scholars (e.g., Hughes, 1991: 50-72) provide interesting analyses of well-known stories, such as *Cinderella* and *Snow White*, that show how the second mothers (to mostly young girls) are repeatedly represented as being diametrically opposite to "true" maternity.

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Interestingly, the adoptive mothers, godmothers and grandmothers who occasionally appear in these fables are also other-mothers but they are not mired in images of evil as stepmothers are. This is because the archetypal wicked stepmother is far older than those who appear in these well worn tales. In her fascinating analysis of Greek myth, Patricia Watson (1995) argues persuasively that the historical origins of stepmotherly wickedness lie in those ancient, mythical characters who aspired to be powerful deities but were handicapped by their hybrid half-monster constitution. Stealing and eating the children of other women (often after having “stolen” or seduced their partners), these feminine characters used their abilities to eschew gender distinctions and to try to impress the gods with their powers. They virtually always failed, of course, and their reckless abuse of other women’s children was frequently blamed for wider unrest in the godly and human worlds. Watson (1995: 214) therefore concludes that long before there was mother blame, there was stepmother blame that stemmed from the deep seeded fear of anyone who disrupted the accepted dichotomies marking socially sanctioned roles and identities. Certainly being positioned as half human/half monster, half mother/half-not qualifies as such a disruption.

This fear of disrupted and disturbed boundaries—particularly those that pertain to children—has remained strong in societies influenced by European values. As noted earlier, stepmothers challenge boundaries of identity and prescribed social roles because they occupy what anthropologists call “liminal positionings” (see Becker, 1997: 119). Stepmothers, like me, who have no biological children of our own but who cannot be considered childless because of the presence of stepchildren, occupy that undefined middle ground; we have “been declassified but are not yet reclassified: [we] have died in [our] old status [but] are not yet reborn in a new one” (Murphy *et al.*, 1988: 237). Such disruption of the taken for granted social taxonomy results in a collective sense of discord (to return to one of the themes identified in the definitions of stepmother set forth previously) which in turn causes a kind of social anxiety. This anxiety manifests itself differently across cultures, but for stepmothers in this cultural context, we are presented as undeniable threats to children (e.g., Daly and Wilson, 1999: 44). In their Canadian-based study, Kati Morrison and Airdrie Thompson-Guppy have found that the alleged threat of truculence and danger affects the daily lives of stepmothers because we are “observed more closely and judged more harshly for *perceived* errors” (1985: 13, original emphasis) while “natural mothers are excused for anything [they have] done or not done” (1985: 8). While the results of this study may unfairly characterize and idealize biomothering as unproblematic, it certainly does suggest that the piercing societal gaze, discussed previously, is even more penetrating and painful when it is projected onto other mothers through presupposed assumptions of failure and cruelty.

Given such a presiding image of wickedness, why would a woman want to become a stepmother? Interestingly, I have never found any studies that suggest

women do want this; rather, they want (as I did) to be other-mothers to the children whom they have come to cherish. Although becoming a stepmother may not be a decided goal in the same way that becoming a biomother often is, it is not usually a simple byproduct of marriage or co-habitation either. As I indicated through my own narrative of becoming a stepmother, including a partner's children into our lives is a conscious and desirable choice that means accepting and embracing a mother-like role. But there are virtually no adequate models for this role or how we might situate ourselves in relation to the children and their biomother. Indeed, because biomothering remains the base-line against which all mothering is measured, most existing literature, even that which is sympathetic towards stepmothers, distances us from the maternal realm. Donna Smith (1990: 2), for example, writes to assure stepmothers that they "need not be threatened by the myth of the perfect mother; they can choose to be other things to their stepchildren, not a mother figure, but a friend, a confidante, or a sponsoring adult, perhaps." The problem, however, is that many of us assume not just parental but mothering tasks, and the affection we develop for the children—perhaps because no other explanatory metaphor exists—can feel decidedly maternal.

Without societal acceptance of stepmothering as a form of valued other mothering, many stepmothers try, as the psychologists say (e.g., Burgoyne and Clark, 1984: 92; Norwood and Wingender, 1999: 144), to "pass" for "regular" mothers and "normal families." Yet because we are not our stepchildren's biomothers, our attempts "to pass" often fail. Moreover, the children do not always want to represent their stepmothers as biomothers for a whole variety of reasons; among them is the awkwardness children may feel in trying to explain who we are in relation to them and to their pre-established mother-child relationship. There are complex and varied relationships between biomothers and stepmothers (and between former spouses/partners and current spouses/partners) that intricately affect how the children and others in society perceive the women who have maternal connections to the children. These relationships are worthy of a discussion far too lengthy for inclusion here, but I raise it to emphasize the point that as stepmothers try to negotiate a culturally recognized space for themselves, their efforts are often attenuated because their legitimacy as other-mothers is called into question. The very presence of the biomother will frequently cast a shadow of doubt on the mothering activities of the stepmother, rendering her to a secondary and less defined position in relation to the children.

The cost of this liminality is quite high. Several noted studies have shown that women who become stepmothers are more likely to experience depression, anger, and despondence than are those who become biomothers (Duberman, 1973: 292; Quick, McKenny and Newman, 1994: 124; Nadler, 1976: 5367) and the leading cause of the breakdown of second marriages is problems with children from a previous union (Clamar, 1985: 160; Salwen, 1990: 124). Becoming a stepmother, then, is fundamentally different from becoming a

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biomother because of the justifiable ambivalence in accepting such a culturally precarious position for which there are only negative models. Unfortunately, with a few exceptions that I will discuss shortly, the tribulations and triumphs of becoming a stepmother have received such scant attention by feminist scholars that there is virtually no analytical base on which we can act as advocates and try to validate the work of stepmothers. We therefore continue to try to pass ourselves off as the real thing while remaining fully aware that to most in society, we don't come close.

In my case, I have tried very hard to "pass" as a "regular" mother to Katie and Amara, always with only partial success and always mindful of the tenuousness of my parental claim. Yet I continue doing so because when asked if I have children, I receive a decidedly different response when I say "yes, two daughters" than when I use the word "stepdaughters." In the first instance, I receive the same kind of positive reaction that characterized my third trimester of becoming a stepmom. There is a great deal of recognition and validation for the work I do. In the second step-scenario, however, I find that people often become confused, uncomfortable, distant, and unwilling to engage any further in the discussion. One of the participants in Donna Smith's study put it well when she said, "Some people are embarrassed when I mention that I am a stepparent. It has connotations of failure (divorce), being second best (second wife), and it is a challenge to the myth of the 'happy family'" (1990: 10). In becoming a stepmother, I learned quickly that risking a failed attempt at passing as the "real thing" was far less awkward than dealing with the ambivalent or even downright hostile responses to my step-status.

While many stepmothers see the prevailing images of evil and cruelty as the biggest barrier to embracing an other-mother identity, the invisibility of stepmothering was, and still is, a greater obstacle for me. By invisibility, I not only mean the lack of recognition, support, or value that stepmothers deal with on a daily basis, but also the exclusion of stepmothers from popular and technical discourses of parenting and motherhood. These issues of invisibility are dealt with most effectively in the rich and burgeoning literature on lesbian mothering, as scholars like Dawn Comeau argue that "the rules of heteropatriarchy ... mandate only one mother" (1999: 46) and they relegate co-mothers to the secondary margins. The women whom Comeau interviews face a heterosexist bias that I do not, and although this is a critically important difference, I can nonetheless identify with their stories of transparency and devaluation. One woman echoed my own feelings particularly well when she said, "I kinda' felt like behind the scenes I was working my butt off to do this and do that and the stuff you don't see. You don't see my stomach growing [but I'm working just as hard at being a parent]" (Comeau, 1999: 48). The accounts presented and analyzed by Comeau are characteristic of others, including those in Fiona Nelson's (1996) monograph of lesbian mothering and Susan Dundas' (1999) personal account of "second mothering." Taken together, this literature offers plenty of evidence that this kind of invisibility and lack of recognition

occurs constantly in the lives of lesbian and heterosexual stepmothers.

One of the first times I became aware of this invisibility was early in my relationship with my stepdaughters, probably in my second trimester. I was becoming more involved with the girls' sporting events and had taken a particular interest in Katie's new-found enthusiasm for basketball. I wanted to attend as many games as possible and was attempting to rearrange my work schedule to accommodate this. However, when a senior colleague asked me to commit myself to a meeting schedule that would have disrupted these plans, I asked—with the trepidation of a then untenured junior faculty member—if the schedule could be slightly changed and I explained why. My colleague's reply was very direct, "No," she said, "they're not your kids." Her answer suggested that if they *were* my children—that is, my "real" children—my request could have been accommodated but because they weren't, I was extraneous to their lives, what I did for them was of no importance, and therefore work should come first. As a feminist, this colleague had previously shown great support for the needs of mothers in the workplace, but in my case, the work I did for Katie and Amara was not considered mother-work and was therefore rendered invisible.

I have been confronted with the trials of transparency many times since, including an occasion quite recently when I was on my way to a national conference and ran into a former friend from graduate school. I was excited to see her and hear about her life; "how are things going?" I asked. "That's a complex question," she replied (with airs that I do not recall her having in grad school), "can you narrow it down? My life is very full." Asking first about her new academic appointment and then about her children, I offered (in an attempt to keep an awkward conversation moving forward) that I, too, have children. With genuine interest, she immediately asked how many and how old, but when I explained that they were stepchildren, she shook her head as if to reorient herself, "Oh, I'm sorry, I thought you meant *real* children." She walked away; our conversation was over. It was probably not the actual existence of Katie and Amara that my former friend was questioning here but my relationship to them and my purported claim to be a "real" mother. Any information that I wanted to share about my life with the girls was of no interest to her. It was, in every sense, rendered once again invisible.

These two incidents not only reflect the kind of reactions I garnered as I have become a stepmother, they are also representative of the general and far-reaching ways in which stepmothering, in all its complex permutations and at all stages, is so frequently dismissed. A comprehensive list of examples would be seemingly endless and would most certainly include the fact that stepmothers in Canada and the United States have no legal standing in regard to the children and therefore do not have well established rights on which they can rely in order to protect the children. (Contradictorily, they can, and have been, held financially indebted to their stepchildren after a divorce). Until recently, stepparent relationships were not recognized or counted in the Canadian

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census, and even the literature on stepparenting follows this trend in that the work and rewards associated with stepmothering as a unique form of mothering are subsumed under general and generic references to stepparenting that does not distinguish mothering from fathering.

It appears therefore that there is a choice for women who are becoming stepmothers; they can be seen as wicked tyrants, or not be seen at all. Caught in an interminable position of liminality, many stepmothers choose to cloak themselves in the rubric of idealized motherhood, adopting—as I did in my narrative of becoming—discourses of biological maternity. However, this misrepresents the reality of our lives and ultimately adds to the precariousness of our position in that it perpetuates our invisibility. In her study of stepmothers in nineteenth-century America, Robin Hemenway notes that “As ‘replacement’ mothers, [stepmothers] found themselves negotiating a role for which there was no prescribed codes, which was often looked upon with suspicion, and which stood in stark contradiction to some of the most basic aspects of the motherhood ideal” (1999: 78). Both the existing literature and my own experience indicate that this difficult negotiation is still very much a part of the process of becoming a stepmother and this must be more fully acknowledged, explored, and revealed.

I remain hopeful that as we accrue more information about other mothering generally, we can step away from the negative characterizations that make becoming a stepmother so challenging and move towards new models of inclusive motherhood that will allow the positive, pleasurable, and rewarding aspects of stepmothering to be seen and celebrated.

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References

- Abbott, Pamela, and Clare Wallace. 1992. *The Family and the New Right*. London: Pluto.
- Angier, Natalie. 1999. *Woman: An Intimate Geography*. Boston: Houghton Mifflin.
- Ashurst, Pamela and Zaida Hall. 1989. *Understanding Women in Distress*. London: Routledge.
- Becker, Gay. 1997. *Disrupted Lives: How People Create Meaning in a Chaotic World*. Berkeley: University of California Press.
- Burgoyne, J. and D. Clark. 1984. *Making a Go of It: A Study of Stepfamilies in Sheffield*. London: Routledge and Kegan Paul.

- Chodorow, Nancy. 1978. *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender*. Berkeley: University of California Press.
- Clamar, Aphrodite. 1985. "Stepmothering: Fairytales and Reality." *Handbook of Feminist Therapy: Women's Lives in Psychotherapy*. Eds. L. Rosewater and L. E. Walker. New York: Springer. 159-169.
- Comeau, Dawn. 1999. "Lesbian Nonbiological Mothering: Negotiating an (Un)familiar Existence." *Journal of the Association for Research on Mothering* 1 (2): 44-57.
- Daly, Ann. 1982. *Inventing Motherhood: The Consequences of an Ideal*. London: Burnett.
- Daly, Martin and Margo Wilson. 1999. *The Truth About Cinderella: A Darwinian View of Parental Love*. New Haven: Yale University Press.
- Duberman, L. 1973. "Step-Kin Relationships." *Journal of Marriage and Family* 35: 283-292.
- Dundas, Susan. 1999. "Lesbian Second Mothering." *Journal of the Association for Research on Mothering* 1 (2): 37-40.
- Glenn, Evelyn N. 1994. "Social Construction of Mothering: A Thematic Overview." *Mothering: Ideology, Experience and Agency*. Eds. Evelyn N. Glenn, Grace Chang and Linda Forcey. New York: Routledge. 1-29.
- Hemenway, Robin. 1999. "A Stranger in the House: Middle-Class Stepmothers in Nineteenth-Century America." *Journal of the Association for Research on Mothering* 1 (1): 77-85.
- Hughes, Christina. 1991. *Stepparents: Wicked or Wonderful?* Brookfield: Avebury.
- Johnson, Claudia. 1999. "Mary Wollstonecraft: Styles of Radical Maternity." *Inventing Maternity: Politics, Science, and Literature 1650-1865*. Eds. Susan C. Greenfield and Carol Barash. Lexington, KY: University Press of Kentucky. 159-172.
- Letherby, Gayle. 1999. "Other Than Mother and Mothers as Others: The Experience of Motherhood and Non-Motherhood in Relation to 'Infertility' and 'Involuntary Childlessness'." *Women's Studies International Forum* 22: 359-372.
- May, Elaine T. 1995. *Barren in the Promised Land: Childless Americans and the Pursuit of Happiness*. Cambridge, MA: Harvard University Press.
- Morrison, Kati and Airdrie Thompson-Guppy. 1985. *Stepmothers: Exploring the Myth*. Ottawa: Canadian Council on Social Development.
- Murphy, Robert, Jessica Scheer, Yolanda Murphy and R. Mack. 1988. "Physical Disability and Social Liminality: A Study in the Rituals of Adversity." *Social Science and Medicine* 26: 235- 242.
- Nadler, Judith. 1976. "The Psychological Stress of the Stepmother." *Dissertation Abstracts International* 37: 5367B.
- Nelson, Fiona. 1996. *Lesbian Motherhood: An Exploration of Canadian Lesbian Families*. Toronto: University of Toronto Press.
- Norwood, Perdita K. and Terri Wingender. 1999. *The Enlightened Stepmother: Revolutionizing the Role*. London: Avon Books.

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- Papernow, Patricia. 1993. *Becoming a Stepfamily*. San Francisco: Jossey-Bass.
- Quick, Donna, Patrick McKenny and Barbara Newman. 1994. "Stepmothers and Their Adolescent Children: Adjustment to New Family Roles." *Stepparenting: Issues in Theory, Research and Practice*. Eds. Kay Pasley and Marilyn Ihinger-Tallman. London: Greenwood Press. 105-125.
- Rich, Adrienne. 1977. *Of Woman Born*. London: Virago.
- Salwen, Laura. 1990. "Myth of the Wicked Stepmother." *Women and Therapy* 10: 117-125.
- Silverweig, Mary Z. 1982. *The Other Mother*. New York: Harper and Row.
- Smith, Donna. 1990. *Stepmothering*. New York: Harvester Wheatsheaf.
- Townsend, Alison. 1989. "The Mother Who Is Not a Mother But Is." *Women and Stepfamilies: Voices of Anger and Love*. Eds. Nan Bauer Maglin and Nancy Schneidewind. Philadelphia: Temple University Press. 151-155.
- Watson, Patricia. 1995. *Ancient Stepmothers: Myth, Misogyny and Reality*. New York: E.J. Brill.
- Wearing, Betsy. 1984. *The Ideology of Motherhood*. London: Allen and Unwin.

Carol Roh-Spauling

Becoming a Single Mother

There's a tale by Rilke in his collection, *Stories of God*, in which a young woman named Klara is visited by her old schoolmate, Georg, after many years. Georg has heard that Klara, who suffered much as a girl, had met the unfortunate fate of becoming with child and being abandoned by the child's father, an artist. When Georg goes to visit Klara for himself, he finds that her situation is far from miserable. Klara is quite content to live alone in her flat "filled with light and kindness" with her infant, doing writing and translation to support her little family—a nineteenth-century work-at-home mom. Her old friend is astonished by her "free and simple serenity," and marvels, "but you aren't in the least miserable," to which Klara simply replies, "It's not people's fault if they speak differently of it."

I was in my early 20s when I first encountered this tale about a young single mother distanced from society but quite content to care for her child alone. The woman's utter lack of desire for a man to complete the picture of domestic contentment stuck with me over the years. As I passed through my 20s, having failed (as I saw it then) to find a suitable mate with whom I could begin a family, I thought now and then of Rilke's portrait of Klara writing away in her cleanswept little rooms, her baby asleep at her side. And Klara came to mind once more in my early 30s, when I was seriously considering asking one or more of my male friends to father a child for me. I never took Klara's life seriously as a model for my own—no, I wanted a man around—but I found this man-free picture compelling, nevertheless.

One morning at the of age 34, fresh out of a long-term relationship that I had always hoped would lead to marriage and children but did not, I sat on the edge of the bathtub, shivering in my robe, scared to death that the little blue plus sign would appear in the screen on the tube, indicating an un-

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planned and untimely pregnancy. And scared to death that it would not. When it did appear, the image of that sleeping babe, those serene rooms full of light, came back once more. I felt as though my whole life had been leading up to this moment. In a flash, I knew this much: I—we—were going to be okay. I knew that I could do it.

That, of course, was only the beginning of the story.

I am a member of one of the fastest-growing demographic groups in the U.S.: I am an educated, self-supporting, 30-something single mother. Along with recent news reports of this cultural phenomenon come media portrayals from “Murphy Brown” to Madonna, from newer celebrity single moms like Jodie Foster to the Lifetime channel’s “Oh, Baby” about a woman who went to the sperm bank and is now raising her baby on her own. Even a recent “My Turn” column in *Newsweek* magazine features a 30-something woman touting the joys of parenting solo. These portrayals would have us believe that single motherhood of a certain socio-economic class is distinct from the inner-city welfare mom stereotypes. My kind of single-motherhood is supposed to be not only do-able, but downright desirable. After all, I am, as the name of one national organization for single mothers calls it, a Single Mother by Choice. I couldn’t—or wouldn’t—find a man to suit me, so now I have decided to do without the daddy part of the equation. This brand of single-motherhood is a relatively recent phenomenon, one we’re taking with us into the next century. So why does all this media attention remind me of that *Redbook* magazine cover from way back in the early 1980s during the advent of the Supermom myth, in which a woman happily juggles a set of bubbles containing images of hubby, toddler, baby, work, and the myriad of chores associated with running a household? I’m not even married, but, evidently, I can still do it all.

A more realistic and compassionate picture of single motherhood comes from Melissa Ludtke’s (1997) recent compilation of interviews with “unwed mothers” of all stripes called *On Our Own: Unmarried Motherhood in America*. Ludtke’s (1997) inspiration for the book arose from her own anguished decision about whether or not to pursue her dream of having a child even though she had not yet found a mate. In the process of making this personal decision, she became interested in the lives of women who, for whatever reason, had children without a daddy. To her credit, Ludtke (1997) interviews both “Unmarried Adolescent Mothers” and “Unmarried Older Mothers,” giving them equal treatment with regards to the decision to become a mother, the raising of children, and the daddy question. The fundamental choice of all of the women Ludtke talks with, however, seems to be either “married” or “unmarried.” But in the same way that speaking only in terms of “black” or “white” limits the kind of discussion that takes place about race, Ludtke’s dichotomous framework makes possible only a fraction of the discussion that should take place about an issue that I believe has such enormous potential to create change. The choice to become a *single* mother is redefining what it means to become a mother.

Until relatively recently in the last century, when contraception gained widespread cultural acceptability, North American women who were of childbearing age spent the majority of their adult lives either pregnant or recovering from pregnancy while caring for the children they already had. That means we've had less than 100 years to transform the institution of marriage in our homes and our psyches from its primary function as a preserver of family names, power, and fortunes into a partnership between equals. At the same time, a divorce rate that gives married couples about a 50/50 shot at making it might be evidence that marriage is simply not the institution within which equal partnership can best be achieved. Nevertheless, it is still the institution within which most heterosexual mothers raise their children. At the same time, even a glance at the headlines of women's magazines in the supermarket ("Seven New Ways to Drive Him Wild Tonight" or "Is Your Husband Having an Affair? Here's How to Tell") reveals subtle but consistent clues that contemporary heterosexual marriage is still circumscribed by the power and desires of men. We live in a social climate in which mothers who have entire litters of children are celebrated, and in which the right-to-life movement continues to make advances in its war on reproductive choice, including contraception for young women. Losing ground in this arena means losing ground in our partnerships with men, as well.

If that most culturally-sanctioned of choices—to marry and bear children—is still a difficult one for women and men who seek equal partnerships together, then it is all the more difficult for a single mother to forge a path for herself from among the limited paths available to women with children. Certainly, there are pleasures and freedoms for women and mothers who do not live their lives emotionally, financially, and psychologically tied to a male partner. And there are women like Rilke's Klara, who, despite the sometimes overwhelming material and psychological burdens single motherhood presents, are quite content to go it alone. But single motherhood is not an ideal choice no matter how many balls the modern single mom can juggle. Contrary to what Dan Quayle would have us believe about the Murphy Browns of the world, I didn't choose single motherhood because I believe in families without daddies, or because I like my son, Jonah, being in daycare 45 hours a week while I work to achieve the academic tenure that will make our lives more secure. Rather, my choice was but one of many decisions that can be seen as a series of adaptations to living in a culture circumscribed by the interests of powerful men.

These are some of my girlhood "lessons" about growing up female within patriarchy: I am the daughter of a Korean American mother and a Caucasian father. Around the age of ten, I learned through the way other children reacted to my slightly Asian looking appearance that I wasn't really a white person. I learned that my father, who had a series of affairs with other women throughout my childhood, must prefer white women to Asian women like his wife. It followed that the most desirable kind of woman was a white woman, and that in order to appear desirable I must not let my racial ambiguity show. I learned

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racial camouflage by attaching myself to tough white boys who smoked dope and drove fast cars. I learned that it was best to forget that I was Asian at all.

Just like most heterosexual girls, I believed I could somehow control my sexual desirability to men and boys by the way I fixed my hair and makeup and clothing. But I also came to believe that my sexual attractiveness was directly related to my (apparent) whiteness. I learned to rely on this control, to trust it, to the exclusion of learning mutuality, respect, and partnership with boys and men. With the help of a therapist, I eventually saw that whatever it was I had to work through about my sexual and racial identity was so powerful that it was taking up the years of life during which most women marry and start families. I kept hearing that women who wait until they are in their 30s to bear children may find that they are unable to have children at all. I took to heart the cultural message underlying this “news”—shame on you for shirking your duty by getting a doctorate, trying to become a writer, wasting your time with men who are not suitable father material. Part of me truly believed that at my age, the eggs in my ovaries were nothing but dying little clusters of potential life inside me that had just wasted away.

And then at 34, unmarried and uncommitted to any man, I learned to my complete surprise that I was pregnant.

I am not suggesting that my parental status came about because of my particular racial and sexual background. I take full responsibility for the risk I took and its consequences. I chose this life, and I love it, warts and all. Certainly, there’s a part of me shouting, “Look, Ma, no hands!” when it comes to caring for and supporting my son as an unmarried and as yet untenured working mother on a single income. I accomplish more now in 15 minutes that I used to accomplish in half a day. But my competence only runs in spurts, and guess who’s “babysitting” Jonah this evening, while I write this essay about single motherhood? He’s big and purple and he sings. So let’s not imagine that women choose this life *instead of* “married, with children.” They choose the best lives they can within a cultural framework that provides most women with a still rather limited array of socially acceptable options regarding marital status, sexuality and parenthood. Given this reality, even if I had the time and resources to do a much better job at single parenting than I am doing, I still say there must be a better way to raise our daughters and sons.

I’ve been on the outside looking in on enough marriages to know that it is seldom a choice to envy. Because women’s choices have expanded in the workplace, but not on the domestic front, women’s work is not getting any easier. The problem is not marriage or the lack of it that’s at the heart of raising our children well. It’s the consumerist mentality that puts one man, one woman and one or more children at the center of a middle-class market culture. Everything from the single-family dwellings to the minivans to the tree-lined neighborhoods in which every family owns their own lawnmower but uses it only once a week perpetuates the fundamentally individualistic framework of the American nuclear family. I, for one, want my son to grow up with a much

broader sense of family, in a world in which he feels connected to and responsible for others, locally and globally.

In an on-line article for *Hip Mama*, author Susie Bright takes issue with the limited vision of single motherhood in Melissa Ludtke's (1997) *On Our Own*. "Where were the activists, the commune-makers, the tribe-reclaimers?" Bright chides. "I can't believe anyone could write a book about single moms and not look at the cutting edge conversations going on in feminist, queer, and other radical communities about parenting." Bright, who disarmingly declares she is an "I-don't-give-a-shit-about-Daddy" kind of Mommy, is really pointing to a type of single motherhood that isn't single at all: it takes place outside the institution of marriage, but inside a vision of single motherhood that makes room for an alternative kinds of parenting communities.

Not all single mothers have limited themselves to the choice of either finding a suitable daddy for their kids or going it alone. There are women and men whose choices vary widely regarding marriage, partnership, lifestyle, and sexual preference whose lives still involve children they care about, regardless of their own parental status. There are people who live not just in families, but in villages. And that's what I long to give Jonah—not a father, but a village. He'll find his father, biological, spiritual, or otherwise—or perhaps a series of fathers. (Why shouldn't every boy, regardless of his parentage?) It's far more important to me that Jonah learns to envision what being a man and a father could mean, to sustain the possibility that this term could be broadened to include choices not available to the men of my generation or previously.

In English, to "mother" a child means to nurture him or her for a lifetime; on the other hand, "fathering" a child, at least in its most common usage, takes only a matter of seconds. What sort of legacy is that to leave our sons? Raising Jonah in this culture will also mean bringing him up to inheritance of extreme and near-ubiquitous violence, to an unearned sense of entitlement that goes with white, male privilege and the accompanying resentment that in reality this privilege exists for most men only as an idea. It means raising him to destroy or be destroyed on the playground, the gym floor, the street, and in the boardroom; to make the excruciating decision about whether he should register for the selective service; to be assaulted with a barrage of pornographic images attempting to construct a male sexuality that, regardless of Jonah's future sexual preferences, will provide him with confusing and contradictory images about what it means to be a male sexual being. Left unexamined—and little in this culture encourages its scrutiny—white male privilege indicates an inability to view the world from the perspective of the less-powerful or the less-fortunate. That's patriarchy, and it isn't good for anybody.

So I have decided I will raise a feminist if it's the last thing I do. Jonah will learn that becoming a "single mother by choice" was not, for me, a choice against being married to his father. It was a choice in favor of a vision of a kind of parenting that could start with the way I raised him, regardless of my marital status. I'll tell him, for example, about my dear friends and family who stayed

Carol Rob-Spaulding

for days on end in those early weeks, and about my doula, who dropped by throughout the first two months to help with breastfeeding. I'll tell him about the naming ceremony, plucked from Korean tradition, that I had for him when he was 100 days old, when his many friends and well-wishers came to read a benediction in his honour and to celebrate his life. I'll tell him about how a different friend came every single night of the week during the semester and sometimes all weekend to help with cooking or chores or to spell me so that I could grab a free hour. Jonah and I will work our way through the difficult issues, making the best choices we can in an imperfect world and working to sustain and nurture the values and the people we hold dear. And when he is ready to become a man, we will figure out some way to make that passage into manhood a meaningful rite for him and those who care about him. He will learn that every well-raised young man is an opportunity to help create the kind of world and the kind of choices for both men and women that he can envision.

It has been over three years since the day I saw that little blue cross appear on my home-kit pregnancy test. I think back to that image of Klara's blissful isolation with her infant and realize that I, for one, could never have done it if I was truly alone. In fact, Rilke's fantasy of a unique woman who somehow makes her way in the world outside the bounds of the traditional choices available to women is one of the oldest tropes in literature—from Mary Magdalene to Hester Prynne to, well, Madonna. It is a myth that single mothers who choose to raise their children without men are trying to do away with daddy. Perhaps that belief is nothing but the old male fantasy, starting with Eve, of a sexually powerful and, therefore, transgressive and dangerous woman. A maneater. I made it through two days of labor without drugs. I made it through that first foggy couple of years with an infant. So I know how powerful I am (and how dangerous when sleep-deprived). But mine is a creative, transforming power—human, or cosmic, if you will, but not exclusively female. And I earned it. If Daddies really feared becoming obsolete, they would find it for themselves. No doubt, some of them already have.

As for that image of Klara and her slumbering babe—persuasive as it has been to me over the years, I'm now two-and-a-half years into single motherhood and I know something she doesn't: just wait until she tries to write with a *toddler* around.

References

- Bright, Susie. 1999. "Exploding the Daddy Myth." *Hip Mama*. Online. December 1. Accessed March 2000.
- Ludtke, Melissa. 1997. *On Our Own: Unmarried Motherhood in America*. New York: Random House.

Sharon Snow

Suzanne's Birthday Poem

After all that, you entered quietly.
And well you should,
having squirmed and kicked
for nine months and one week more.

All that time, all that quiet, dark time
when you couldn't see me and
I couldn't see you, we whispered
back and forth. I'm here. I'm here.

How I longed to see you then;
take comfort in the color of your eyes,
the roundness of your head,
the count of your fingers and toes.

After all that time of waiting for you,
stroking your little bottom as it poked against
my belly, telling you to hurry up,
you left me willingly.

After all that coaxing, encouraging, pushing,
there you were; five fingers on each hand,
five toes on each foot, belly button tied in a knot,
little blue eyes fixed on mine.

Ahh ... it's you.

Jill R. Deans

“Natural” Birth

An Adoptee Becomes a Mother

On November 30, 1999, I gave birth to my son Griffin. Wanting a “natural” birth, I was proud of the fact that I had gone into labour on my own just hours before I was scheduled for an induction. (I’m not sure whether that was result of psychology or the tennis I played that day—physically and mentally, I’d had enough of pregnancy.) I quickly found out, however, that my willful baby had turned upside down sometime within the previous week and refused to present head first (maybe tennis wasn’t the best idea). Since my labour was unusually fast and furious, there was no time to coax him back into position. We had an emergency cesarean-section. So much for “natural.” I was poked with needles, attached to an epidural, and wheeled into the O.R.

It was relatively quick and painless, and Griffin emerged pink and round and beautiful. Needless to say, I was relieved when it was over and delighted by the results. I admit, I wasn’t too disappointed to have had a labour that lasted only one hour. The steady drip of pain killers seemed like a bonus. My fantasies of a low-intervention birth had gone by the wayside, as they do for many pregnant women who encounter even minor complications these days. I was shocked to learn later that out of ten women in my childbirth class, *six* of us had had c-sections. I was disappointed that, for whatever varied reasons, we had become part of a statistical rise in high-intervention births.¹ I began to see the rhetoric of our local hospital’s commitment to “choice” in childbirth methods as just that, empty rhetoric.

This is not an essay about the pros and cons of medical intervention, however, but more an examination of the way we code and understand birth and delivery in language, in what becomes the legends of our origins, our birth stories. For me, the idea of giving birth “naturally” was tied-up emotionally with the fact that I was adopted as an infant. In giving birth to Griffin, I was—

on a cognitive level—experiencing my own birth, an event I had been “unnaturally” distanced from as an adoptee. The word “natural” takes on almost mystical connotations for adoptees who, in the great nature/nurture debate, are encouraged to leave nature behind, to understand that social identities are made and not born.

What’s in a hole

In her book *Journey of the Adopted Self* (1994), psychologist and adoption rights advocate Betty Jean Lifton describes the “unborn” feeling shared by many adult adoptees. She attributes this sensation to a system of closed records that seals and amends original birth certificates, effectively rescripting adoptees’ birth narratives, omitting their point of entry into the world: “Without concrete information about the circumstances of your birth, especially about the woman who gave you life,” she explains, “the adoptee often has the sense of not having been born at all” (46). Lifton is concerned primarily with the psychological state of adoptees cut-off from their “origins”—a condition that psychologist H.J. Sants labelled “genealogical bewilderment” as far back as 1964 and that Lifton now calls “cosmic loneliness” (1994: 47). The sense of feeling adrift, they both claim, comes from repressing the pain of abandonment as an infant, and emerges again and again in stories that describe the adoptive experience.²

Lifton goes on to discuss the controversial topic of “infant splitting” or the possibility that adopted infants, traumatized by a separation from the birth mother, cope by “splitting” off and repressing the suffering part of themselves, a practice familiar to older children and adults. While some professionals claim that infants are developmentally incapable of “splitting,” Lifton argues “that adult adoptees often speak as if they have split off a part of the self back in those preverbal days: they speak of feeling unborn, having a dead space in the center like a hollow core, of carrying ‘a dead baby inside’” (1994: 33). The vocabulary for loss in adoption responds to the rhetoric of birth and evokes stillbirth, miscarriage, abortion. Adoptees sometimes refer to their own lives as having absorbed the alternatives *not* taken by their birth parents. They are the otherwise happy adoptees haunted by the rejected fetus they sometimes imagine themselves to be. As Siu Wai Stroshane so eloquently puts it, “In so many ways I am still an unborn song” (1999: 234).

When I was young, I used to ask my mother impossible questions as children often do. My favorites and most persistent include: “Where is the universe?” and “What’s in a hole?” The first evokes Lifton’s “cosmic loneliness,” what she labels “a terrifying free-fall through the universe” (1994: 28). If adoptees are floating in space, where *is* that space, I seemed to want to know. Of course, as a child, I didn’t connect these questions with my adoption of which I was aware only on an elementary level. Nor did I feel overtly lost. I was perfectly happy and secure in my adoptive family. Yet I persisted—did the universe exist in some great warehouse, meaning there was a reality *outside* of the universe? My cosmological probings were maddening at times and often

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met with an exasperated “I don’t know” or “Go ask your father.” Did I need to locate the universe to locate myself?

More pointed was the “What’s in a hole?” query. My mother’s attempts to revise my question with her own, “Which hole? It depends on the hole,” failed to focus my need for information. “*Any* hole,” I would reply. As I matured, I internalized my obsession with the hole, experiencing low-grade ulcers and an empty pit in the base of my stomach whenever I encountered stress in my life. While holes may be archetypal (and ulcers widely symptomatic of unhealthy living), they bear added significance for many adoptees. Lifton cites the example of Rachel who

remembers that whenever she passed a construction site where some huge gaping hole had been carved out of the earth ... would feel both fatally drawn to it and terrified, “It was as if any physical void would see its own nature reflected in me and, recognizing me as an ally, sweep me into its vortex,” [she claims,] “... To openly acknowledge the void ... as my true progenitor would have been the most honest statement I could make about myself.” (1994: 53)

The hole, I understand now, was the portal to my own existence—as obvious as it seems—but since that “portal” was lost, quite literally, so was I.

Though genetic inheritance is increasingly quantifiable, everyone, adopted or not, is forced to articulate themselves in language and thus experiences that post-structuralist “gap” between sign and referent, between the social self and the *original* self. The fantasy of reclaiming an inexpressible origin fuels what Dorothy Nelkin and M. Susan Lindee (1995) have deemed the “DNA mystique,” a *cultural* longing for innate connections, for an essential “nature” that somehow works beyond the shadowy intransigence of language to shape and define us. Nelkin and Lindee recognize the power of DNA not just as literal biogenetic “stuff” but, ironically, as a cultural construct. The *language* of DNA, of genetic inheritance, is perhaps even more potent than the “stuff” itself:

If scientists can decipher and decode the text, classify the markers on the map, and read the instructions, so the argument goes, they will be able to reconstruct the essence of human beings, unlocking the key to human ailments and even to human nature—providing ultimate answers to the injunction “know thyself.” (1995: 6-7)

This cultural perception conflicts with the very American ideology of the self-made individual, an ideology that many adoptees cling to out of necessity and many others accept as a default because they are left out of another conversation in which all non-adopted folks freely participate. A tantalizing, “preverbal” facet of identity is finding expression in the language of the new genetics. Whether or not adoptees really “split” off a part of themselves in their

"preverbal" infant days, they are denied access to their own biogenetic narrative, their own human genome project.

Becoming a mother

As a pregnant adoptee, the requisite flurry of questions, stories and advice around the subject of birth seemed to affirm my fetus's connection with the human race and simultaneously deny my own place in the universe. If I hadn't felt "cosmically lonely" before, I did when people asked about my own birth weight, the length of my mother's labour, about genetic predispositions for twins, gestational diabetes, a million different traits, habits, and proclivities. At the time, I was also researching an academic paper on a reproductive technology called embryo adoption, in which a woman gives birth to a child to whom neither she nor her partner are genetically related. The benefit of embryo adoption, everyone seemed to say, was the ability to experience the child's birth—embryo adoptees would have birth stories. These children would actually be *born*, while traditional postnatal adoptees ... who knows where they come from?

Many adoption professionals recognize the impact that pregnancy and birth can have on adopted adults. In fact, any life transition can trigger the need to search for those elusive origins. The authors of the book *Being Adopted*, for example, cite a young woman who was reticent about her pregnancy until she was able to locate her birth mother: "I finally feel able to be a mother myself ... which I couldn't even consider until I found my birth mother," she claims (Brodzinsky, *et al.*, 1992: 144). In my case, I *did* know my birth mother, having successfully searched seven years prior to this momentous life transition. Through several phone calls, I was able to piece together a brief narrative of my own birth: I weighed over eight pounds; I was the product of a long labour; I was several weeks overdue; I gave her stretch marks. Still, there was something "unnatural" about the gap between the casual question about genetic inheritance and the phone call it would take to provide the answer. As a result, my own birth seemed somehow unnatural, even though I arrived without the aid of painkillers or any major medical intervention. For this reason, perhaps, I was eager to experience a "natural" birth.

I was never quite sure, however, what a "natural" birth was, exactly. To a friend at work, it clearly meant an episode of searing agony, *sans* medication, drenched in sweat, hurling profanity at my helpless husband who, made small by the experience, would forever after marvel at my womanly power. To my mother-in-law, "natural" birth meant a vaginal delivery, with or without medication—apparently, she just can't say the word "vaginal." To a friend from back East, it meant a home birth with a midwife. To a friend in California, it included herbs of some kind.

Of course, the meaning of the term "natural birth" within the larger culture has been subject to shifts and variations. Feminist scholars like Susan Squier (1996) have analyzed these discursive fluctuations to reveal the politics behind

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the rhetoric of birth. Squier notes that our society has redefined what is considered “natural” to normalize medical intervention, reproductive technologies and the surveillance of pregnant women. She writes:

From conceptualizing both gestation gone right and gestation gone awry as natural (because both outcomes were found in nature), we have come in our era to policing the outcome of gestation medically. Now, increasingly ... we accept only “successful gestation”—whether carried out by technological intervention or not—as natural. (1996: 530)

While no one can deny the benefits of ensuring a healthy birth, to label all such births “natural” implies that, conversely, “unhealthy” births (and even aborted births) are “unnatural.” Proponents for the rights and dignity of the disabled, like Martha Saxton, point out that such rhetoric creates monsters out of those who fail to conform to the terms of “successful gestation,” that someone born with a congenital “defect” is less “natural” than a test-tube baby, for example. Likewise, for advocates of reproductive choice, such rhetoric implies that abortion is monstrous, despite its presence in nature and the history of human reproductivity.

And what about all those c-sections amongst my childbirth classmates? One of these occurred two days before mine, and the child remained in intensive care due to dangerously low birth weight. I took a slow postpartum walk down the maternity ward hallway with the worried mother. Was her birth experience less “natural” than mine because it was fraught with lingering complications, because she couldn’t breastfeed her daughter or hold her free of tubes and monitors? Was my invasive operation and protracted recovery period “naturalized” by Griffin’s fortunate health? I remember in the delivery room being amazed when the nurse first walked by with him. I thought, “Why is someone bringing a baby in here?” Then I realized, “Oh, that’s *my* baby.” He was so big, round and beautiful; for a split-second, I had mistaken him for an older infant, such is the advantage of a full-term c-section. Though I had dutifully performed my Kegel exercises throughout my pregnancy, with Griffin weighing in at 8 lbs. 7 oz., I was glad that the trauma to my body had been medically shifted upward. But what had the c-section done to my desire for a “natural” birth?

Susan Misao Davie is another adoptee whose first child was born via c-section: “I did not see or feel my baby’s birth,” she writes, “I had a baby, yet because she was born by Caesarean section, the connection I’d been waiting for was not there. I loved her, but was she really mine?” (1995: 237). Davie’s story is complicated by her obscure origins. While she bears obvious Asian features, her daughter turned out to be blonde-haired and blue-eyed. Not being able to see or feel her daughter’s birth triggers Davie’s own rootlessness as an adoptee and reemphasizes her inability to connect, innately, with another human being. In my case, Griffin turned out to be a fair composite

of my features, and I was still able to feel his birth, masked by the epidural—it felt ... funny. My body had responded to my brief but very intense labour with violent shaking that lasted through the operation. Physically, the ordeal grounded me in the fierce reality of birth. Mentally and emotionally, however, I had missed out on the reenactment of my own birth, a fact that my birth mother is quick to point out, may be a blessing. For while my birth experience might be considered “unnatural” by some because of medical intervention, hers was deemed “unnatural” by others because of social stigma and the shadow of an impending adoption.

Conclusions

The very cosmic act of giving birth may not, in fact, cure “cosmic loneliness.” The “little bang” that occurs in the delivery room is, indeed, universal, but it’s the web of stories spun from our birth experiences that serves to bind or alienate us. Birth narratives mediate between the impulse to craft ourselves and the longing for innate connections. The language of birth reflects the contradictions in our culture. Becoming a mother requires a redefinition of self, something at which adoptees are already adept. It also requires a sense of self to begin with, and no matter how self-possessed we are as adoptees, pregnancy and birth can’t help but throw our court-approved, amended lives into question. For here we begin to weave stories for our own children, stories we never had, using language we never heard, and we know this is something precious, no matter how precious the stories of our adoptions might also be. By the time I was ready to phone a girlfriend after Griffin’s birth, I was asked immediately, “Tell me the whole story.” And while neither Griffin nor I can ever truly capture his “origins,” I live as a speaking witness to the beginning of a life.

¹Fuchs reports: “The American Society for Anesthesiologists presented data showing that in large hospitals birthing women opting for spinal or epidural anesthesia tripled from 1981 to 1987. In smaller medical facilities, it doubled from 1992 to 1997 (21 to 42 percent)” (2000: 54). In my childbirth class publication, Amis and Green cite the following statistics: “Data from the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDCP) show that the cesarean rate in the United States steadily increased from 1965 through 1986. From 1986 to 1991, it leveled off to these estimated figures by region: Northeast 22.6%; Midwest, 21.8%; South 27%; West 19.8% ... a national health objective for the year 2000 is to reduce the overall cesarean rate to 12 or fewer per 100 deliveries” (1997: 42). According to Eisenberg *et al.*, your chances of having a c-section “are nearly 1 in 4 (higher in some hospitals), and if your pregnancy is in a high-risk category, as high as 1 in 3” (1991: 243). They explain, however, that increased rates are not due to “bad medicine, but *good* medicine,” that the rate of forceps

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use is down, increased technology enables doctors to detect potential problems with vaginal deliveries, that women are gaining more weight during pregnancy, producing extra large babies, and that a trend toward “natural” childbirth has led to “stalled” labours (1991: 243-44). While Northrup writes: “In 1993 ... 22.8 percent of live births in the United States were by cesarean section, a number that has remained about the same since 1985, according to the American College of Obstetrics and Gynecology. Though cesarean sections are sometimes necessary, many experts in the field feel that a rate of 15 percent plus or minus 5 percent is more reasonable” (1998: 473).

²Sants (1964), for example, uses Hans Christian Andersen’s *The Ugly Duckling* and Sophocles’s classic story of *Oedipus Rex* as fictional representations of the adoptive condition.

References

- Amis, Debby and Jeanne Green. 1997. *Prepared Childbirth: The Family Way*. Plano, Texas: Family Way Publications.
- Brodzinsky, David M., Marshall D. Schechter and Robin Marantz Henig. 1992. *Being Adopted: The Lifelong Search for Self*. New York: Doubleday.
- Davie, Susan Misao. 1995. “An Adoptee’s Journal.” *The Adoption Reader: Birth Mothers, Adoptive Mothers and Adoptive Daughters Tell Their Stories*. Ed. Susan Wadia-Ells. Seattle: Seal. 237-50.
- Eisenberg, Arlene, Heidi E. Murkoff and Sandee E. Hathaway, 1991. *What to Expect When You’re Expecting*. Second edition. New York: Workman.
- Fuchs, Leslie Ann. 2000. “Pain with a Purpose.” *Mothering Magazine* 99 (Mar./Apr.): 54+.
- Lifton, Betty Jean. 1994. *Journey of the Adopted Self: A Quest for Wholeness*. New York: Basic.
- Nelkin, Dorothy and M. Susan Lindee. 1995. *DNA Mystique: The Gene as Cultural Icon*. New York: Freeman.
- Northrup, Christiane, 1998. *Women’s Bodies, Women’s Wisdom*. Revised edition. New York: Bantam.
- Sants, H.J. 1964. “Genealogical Bewilderment in Children with Substitute Parents.” *British Journal of Medical Psychology* 37: 133-141.
- Saxton, Martha. 1984. “Born and Unborn: The Implications of Reproductive Technologies for People with Disabilities.” *Test-Tube Women: What Future for Motherhood?* Eds. R. Arditti, R. Duelli and S. Minden. London: Pandora.
- Squier, Susan. 1996. “Fetal Subjects and Maternal Objects: Reproductive Technology and the New Fetal/Maternal Relation.” *The Journal of Medicine and Philosophy*. 21: 515-35.
- Stroshane, Siu Wai. 1999. “Unborn Song.” *A Ghost at Heart’s Edge: Stories and Poems of Adoption*. Eds. Susan Ito and Tina Cervin. Berkeley: North Atlantic. 232-234.

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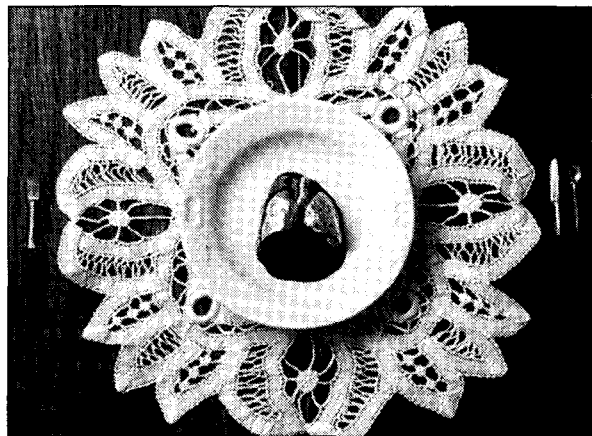
Renee Norman

Giving Birth

beginning the end of myself
once known
the end of the beginning
of myself
I have come to be
forever changed
forever forever
blood
frightens me
my body blood
blood leaked and mixed
with the blood
of my memories
underground waves of pain
course down me
longer waves
wilder, pounding, pummelling
coursing
cruising
carrying
me on top of pain
mind above my body
cheering me on
watching me keel over
voices calling me
forever forever

Monica Bock

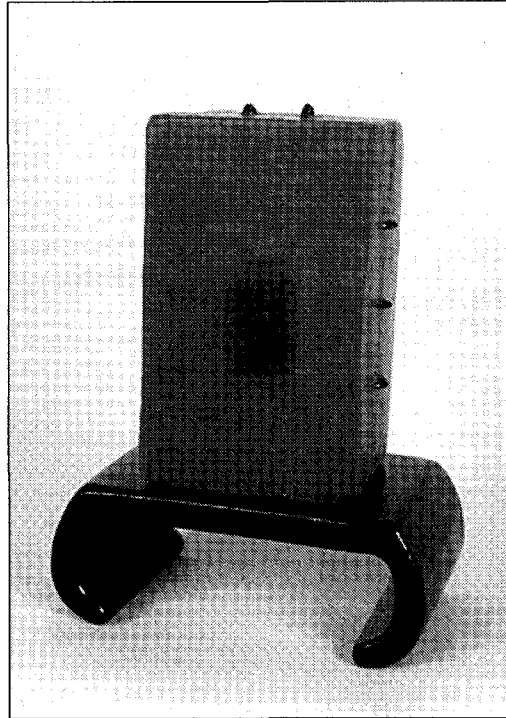
Maternal Exposure



*"The Uterus and its Appurtenances," from behind, 1990 (detail).
Oak table, porcelain dishes, cast silver, lace, blood.
4" diameter dish. Photo: Monica Bock*

I.

Well before I had actually given birth, my first major body of artwork—as a graduate student at The School of the Art Institute of Chicago—was about birth. Thinking about family in the context of the debate over abortion, I produced a series of mixed media objects that became an installation for my 1990 MFA exhibition. The centerpiece of the installation, a round oak table set with four miniature place settings, was called “The Uterus and Its Appurtenances from Behind.” With language and anatomical imagery lifted from my mother’s anatomy texts, the piece was built on memories of her struggle between work and family. Doll plates laid with miniature cast sterling internal organs suggested the personal toll behind decorous housekeeping, as well as the reality of life consumed in life. The piece came out of knowing that, like my mother, my unavoidable need for my own work was coupled with a desire to birth and raise children, that I would soon be negotiating the same treacherous territory between intimacy and autonomy that she had, and that I would be equally torn and driven about it.

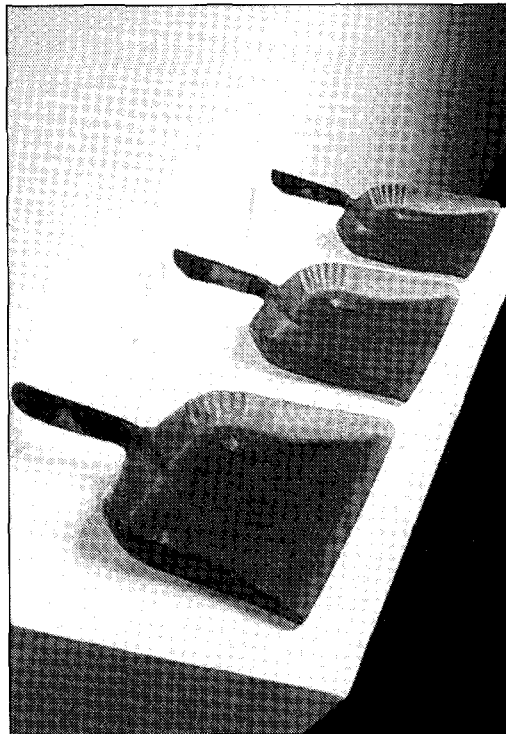


*"Shadow Wrestling," 1994 .
Mahogany, glycerin soap
bars, blued steel staples, glass
bottle, gold foil, wax, blood,
amoxicillin. 4.5" x 3.25" x 2"
Photo: Monica Bock*

II.

In 1993, I gave birth to my daughter at home, and shortly thereafter, made a small piece called *Shadow Wrestling*, using two bars of glycerin soap resting on end, face to face on a reliquary stand. Stapled together, the bars encased a small vial of my own blood. Originally based on a Theresa of Avila quote about "wrestling with the shadow of death," the piece marked my first use of glycerin as a reference to flesh and its vulnerability, and offered itself as a contemplation of the impermanence that's felt specifically in looking at one's children. My understanding of the piece clarified well after it was made, when I received a poem written for it by Zofia Burr, a writer and professor of English at George Mason University. We met in 1995, when we were both living in Chicago, and we started a conversation that gradually turned into an artistic collaboration. Our collaboration has lately focused on how the roles of mother and of not-mother are part of the same impossible set of expectations confronting women who choose to be defined by both work and nurturing. In regard to "the maternal body," no woman gets to define herself completely outside the terms of good mother/ bad mother – the terms of what it means to take on, tamper with or reject the role of the mother as cultural institution.

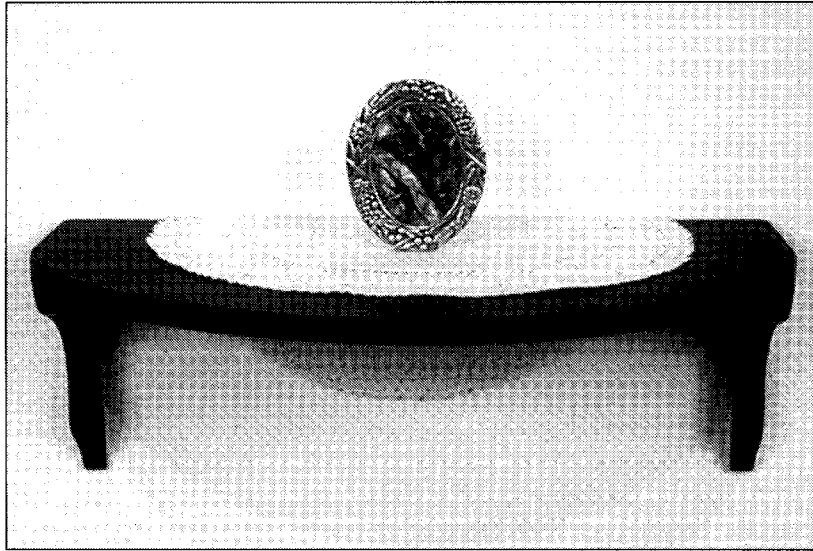
Monica Bock



*"Afterbirth (Sac Fluid Cord),"
1998. Cast glycerin, glass
bottles, amniotic sac, amniotic
fluid, umbilical cord,
amoxicillin.
5" x 42" x 14"
Photo: Monica Bock*

III.

Since 1996, when I more or less simultaneously became a full time mother and a full time professor of art, my creative research has responded to tensions between intimacy and autonomy, nurturing and productivity, family and work. My art has become a means of publicly negotiating the terms of motherhood as personal experience, social identity and cultural institution. Early in my tenure process, and with the example of other mothering artists in academia, I realized that my family life would not be recognized as pertinent to my work. So, it became imperative to make art with and about my children, in order to make our reality known, but also to stay close to them even though half the time it's the work that preempts my actually being with them. I keep choosing this kind of complex and conflicted nurturing with reflection upon nurturing, this kind of looking and public revelation of my looking even at what may be considered un-motherly to look at. In the summer of 1998, I created a mixed media piece called *Afterbirth (Sac Fluid Cord)* in which three cast glycerin dustpans rest on a shelf with a glass bottle encased in each of their handles. The first bottle carries a bit of amniotic sac, the next amniotic fluid, and the last umbilical cord - my own children's birth matter that I was able to collect and preserve. The piece triggered the conception of a number of objects and installations linked by the concept of exposing aspects of family life, life after birth as it were.



*"Afterbirth: Postpartum Miniature," 1999.
Oak shelf, antique doily, gold plated cast sterling frame, photograph.
3.75" x 6.5" x 3.5" Photo: Monica Bock*

IV.

In *Afterbirth: Postpartum Miniature*, a tiny print of a photograph displayed in a gold plated silver frame rests on a doily on a small shelf. The image is of my son's placenta kept frozen since his birth in 1995. The "portrait" reflects my effort to preserve the experience of labor and the memory of new birth, but it also calls attention to the power of the placenta itself. Interestingly, more than the actual birth material included in for example *Afterbirth (Sac Fluid Cord)*, this photograph and the word "afterbirth" itself have elicited discomfort and even outrage from some viewers. Aesthetically composed as this photograph is, I understand the image pushes sanitized notions of birth. For me, it represents my son, but it also represents my ownership of the pregnancy and birth process. I own and know this placenta because of my children's home births. Perhaps because of the apparent persistence and ease of disseminating textual and photographic evocations of the body, or because of the sheer power of naming, the word and the image in combination are taken as more dangerous than the vulnerable material itself.

Monica Bock



*"Maternal Exposure
(or, don't forget
the lunches)"
1999-2000 (detail).
Embossed and
folded sheet lead and
cast glycerin bags.
Bags each approx.
11" x 5" x 3"
Photo: Monica Bock*

V.

Maternal Exposure (don't forget the lunches) is inspired by the daily ritual of exposing one's children and one's nurturing skills to public scrutiny. The piece consists of 418 lead sheet bags embossed with the daily menus of school and day camp lunches I prepared for my two young children over the course of the year from January 6 to December 23, 1999. The lead bags gather in rows, spreading across the floor in the order the original lunches were prepared. Inserted intermittently, small lead sheet plaques replace lunch bags and announce the days when no lunches were needed—sick days, snow days, holidays. As flesh-like counter-parts to the protective yet poisonous lead bags, an equal number of cast glycerin soap bags accumulate randomly behind the lead bags. Zofia Burr contributes collaboratively to the piece with a series of poems (or poem fragments) written in her own hand on the walls surrounding the lunch bags (see page 55).

At a recent opening of the installation in Boston, a viewer related that because of the demands of their mothering, a group of artist mothers he knew was unable to get together a planned show on the difficulties of being mothers and artists. He felt the ambitious scale and solidity of the lunch bag installation asserted the accomplishment of the artist despite her motherhood, in contrast to the poem's observation that *a mother is supposed to allow the time to keep nothing of her gift*. I couldn't tell whether he understood that contrast to be precisely the crux of the maternal dilemma, or whether he believed somehow that "good" mothers don't have time to reflect on what they do, much less present art about it. Every minute of every day a mother makes an emotionally fraught choice between autonomy and intimacy, and every adult who reacts to this work carries stories of their own about those choices. What is disquieting for some is the critical distance on mothering by the mother herself. And it's a risk of a certain kind to bring ambivalence forward as the condition of one's mothering and one's work.

Dedication

This is for the bad mother in me I love
wanting to be kept. For
the Bad mother I love — wanting

(My mother said)
If you plan to run away, let me know and I'll pack you a lunch,
if you want to run away, let me know and I'll pack your bag.
Just be sure
to send us a postcard.
Just be sure to let me know.

The lunch bag is loaded. With coming from home that is her
carried into the world. That you are returning to. Regarded.
And what is spoken in the lunch packed and eaten,
rejected or thrown away, every day a mother is supposed
to allow the time to keep nothing of.

Nothing of what you are
returning
to loved.
Nothing of what you are returning.

A mother is supposed to allow the time to keep nothing of her
Gift. No return returned. Mother made—made mother—
no more days off from the world.
Designed against time.
To be saved Someone is of you on you
with you you are for.
Warned.

A mother is supposed to allow the time
a mother is supposed to allow the time to keep
a mother is supposed to allow the time to keep nothing
a mother is supposed to allow the time to keep nothing of her
a mother is supposed to allow the time to keep nothing of her gift

She was nurturing, and violent. She wanted.

The lunch Bag is loaded. With coming from her.

—Zofia Burr

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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.

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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

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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

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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

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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 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 an autistic 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

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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).

References

- Belkin, Lisa. 2000. “Your Kids Are Their Problem: The Backlash Against Children.” *New York Times Magazine*. Sunday, July 23: 31-35+.
- Davis-Thompson, Esther. 1999. *MotherLove: Reinventing a Good and Blessed Future for Our Children*. Philadelphia: Innisfree Press.
- DeLoache, Judy and Alma Gottlieb. 2000. *A World of Babies: Imagined Childcare Guides for Seven Societies*. Ed London: Cambridge University Press.
- Eisler, Riane, and David Loye. 1990. *The Partnership Way*. San Francisco: Harper.
- Fallows, Deborah. 1985. *A Mother’s Work*. Boston: Houghton-Mifflin.
- Hewlett, Sylvia, and Cornel West. 1989. *The War Against Parents: What We Can Do For America’s Beleaguered Moms and Dads*. Boston: Houghton Mifflin.
- Hochschild, Arlie. 1989. *The Second Shift: Working Parents and the Revo-*

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- lution at Home*. New York: Viking.
- Hochschild, Arlie. 1997. *The Time Bind: When Work Becomes Home and Home Becomes Work*. New York: Metropolitan Books.
- Kegan, Robert. 1994. *In Over Our Heads: The Mental Demands of Postmodern Life*. Cambridge, Mass.: Harvard University Press.
- Leach, Penelope. 1994. *Children First: What Our Society Must Do—and Is Not Doing For Our Children Today*. New York: Knopf.
- Lerner, Harriet G. 1994. *The Dance of Deception: Pretending and Truth-telling in Women's Lives*. New York: HarperPerennial.
- Maushart, Susan. 1999. *The Mask of Motherhood: How Becoming a Mother Changes Our Lives and Why We Never Talk About It*. New York: Penguin.
- McGinnis, Ellen, and Arnold P. Goldstein. 1997. *Skillstreaming the Elementary School Child: A Guide for Teaching Pro-Social Skills*. Champaign, Ill.: Research Press Company.
- Mercer, Ramona. 1995. *Becoming a Mother: Research on Maternal Identity from Rubin to the Present*. New York: Springer.
- Naseef, Robert A. 1997. *Special Children, Challenged Parents: The Struggles and Rewards of Raising a Child with a Disability*. Secaucus, N.J.: Carol Publishing Group.
- Parker, Rozsika. 1995. *Mother Love, Mother Hate: The Power of Maternal Ambivalence*. New York: Basic Books.
- Ruddick, Sara. 1990. *Maternal Thinking: Towards a Politics of Peace*. London: Women's Press.
- Ruff, Helen. 2000. Personal letter. 16 September.

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The Impossibility of “Natural Parenting” for Modern Mothers

On Social Structure And The Formation Of Habit

Becoming a mother in contemporary western society is often to find oneself deciding upon a plethora of competing childrearing techniques. Caring for a baby is always an act of culture but in modern societies, it is to experts that we turn for guidance and advice (see for example, DeLoache and Gottlieb, 2000). Broadly speaking, in the modern west, baby and childcare has been split between a rational-efficiency model (for example, four hourly feeds, the rise of domestic hygiene, bottle feeding, developmental psychology and so on) and a romantic model which seeks to dissolve authority and efficiency in favour of a “natural,” more bonded style of care (for example, long-term unregulated breast feeding, the family bed, permissive parenting and so on). This article will explore the renewed emphasis by our “baby-experts” on the second, more romantic model of care, or, what the well known pediatrician William Sears aptly terms, “immersion mothering” (1982: 181), in the latter part of the twentieth century. I will first address the paradoxes that emerge when experts call this style of caregiving “natural” or “traditional” before I move into some of the dilemmas that result for late-modern women when they attempt to enact “immersion mothering.” My contention is that the high personal sacrifice, isolation, and immobility required by such intensive caregiving is antithetical to successful participation in a modern differentiated society.

The ascendancy of childrearing practices which stress primary maternal availability and care, therefore, sit in awkward relation to the (often opposing) bodily experiences and self-identities of most western people, including, of course, new mothers. Indeed, Sharon Hays suggest that “intensive mothering” is in “cultural contradiction” with the dominant ethos of self-interest in modernised market societies. (Hays, 1996) In broad agreement with this statement, this article will explore further how and why contemporary mothers

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find it so difficult to meet the expectations of intensive nurture by drawing on contemporary sociological accounts of late modern subjectivity. It is hoped this will contribute to the growing body of research which seeks to provide an account for what is otherwise called maternal “failure” and so often experienced by mothers as a debilitating sense of guilt.

Numerous histories of “the family” show us that intensive, romanticized caregiving carried out by biological mothers in the private sphere is an “invention” of modern economic and political arrangements (Aries, 1962; Shorter, 1975; Stone, 1977; Welter 1979; Badinter, 1981; Dally, 1982). It was only with the division of public and private and the shift from a domestic to an industrial economy, that mothers were cordoned off to a special occupation called “Motherhood.” Prior to this, women mothered with a community of men, women, and children and did so in and around a myriad of other subsistence oriented tasks. However, with the social changes brought about by the creation of a public sphere (populated by *male* citizens) together with industrialization and a free-market economy, women in western societies were no longer welcome to participate in economic and social life; instead they were sequestered to the private sphere as glorified mothers or lowly paid domestic servants. This process elevated motherhood to the status of a divine occupation, imbuing women as (potential and actual) mothers with the high moral ground. (Badinter 1981; Welter, 1979) This pedestal was a dubious and double-edged position generating a situation of profound, albeit romanticized, exclusion.

However, there was, by the late nineteenth century, a rise in bureaucratic administration or what is often termed “instrumental rationality.” This led to the increasing administration of both personal and public life and the submission of human endeavor to the cult of efficiency. (Weber, 1946) The creation of mass society, therefore, initiated a corresponding need to quantify, regulate, and rationalize. After 150 years of extreme romanticization in their roles as mothers, women were then subject to endless expert “advice” on how to rationally administer their homes and the people within it (Ehrenreich and English, 1978; Reiger 1985). Kerreen Reiger refers to this process in the Australian context as the “disenchantment of the home.” Mothers were thus modernized (or de-romanticized) as central consumers of domestic products and as the individuals who *rationaly* produced, cared for, and managed the private lives of public individuals. In keeping with the western oscillation between rationalism and romanticism, this belief in scientific rationalism largely lost its popular appeal after World War II. It then came under further critical scrutiny with the counter-cultural movements of the 1960s. As Diane Eyer writes in *Mother-Infant Bonding: A Scientific Fiction*,

The infant of the 1920s and 1930s was known to be in need of discipline. He should not be picked up every time he cried or he would become spoiled and would not learn the important habits of living

according to a strict and efficient schedule. Such advice reflected the great respect adults had for the efficiency of science and industry, although there was little research evidence to corroborate this belief. In the 1940s and 1950s the infant was known to be in need of constant gratification. He should be picked up every time he cried or he would become frustrated and develop a neurotic personality.... In the 1970s, this idealized dyad [of mother and child] was threatened with dissolution.... Bonding was a kind of social medication for these problems at the same time that it seemed a means to humanize birth. It was eagerly purchased by parent consumers who wished to preserve at least some remnant of power of the early maternal relationship as a kind of insurance against the unknown. (Eyer, 1992: 9-10)

The emphasis on maternal nurture as an antithesis to the dominant values of rational efficiency and liberal individualism, therefore, provides an invisible subtext of romantic opposition to western modernity. In other words, contained within this radical critique is a thinly veiled conservatism concerning the "natural" place of women, or more specifically, the natural place of *mothers*. As with earlier historical periods of modernizing social change, mothers thus come to represent the "old" within the "new" or the "traditional" within the "modern." (Vogel, 1986: 17-47; Felski, 1995: 37-8) The caregiving of mothers provides a potent contrast to an otherwise individualistic and self-interested society yet, paradoxically, it is the experts who tell mothers how to be "natural."

As with all of the popular romantically oriented childcare books emerging since the 1950s, there is a clear foundation in the psychoanalytically based theories of "attachment" (Bowlby 1958, 1969, 1973; Ainsworth 1967, 1978) and "bonding" (Klaus and Kennell, 1976).¹ This research, which appeared in a climate of women's increasing civil participation, promulgates the absolute need for biological mothers to remain in constant physical proximity with their infants and small children. Anything less is deemed "bad" mothering and likely to result in psychopathic children. While the popular books depart from the clinical focus of attachment theory, they nevertheless foster and uphold its central tenets.

Most of my readers who are mothers will be familiar with these texts. Most of us have turned to them for knowledge and guidance when we first became mothers and feel overwhelmed by the enormity of caring for a helpless infant. I will take three representative authors and briefly survey their account of "natural," "traditional," or "age-old" mothering, before returning to our central problem of how mothers fare when attempting to enact these demanding styles of caregiving. While the obvious choices might be Penelope Leach with her hugely successful *Baby and Child* or Benjamin Spock's even more successful *Dr. Spock's Baby and Child Care*, I have decided to focus on three slightly lesser known but still widely "consumed" texts: William Sears' *Creative Parenting*, Tine Thevenin's *The Family Bed: An Age Old Concept in Child Rearing*, and Jean

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Liedloff's *The Continuum Concept*. These guides advocate an extremely attentive and exclusive style of mothering (a.k.a. "parenting"). For example, all three advocate the "wearing" of infants in slings, infant-led weaning usually generating a breast-feeding relationship lasting between two and four years, and co-sleeping irrespective of parents' day-time responsibilities. The palpable demands of this style of caregiving are clearly felt by the mother much more than the father, though this is presented as a biological inevitability unworthy of further investigation.

In a sensationalist section entitled "Where's My Mummy?" Sears attempts a "balanced" response to the issue of mothers engaging in *any* activity other than mothering. He asks:

Can you carry this attachment too far? Isn't separation a normal maturing process for the baby? Is my [sic] immersion mothering fostering an unhealthy dependence? ... The question is not so much one of dependency but one of trust. Your baby cannot trust you too much.... Most babies ... do have some unexpected need periods and stress periods each day. Being away from him during these times deprives him of his most valuable support resources...: Children are spontaneous, and parenting [sic] means being available when children's spontaneous activities occur. An alternative to part-time mothering is immersion mothering, of being consistently available and attuned to the needs of your baby. (Sears, 1982: 181-3)

Sears is specifically opposed to mother's working outside the home and encourages 24-hour embodied care, alongside a disciplinary technique he calls, "loving guidance" (13). Together they amount to an utterly exhausting regime of caregiving and patience for the mother. Her role as isolated caregiver precludes her participation in both paid work and socializing but we are assured this is a "natural" and "traditional" state of affairs. One wonders how such a blatant ignorance of history could go unnoticed by both Sears and his readers, but we have only to remember the emotional power of the word "mother." In the name of this word, Sears manages to reconstruct the past and foreclose much of the future for new mothers.

Like Sears, Tine Thevenin grounds her ideas in attachment theory (1987: 6). She draws on an eclectic mix of Bowlby's scientific research, anecdotal evidence, and personal experience, to argue the case that parents (read: mothers) should sleep with their children, lest they become pathologically insecure. Thevenin sets up an opposition in her text between mothers who are "natural" and good (and can therefore sustain repeated night waking) and those that we have to conclude are "bad," or at least unnatural, because they cannot manage it. She exploits maternal guilt by drawing overdetermined and unnuanced comparisons between non-western cultures and western ones. After illustrating a typical "family bed" scenario of an infant waking for the breast followed

by a toddler waking and clasping "Mama's ... hand" while "Papa's dreams were not even interrupted," (1987: 7) Thevenin writes,

Whether it be on a Japanese "futon," or under an arctic caribou skin, on the bare African ground, in a large four-poster bed, or in a double-twin sized bed, whether they be poor or rich, large or small, families all over the world sleep together, and have done so since the beginning of mankind. (1987: 7)

Jean Liedloff's extremely popular *The Continuum Concept* also espouses a return to "nature," this time via her own would-be anthropological account of living with a stone-age tribe. Liedloff spent two years living with the Yequana Indians in the Venezuelan jungles, and from this experience she derived a set of "natural" principles for becoming effectively and happily human which she termed the "Continuum Concept." Liedloff postulates an infancy of extreme dependence as the universal human condition, which, when fulfilled, leads to a highly independent, productive, and self-confident individual. Not unlike Margaret Mead's *Coming of Age in Samoa* (subsequently refuted for its extreme idealization of a complex society (Freeman, 1983)), Liedloff depicts the Yequana as devoid of aggression and unhappiness. She attributes this to their more attached nurturing styles in infancy and early childhood. Based on her observations she suggests a long "in-arms" period where the infant is never away from human contact, sleeping with infants and children, long-term unregulated breastfeeding into early childhood, and the allocation of important social tasks to children. She steps right into the shoes of '60s resistance in her rejection of rationalist models of childcare (which often amounts to a repudiation of maternal independence), particularly those which seek to "train" the infant into obedience. She writes,

Babies have, indeed, become a sort of enemy to be vanquished by the mother. Crying must be ignored so as to show the baby who is boss and a basic premise in the relationship is that every effort should be made to force the baby to conform to the mother's wishes. Displeasure, disapproval, or some other sign of a withdrawal of love, is shown when the baby's behaviour causes "work," "wastes" time, or is otherwise deemed inconvenient. This notion is that catering to the desires of a baby will "spoil" him and going counter to them will serve to tame, or socialize him. In reality, the opposite effect is obtained in either case. (1975: 32)

Thevenin and Liedloff seem blissfully unaware of the social differences between a hunter-gatherer society and a modern one other than to deem the former "good" and the latter "bad." The corollary to this crude formulation is that western mothers have become too "civilized" to care and that this

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socialization must be expurgated in favour of a “natural” way of life. As Marianna Togovnick points out, the “primitive” is constructed as an “empty category” in this kind of formulation; a site of redemption upon which westerners can project their own anxieties and fantasies. (Togovnick, 1990) A close reading suggests, moreover, that advocates of “natural” parenting in fact select childcare practices that correspond to current western anxieties,² for example, the “breakdown” of the family, or the changing role of women. And so, women are encouraged to mother with the embodied devotion simplistically attributed to “primitives.” Conversely, practices which lack meaning for the west (and may indeed be viewed in less savoury terms) such as the twice daily enemas administered to African infants (see DeLoache and Gottlieb, 2000: 69) or the tight swaddling of infants in medieval society (see Badinter, 1981), are conveniently overlooked. It is rather naively assumed that the stability or harmony lacking in *us* can be found elsewhere and then simply appropriated, as if culture were as simple as stitching a patchwork quilt. Again this is classic romantic nostalgia for the “noble savage” arising in conditions of destabilizing social change. It depends on the glorification of social practice in non-industrialised societies, and the demonization of practices in industrialised ones.

Like most books in this intriguing genre, these three advocate “natural” or “age-old” styles of child care from within entirely modern paradigms. That is, they *assume* special access to some unadulterated, traditional wisdom and then proceed to demonstrate (and defend) this through the process of scientific study. It kills two birds with the one stone so to speak, by defending the natural or instinctual (which, in this instance, doubles for caring, softer) approach with the indisputable rigour of science. No matter what ideological ends the research serves (conservative family values or romantic resistance to the rational-efficiency model), it does so under the powerful rubric of science. This carries with it its own specific set of dilemmas, yet these experts have been spectacularly successful in disseminating their ideas popularly as a *challenge* to scientific-rationalism. It is a perplexing, infuriating, and humorous style captured in an exemplary quote by Sears: “Yes, [he says] we are finally proving what the common sense of species survival has known all along.” (1982: 181) Thevenin, too, commits herself to this absurd logic. She writes, “Before this natural behavior will again become accepted, its importance and benefits ... will have to be proven scientifically.” (1987: 6) Under the emotional power of “instinct,” in other words, the experts have managed to obscure their own status as scientists rationally procuring more and more knowledge on the categories of motherhood, infancy, and childhood. This is classic enlightenment thinking: the improvement of the human condition through the use of scientific reason, yet it has managed, cleverly indeed, to fashion itself as a powerful critique of that very paradigm.

It is clear, then, that these authors engage in *rhetorical strategy* to present their own partial and loaded (that is, “natural”) account of what is “best for baby.” An account that *can only ever be modern* because it is ensconced within

a public debate of competing truth claims; because it is conveyed through the abstract mediums of science and writing; and because it is read by individuals largely divested of their "traditions." Both the rational and the romantic models of "baby and child care" are therefore established tropes which operate on a contrived antithesis in the face of a much deeper unity: the modern drive for specialist knowledge and the associated competition that arises from such pluralism. Thus, even the so-called "natural" position currently in favour, functions as one *among many* voices competing for the allegiance of new mothers. As such, this expert discourse is itself emblematic of the shift from predetermined tradition (the organic and unquestioned transmission of social custom) to a constantly revised present (the modern reflexive world order where multiple discourses compete for truth status). As Eric Hobsbawm has pointed out, such a construction of the past is a fiction of the modern imagination—an "invented tradition"—always already implicated in the modern world view (1983: 1-2).

This returns us, then, to our central problem: how and at what cost mothers function in a modern differentiated society *as* a "secure base." While it is customary to challenge this as a "scientific fiction" if one wants to defend the rights of women, I would like to pursue a different angle here. I would like to suggest that infancy and early childhood *are* periods of high emotional and physical dependency and, moreover, that this is not a pure invention of patriarchal science. Perhaps to state the case more clearly, and lend it the weight of my own mothering experience, I believe infants *do* require a long period of intensive, embodied nurture. *The problem is not the fact of this requirement but rather that meeting this need has come to rest exclusively, and in isolation, on the shoulders of biological mothers.* This historically novel situation is precisely what is left unsaid and therefore unproblematized in popular accounts of "natural" parenting.

Again, if we look at social histories of private life we can see that isolated caregiving is a product of the modern gendered split between public and private spheres. *There is nothing "traditional" about this.* Therefore, while mothering as a practice has intensified through the post-enlightenment emphasis on "good mothering," this has also taken place in a context of diminishing support with the loss of the traditional, coherent community or "gemeinschaft" (Tönnies, 1957 [1887]). Mothers are thus attempting to carry out rigorous schedules of attached mothering in an increasingly fragmented and unsupportive social context. And while *some aspects* of the attachment style may be derived from non-industrialized cultures, the fact that this style of care is first encountered through the purchase and consumption of books themselves written by experts and then carried out by privatized mothers in isolated nuclear families, means "natural" or "attachment" parenting cannot claim in any truthful sense to be outside of modern practice. This presents us with a double bind, for mothers are urged to carry out (invented) traditional practices in a modern context that is neither structurally nor socially amenable to a feudal way of life. The

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expectation for “traditional” styles of care in a context that lacks traditional systems of integration and social support is thus to force a “cultural contradiction” on women; it is to force them to be against the social structuration of *their own* culture.

Advocates of “natural parenting” assume that conventional Western childcare techniques are little more than bad habits to be modified.³ However, habits like pushing a pram or sleeping separately from our children are not so easily ‘unlearned’ once internalised (as much by our own experience of nurture as the social values around us). John Dewey, for example, reminds us that so-called “bad habits” override our conscious intentions and impel us toward certain forms of behaviour. (Dewey, 1922) While more recent sociological theorists Pierre Bourdieu (1977) and Paul Connerton (1989) argue that habits are so powerful precisely because they embody cultural knowledge and history. Bourdieu has coined the term “bodily hexis” in reference to the process whereby “political mythology ... [is] embodied [and] turned into a permanent disposition, a durable manner of standing, speaking and thereby of feeling and thinking.” (1977: 93) In other words, the formation of habit is a social process that occurs below the level of awareness. It is the physical expression of socialization, not easily ‘undone’ by the simple reading of a book. Mothers who attempt to carry out practices lifted out of one cultural context and inserted in another, without due recognition of the complex interplay between practice, history, and place, are bound to feel inept and out-of-sorts. As Susan Maushart passionately points out in relation to demand breastfeeding (advocated by all those who espouse “natural” parenting),

Breastfeeding ties a woman to her child in a way that is much easier to sentimentalize than to operationalize. Indeed, in many ways, the lifestyle demands of [demand] breastfeeding could not be more alien to the expectations of everyday, adult life that today’s women increasingly share with men. Breastfeeding is essentially a vestige of a hunter-gatherer way of life. The wonder is not that it grafts so poorly onto industrialized minds and bodies, but that we persist in trying to graft it at all. To my way of thinking, women who succeed at breastfeeding demonstrate a heroic capacity to defer gratification, and to survive *repeated violations of deeply held cultural assumptions about the proper regulation of time and space...* In a world in which human beings prefer to maintain both physical and emotional autonomy, where “getting things done” is a measure of personal worth, where time is compartmentalized into neat, observable divisions, where families are nuclear and scattered, *breastfeeding is nothing less than a culturally subversive activity.* (Maushart, 1997: 227-8 [Emphasis mine])

We see that mothering in an attached way, requires a home base, however, this “home base” is often a no-man’s land (literally there are very few men here)

on the social periphery. In a socially differentiated world, then, attached mothering means moving to a geographic and social place of invisibility and irrelevance. It means "one" (now necessarily two) cannot move in and out of the fragmented space with the taken-for-granted level of mobility or autonomy. This is a central theme emerging in the research on post-natal depression. Women are terribly lonely and isolated as new mothers and have a sense of becoming worthless and of losing control. (Rosenberg, 1987: 181-196) And this is in addition to the physical exhaustion of meeting the extremely high demands of an infant *on their own*.

To add to this already problematic set of circumstances, numerous sociologists have addressed in recent years the process of globalisation in late-modern societies. Two notable examples are David Harvey (1990) and Anthony Giddens (1990; 1991). Both suggest that space has "contracted" and "emptied" with the advent of information technologies, such that locality is no longer of prime importance. One may, in fact, have more dealings with someone on the other side of the world, via new communications technologies, than with one's own neighbour. This lack of geographic priority in late-modernity generates a fragmentation of space where multiple centres of power and knowledge operate simultaneously (Laclau, 1990). This means of course that the local context becomes divested of its priority in our lives. As most of us know, local "community" in modern societies involves a great deal of anonymity and flux. These globalizing processes exacerbate the dislocations already brought about by industrialization. It means, moreover, that local community loses both its centrality and its cohesion. For women *who necessarily mother in their local milieu*, this means a corresponding lack of contextualization and a substantial increase in isolation *within* the already isolated private sphere; one cannot depend on the predictability or the traditional support of the local community. Mothering intensively, then, must be set against this impoverished social landscape.

Sociologist Rose Coser, further, suggests that in a modern differentiated society individuals acquire a "multiplicit identity" which comes to fruition or "actualization" in the context of participation in several distinct spheres. We "self-actualize," in other words, by participating in more than one activity system where we can adopt more than one persona and thereby sharpen our sense of who we are. In any one day a modern individual (who is not a mother) might go to work, then the gym, then out to dinner, then on to a friend's house before coming home to retire in the evening. In each specialized context, he or she would elicit specific personality traits and behaviours different from those used in another context. This is what is meant by a "multiplicit identity." However, given that the specialization of spheres required for such multiplicity depends on the sequestration of moral concerns (Giddens, 1991: 196) and domestic labour, mothers cannot cultivate multiplicity. Because mothers *belong* to the category of moral concerns and domestic labour, they are necessarily "bracketed out" to use Giddens' apt though rather disturbing phrase. This

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means that mothers are obstructed from developing modern identity formations by their status as *attached* caregivers. This very close attachment, promulgated as the only acceptable form of mothering, in effect “brackets” women “out” of their own society. Coser puts this more directly: “The fact that women are supposed to give the priority of their attention to the family of procreation *puts them in a premodern role*—that is, in which they do not share the pattern of role differentiation that is customary for modern men” (1991: 113). Mothering is premodern precisely because it is unified and restricted, because it lacks the segmentation that permeates almost all other modern occupations, and because it takes place in one time-space locale. Thus while modern mothers live in a highly differentiated society, the expectation (and often the desire) to remain in perpetual contact with a small child runs counter to the structural requirement of unfettered participation in multiple spheres.

When we reflect on what Coser terms the “cultural mandate” (1991: 113) of “attachment parenting,” we arrive at a mothering profile that creates an irresolvable inter-subjective antithesis between the mother and her child, despite the pretensions of “bonding.” For “immersion mothering” is synonymous, in the end, with social exile. Following the prescribed parenting practice creates for mothers an ontological and physical condition that cannot be readily accommodated in the structures of modern society. The result is either social exclusion or the exhaustion of trying to combine normative opposites (home and work, public and private, childcare and leisure). This is a contradiction at the heart of modern culture that cannot be ameliorated by spurious returns to nature or by appeals to an already invented tradition. In the context of a globalizing, fragmenting society, women cannot meet the demands of “immersion mothering” without breakdown pathologies (including depression, guilt, suicide, despair, and infanticide) because no one can comfortably—let alone happily—live outside the dominant values and social structure of the society they were born into. By making this contradiction clear, however, it is possible for mothers to see the problem as one located in social structure and not in their parenting practices or time management. A broader realization of the nature of this contradiction would force us to collectively revise our assumptions about what constitutes “good mothering.”

¹Drs. Klaus and Kennell have interestingly re-titled their classic text starting with *Maternal-Infant Bonding* (1976) moving to *Parent-Infant Bonding* (1982) and most recently adopting the simple *Bonding* (1995).

²I thank Sarah Hewat for this idea. Private conversation. Elwood, Oct. 2000.

³I thank Sarah Hewat for drawing my attention to the usefulness of Dewey, Bourdieu and Connerton for a way of understanding the “cultural contradiction” induced by “natural parenting” for modern mothers. She skillfully applied these ideas to the theme and graciously allowed me to include her material in this paper.

References

- Ainsworth, Mary. 1967. *Infancy in Uganda: Infant Care and the Growth of Attachment*. Baltimore, Md.: John Hopkins University Press.
- Ainsworth, M., M. Blehar, E. Waters, and S. Wall. 1978. *Patterns of Attachment*. Hillsdale, New Jersey: Erlbaum.
- Aries, Phillipe. 1962. *Centuries of Childhood: A Social History of Family Life*. Trans. Robert Baldick. New York: Knopf.
- Badinter, Elizabeth. 1981. *The Myth of Motherhood: An Historical View of the Maternal Instinct*. London: Souvenir Press.
- Bourdieu, Pierre. 1977. *Outline of a Theory of Practice*. trans. R. Nice, Cambridge: Cambridge University Press.
- Bowlby, John. 1958. "The nature of the child's tie to his mother." *Int. J. Psychoanalysis* 38 (9): 350-72
- Bowlby, John. 1969. *Attachment*. New York: Basic Books.
- Bowlby, John. 1973. *Attachment and Loss*. Vol. 2. *Separation: Anxiety and Anger*. New York: Basic Books.
- Connerton, Paul. 1989. *How Societies Remember*. Cambridge: Cambridge University Press.
- Coser, Rose Laub. 1991. *In Defense of Modernity: Role Complexity and Individual Autonomy*. Stanford, California: Stanford University Press.
- Dally, Anne. 1982. *Inventing Motherhood: The Consequences of an Ideal*. London: Burnett.
- DeLoach, Judy and Anna, Gottlieb. Eds. 2000. *A World of Babies: Imagined Childcare Guides for Seven Societies*. Cambridge, United Kingdom: Cambridge University Press.
- Dewey, John. 1922. *Human Nature and Conduct: An Introduction to Social Psychology*. New York: Henry Holt.
- Ehrenreich, Barbara and Diedre English. 1978. *For Her Own Good: 150 Years of The Experts' Advice to Women*. New York: Doubleday.
- Eyer, Diane E. 1992. *Mother-Infant Bonding: A Scientific Fiction*. New Haven and London: Yale University Press.
- Felski, Rita. 1995. "On Nostalgia: The Prehistoric Woman." *The Gender of Modernity*. Cambridge, Mass.: Harvard University Press.
- Freeman, Derek. 1983. *Margaret Mead and Samoa: The Making and Unmaking of an Anthropological Myth*. Cambridge, Mass.: Harvard University Press.
- Giddens, Anthony. 1990. *The Consequences of Modernity*. Stanford, California: Stanford University Press.
- Giddens, Anthony. 1991. *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Cambridge: Polity.
- Harvey, David. 1990. *The conditions of Postmodernity: An Enquiry into the Origins of Cultural Change*. Oxford [England]; Cambridge, Mass.,: Blackwell.
- Hays, Sharon. 1996. *The Cultural Contradictions of Motherhood*. New Haven:

- Yale University Press.
- Hobsbawm, Eric. 1983. "Introduction: Inventing Tradition." *The Invention of Tradition*. Eds. Eric Hobsbawm and Terence Ranger. New York: Cambridge University Press.
- Klaus, Marshall. and John Kennell. 1976. *Maternal-Infant Bonding: The Impact of Early Separation or Loss on Family Development*. St. Louis: Mosby.
- Klaus, Marshall. and John, Kennell. 1982. *Parent-Infant Bonding*. St. Louis: Mosby.
- Klaus, Marshall., John, Kennell., and Phyllis H. Klaus. 1995. *Bonding: Building the Foundations of Secure Attachment and Independence*. London: Reed International Books.
- Laclau, Ernesto. 1990. *New Reflections on the Revolution of our Time*. London; New York: Verso.
- Liedloff, Jean. 1975. *The Continuum Concept*. London: Futura.
- Maushart, Susan. 1997. *The Mask of Motherhood: how mothering changes everything and why we pretend it doesn't*. Milson's Point, NSW [Australia]: Random House
- Reiger, Kerreen, 1985. *The Disenchantment of the Home: Modernizing the Australian Family, 1880-1940*. Melbourne: Oxford University Press.
- Rosenberg, Harriet. 1987. "Motherwork, Stress, and Depression: The Costs of Privatized Social Reproduction." *Feminism and Political Economy*. Eds. Heather J. Maroney and Meg Luxton. Toronto: Methuan. 181-196.
- Sears, William. 1982. *Creative Parenting: A Continuum of Child Care from Birth to Adolescence*. Melbourne: Dove Communications.
- Shorter, Edward. 1975. *The Making of the Modern Family*. New York: Basic Books
- Stone, Lawrence. 1977. *The Family, Sex and Marriage in England 1500-1800*. London: Weiderfield and Nicholson.
- Tönnies, Ferdinand. 1963. [1957] *Community and Society (Gemeinschaft und Gesellschaft)*. Trans. and edited by Charles P. Loomis. New York: Harper and Row.
- Torgovnick, Marianna. 1990. *Gone Primitive: Savage Intellectuals and Modern Lives*. Chicago: University of Chicago Press.
- Thevenin, Tine. 1987. *The Family Bed*. Wayne, New Jersey: Avery Publishing Group.
- Vogel, Ursula. 1986. "Rationalism and romanticism: two strategies for women's liberation.." *Feminism and Political Theory*. Eds. Judith, Evans, Jill Hills, Karen Hunt, Elizabeth Meehan, Tessa ten Tusscher, Ursula Vogel, and Georgina Waylen. London: Sage.
- Weber, Max. 1946. "Bureaucracy" *From Max Weber*. Ed. and trans. by Hans Gerth and C. Wright Mills. New York: Oxford University: 196-230
- Welter, Barbara. 1979. "The Cult of True Womanhood: 1820-1860." *American Vistas (1607-1877)*. Eds. L Dinnerstein and K. Jackson. Third ed. New York: Oxford University Press.

Renee Norman

Touching Light

the rush of words has slowed to this:
a contemplation of light
as it enters through an open window

the flap of curtains in the wind
that rides on a shadow of sunshine

my daughters arrive
and the silence where i probed my thoughts
with gentle pen strokes
gives way to their voices

i have learned to compose within a tempest
far from light or shadow
to listen
in the stillness of the morning
hold it
between myself and my children

Jane D. Bock

Single Mothers by Choice

From Here to Maternity

When our mothers told us the facts of life, they generally created a picture of pregnancy as an intentional act participated in by a married couple who had mutually decided that they wanted to create a baby. In this “ideal-type” situation, the husband provides the sperm and the wife provides the egg, and together they hope for a baby to develop. In this same scenario, both partners are in their twenties or early thirties, and the husband provides emotional support to his wife during her pregnancy and celebrates the baby’s eagerly-awaited arrival.

But we all know that life does not always imitate the “happily ever after” stories we are told in our childhood. What our parents probably *didn’t* tell us was that sometimes young girls get pregnant because they feel pressured into sexual activity to “prove” their love to their boyfriends, that sometimes parents split up and one parent disappears, that some relationships are ugly and violent and dangerous, that some people don’t love or take care of their children, or that sometimes Prince Charming never actually shows up, leaving a woman with the option of marrying a “lesser choice” or not marrying at all. Yet those early fairy tales of “happily ever after” often continue to live in our hearts.

This article focuses on a population of women who, for the most part, grew up with the dream of meeting their prince and starting their families, but arrived at the age of 35 or 40 or 45 without the first part of that equation having been met; i.e., the appropriate marriage partner somehow never found his way into their lives. Thus they chose to proceed with parenthood as single women. Interestingly, despite traditional scripts that claim that parenthood should only take place within the context of marriage (Congregation for the Doctrine of the Faith, 1988; Parsons, 1951), “women have always been able to view marriage and childrearing as somewhat distinct institutions” (Popenoe, 1996: 25). Thus,

in the absence of the former (i.e., the marriage), these women were ready to proceed with the latter (i.e., the childrearing), and saw their task as trying to find a way to access the sperm and achieve motherhood through routes other than traditional marriage.

Recent statistical data indicate that the rate of pregnancy for older white single women has increased (Luker, 1996); in fact, this is the fastest growing population of single mothers at the present time. This paper examines the women's decisions to break old scripts and enter into this new form of single motherhood as well as the factors involved in their decision-making process.

Method

I began this project as a midlife single woman who had long considered single motherhood but had not yet taken any action. For two years, I took on the role of participant observer in two Single Mothers by Choice (SMC) support groups in southern California, and concurrently interviewed a total of 26 women, 16 of whom were members of SMC. The other ten came from snowball sampling; of these, six lived in southern California, two in northern California, one in the Midwest, and another in the Southeast.

All of the interviewees were white and middle- to upper-class. Twenty-four of the 26 identified themselves as heterosexual, one as lesbian, and one as bi-sexual. Twenty-one were over the age of 35 when they became mothers. Almost all were college-educated, and 13 had completed graduate degrees. Their children ranged in age from six months to 23 years, with 73 percent being age five or under. (See Table for more detailed demographic information; pseudonyms are used to ensure confidentiality.)

At the start of each interview, I identified myself not only as a researcher but also as a prospective mother, following Oakley's (1981) guideline that self-disclosure is imperative for trust to develop. Although I entered each home with a written interview guide in hand, the conversations soon evolved into more chat-like than formal dialogues (see Reinharz, 1992). We stopped often to play with the children, have a snack, or interact about current social issues.

Interview questions focused on many issues: decision-making processes, support networks, public reaction, and the positive and negative aspects of parenting alone. I coded and analyzed the themes in the tradition of Strauss and Corbin (1990), which included methodological and theoretical memo writing as well as open, axial, and selective coding procedures as part of the data analysis process.

Findings

According to Chodorow (1978), Dinnerstein (1976), and Rubin (1983), as a result of female socialization girls tend to define themselves through their relationships, their connections, and their attachments to lovers, parents, children, and friends. The desire for closeness with other people is rooted in

TABLE 1		
Pseudonym	Marital Status at Onset of Motherhood	Age at Onset of Motherhood
Rochelle	NM	40
Jackie	M**	45
Alicia*	NM	44
Ellen*	D	45
Martha*	NM	39
Rhonda*	NM	37
Cynthia	D	39
Christine*	NM	35
Carole	NM	41
Lynn*	NM	41
Janet*	NM	42
Linda*	D	41
Deborah	NM	36
Erika*	NM	44
Eliza	NM	35
Ann*	D	36
Emma*	NM	40
Maggie*	NM	32
Catherine	NM	40
Barbara*	NM	28
Sal*	NM	34
Colleen*	NM	34
Gina	NM	38
Pat	NM	28
Diane*	NM	37
Andrea	NM	37

Key: D = Divorced; NM = Never married; M** = Marriage is pro-forma only; child receives legal and medical benefits from both sides of the family, and legitimate status from the broader society.

Method of Becoming Mother	Age of Child at Time of Interview
Chose adoption	7
Insemination. Donor co-parents and shares expenses	5
Adoption—After insemination attempts were unsuccessful	6 mos.
Adoption—After insemination attempts were unsuccessful	7 mos
Insemination	3
Chose adoption	3
Chose adoption	23 mos
Intercourse—father has some involvement.	5
Adoption, after insemination attempts were unsuccessful	5
Adoption. Was equally interested in adoption and insemination, and pursued both concurrently. Adoption worked first.	4
Insemination (pursued adoption first)	4
Insemination	4
Chose adoption	1
Insemination	2
Insemination	2
Adoption; aware in advance that she was infertile.	2
Insemination	1
Insemination with known donor	7
Chose adoption	13 mos
Intercourse—father is absent	9
International adoption, after infertility treatments were unsuccessful	4
Insemination	6 mos.
Insemination— known donor who co-parents	2
Intercourse—biological father is absent Woman is now married to a different man; husband has adopted this child.	14 mos
Intercourse— father is absent	4
International adoption	22 mos

Mother and donor (who serves both as biological and social father) live a few miles apart and co-parent in a similar style to couples who have negotiated a 'Perfect Pals' divorce (see Ahrons and Rodgers, 1987); * = Participant in Single Mothers by Choice organization

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the fact that women's "first attachment and identification were with another woman—connections that were left undisturbed as they moved through the developmental stages of early childhood" (Rubin, 1983: 151). The importance of connection, these authors argue, motivates the urge to motherhood.

Approaching midlife as a childless person can be a heartrending experience for women who want that kind of connection. Biology dictates that women have a limited window of time during which they are fertile, and midlife signifies that that window is closing. Female fertility declines considerably after age thirty-five and dramatically after age forty, but fertility drugs and reproductive technologies give women with fertility problems increased odds for successful pregnancies (Mattes, 1994; Noble, 1987; Silber 1991). Because of this new medical technology, the "biological clock," which at one point was believed to stop ticking around age 35, now can tick to age 40, 45, or even longer, depending on which reproductive technology a woman is both morally and financially comfortable using.

Before embarking on single motherhood, however, some women try to meet their maternal needs elsewhere (e.g., working in a childcare center) while others go on a "last hurrah" in an attempt to find a man interested in marriage and family. Respondents stated that they joined singles clubs, searched through personal ads, and even took up country western dancing in a process labeled by one woman as "test driving for Mr. Right." When that led to a dead end, they embarked on the "motherhood trail" on their own.

Giving up on, or at least postponing, the dream of "Mr. Right" is an important first step for many of the women who pursue single motherhood. This is a grief process in and of itself, as it involves leaving behind, temporarily or permanently, the dreams of earlier years. Like the loss of a loved one, this loss is accompanied by feelings of pain and anger as well as sadness. As Janet stated:

I think it's kind of, maybe a sense of loss. A sense of failure. A sense of you didn't quite get what most people get. A sense of being cheated. But if you feel strongly about that, don't do this, because it won't work. Because you'll just envy everyone that has this. I guess what I'm saying is you've gotta come to grips with that.

Yet embarking on the motherhood journey doesn't occur in a vacuum; it often results as the women run across certain triggers that serve as catalysts in their decision-making process.

Triggers

These interviews indicate that there are many factors involved in the shift from the "pondering" stage to actively pursuing one's dreams. In this section I will introduce six triggers that commonly jump-started the journey to motherhood.

Key birthdays

Entering midlife can put a scare into most of us, perhaps particularly if we are concerned whether or not we are developmentally “on course.” According to Gail Sheehy (1976):

To each of us, our own crossing into midlife is the most dramatic. Women come upon the crossroads earlier than men do. The time pinch around 35 sets off a “my last chance’ urgency. What a woman feels is her ‘last chance’ to do depends on the pattern she has followed so far. But every woman ... finds unanticipated questions knocking at the back door of her mind around 35, urging her to review those roles and options she has already tried against those she has set aside, and those that aging and biology will close off in the *now foreseeable* future. (pp. 377-378. [Emphasis in original])

Certainly one of the areas that aging and biology closes off is biological motherhood. Therefore, it comes as no surprise that many of the respondents found that reaching a birthday like thirty, thirty-five, or forty was often a key motivator for proceeding with motherhood. Alicia, who was 44 when she adopted her son, stated, “The body clock ... it really is there. It’s tickin’. And to some people, when it ticks, it ticks real loud. For me it ticked real loud.” For others, like Maggie, turning 30 was a key birthday because she did not want to be an old mother. In either case, the particular birthday had enough relevance to move the women from “thinking” to “trying.”

Medical conditions

In some cases, the active pursuit of motherhood was driven by medical conditions. The diagnosis of early menopause, endometriosis, or other gynecological concerns raised anxiety for a number of respondents, who then hurried into parenthood because their body would not permit pregnancy much longer. The medical conditions did not have to be gynecological in nature, however. Lynn, for example, adopted a child as soon as she had a clean bill of health after her bladder cancer treatments; coming so close to death (a “life-taking” process) left her hungering for a more meaningful and fulfilling life and re-emphasized her “live-giving” desire for motherhood.

Previous pregnancies

Several of the women reported recent pregnancies that had ended either in miscarriages or abortions. For Erika and others, the experience of pregnancy helped them “get really in touch with wanting a child,” and served as a catalyst for future pregnancy. Several women had had abortions for any number of reasons: medical complications, rejection from family members or boyfriends, or a feeling that the time was not yet right. Even so, the experience of the abortion itself provided them with enough of a taste of motherhood to confirm

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that pregnancy was a goal. Comments such as “After I had the abortion, psychologically my desire and my resolve was much greater” or “I guess [the abortion] gave me a chance to fantasize about doing it on my own” indicate the importance of the abortion as a trigger to pursue pregnancy again, even if it meant doing it alone.

Other women’s pregnancies

For many women, the pregnancies of friends triggered them into motherhood. Learning that a friend was pregnant elicited Janet’s tears of jealousy:

Then one of my closest and dearest friends ... got pregnant. And I remember we went out to celebrate her birthday, and she didn’t have a glass of wine, and I said, “Are you pregnant?” She said, “Well, I haven’t had my period in quite a while”... And I remember going home and sitting on the floor in my condo with a glass of wine myself, and just sobbing. I was very happy for her ... and so sad for myself. And I think that was a real turning point for me... it kind of set the wheels in motion.

Soon after that, Janet began insemination procedures, and eventually gave birth to a son.

Influence of others

Many of the women may never have left the “thinking” stage had they not responded to subtle (or not so subtle) pressure from other sources. Both Rhonda and Christine reported that their greatest urging to pursue solo parenthood came from their parents—parents who wanted to be grandparents and did not want to wait any longer. For others, the influence came from other women.

Listening to older women’s voices sometimes gave younger women a “rude awakening” as to what might lie ahead and forced them to re-assess the direction in which their lives were headed. Deborah’s therapist was actually the one who suggested single motherhood to her; after some time spent processing this idea, Deborah proceeded with adoption.

Realization that “the time is right”

Even with the above factors, the primary trigger seemed to be more psychological than concrete. Several women said that they came to a point where they just “knew that the time was right.” To some extent, this feeling came from “having all their ducks in a row,” so to speak, and knowing that they were as ready in their life emotionally, financially, and professionally as they ever could feel themselves to be. Many of the women spent years thinking and preparing before experiencing their epiphany, their sudden “aha,” to let them know they were ready. Gina described her process this way:

I'd been going through all this angst for like the last probably, about ten years. I mean, as my friends can attest. Should I or shouldn't I? And pros and cons. This and that. And I remember one person I talked to.... It was like "When do you know if you're ready to have a kid?" And I remember her answer [was], "Well, after a while there's just no more lists. You just do it." And that really stuck with me.... And I remember about the same day that I found out I got my promotion ... it just all clicked. I said, "This is it. I'm ready. I'm gonna have a kid." And it all, it was like this feeling of peace that just came over me.

For each women, the "aha" seemed to occur at a point where the interest in motherhood intersected with a certain amount of economic, psychological, professional, and maturational preparedness. For some, feeling that such a choice was positively sanctioned by their religious organizations gave them further confidence to move forward (see Bock, 2000). When the puzzle pieces seemed to fit, the women felt at peace about proceeding with their plans.

Choosing the route: adoption or pregnancy?

Most of the women had a vision of the child they wanted and chose their routes accordingly. Some were particular in their desire for a child with a certain ethnic, religious, or intellectual background. Adoptive mothers screened agency dossiers or personal ads to get a picture of the child's background and attributes. Mothers who chose pregnancy pored over sperm bank profiles or chose partners who seemed like "good father material." Generally the choice to pursue either adoption or pregnancy was quite intentional; however, many mothers who had initially opted for pregnancy switched to adoption after they experienced infertility problems.

Choosing Adoption

Women choose adoption for any number of reasons. Mattes lists several:

When you adopt you can choose the sex and the age of your child. You may not want to go through a pregnancy alone or perhaps you might have a physical condition that would be adversely affected by a pregnancy. You may not want to have to deal with the negative reactions or disapproval you may encounter from some people if you are single and pregnant. You may feel that you don't want to bring another child into the already overpopulated world in which we live, and you may instead want to provide a home for a child already born who needs one. (1994: 63)

Indeed, each one of these scenarios presented itself in the interviews and support groups. What the list does not indicate, however, is the fact that

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coming to the decision to adopt is often a process in and of itself. For some women, adoption is a first choice; for others it is a final option, if indeed it is an option at all. Some embrace it readily; others have to go through a lengthy process to sort out their thoughts and feelings first. Some have an easy time pairing up with an available child; others find themselves dealing either with local con artists or international cheats who promise them children who do not exist, or with discriminatory agencies who refuse to place a child with a single or older woman.

Probably the most heartrending story was from Ellen, whose journey to motherhood lasted several years; she went from one biological procedure to another before deciding on adoption. She spoke very clearly about her transitions:

The first ... adjustment I had to make was ... from insemination to embryo transfer, so that meant no genetic child. That was hard to take, but nothing like "That's the end of biological motherhood," because that was plan B. I always knew that it was gonna be A-B. B was gonna be embryo, and C was gonna be adoption. And that was a hard one to take, because, for some reason, being pregnant, going through that experience, has always been really important for me ... When I realized that I would now have to go into option C, that was the hardest grief period that I had to go through ... It took a couple of months to get through it.

Going through this kind of grief, which is difficult in its own right, is complicated by the fact that one is grieving a child who never existed. It is an ambiguous loss in that one is mourning a child who is psychologically present but physically absent (Boss, 1988). Ellen reported that she found a "wonderful therapist" to help her through her grief process, and that this helped her in her shift from pregnancy to adoption.

Choosing pregnancy

All but a few of the respondents stated that they wanted to have the experience of pregnancy. Some spoke of intense curiosity about "how my biological child [would] look and act and be and grow." Some who appreciated the looks, talents, and history of their lineage wanted to biologically pass part of their heritage on to their children. They were also concerned about the genetic inheritance of adoptive children; e.g., that the available children might be fetal-alcohol babies or infants with other disorders. Some considered the cost of adoption, as they knew that an uneventful pregnancy would be very inexpensive in comparison to a private adoption. Others were concerned that the child "look" like them, and were aware that same-race adoptions were difficult.

Once the choice to pursue pregnancy was made, the question focused on "how?" The two routes to pregnancy are intercourse and insemination; the

decision between those two options presented its own dilemmas.

Choosing insemination

Donor insemination is a common choice for single women who want to pursue motherhood. Anderson *et al.* explain:

Although it is far from easy, this technique gives women the greatest amount of control. It allows a woman the experience of bearing and raising her own biological child without the potential complications involved in asking a man to whom she is not married to be the father. Not all women know men whom they would want to father their child and who would agree to such a plan; even if they do, such arrangements pose a risk of complex emotional entanglements and possible future custody disputes. Choosing artificial insemination also has the advantage of bypassing all the bureaucratic obstacles single women encounter in an adoption culture that can be deeply prejudiced against them. For these reasons, many women are deciding to tolerate all of the very real problems posed by artificial insemination in order to become mothers. (1994: 230-231)

An additional advantage that insemination holds over intercourse is that the sperm in sperm banks is routinely screened for HIV and other sexually transmitted diseases. Overall, then, the advantages of insemination are that: (a) there is less risk of contracting an illness than there is with intercourse, since “unhealthy” sperm are screened out; (b) insemination feels like a “cleaner” and more honest approach than intercourse in that it does not involve “using” a man for sex in order to acquire sperm; (c) it provides safety from anyone who might wish to seek a custody battle at any point in the future; and (d) if there are no medical complications, its costs are much lower than the costs of adoption.

Much of the conversation about insemination focused on the issues of “control” or “ownership.” Carole, for example, stated:

I don't want anyone else to have a say in what happens to that child. If a child is born and somebody else has fifty percent ownership, as it were, I didn't want that. I wanted a hundred percent.

Similarly, Linda explained: “[You hear] the stories that go on about the fellow that doesn't really want to be the involved father, and then three or four years into it and you got a neat kid, he says that he wants joint custody....[so that's why] it just seemed like [insemination] was the cleanest way to go.”

The down side to anonymous donor insemination is that there is no story to tell about the father; this was of concern to several women. As a result, they chose to inseminate with known donors. Jackie stated that “I did not want my child not to know his father at all.” Choosing a donor gave promise that the

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child could develop a father-child contact or relationship. Additionally, as the women in the support group joked, they would never have to make statements like “your father was a petri dish.” Three of the women chose to inseminate rather than have intercourse with known donors because they were afraid that, since the men were friends rather than lovers or potential marriage partners, sex would complicate their friendships. As Jackie explained, “We had decided that it would just be more comfortable for both of us since we did not have that kind of relationship.”

Choosing intercourse

There are many reasons to choose intercourse as the route to motherhood. For one thing, it is what some respondents call the “good old-fashioned” route to motherhood. Second, it costs no money at all to conceive a child in this way, and thus circumvents the thousands of dollars of expenditures that come with reproductive technology and adoption. Third, the birthfather is known, and is therefore someone who can be described to the child in terms of appearance and personality.

Despite these advantages, only four of the respondents pursued intercourse as their route to motherhood. Three of the four expressed the importance they attached to the idea of a known biological father: they wanted their children to have access to him at some point in the future if they desired contact, and they wanted to be able to tell stories about him so that the children could get a sense of what kind of person he was. As Diane stated:

I really wanted there to be a person. [My son] will meet his father someday. . . I just think that there really ought to be a person . . . I think in the end [insemination] is really hurtful to the child . . . I feel . . . to be able to show, “This is your daddy” and “Here’s a picture” has been consoling to him. And the fact that he may have a relationship with him someday, I like that idea . . . And that I can tell him things. I took him into this dance place actually where I met him . . . And I said, “Oh, this is where your daddy and I used to come dancing” . . . It just seems a bit more normal to me.

Deciding to become a parent is, for many people, a difficult decision in and of itself. Deciding to become a single parent is an even more weighty decision: there is more responsibility, more stigma, and more juggling to coordinate work, school or daycare, and home schedules. Additionally, the financial burden falls on one person rather than two, and fears about losing one’s job or of having a difficult pregnancy carry even more weight than they would if one were in a partner relationship.

Discussion

The women of this project were all very committed to the idea of themselves as mothers, and pursued that end despite the risks involved. In no

case was the decision made lightly; indeed, the respondents made their choices very deliberately. Figure 1 illustrates their decision-making process:

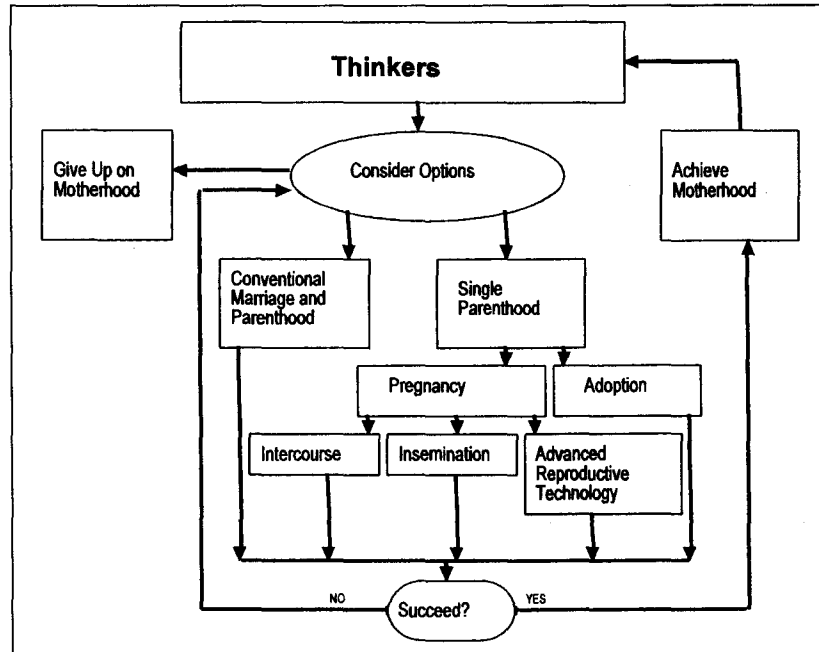


Figure 1

The first step in moving from the thinking to the trying stage involves coming to terms with singlehood. If a woman is interested in motherhood only in the context of conventional marriage, then single motherhood will not be a viable choice. In such a case, she may go on a dating spree in search of “Mr. Right,” and may even settle for “Mr. So-So” in an attempt to realize her dream. If she is successful in becoming married, she may then proceed to achieve motherhood in that context. If she is not successful in finding a partner, then she will have to decide whether to forego motherhood altogether or make the shift to single parenthood.

Those preparing for single parenthood then have other thoughts to ponder: “Is it important for me to have a biological child?” “How do I feel about adoption?” “What can I afford?” “Do I want to know the donor or not?” “How much do I want my doctor to be involved in my plans?” “Should I go to therapy to talk this through further?” “How well can I handle stigmatizing comments that come my way (or my child’s way)?” “Which route is most comfortable for me when it comes time to explain to my child how we became a family?” “How will this affect my life at work?” “Do I want to co-parent this child with a friend?” “How will I manage day care?” “How do I feel about raising a child of a different race?” “What option best suits my value system?” Each woman, as

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a unique person with her own background, her own job site, and her own value system comes up with her own answers to these questions; every woman's story is different.

A few lucky women only have to go through the cycle once: they become pregnant on their first try or are successful in their first adoption attempt. The majority, however, go through the cycle more than once, and some make many, many rounds. With each return to the "Consider Options" circle, the questions become much more demanding, shifting away from concerns about "Does this fit my value system?" to "Do I have the financial, physical, and emotional reserves to go through this process again?" The trips around the flow chart represent more than a series of attempts at motherhood; they represent a cycle of grief, as each clockwise trip back to the top of the chart represents a child lost at the bottom of the chart on a previous trip. Some women, like Ellen, go around the cycle again and again, determined never to stop until they have their child. Others stop when the process becomes emotionally or financially too difficult to handle any longer.

A reflection on economic justifications

This article has focused primarily on the psychological processes single mothers by choice go through as they make their decision to mother. It is important to note, however, that *this* type of single mother is generally white, educated, and financially secure, which empowers her to view the option of single and volitional parenthood as a true "choice." These mothers argue that because of their economic and educational advantages, they can handle both the instrumental and emotional aspects of parenting (see Parsons, 1951) and can therefore provide a healthy family home for their children. In a circular argument, their ability to make "good sense" decisions is facilitated by having choices and options; having options, in turn, is highly facilitated by having money. As a result, socioeconomic status emerges as a primary ingredient in their ability even to think seriously about pursuing single motherhood in the first place: the ability to provide housing, education, clothing, medical care, supervision, and enrichment opportunities for children facilitates the opportunity to be viewed as a "competent" parent, which in turn legitimizes a good portion of the decision to parent alone (for more on this discussion, see Bock 2000).

A key element in the decision to parent alone has to do with the ability to answer the question, "How will I explain my decision to others?" Thus the justification process is a very real part of these women's everyday worlds. Part of their management strategy is to tap into other cultural values (e.g., earning a living, being responsible, getting a good education, creating a family) that demonstrate their good citizenship. Certainly the term *single mothers by choice* itself suggests collusion with the national ethos on responsible decision making by people with decent jobs. This then brings a very classist element to the discourse. Buried underneath the justifications is another message: "We're not

like those 'other' single mothers" (i.e., teen mothers, welfare mothers, single mothers by accident), mothers who supposedly do not enter motherhood in such a "responsible" fashion. This process normalizes the respondents' single-parent status and serves as an important force in validating their decisions as rational, moral, and responsible.

Despite whatever economic advantages they have, however, the decision to parent alone is not easy. Making the decision to proceed with single parenthood involves coming to grips with a multitude of issues including age, fertility, morality, stigma, relationships with past/current partners, life course, support networks, economics, grief, time flexibility, family scripts, and health. Those who proceed are those for whom the importance of the dream outweighs the impact of the obstacles. The goal is *motherhood*; for these women, nothing short of that is acceptable.

References

- Ahrons, Constance and Roy Rodgers. (1987). *Divorced Families: A Multidisciplinary Developmental View*. New York: W. W. Norton and Co.
- Anderson, Carol M., Susan Stewart, and Sona Dimidjian. 1994. *Flying Solo: Single Women in Midlife*. New York: W. W. Norton and Company.
- Bock, Jane. 2000. Doing the Right Thing? Single Mothers by Choice and the Struggle for Legitimacy. *Gender and Society* 14: 62-86.
- Boss, Pauline. 1988. *Family Stress Management*. Newbury Park, CA: Sage Publications, Inc.
- Chodorow, Nancy. 1978. *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender*. Berkeley: University of California Press.
- Congregation for the Doctrine of the Faith. 1988. "Instructions on Respect for Human Life in its Origin and on the Dignity of Procreation." *Moral Issues and Christian Response*. Eds. Paul T. Jersild and Dale A. Johnson. New York: Hole, Rinehart, and Winston, Inc. 325-331.
- Dinnerstein, Dorothy. 1976. *The Mermaid and the Minotaur: Sexual Arrangements and Human Malaise*. New York: Harper and Row.
- Luker, Kristen. 1996. *Dubious conceptions: The politics of teenage pregnancy*. Cambridge: Harvard University Press.
- Mattes, Jane. 1994. *Single Mothers by Choice: A Guidebook for Single Women Who Are Considering or Have Chosen Motherhood*. New York: Times Books.
- Noble, Elizabeth. 1987. *Having Your Baby by Donor Insemination: A Complete Resource Guide*. Boston: Houghton Mifflin.
- Oakley, A.. 1981. "Interviewing Women: A Contradiction in Terms." *Doing Feminist Research*. Ed. Helen Roberts. London: Routledge and Kegan Paul. 30-61.
- Parsons, Talcott. 1951. *The Social System*. Glencoe: The Free Press.
- Popenoe, David. 1996. *Life Without Father: Compelling New Evidence That*

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Fatherhood and Marriage are Indispensable for the Good of Children and Society. New York: The Free Press.

Reinharz, Shulamith. 1992. *Feminist Methods in Social Research.* New York: Oxford University Press.

Rubin, Lillian. 1983. *Intimate Strangers: Men and Women Together.* New York: Harper and Row.

Sheehy, Gail. 1976. *Passages.* Toronto: Bantam Books.

Silber, Sherman J. 1991. *How to Get Pregnant with the New Technology.* New York: Warner Books, Inc.

Strauss, A. and J. Corbin. 1990. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques.* Newbury Park: Sage Publications..

Rosie Rosenzweig

De Greene Cousine

*"Frum Europe is gekumin my cousine,
Sbein ve gold unde lichten ve a greene,
Bechalech ve roite ve pomegrantzen
Und fiselach vos betten noch to tanzten."**

Skipping ahead of her friends,
Hair riding on her own breeze,
A cheerful face gracing a Victorian dress,
She came into vision and chose herself.

Was this hallucination, prophesy, or need?
I knew her, a leader among them,
Before she knew me. Dancing
On the cobbled or (perhaps?) pressed-dirt path,

She imagined it a dance floor,
Sparkled her eyes, brought color to her cheek,
And blossomed into blush. A green sprout,
Soon a flower to bloom, she was loved.

I watched her as she was courted, possessed,
Then, catching her breath, taken to bride;
And I waited for him to drop his seed
And bring me into flesh.

* (translation)

My Cousin came over from Europe,
Beautiful as gold and shining like a green plant,
Her cheeks were red as apples,
Her feet were begging to dance.

(Jewish folk song)

Nancer Ballard

The Fruit of the Trouble Tree

As a child, I had only the vaguest notion of how my life as an adult would unfold. My parents didn't have a particularly close relationship—my father traveled and my mother seemed to be unhappy and out-of-sorts a lot. I couldn't imagine growing up and creating a family like my own. In college I realized I was a lesbian, and assumed without thinking about it, that being a lesbian meant that you wouldn't have children. My primary concern at the time was whether I would ever feel comfortable anywhere, so the prospect of not having children was not something I gave more than a passing thought. In fact, the idea that I would not have children was almost a relief. I could picture being Mary Poppins much more readily than I could picture being Mrs. Ward Cleaver.

In 1979 when I was 25, I began dating a Canadian. Twice a month Terry or I would drive from Quebec to Boston or vice versa for a long weekend. Then one Friday, Terry's car was selected for a random border check. An American customs and immigration officer noticed her journal, brought her into a little office where he leisurely perused it, and accused her of being a lesbian. Although she neither confirmed nor denied the accusation, her silence was viewed as admission and she was denied entry into the United States. We spent a lot of time and energy during the next five years trying to figure out how to be together in the same country. Eventually, Terry got a job in the United States and was granted permanent residency status on the grounds that she was irreplaceable to her American employer. Meanwhile, I went to law school and then to work for a large Boston law firm. We spent a lot of time on our work lives. Then I got sick.

In 1989 I was taken from my office by ambulance for emergency abdominal surgery. A year later I faced a second operation for what we believed was aggressive endometriosis. Then while waiting to be scheduled for the opera-

tion, I was diagnosed with advanced cervical pre-cancer. Although I do not take cervical cancer lightly, the oncologist's concern that I might have ovarian cancer, rather than endometriosis, was much more alarming.

After our first meeting with the oncologist, Terry and I walked across the street to an outdoor cafe to talk. Somehow, in the course of that conversation we decided that if I came through the operation and was healthy, we would have a child. In some ways our decision to have a child came out of the blue, in some ways not. One of my best friends, another lesbian lawyer, had had a child two years earlier with her partner. Also, Terry and I had begun attending a Unitarian Universalist Church in our community. The congregation was relatively small and welcomed us, its only lesbian members. We volunteered on some of the children's programs and I began writing stories for the kids. During a service, one of the mothers announced spontaneously from the pulpit that she wished Terry and I would have kids, we would make wonderful parents. I was shocked and surprised again when a number of other people in the congregation repeated this sentiment in subsequent weeks.

When Terry and I decided to become parents, it seemed both momentous and like we could easily change our minds. We had decided that I would bear the child because I was, by nature, more career-centered and more sensitive to exclusion than Terry. However, by then I was a junior partner at my law firm, and although I had never lied about my lifestyle, I was conscious of not wanting to appear "too different." I knew that becoming pregnant would mean I might not be promoted to senior partner. Since relatively few lawyers at large law firms become senior partners, if I became pregnant and was not promoted I would never know whether it was because I was a lesbian, because I was unmarried and pregnant, because anyone pregnant would be perceived as less committed to the firm, or whether I simply would not have been promoted in any event. The decision to have a child also meant that Terry and I would never again have the same choices about "passing" or letting other people assume we had opposite-sex partners since this could be perceived by our child as a sign that there was something "wrong" or "less than" about having two parents of the same gender. I also wondered what impact having a child would have on our gay and lesbian friendships. Although we knew a few lesbian couples who either had children or were considering it, the majority of our gay and lesbian friends did not have children in their lives on a regular basis. However, since we were facing the possibility of cancer, these considerations seemed rather remote.

When I awoke from the second operation Terry looked at me and said, "there's no cancer." I looked at her. "So, we're going to try to have a baby?!" The surgeon told us we had a year to conceive before the endometriosis would return and make my getting pregnant impossible. After eleven months the fertility drugs caused my endometriosis to flare up and Terry and I decided to begin the adoption process at the end of that month.

On the evening before we were to go for my last insemination, a huge snow storm blanketed Boston. Radio newscasters reported that the whole downtown

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area was closed and only emergency vehicles would be permitted on the roads the following morning. Terry and I had already let go of our attachment to bearing a child and perfunctorily telephoned the clinic to find out if fertility services were going to be open the next day. A receptionist told us that no one in the area was able to get in, but there was a nurse in Rhode Island with a Land Rover who was going to drive up. This seemed extreme to me, and I marveled at the nurse's dedication to a process in which the odds seemed extremely long. Nonetheless, if she was going to drive up from Rhode Island, certainly we could get ourselves into Boston from a suburb.

Two weeks later, the little minus sign on the pregnancy indicator turned to plus. Terry and I looked at the little cross for 20 minutes before we could believe it wasn't going to disappear if we set the test kit down. She wanted to frame it. I wanted to sew it to the inside of my pocket. For two or three days we walked on water.

That spring I was nominated for senior partner. In the weeks before the vote, I bought non-maternity clothes with bigger and bigger shoulder pads. When I was four-and-a-half months pregnant, I was elected senior partner. A week-and-a-half later I told the firm's Managing Partner. When the amniocentesis test came back normal we sent flowers to everyone at the fertility clinic. Then we told our families.

Terry's father responded as if the news had nothing to do with him, or her, since I was going to bear the child. My mother announced that we couldn't have a child; we were being selfish and "it would be too hard on the child." I told her we would give the child lots of love, our church was supportive, we had lesbian friends who were having children, and we could provide financial stability. These things didn't matter. Finally, I told my mother that if she was going to be so judgmental she couldn't come to visit because we didn't want our child to be ashamed of him or herself, or of us. At that point she changed her mind. My father, who had never been very emotionally involved in my upbringing, was surprisingly positive.

We had a diverse group in our birthing class. There was a couple who had very recently immigrated from India, a young couple from Florida who were sharecroppers, a woman whose husband was the CFO for a telecommunications company who brought a series of potential labour coaches to the class because her husband was usually out of town, and a man and woman in their mid-30s who were expecting twins. We gamely practiced breathing, passed around the epidural needle, and were skeptical of the teacher's statement that birthing a baby was like running a marathon. The analogy terrified the non-runners who could not imagine running 26 miles and who recalled that the original marathon runner had died upon completion of the course. I couldn't see how anyone could train for a marathon by sitting on the floor, pretending to be in pain, while shouting out little syllables that begin with "h."

I suppose the first 22 hours of my labour could be likened to running five marathons with mind-splitting abdominal cramps. But then the situation

began to deteriorate. My contractions slowed. At first, I didn't care, the relief was so profound, but I was soon reminded by the hospital midwife that contractions are supposed to be stronger and longer at the end. I could see from the fetal monitor that the contractions were not only slowing down, but also growing weaker. She put me on an intravenous drip of pitocin, a drug used to induce or to speed up labour by intensifying contractions. Sure enough, my contractions intensified but Terry and I immediately noticed a marked drop in the fetal heartbeat rate on the monitor. My blood pressure also began to drop. When it hit 70 over 46, a nurse put epinephrine into my IV.

A few minutes later, Terry and I watched the baby's heart rate fall from 140 to 120 then to 100—"if it goes below 90, go get the nurse," I said as we watched it slide toward 80. Two nurses rushed in and cut the pitocin. The baby's heartbeat returned but, of course, my contractions diminished. The midwife began reintroducing the pitocin one drop at a time every half hour. Alone in the delivery room, Terry and I watched the monitor drop to 120, then 100, then 90 and then 80 and then 70 ... I started to say, "now..." to Terry who already was on her feet headed for the door. She didn't make it to the door. The midwife, the nurses, two anesthesiologists, the chief resident, and a couple of other people bolted into the room. Someone clamped an oxygen mask over my face and I heard someone else say she was shutting down the pitocin. I vaguely knew the chief resident and midwife were discussing whether to do an emergency c-section. The chief resident tried to get a blood sample from our son's head to find out whether his blood was sufficiently oxygenated, but could only draw a few drops of clear fluid because the head was swollen from bumping against the cervix for so long. I started to shake. The doctor told Terry to tell me that it was important that I remain calm. Otherwise, the baby could be adversely affected. I did as I was told, convinced that no good was going to come of this. One or both of us weren't going to make it. I remember thinking very clearly, without altruism or common sense, "let it be me [who goes]." How strong instinct beats within us—saving a child, even one I didn't know, trumped all that I did know.

Eventually they stabilized the heart rate. The head resident suggested a caesarian. Although no one said it, we all knew a caesarian was inevitable. The midwife's and the anaesthesiologist's shifts had ended and the head resident was near the end of her 24-hour shift. To my surprise, the midwife (who was also a nurse as it turned out) asked if she could stay and assist with the caesarian. The anesthesiologist volunteered to stay also. After the "first cut," she brought Terry into the operating room so Terry could watch the birth. The doctor unwound the umbilical chord that was wrapped around the baby's shoulders like a straitjacket and had prevented him from descending through the birth canal without suffocating. Then we heard a cry, and life took hold.

Once I heard a story about a town where the people were consumed by all their difficulties. A rabbi comes to the village and tells the people to take their troubles to a magic tree on the outskirts of town. He tells them that they can hang all of their own troubles on the branches of the tree and pick out someone

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else's instead. On the appointed day, everyone goes to the tree and there is much discussion and debate regarding what other trouble each might pick. But at the end of the day they all leave with the same problems they brought. When I first heard the story I couldn't understand why. When I recounted the story to a therapist I knew, she told me that everyone wanted their own troubles because they were familiar, but I found this explanation unsatisfying and grim. Later, I decided it was because you can see the gifts in your own challenges and troubles and when the time came to give up their difficulties, it was the gifts that they did not want to give up. And so it has been with us.

As a member of a minority in the general culture, and as mothers in the gay and lesbian culture, there are difficulties but there are also great gifts. As part of the first generation of lesbians who can choose openly to have a child together, my partner and I have the gift of being mothers and feeling a bond that I could never have quite imagined or believed until I experienced it. There are gifts of kindness and affirmation—like the nurse in Rhode Island with the Land Rover, and like the chief resident, midwife, and anesthesiologist who stayed hours past the end of their long shifts to perform the cesarian and be with Terry and me when our son was born. There's the bond one has with other parents, a bond that time and time again shows itself to be stronger and more enduring than people's unconsidered prejudices. There's the wonder and awe you feel with children that are not your own, and there are the gifts of diversity, including our particular diversity which presents huge opportunities for fluid role and skill modeling because nothing we do as a parent is automatically associated with a particular gender. There's the gift of having to be braver about coming out and seeing that it often yields positive results or that adverse reactions frequently change quickly, and there is the gift of being committed bone deep every day of your life to shaping and reflecting a world where differences are interesting and wondrous—and seeing over and over that it does make a difference in the lives you and your child touch, right now, in your own lifetime.

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**Facilitating Support for
Expectant Lesbians
in a Public Health Context
*Encountering Resistance in
the Research Process***

Take a moment to think about how you are connected with mothering—as a biological mother, adoptive mother, coparent, son, daughter, or aunt, for example, and imagine that you must deny that mothering identity or connection in your life. As a white, middle-class, heterosexually identified and hearing-impaired woman for whom motherhood has been a central piece of my identity—years of infertility, the adoption process, biological motherhood, teaching prenatal and parenting, working as a sexual health educator in public health nursing—as well as the mothering implications of doing nursing, teaching, or being the oldest of five children—it is virtually impossible to delete mothering connections when I think about my life.

When I think back ten years for instance (my youngest will be turning eleven in another month), I am taken back to snapshots of three children under the age of five—and the chickenpox that hit the household that month. It's not that other aspects of my life were unimportant. My motherhood context serves as a marker and shapes the meaning with which I communicate my life—to other mothers, and any male or female. It is a point of connection which is legitimated and universally recognized.

When I refer to speaking to others about my world, however, there are assumptions that I make about how those communications will be interpreted in such public spaces. In this paper I will describe some of my experiences of examining my assumptions about motherhood, positioned as a public health nurse educator in prenatal education—and the resistance I encountered through a process of carrying out feminist ethnographic research as a grad student related to the educational needs of expectant lesbian women. I will touch on some theoretical perspectives which I found helpful to understand the multiple sites of resistance to such work with implications for change in the public

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domain—as well as which influenced my own complicity in such processes. Given the sensitive nature of some of these public and private experiences during this research process, I have alluded to some larger issues in addition to several disinviting contexts that contributed to significant emotional upheaval over this time. I have used Nel Noddings' (1984) ethic of care to frame strategies for support in a way which resists normative discourses of lesbian childbearing as they offer the potential to consider how we are each implicated in enabling supportive community care.

Up until three years ago I, like many others, assumed that for the most part, motherhood talk referred to heterosexual partnerings. I took a childbirth education conference in Toronto in which Penny Simkin, a renowned American childbirth educator, addressed the needs of lesbian childbearing women. She spoke of the lesbian baby boom which had occurred from the early '80s, and in doing so, blew my assumptions wide open.

When I first encountered issues related to childbearing lesbians, I reacted like many other colleagues with whom I have spoken: with shock and awkwardness. Why was it that caring and knowledgeable public health nurses, many of them mothers, neither thought we had encountered lesbian mothers in our professional practice or personal lives, nor considered that this was relevant to our lives?

When I took the issue of lesbian childbearing back to my team of prenatal teachers, several mentioned that over the years women in their prenatal classes, geared to adult couples, had disclosed they were lesbians. The instructors had wondered how best to deal with this—separating mothers and fathers was one strategy which many had found useful—was this appropriate for lesbian couples? Although a mainstay of public health nursing and funding for years has been maternal/parent child health, it appeared that lesbian mothers were not part of prenatal, breastfeeding, or postpartum contexts: lesbian childbearing was often invisible in public health discourses about mothering.

A search of the literature yielded 20 years of articles addressing lesbian pregnancy or parenting. Understanding the many issues that shape what lesbians perceive as important issues for their childbearing and how to facilitate education on this topic was important to me. Public health nurses base their practice on evidence from the literature. I would have no credibility as a prenatal educator if I weren't aware of the latest technology for labouring women! I also needed to explore why some educators lacked access to such information—with the understanding that educators and lesbians are not mutually exclusive. Whether such disclosure occurs in educational contexts may depend on the perceived consequences of such actions as well as the perceived privilege of doing so.

Adrienne Rich (1980), in her landmark article, "Compulsory Heterosexuality and Lesbian Existence," identified enforced heterosexuality as an insidious and persistent power structuring all societal relationships. Normative patriarchal values ensured that all women were socially conditioned to accept

subordination and limits on their everyday life choices through strategies of direct and indirect violence. This not only accounted for the erasure, invisibility, and diminishment of lesbian women, but prevented non-lesbian-identified women from supporting and celebrating lesbian women through a common women-identified-experience. That patriarchal power could unconsciously shape everyday institutions and narratives was an important understanding in establishing how women in diverse locations experience their lives. Lesbian women's rejection of the economic, physical, and emotional dependence on patriarchal authority ensconced in the nuclear family accounts for the extensive social repercussions they encounter (DiLapi, 1989; Eichler, 1997).

While Rich's (1980) perspective is widely accepted in many feminist circles as one which has the potential to enable women to connect across differences in sexual identity to counter patriarchal and other oppressions, her premise of the women-identified lesbian spectrum has been criticized for the way in which it desexualizes lesbian women by focusing on their emotional affiliations in order to increase lesbian respectability to women/feminists. In fact, Martindale (1998) explains that tensions among lesbians and/or feminists, which surfaced in the Sex Wars of the 1980s, relate to questions of who has the power to define lesbians and represent the boundaries of their expression.

Women who come to terms with a sexual identity of lesbian/dyke/queer/bisexual encounter traditional, dominant notions of motherhood and child-bearing which may make it difficult for them to claim their identities as both mothers and lesbians. Even when lesbians do not disclose, Patricia Stevens indicates that "the patterns of civil liberties violations and abuse are similar whether the sexual orientation is assumed, based on rumor and opinion, or known, based on public record or verbal acknowledgement" (1992: 113). Homophobia in providers of care has been indicated by mistreatment, breach of confidentiality, limited or lack of acknowledgement of partner, and outright abuse (Coalition for Lesbian and Gay Rights in Ontario [CLGRO], 1997; Eliason *et al.*, 1992; Vida, 1996; White and Martinez, 1997; Zeidenstein, 1990).

Although homophobic attitudes are often assumed to be demonstrated in overt ways, subtle tolerance is often considered even more damaging and perpetuates a disregard for the importance of diverse gay/lesbian perspectives and democratic rights within society. Blumenfeld and Raymond (1988) as quoted in Eliason, Donelan, and Randall, argue that,

mere tolerance actually promotes lesbian invisibility and allows for discriminatory practices to occur. They suggested that tolerance masks a basic underlying fear or hatred in individuals who cognitively support civil rights, but emotionally cannot accept lesbian sexuality. Tolerance is extended to children or immature individuals, thus often representing a condescending attitude. (1992: 139-140)

Healthcare providers and educators are affected by heterosexism in their

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institutions of work and in their own education which limit information about lesbianism to them (CLGRO, 1997; Eliason *et al.*, 1992; Robertson, 1992; Stevens, 1992). As Patricia Stevens indicates, “[Heterosexist] assumptions also rob providers of access to practical knowledge about lesbian life experiences, health concerns, community resources, and support networks” (1992: 110) with possible implications for quality of care.

The literature has emphasized that in order for any research to be “for” lesbians rather than “about” lesbians, researchers themselves may need to be lesbian-identified (Nelson, 1996). However, much lesbian health research has been used to the detriment of lesbians and this is an important consideration when dealing with the potential reluctance of lesbians to participate, even with lesbian-identified researchers, as they continue to be concerned about the possible cooptation of their issues by institutions (Bowen, Powers, and Greenlee, 1997). I hoped to gain insight into childbearing lesbian’s perceived educational needs through an ethnographic process that focused on their meanings and strategies in order to facilitate more inviting community care—while acknowledging the particular nature of this process which in no way represents the diversity of women who partner with another woman.

In addition to examining my own homophobia, an important part of understanding the social context of this study was learning more about the political aspects of working on a topic related to same-sex issues with potential implications for change in the public domain. I found myself becoming more politically aware of how change has occurred in various contexts for lesbian women. This necessitated an awareness of the very fervent vocal and organized opposition to addressing sexual orientation in curriculum in the public schools, in the legal ramifications of offering same-sex spousal benefits, and in the models of deviance which are part of some counseling, medical, cultural, and religious discourses.

According to the normative discourses in which motherhood and sexuality are separate spheres, lesbian motherhood sexualizes parenthood (DiLapi, 1989; Epstein, 1996; Gabb, 1999). Gabb pinpoints the “unnatural status—[the] disruption of the reproductive narrative—that lesbian parents pose such a threat to society” (1999: 15). Although this was a small, exploratory study of expectant lesbian women, it addressed how such traditional parent supports such as prenatal classes—often a ritual of motherhood—might address lesbian mothers’ needs—in a publicly funded context.

I openly posted information related to my study on the educational needs of expectant lesbians in my home and work communities. Both are closeted according to individuals who are familiar with the issues, and conditions for advocacy may be very different from those in large cities where lesbian family supports are explicitly available. Women identified as feminists or who have “overstepped the bounds” for questioning the sanctity of current structures can be subject to threats of violence on different levels (Amin *et al.*, 1999; Harris, 1999; Onken, 1998; D. E. Smith, 1999). Such actions may occur in response

to an early threat to such structures given the backlash in response to lesbian and feminist challenges in public spaces (Bashkevin, 1998). Ramsay (1994), Stevens (1992), and Onken (1998) note that assumptions of same-sex orientation or advocacy in this area may precipitate disinviting reaction including violations of civil rights, loss of personal friendships, professional discrimination, and other consequences of stigmatization based on such a stance. I had anticipated some resistance from colleagues based on my own reluctance to address such issues—those who were supportive often had limited information or understanding of same-sex concerns—especially with respect to pregnancy.

However, that I encountered ongoing reactions to this work in my personal life offered me a sense of how my life was now viewed through a lens of sexuality despite my heterosexual privilege. Such incidents included outrage from a partner who perceived this choice of topic as a personal threat to a longstanding relationship. Family and friends in the community asked how my “husband gave [me] permission to work on this topic” and voiced concern that such feminist work marked me as a lesbian. Another wondered whether I knew “the church’s” stand on this. These were opportunities to speak to the issues, engaging me even as I reconsidered the everyday relationships I had once found so supportive.

Other more subtle distancing and concern within the community from well-meaning parents, educators, and care providers to this perceived threat to suburban family values demonstrated an internalization of negative stereotypes which continue to shape how lesbian women are considered. Gayle MacDonald, in her discussion of equity legislation, notes that “there has been an unprecedented backlash to the concerns and needs of the disadvantaged [including lesbians] in Canada. This backlash has taken many forms” (1999: 155). Media headlines continue to describe political battles which highlight the vocal and organized opposition of social conservative groups to accepting same-sex relationships in ways that are validated for heterosexuals (Giese, 2000).

Current discussion of same-sex issues within mainstream institutions challenges long-held moral values about relationships. Barbara Rumscheidt has described the emotional and homophobic response provoked by discussion of same-sex couples’ rights even within a Canadian religious institution often touted as liberal and tolerant: “The mood of anxiety, hostility and hate in which this demand [for compulsory heterosexuality as a Christian standard] is made creates a hazardous climate for women—especially feminist and lesbian feminist women” (1990: 76).

Since recent struggles to offer antihomophobia curriculum and same-sex legislation, even within large urban centers with openly lesbian communities, have been affected by such response, the conservative environment (Arnup, 1998), feminist backlash (Harris, 1999), and well-publicized vocal opposition by community groups regarding public support for lesbian positive programming (Sullivan, 2000; *Lesbian Mothering*, 1999) are important considerations for understanding the social contexts in which change may occur through

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advocacy or other venues—this feminist ethnography included.

Heterosexual and lesbian communities alike may assume that given the well-documented stigma of such work, advocates are lesbian identified (Onken, 1998). This undercurrent, and the stigma it incurs, would have been unlikely to have shaped research related to any other cultural group with so many influences on both my personal and public environments. Despite my limited connections with the lesbian community as I began this work, at times I have perceived much more support from lesbian women and their advocates than from the heterosexual community.

Yet, this process, too, piqued insight into the contradictory and fluid nature of subject positions that shape claimed and assumed identities, as well as privilege. Working in this area of lesbian health as a non-lesbian/bi-identified woman prompted me to look deeper and more broadly into issues of alliance building and working across difference within communities, themes which contextualized this study process in a way that would not have occurred without these experiences or reflection.

As well, there were other affirming moments. Locating two lesbian couples who were pregnant and living within the geographic region I had selected for locating participants—and who were receptive to participating in the study (a prenatal and postnatal couple interview)—was encouraging under these circumstances. Adoptive and nonexpectant lesbian women situated in various locations also expressed interest and offered suggestions or shared experiences. At times, acquaintances shared their stories of their own connections to lesbian women and the challenges they each encountered.

A variety of community contacts have affirmed the potential value of doing this work, while at times noting inherent difficulties. One in particular noted that she and I both had limitations connecting with respect to this study because her community is closed. However, she offered me an important insight through this discussion as I became quite aware that the public and private points of access were very relevant for me as an educator, as well as for the lesbian women who were seeking information on childbearing. This prompted me to consider the difficulty with which I accessed information myself—as a connection to the multiple layers of power relations in this research process: access issues for childbearing lesbian women and educators both— as a consequence of pervasive institutionalized heterosexist influences.

Onken (1998) has identified four strategies which produce and reproduce heteronormative institutions: alienation, omission, repression, and stigmatization. Preventing women from openly claiming identities as lesbians and mothers, excluding lesbian mothering from mainstream mothering institutional supports, marginalizing and inhibiting research and/or the dissemination of information that is available are all facilitated by moral and medical discourses of deviance which label or discount the importance of this issue. Women's ability to exercise their reproductive rights, as well as claim same-sex identities as mothers, and live without threats of overt or subtle violence are

hindered by heterosexist institutional environments, even if individual providers of care are themselves inviting.

In fact, Steve Onken (1998) conceptualizes these strategies as forms of violence which are not recognized as such, however which are socially sanctioned and which facilitate both physical and psychic levels of harm. The use of stereotypes, myths, and exclusion are powerful strategies which maintain the status quo (Eliason *et al.*, 1992; Robertson, 1992). The deeply entrenched discourses around same-sex childbearing and motherhood include:

1) Motherhood is exclusively for heterosexual partnerings: Elena DiLapi's (1989) hierarchy of motherhood indicates that mothers who are in nuclear family relationships reap the benefits of such normative family boundaries in that public resources are geared to them. Mothers marginalized by disability or non-married status, for example, are accorded fewer resources; however, by virtue of their assumed heterosexual partnerings they are more visible than those mothers who partner with another woman. Fiona Nelson's (1996) interpretation of this hierarchy addresses how race and class intersect with such notions of motherhood: a woman's social and emotional proximity to a dominant male will determine the resources available to her. In effect, women who do not claim lesbian motherhood will be assumed to be in heterosexual relationships and thus may locate support for their childbearing as single mothers. The lack of openly accessible institutional resources explicitly geared to biological or nonbiological mothers who partner with a woman supports strategies of passing as straight in order to locate information.

2) A second assumption is that there are few women who are mothering with a female partner: it's not happening anyway, so as the exception, there is little need to address this. The difficulty in providing statistics which accurately represent childbearing women who partner with another woman contributes to this perception. However, the limited support for disclosure of same-sex status, given the homophobic reaction which varies from inappropriate health care to uneasy tolerance and overt violence, contributes to the invisibility of lesbian mothers in public spaces and itself influences the possibility of such evidence. In addition, the nondichotomous nature of sexual orientation (Onken, 1998), heterogeneity in sexual practices, as well as fluidity of sexual identities over a lifetime and the meanings inscribed in language contribute to how identities are claimed.

Yet in Canada it is estimated that there are thousands of lesbian women who have become parents through AI (alternative insemination) and many more who became parents through heterosexual partnerings (Arnup, 1998). Of the parents in same-sex relationships surveyed across all regions of Ontario for CLGRO's report, 70 percent were "generally open about their sexual orientation [but] . . . almost all had to hide the fact they were parenting with a same-sex partner" (1997: 85). Institutional environments contribute to such dynamics.

3) In addition, there may be a discourse around disclosure (Epstein, 1999) which emphasizes that open disclosure is the politically correct strategy for

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women who partner with another woman. In this view, lesbian motherhood is a positive and transforming counterpoint to restrictive notions of mothering linked to nuclear family and dominant social locations. However, as Rachel Epstein (1999) and CLGRO (1997) have noted, safety concerns about the repercussions of disclosing as a lesbian mother cannot be overlooked as important factors in the context of disclosure: there may be personal, professional, and cultural consequences which affect the very possibility of support for mothering upon which survival depends, especially for women of colour. As well, there are issues of primary identity which may preclude the possibility of linking of racial and same-sex identity in environments which marginalize and/or stigmatize both (hooks, 1999).

4) Despite the increasing public profile of lesbian childbearing, Leila Armstrong (1996) indicates that lesbian issues appear to be accepted and tolerated in public spaces such that there is a media discourse of non-importance which is at work in such progressive times. However, she notes that the everyday lived experiences of lesbian women in heterosexist and homophobic environments are at odds with these notions. Such apparent tolerance negates these lived realities and the ways in which institutions contribute to such oppression. Dorothy Riddle (as cited by the Canadian AIDS Society, 1992) emphasizes that individuals who are functioning at the level of tolerance and acceptance still deny the social and legal realities of lesbians' everyday lives. In order to support and advocate for lesbian women it takes active work to examine attitudes and values. Understanding that diversely situated lesbian women have unique needs that cannot be addressed under the assumption that they are similar to heterosexually-identified partners is important (Kenny and Tash, 1992).

5) There is also an "othering" which places the responsibility of care for childbearing women who partner with another woman in the lesbian community: a denial that this is a public issue. A number of lesbian communities have built important networks and organizations which support mothering. However, across lesbian communities the various stances regarding motherhood, especially for women raising sons, as well as issues of geographic and social location and conservative political environments, influence how much support—including the very possibility of lesbian community—might be available for lesbian mothers diversely positioned. The limited visibility of lesbian concerns as part of the public profiles of mainstream institutions shapes both individual and institutional priorities for care and, hence, influences how women locate safe spaces and meaningful support within their childbearing lives.

This research process suggested that given the invisibility of lesbian childbearing in public institutions and the ongoing resistance on individual, institutional, and community levels to effect change, facilitating supportive environments requires individual and collective determination, as well as comprehensive strategies for care.

Nel Noddings (1984) has identified an ethics of care which includes four elements: validation, practice, modeling, and dialogue. Validation began with acknowledging lesbian childbearing in its complexity. Identifying and facing my own heterosexism and homophobia was an important part of coming to terms with my own complicity and resistance to the dominant narratives of motherhood and sexuality which shaped my personal and professional lives. Affirming the diverse expressions of lesbian motherhood included being visible through the research process. In the course of considering how to do this work I was advised by a colleague to “do it outside the health department” as it was too controversial a topic. Understanding that such an approach would only contribute to the invisibility of lesbian mothering in public health contexts shaped my decision carry out this work not only as a grad student, but as a public health nurse. Health department support was an important aspect of this study.

A second aspect of caring is practice. Given the pervasive stereotypes and distortions which are taken up by institutions and media, ongoing work and examination of attitudes and behaviours is required. Sara Ruddick (1990) has emphasized that motherwork and identity comes as a result of repetitive work on an everyday basis; there are implications for enabling practices that shape initiatives as professionals and mothers through daily interactions which provide concrete support for lesbian mothers on many levels from inviting policies to audiovisual resources which acknowledge the breastfeeding concerns of both the biological mother and the co-parent.

Modeling entails a commitment to daily practices which may require risk-taking in the face of prevailing institutional norms. There are ethical, legal, and professional obligations at stake in continuing to enable care in explicit ways only for heterosexually identified women. In contrast, inviting care makes visible the counter discourses of mothering which include lesbian motherhood as potentially empowering and transgressive in its impact on women’s identities, relationships, and perceived life choices.

Dialogue is the fourth component of an ethics of care. Strategies which make publicly visible diverse narratives of lesbian childbearing and which enable connections with other lesbian women, as well as those which support collective advocacy and systematic change are part of such approaches. Such actions can also address how dissemination of meaningful information and support across communities and larger issues of research and leadership are integral to facilitating inviting education in public health contexts.

Countering my perceived isolation was a crucial aspect of the research process. The same influences which inhibit lesbian women’s connections with each other often maintain potential advocates’ alienation within their professions, institutions, or communities. Networking with others who also lack support for work in this area and who are committed to creating safer spaces for youth and families who are dealing with same-sex issues has been extremely affirming. However, the intensity of the response to this work and the stories shared by others whose everyday decisions are shaped by safety concerns have

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actually heightened my resolve to continue to promote safe and inviting communities which acknowledge, support, and celebrate diversely situated families.

For me, however, the telling phrase was one which came at the end of my second conversation with the couple who shared their lives with me in this research context. They remarked that someone cared enough to ask about their lives. Belenky *et al.* have noted that motherhood is a concept which evokes “care, connection, and human development” (1986: 157). Processes which are in tune with such goals might enable inviting communities which can offer that support.

References

- Amin, N., F. Beer, K. McPherson, A. Medovarski, A. Miles and G. Rezai-Rashti. 1999 *Canadian Woman Studies: An Introductory Reader*. Toronto: Inanna Publications and Education Inc.
- Arnup, K. 1998. “Does the Word LESBIAN Mean Anything to You? Lesbians Raising Daughters.” *Redefining Motherhood: Changing Identities and Patterns*. Eds. S. Abbey and A. O’Reilly. Toronto: Second Story Press. 59-68.
- Armstrong, L. 1996. “Mainstreaming Martina: Lesbian Visibility in the ’90s.” *Canadian Woman Studies/les cahiers de la femme* 16 (2): 10-14.
- Bashevkin, S. 1998. *Women on the Defensive: Living Through Conservative Times*. Toronto: University of Toronto Press.
- Belenky, M. F., B. M. Clinchy, N. R. Goldberger, and J. M. Tarule. 1986. *Women’s Ways of Knowing: The Development Of Self, Voice, And Mind*. New York: Basic Books, Inc.
- Bowen, D., D. Powers and H. Greenlee. 1997. “Lesbian Health Research: Perspectives from a Research Team.” *The Lesbian Health Book: Caring For Ourselves*. Eds. J. White and M. C. Martinez. Seattle: Seal Press. 299-320.
- Canadian AIDS Society. Homophobia and AIDS Working Group. 1992. *Homophobia, Heterosexism and AIDS*. Second ed. Ottawa, Canada: Canadian AIDS Society.
- Coalition for Lesbian and Gay Rights in Ontario/Project Affirmation (CLGRO). 1997. *Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario’s Health-Care and Social-Services Systems*. Ottawa: Health Canada.
- DiLapi, E. M. 1989. Lesbian Mothers and the Motherhood Hierarchy. *Journal of Homosexuality* 18: 101-12.
- Eichler, M. 1997. *Family Shifts: Families, Policies, and Gender Equality*. Toronto: Oxford University Press.
- Eliason, M., Donelan, C., and Randall, C. 1992. Lesbian Stereotypes. *Health Care for Women International* 13: 131-144.
- Epstein, R. 1996a. “Lesbian Parenting: Grounding Our Theory.” *Canadian Woman Studies/les cahiers de la femme* 16 (2): 60-64.

- Epstein, R. 1999. "Our Kids in the Hall: Lesbian Families Negotiate the Public School System." *Journal of the Association for Research on Mothering* 1 (2): 9-20.
- Gabb, J. 1999. "Imagining the Queer Lesbian Family." *Journal of the Association for Research on Mothering* 1 (2): 9-20.
- Giese, R. 2000. "Anti-gay faith groups target local school board." *The Toronto Star* September 28: A35.
- Harris, D.W. 1999. "Keeping Women in Our Place: Violence at Canadian Universities." *Canadian Woman Studies: An Introductory Reader*. Eds. N. Amin, F. Beer, K. McPherson, A. Medovarski, A. Miles and G. Rezai-Rashti. Toronto: Inanna Publications and Education. 264-274.
- hooks, b. (2000). *Feminist Theory: From Margin to Center*. Second ed. Cambridge: South End Press.
- Kenney, J. W., and Tash, D. T. 1992. Lesbian Childbearing Couples' Dilemmas and Decisions. *Health Care for Women International* 13: 209-219.
- Lesbian Mothering. 1999. *Journal of the Association for Research on Mothering* 1 (2). [Special Issue].
- MacDonald, G. 1999. "The Meaning of Equity." *Canadian Woman Studies: An Introductory Reader*. Eds. N. Amin, F. Beer, K. McPherson, A. Medovarski, A. Miles and G. Rezai-Rashti. Toronto: Inanna Publications and Education. 155-165.
- Martindale, K. 1998. "What Makes Lesbianism Thinkable?: Theorizing Lesbianism from Adrienne Rich to Queer Theory." *Feminist Issues: Race, Class, And Sexuality*. Ed. N. Mandell. Second ed. Scarborough, Canada: Prentice Hall Allyn and Bacon Canada.
- Nelson, F. 1996. *Lesbian Motherhood: An Exploration Of Canadian Lesbian Families*. Toronto: University of Toronto Press.
- Noddings, N. 1984. *Caring: A Feminine Approach To Ethical And Moral Education*. Berkeley: University of California Press.
- Onken, S.J. 1998. "Conceptualizing Violence Against Gay, Lesbian, Bisexual, Intersexual, And Transgendered People." *Violence and Social Injustice Against Lesbian, Gay And Bisexual People*. Eds. L. M. Sloan and N. S. Gustavsson. New York: Harrington Park Press. 5-24.
- Ramsay, H. 1994. "Lesbians and the Health Care System." *Canadian Woman Studies/les cahiers de la femme* 14 (3): 22-27.
- Rich, A. 1980. "Compulsory Heterosexuality and Lesbian Existence." *Signs* 5: 631-660.
- Robertson, M. M. 1992. Lesbians as an Invisible Minority in the Health Services Arena. *Health Care for Women International* 13: 155-163.
- Ruddick, S. 1990. *Maternal Thinking: Toward a Politics of Peace*. New York: Ballantine Books.
- Rumscheidt, B. 1990. "Institutionalizing Christian heterosexism in Maritime Conference of the United Church of Canada." *Resources for Feminist Research/Documentation Sur La Recherche Feministe* 19: 75-80.

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- Smith, D. E. 1999. "Introduction." *Canadian Woman Studies: An Introductory Reader*. Eds. N. Amin, F. Beer, K. McPherson, A. Medovarski, A. Miles and G. Rezai-Rashti. Toronto: Inanna Publications and Education. 1-6.
- Stevens, P. E. 1992. "Lesbian Health Care Research: A Review Of The Literature from 1970 to 1990." *Health Care for Women International* 13: 91-120.
- Sullivan, P. 2000. "Gay/straight clubs on the planet Zirconium." *The Globe and Mail* March 16: A12.
- Vida, G., ed. 1996. *The New Our Right to Love: A Lesbian Resource Book*. New York: Simon and Schuster.
- White, J. and M. C. Martinez, eds. 1997. *The Lesbian Health Book: Caring For Ourselves*. Seattle: Seal Press.
- Zeidenstein, L. 1990. "Gynecological and Childbearing Needs Of Lesbians." *Journal of Nurse-Midwifery* 35: 10-18.

Alison Newall

Ode to my stretch marks

On a beach in Mexico I lie,
a bikini clad cipher.
I am no longer picture
perfect.
Not for me the swim suit edition:
I'll never now be
food for fantasy
cause an airbrushed
hush from the
pages of a magazine, be
subject to a hungry
gaze.

But
my thighs can tell a story:
fine tracteries of faded lines
embroider breasts
embellish hips
spell out my adventures
in the wars of birth.

I am borne into a new generation,
become one with those who know,
by their blood's baptism,
another code.

I do not envy those
perfect girls:
their bodies tell no tales
they become images
for other people's stories.

Christina Halliday

coming from my mother's body

I know no woman—virgin, mother, lesbian, married, celibate—whether she earns her keep as a housewife, a cocktail waitress, or a scanner of brain waves—for whom her body is not a fundamental problem: its clouded meaning, its fertility, its desire, its so-called frigidity, its bloody speech, its silences, its changes and mutilations, its rapes and ripenings. (Adrienne Rich, *Of Woman Born*)

They have transferred me hurriedly to a narrow, metal bed. I can feel the hospital shirt on my skin. A soft, thin tissue against the piercing chill of the metal bed, the pervasive, wet-cold of the operating room, the freshly scrubbed hands that are arranging my body—placing my left arm here, drawing my knees up, molding me into a ball on my side. As a rope of pain squeezes breath from my chest, I realize, finally—*we could die*.

Soft, sympathetic touch on my shoulder, “Don’t move Christina. We’re starting the epidural.”

We could die.

“I’m having a contraction, just wait.”

“We can’t wait Christina, stay still.”

We could die.

Minutes before, as my midwife stood helplessly nearby, the on-call obstetrician said to me in a kind, apologetic voice, “Your baby is in distress because you have developed something called pre-eclampsia. We have to do an emergency C-section.” Such an ugly word—pre-eclampsia. It tumbled out of the obstetrician’s mouth and dropped heavily on me—a hot iron of searing memories.

Pre-eclampsia: a toxic condition developing in late pregnancy that is characterized by a sudden rise in blood pressure, excessive gain in weight, generalized edema, albuminuria, severe headache, and visual disturbances. (Mirriam-Webster's Medical Dictionary)

Pre-eclampsia. Part of my maternal alphabet. Legacy from my mother. My body knows that this is a definition drained of all real meaning. My mother's body knows. That we can, unwillingly, become baby killers. Our wombs and blood turning poisonous, deadly. Our fragile babies unsafe and foreign to us. *This is what we share between us*—mothers, daughters, sisters. This sinister gift.

My mother in the hospital in a narrow, metal bed. I was 15 years old. I remember her small, saggy belly bound by a black, fetal monitor. [How could my sister be in there?] My mother asked me how things were going at home and school. I came closer to the bed she was confined to for weeks. Unwashed hair tucked carelessly behind her ears. She talked and moved slowly. Didn't touch me. I smelled old sweat and worry. I was afraid of her.

Why are we enemies to our own children when they need us most? On both of our bellies there is a long, red and raised reminder of the womb that became dangerous. The child pulled out in distress and emergency. The signature of pre-eclampsia. Our own, personal, bodily failures.

Curled in a ball on that too narrow, operating bed. A very young and extremely awkward resident sticks a tube into my spine—he jumbles his words and looks at the senior anaesthetist all the time for confirmation that he is doing things right. I want the resident out of the operating room and I tell the anaesthetist so. He steps purposely forward and I see his benign face in my field of vision.

“Christina, Dr. Thompson is in his last year of residency and he's done more epidurals in the last six months than I have. You're fine.”

No. I'm not fine. But, I can't argue now. I just can't because I am only a small, scared, thin shred of myself and there is no substance in me to fight you with.

I let Dr. Thompson continue.

White, illuminated ceiling. My eyes are taking it in—opening wider. Activity is at the ridges of my vision. Touch and sound are at my border. Do whatever you have to do. I am desperate to hold the boney heel that traced the length of my ribcage when we were trying to sleep. Hungry to run my finger along the perfect, little spine of my silver, skeletal fish. I can't believe it. There is no choice here. My body is for her now. I am for her now.

Christina Halliday

The anaesthetic is pumping, cold, down the length of my back. "Can you feel this?" The obstetrician asks, as he drags a scalpel across my stomach.

"Yes, sharp pain. Yes." They wait.

More pumping, cold, like a wash of water from the garden hose.

Can I feel it? "Yes, sharp pain like a knife. I can feel it." They wait some more. Through the sterile blanket hung across my chest, I hear low, concerned murmurs. They are saying that the epidural is not taking.

Dion is sitting beside me, whispering in my ear, "Everything is going to be okay. It's going to work this time." Before I can even acknowledge what he has said there is more pumping of cold liquid through my spine.

"Can you feel this?"

"Yes. It's a dull blade now."

I hear the urgent words, "Let's go!"

They are slicing me. Down there. Below my cool and exposed centre. I am just waiting for an ending to come. Just tunneling down to a quiet place of no motion, no mind. I have to go here because if I stay with my body I am scared I will die.

The doctors are muttering something about her head.

Soft hands are digging deep. Scooping the earth out of my belly and searching for my root, which is her. Pulling the root but it's not coming. Instead, the sharpest point is piercing me straight through.

"Can you take the catheter out? It really hurts!"

The anaesthetist appears in my vision again. "I'm sorry," he says, "there's nothing we can do about that now."

All of the sudden there is an immense sense of relief in my belly. The obstetrician announces, "Thick meconium!" The room gets tense.

Someone says, amidst the hurry and concern, "Congratulations, you have a baby girl."

A baby girl. A person cut from me with a knife. Is she really mine? But what does that feel like? I can't even see her. I don't feel proud or elated to have her. I am distant, shocked—nothing.

Someone is squeezing a kitten in the operating room. I hear very scared, very weak meowing. This is my daughter. She is being lifted from my belly and taken to another place in the room. They say she has no breath.

Out of the corner of my eye I can see they are working very hard on her. Dion is muttering over and over, "Don't worry Christina. Don't worry."

Can't you tell? I am turning to stone now. Closing my eyes and letting words splatter on my surface like rain. I AM worried because this is what I really am. The

coming from my mother's body

failure. The bad mother. The one who cannot love.

My baby, I'm sorry. Because I have to be alone during this most important moment when I should be with you. You are in your own struggle now. And I think I might die. You see, my placenta needs to come out. Doctors, are you doing it? Oh please do it right because I don't want to bleed to death. And my uterus, all stretched and floppy, are you sewing it up? Neatly? I don't want it to rip open with the next child, if there is one. Where are my intestines? I imagine they are carefully arranged on a sterile, blue sheet. Quickly put them back. Good. Keep working. I am waiting to be whole again.

They have given me a polaroid of a tiny, baby girl. Dion is calling her Veronika. There are tubes in her nose, her arm, the top of her right foot. She is peering into the camera with her dark eyes, as if looking for someone. While my mother and sister watch me slowly become myself again in the recovery room, I hold this picture to myself and pretend to be completely enamoured with the little girl whom the doctors say is still in danger.

Dear Veronika:

The nurses want me to sleep but I won't until I feel your warm, new skin beneath my fingertips. They tell me I can see you tomorrow but I am afraid that tomorrow will be too late to become your mother. You may fall in love with someone else by then.

I know I should feel love but right now I cannot feel. There is something wrong with me. I think that when they took you out you were holding my heart on a string. And maybe it's with you now, in the incubator, floating around like a delicate, red balloon. I hope you can hear the gentle whispers of my heart, because I placed them inside before they took you down the hall. This is my love saying your name, soothing you, until this heavy numbness goes away. Please listen and wait for me.

Lorna A. Turnbull

The Legal Characterization of Pregnancy and Mothering

Does Mother Know Best?

The most obvious distinction between women and men is a woman's ability to become pregnant and to grow a new person within her body. This is also the female attribute that has been used to justify unequal and discriminatory treatment of women right up to the last decade of the twentieth century.¹ Of course, law does recognize the physical reality of pregnancy and provides for it. We have employment standards and labour code maternity leave provisions that explicitly address the need to accommodate the childbearing work of women.² At its best, the law in Canada recognizes the autonomy of the woman who is pregnant, upholding her right not to have her bodily integrity interfered with in the name of the foetus. At its worst, a pregnant woman is treated as a capricious creature who is a threat to the foetus and who needs to be mandated by law to undertake a particular course of action for the benefit of the foetus. But even at its best, the law does not fully comprehend the reality of pregnancy for most women.

The Supreme Court of Canada held that "those who bear children and benefit society as a whole thereby should not be economically or socially disadvantaged" and that it would be "unfair to impose all the costs of pregnancy upon one half of the population."³ Chief Justice Dickson is correct that it is "obvious" that women should not be made to bear a disproportionate cost of creating the next generation. However, analyzing women's situation in this way assumes that women can be restored to a position of full equality, just like men. In essence, the law is serving to reinforce the idea of the mother as an autonomous individual who should not be burdened by responsibility towards another.

Yet the reality for women is that *they are* the ones who are pregnant, they are the ones who are doing the work of creating that future generation, and that

work does create burdens that only women bear. One woman described her experience like this:

When I became pregnant I became aware in a much more concrete way of what the limitations were... and how being a mother was different from being anything else... I had a very idealistic notion that being a parent would be a totally collective activity with my husband and myself. It immediately became apparent to me that *I* was the one who was pregnant... the first part of my pregnancy wasn't very easy. I felt the inequality of the situation there, and I felt it was just going to get worse. (McMahon, 1995: 80)

What we must aim for is not to erase the contribution of mothers by attempting to make them the same as fathers, but rather to find a way to recognize the costs and contributions that women make through pregnancy and ensure that they do not create disadvantage.

In this article, I propose to demonstrate the way that the law characterizes mothers and the work of mothering through an examination of legal discussions of pregnancy. I will consider the way that this aspect of mothering is handled by the law, contrasting it with the experience women have of this step on the path of motherhood. I will demonstrate that there is a lack of congruency between what the law says about mothers and what many women experience as mothers. There is little clear, public discussion by mothers of what mothering means to them, or of how their work as mothers could be supported and recognized in a meaningful way in contemporary North American society. Within this context, policy continues to be formulated and court cases continue to be decided that have a direct effect upon women who are mothering, often with the result that these policies and cases do not reflect the lived experience of the mothers who are touched by them.

I will highlight five themes that recur in the legal treatment of pregnancy. The minimization of the physical experience of the woman during her pregnancy, the tendency to rely upon a medicalized model of a normal life event, the tendency to cast the woman into a position of conflict with her foetus, the tendency to ignore the context within which a pregnant woman is carrying the foetus, and finally the tendency to overvalue the foetus and undervalue the pregnant woman are all hallmarks of the legal treatment of pregnancy. Each of these approaches contributes to what I will argue is a basic lack of support for women's mothering that starts during pregnancy and continues after the birth of the child.

At its most basic, the reality of pregnancy is physical. The mere presence of the embryo, and later the foetus, triggers hormonal changes in the pregnant woman's body, and its growth brings about the more obvious physical changes such as increasing girth. Each pregnancy is unique. Accompanying the physical changes, and in fact directly connected to them, is the evolving relationship of

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the woman to the new life that is developing within her. As the pregnancy progresses, her commitment to the foetus evolves also (Bergum, 1989).

The very physical experience of pregnancy shapes and creates the mother. "Pregnancy is experienced not so much as a presence of a separate entity in the womb but as an alteration of the entire body" (Ashe, 1988: 549); it is an experience of undifferentiation not easily expressed in language. "Even to speak of the pre-birth period as one of mother-child 'interdependence' does not begin to do justice to the experiential reality of pregnancy as a state of being that is neither unitary nor dual, exactly; a state to which we can apply no number known to us. Pregnancy discloses the truth of paradox" (Ashe, 1988: 551). For many women the physical experience is transformative; it creates a unique relationship to the future child that continues even after birth. "So profound are the alterations that occur in the process of pregnancy that a woman may find herself to be, in some senses, a 'different person' at the end of the pregnancy from the one she was at its start" (Ashe, 1988: 550).

In contrast to this dynamic developing relationship that women experience, most public characterizations of pregnancy tend to treat it as static. A woman simply *is* pregnant, and a woman and her foetus are one.⁴ Often the accompanying language describes this as a natural state.⁵ This serves the normative purpose of discounting the value of the pregnant woman's experience and her active involvement in the process of nurturing the new life (Greschner, 1990).

The silence of courts and policy makers about the physical realities of pregnancy and the very real contributions of the pregnant woman to the existence of the future child amounts to a denial of these contributions. In *D.F.G.*, a recent Supreme Court decision dealing with a pregnant woman whose solvent-sniffing addiction posed a risk to her foetus, the majority made only a brief reference to the physical aspect of pregnancy. In the context of reviewing the "rights" of the foetus, Madam Justice McLaughlin said that allowing a foetus to sue its pregnant mother-to-be would change the law by treating the foetus and its mother as separate juristic persons. This, she noted, "is belied by the reality of the physical situation; for practical purposes, the unborn child and its mother-to-be are bonded in a union separable only by birth" (181).

In two earlier cases dealing with abortion,⁶ the Supreme Court failed to acknowledge the physical aspect of pregnancy in anything but the most general of terms. The various judgments note that delays causing late term abortions could be physically harmful and emotionally stressful to a woman seeking to end her pregnancy but they do not really recognize the physical demands created by the simple fact of being pregnant.⁷ Such a situation is simply described as a "predicament" (Daigle, 1989). The minority judgements in such cases go further than simply ignoring the bodily contribution of women to the development of the foetus, to the point of actively dismissing what women experience. Justice Major in *D.F.G.* notes that incarcerating the mother could

“so easily” prevent harm to the foetus and the imposition upon her is “fairly modest”.⁸ McIntyre and LaForest JJ in *Morgentaler* minimize the physical aspect by saying that the right to “security of the person” can’t include the mere physical fact of being pregnant, but must include some other underlying right (469). The Justices state that an infringement of a woman’s security of the person must be something more than mere “stress and anxiety” (471). Judges in the lower courts in the *Daigle* case spoke flippantly of the “inconvenience” to her of being compelled to continue the pregnancy (641).

The minimization of women’s creative and active physical involvement in their pregnancies can be attributed to a reliance on the medical model of pregnancy that dominates our discourse in law. Evolving medical knowledge about the development of the foetus, as well as the ability to intervene in the birth process, tend to break into discrete events, a process which ordinarily occurs, uninterrupted, within one woman’s body. As Ashe concludes,

The emphases on separability and discontinuity operate to obscure precisely those features of female reproduction which differentiate its process most clearly from that of the male reproductive experience. That is, they define a resemblance to the experience of men, who, after the act of “sperm donation”, however accomplished, experience neither the continuous bodily process constituting the development of a human child nor the bodily identity with that child, which are felt by women who desire or accede to pregnancy and birth. (1988: 541)

The medical model removes the power of women with respect to their pregnancies and places it the hands of doctors or, in some cases, the state. The model allows women to be depicted as self-interested or incompetent.⁹ The standards of medicine become the norm against which a pregnant woman’s behavior is judged and a woman who decides against the norm of medical science is cast as irrational and selfish. A woman who defies the truth of medical knowledge becomes a bad mother, one who has declined to put the perceived needs of the foetus ahead of her own concerns.¹⁰

Lisa Ikemoto speaks of the dominance of the medical model, and the reliance of the state upon it, as forming part of the “practice of controlling women with respect to conception, gestation and childbirth in ways that express the dominant cultural notions of motherhood” (1992: 1207). She terms this the Code of Perfect Pregnancy and notes that what were previously social norms are increasingly becoming institutionalized legal duties, with a corresponding regulation of pregnant women. The responsibility of a Good Mother of course includes the notion of sacrifice. According to Ikemoto, “under the Code, women bear the responsibility of “motherhood” but are not deemed entitled to the authority to define it” (1992: 1207).

The state itself may also rely upon medical knowledge to regulate the behavior of pregnant women either through criminal prosecutions or by

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allowing civil actions. In this way, medical knowledge, about fetal development as well as the effects of drugs and alcohol on the foetus, provides “the reason for directing state power at women and casts such use of power in a reasonable light.” (Ikemoto, 1992: 1303) The minority in *D.F.G.* placed undue reliance on the state of medical knowledge. Major J. found that the primitive medical knowledge upon which the ‘born alive’ rule was based had been taken over by technologies that now “can clearly show us” the condition of the foetus (205). The implication is that with such clear information about the foetus, others are now in a position to make decisions that had previously only been sensible for the pregnant woman to make. According to Major J., there is no need to defer to her judgment.

Julia Hanigsberg also demonstrates that the bodily integrity and medical decision making of women are systematically accorded less respect than that of men. In cases where patients sought to decline life-sustaining medical treatments, men’s decisions were most likely to be upheld while women’s were not. “An analysis of the language of these judgments shows that men are depicted as subject to a medical assault; women are depicted as vulnerable to medical neglect. This language suggests that the integrity of male bodies is self-evident while intervention in female bodies is expected” (1995: 385). In the case of pregnant women who are terminally ill, some states expressly remove the right to make decisions with respect to life support that are otherwise available to competent adults (King, 1989).

Perhaps the most troubling aspect of the removal of authority from women that the dominance of the medical model effects, is that it allows a pregnant woman to be viewed simply as the means to an end, as a fetal container (Greschner, 1990). The development of technologies that allow the viewing of the foetus also support an understanding of a pregnant woman and her foetus as essentially separate.¹¹ This separation of woman and foetus underlies the most common feature of legal and social discourse with respect to pregnancy, both of which often cast a woman and her foetus into a position of conflict. When cases involving pregnant women end up before the courts, they have been brought there by a contest which pits the interests of the woman against those of some other party, whether the foetus itself, a future father or the state. As Madam Justice McLachlin noted in *D.F.G.* the simple fact of allowing an action to be brought, may create a conflict between the pregnant woman as an autonomous decision-maker and her foetus (182).

Women can of course experience feelings of conflict with the new person that is developing within. How a woman experiences her pregnancy will depend on how she feels about it, and can vary from pregnancy to pregnancy, as well as throughout a single pregnancy. What pregnant woman hasn’t resented the (not so) little intruder by the time it has occupied her body for 40 long weeks. A woman whose pregnancy is unwanted may be even more likely to perceive a conflict with the foetus (Ashe, 1988). Nonetheless, women’s experience of this conflict is different from the way it becomes characterized in

court decisions. Ambivalence is not the same as an unrestrained contest of rights.

The main feature of court decisions dealing with pregnancy is the notion of the mother and the foetus as separate entities with separate interests. However it is most often the case that a woman and her foetus do not have interests in conflict, but rather in common. She does not benefit from her drug abuse anymore than the foetus does. Both will be better off when she is in a position to be able to accept the responsibilities of mothering, and both would benefit from more support during pregnancy and after the birth of the child. Women who are making decisions that will impact their foetuses do so from a position of connectedness. At the most elemental level there is the connection between the foetus and the pregnant woman. But she also exists within a social milieu where she must make her decisions while considering the needs of foetus, other family members and herself.

In contrast with the way that many women experience a sense of connection to the foetus developing within them, the legal and political discourse is premised upon a conflict between them. In cases that end up in litigation, this notion of conflict arises because remedies are being sought within the context of the litigation. Remedies are based upon rights, but the notion of rights is not suitable in this context. Greschner describes rights as “trumps attached to individuals,” but the notion of separate individuals underlying the concept of rights is not consonant with how women think of themselves and is an utterly inappropriate descriptor of a pregnant woman (1990: 652). Furthermore, the assumption that a woman and her foetus are in conflict implies an assumption that women need to be controlled to keep their foetuses from harm (Hanigsberg, 1991). As many authors have noted, creating rights for a foetus has the effect of erasing the mother. (Greschner, 1990; Hanigsberg, 1991)

Courts in Canada have not ultimately found that foetuses have rights, even though the arguments have often been made. In *D.F.G.*, the majority held that it could not make the radical extension to the law requested by the agency because it was beyond the power of the court to make a change that would “seriously intrude on the rights of women.” But even the majority failed to acknowledge the pregnant woman’s knowing of her foetus. Rather it simply stated that she is an autonomous individual upon whose bodily integrity the Court may not infringe. The majority recognized that the interests of the woman and the foetus are not antagonistic, and that it cannot protect the foetus without impairing the liberty of the mother. Although the majority reached the right result in its decision, it lacked the recognition of the interconnectedness that is a real part of the experience.

The minority judgment in *D.F.G.*, in contrast, is premised upon the notion of a conflict between the pregnant woman and her foetus. It is clear that the woman in this case is viewed as the enemy of her foetus (203). The language deplores her “abusive behavior towards her foetus,” while ignoring her connection to it by asserting that she may choose to have an abortion “at any time.” The

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judgment also presumes a choice where in fact there may be none. Choice requires that there be genuine possibilities to choose among and that there be no external influences controlling the decision-making. Access to abortion, even in Canada, is limited by late gestational age, and economic, geographic or political factors. Furthermore, addictions or violent spouses may limit the ability of a pregnant woman to exercise free choice. Often in such situations women don't have the physical or emotional resources and support to make a decision and simply remain pregnant by doing nothing. In such a case, the woman may not have made an explicit choice to be pregnant (Baylis, 1997-98).

In nearly every case discussed here the courts have failed to take account of the circumstances within which the women concerned were attempting to live out their pregnancies. The implicit reliance by the courts on the norm of the "good mother" means that they are in essence applying a universal standard that ignores circumstances. (Ikemoto, 1992) The indigence, addiction, or ongoing abuse which many women survive while pregnant is often left undiscussed, or simply unmentioned. Yet in almost all the cases which have ended up before the courts, the circumstances of the pregnant women have been less than ideal both for the women themselves and for the future child.¹² In each of these cases, both the mother and the child would have fared much better if some regard had been given to the mother's circumstances and if the facilities or programs existed to provide her with adequate support. All of the cases demonstrate a lack of support for the future mothers and future children. It is clear this is an area of law that could be developed in a more positive way.

In all of the cases discussed here, there is rhetoric and argument about the rights or the personhood of the foetus. The effect of the debate continuing to be cast in this manner is that the foetus is glorified while the value of the mother herself, as well as of her contribution to creating the new human being, is minimized. The law supports a tremendous interest in the baby as a future person. In *D.F.G.*, Major J. is emphatic about the state's interest in the foetus. He stated that "the state has an *enforceable* interest in ensuring, to the extent practicable, the well-being of the unborn child" (192).

It is no surprise that the judgment of Major J. in *D.F.G.* strikes a cord in caring people. A concern for the future of a child exposed to a harm that could be avoided is common to many and does form a suitable foundation for social policy. Unfortunately, the only way that is conceived of to avoid the harm is to impose a tremendous burden upon the mother. None of the judgments in any of these cases considers other possible ways of avoiding the harm without laying the blame and the burden exclusively upon the mother.¹³ In our culture and in our laws we expect the most from a mother; she should be self-sacrificing. We hold mothers and pregnant women to a higher moral standard than we require of other members of society. Very often women want to make such sacrifices, and more often they actually do. But this should not be compelled by external forces. In the context of her relationship with the foetus the mother will strive for a balance:

Mothers have attention to the needs of both the foetus and the self. In all relationships, not just mother and child, there must be attention to the needs of both partners in the relationship. In mothering however there seems to be a readymade rule that says that the needs of the child always come first. Such a rule needs qualification and reconsideration. The child's needs are important, but if there is no attention to the needs of the mother as well, both the child and the mother will suffer. (Bergum, 1997: 146)

It is clear that law and policy must be directed at ensuring positive outcomes for pregnancy, but it must be appropriately focussed.¹⁴ Canada could go a long way to improving children's prospects and women's equality by focussing policy and spending on women and children.¹⁵ One author has stated that "concern about fetal welfare may reasonably be described as bizarre in a jurisdiction that makes only the most limited provisions for prenatal care, for post-natal and infant care, and for the provision of housing and nutrition for children after birth" (Rodgers, 1993: 91). Another has argued that "protecting and caring for the foetus means protecting and caring for the pregnant woman—through adequate housing, nutrition, education, medical care and freedom from physical and emotional abuse." (Overall, 1989:103)

Conclusion

The legal and social response to pregnancy is an instance of the general legal and social response to mothering. In minimizing the value of the work done by mothers, whether the actual physical sacrifice of growing a new life or the longer-term physical and emotional work of raising strong children, the law diminishes motherwork. In accepting the medicalized view of a woman and her foetus as separate and in conflict, the law fails to take account of the relation and corresponding dependencies that are at the core of mothering. By ignoring the myriad circumstance in which women bring their children to birth (and in which they continue to raise them after birth), the law fails to provide the supports that would help to insure the best possible outcome for these children who have historically been valued so greatly as foetuses.

Because of each of these attitudes, crystallized in the law, but free-floating in society, women's contribution in bringing new humans to birth, to life, becomes invisible. Pregnancy and mothering are constructed as natural, and thus not worthy of notice. No legal and social support is required. The legal and social characterization of pregnancy reflects a devaluation of women's mothering and an attempt to prescribe a model of the perfect mother for all without backing it up with real support that might make it more possible.

Support for mothering is essential for the benefit of the children, the mothers and society generally. Julia Hanigsberg has a clear prescription:

The way to help fetuses [and children] is conceptually simple—help

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women. By treating women as rational, moral decision-makers and as people worthy of state support (as the state seems to imply fetuses are) women and their children will be helped.... By directing its powerful resources at making women's lives better, the state would not only help women and fetuses, but it would also help children. For in its myopic concentration on fetuses, children go by the wayside. What happens to the child apprehended *en ventre sa mere*? When a child is apprehended *in utero*, then taken away from its mother once born and put into an already overburdened foster care system within which it may be shunted from home to home, who has been well served? (1991: 68)

In 1999, the Supreme Court of Canada handed down its decision in the case of *Dobson v. Dobson*.¹⁶ In the reasons of the majority, many of the concerns and criticisms that I have leveled against the legal and social characterizations of mothers have been addressed. The majority is quite clear that women's autonomy and liberty must be respected and that women can be trusted to act in the best interests of their foetuses. The court feared that the application of an objective standard would allow judges to dictate a woman's behavior according to their own notions of proper conduct, failing to recognize the great disparities in financial situations, education, access to health services, and ethnic backgrounds of pregnant women. Most importantly perhaps, the court recognized that a lack of support for mothering (in the specific context of caring for children with disabilities) made the job of caring more difficult. Women, it held, are in the best position to determine the best that they can do to promote the well-being of their future children.

Perhaps we can view the *Dobson* case as a sign of change, as the beginning of a recognition of the value of mothering and of its important impact upon mothers, both at an individual level and in terms of their position within society. Maybe we can begin to accord respect to women for their motherwork and move towards a situation where women's equality does not only mean the right to be just like a man. Maybe we are finally beginning to recognize, as Greschner says, that "it is not the case that foetuses do not have a voice; it is simply that their voices—mothers' voices—are the ones that patriarchy does not want to hear" (1990: 654).

¹⁶It wasn't until 1989 that the Supreme Court held that discrimination on the basis of pregnancy was indeed discrimination on the basis of sex and that accordingly it was impermissible. The court stated that to hold otherwise would undermine the purposes of anti-discrimination legislation by "sanctioning one of the most significant ways in which women have been disadvantaged in our society" *Brooksv. Canada Safeway Inc.* [1989] 1 S.C.R 1219 at 1238 *per Dickson C.J.C.* Hereinafter *Brooks*. See also Turnbull (1989).

²In Ontario in 1997, the Court of Appeal recognized the particular circumstances of a woman who has been pregnant, given birth and potentially established breastfeeding for an infant. The Court held that her entitlement to leave time that was not available to adoptive mothers or any fathers was not contrary to the equality provisions of the Charter. *Re Schafer et al and Attorney General of Canada*, (1997) 35 O.R. 3d 1 (C.A.).

³*Brooks* at 1243, per Dickson C.J.C.

⁴*Winnipeg Child and Family Services (Northwest Area) v. G. (D.F.)* (1997) 31 R.F.L. (4th) 165 (S.C.C.) hereinafter *D.F.G.* at 180 per McLachlin J. By way of contrast, Wilson J in *Morgentaler, Smoling and Scott v. The Queen* (1988), 44 D.L.R. (4th) 385 (S.C.C.) hereinafter *Morgentaler*. at 499 specifically notes the “essentially developmental nature of the gestation process” remarking that both camps in the abortion debate fail to take account of this. She goes on to argue that acknowledging the developmental view of the foetus would support unrestrained access to abortion in the earlier stages of a pregnancy and a more restrictive approach in the later stages.

⁵The limits of the language we have, and the lack of a language of our own, mean that any attempt to think or speak about mothering is coloured by the ideologies of the owners of the language. When policy is made affecting mothers, or cases decided about mothers, the outcomes are shaped by the way in which the questions are asked in the first place. As Marie Ashe has put it:

Law-language, in its long history of “essentialist” error, has traditionally failed to recognize differences among women. In so failing, it has denigrated our cultural activity, our individual self-namings as—among other things—mothers or non-mothers. To the degree that it has departed from that error, law-language at the present time, in the context of issues relating to discrimination based on sex or gender, tends towards the “egalitarian” error involved in denials of the singularities of female bodily experience. That error, holding nature in contempt, would destroy the best work of female bodies as well as that of female minds. (1988: 559)

⁶*Morgentaler and Tremblay v. Daigle* (1989), 62 D.L.R. (4th) 634 (S.C.C.) hereinafter *Daigle*.

⁷Madam Justice Wilson in *Morgentaler* showed the greatest recognition that interference with a woman’s decisions about her pregnancy constitutes a direct interference with her physical person, although the judgment of Dickson C.J.C. and Lamer J. also states at one point that “forcing a woman, by threat of criminal sanction, to carry a foetus to term unless she meets certain criteria unrelated to her own priorities and aspirations, is a profound interference with a woman’s body and thus a violation of security of the person.”

⁸The minority also described the detention of Ms. G. as “treatment not punishment.”

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⁹The words of the minority in *D.F.G.* are even more patronizing. Mr. Justice Major says women “must accept some responsibility” for their foetuses and characterizes as “reckless” a pregnant woman who is addicted to a substance which may cause harm to her foetus.

¹⁰There are many cases of forced caesarians both in Canada and the United States. See for example *Re Baby R.* (1988) 53 D.L.R. (4th) 69.

¹¹Ashe lists such technologies as laparoscopy, amniocentesis, chorionic biopsy, ultrasound scanning, and fetal monitoring as contributing to the tendency to see the foetus and the woman as separate and sometimes antagonistic entities (1988: 539-40). This is captured by Vangie Bergum:

As we more frequently take a technological look at the woman and the foetus as separate entities it becomes credible for the foetus to become the patient and for the woman to be seen as the human incubator. From the point of view of women’s experience of pregnancy such notions are totally foreign, in fact, repugnant. Pregnancy is not experienced as one versus the other (that is one plus one); rather, it is one with the other (two in one)—an altogether different relationship. The technological world of medicine does not understand this distinction. Technological fragmentation easily separates woman and foetus, biology and culture, public and private, mother and child—and in doing so easily destroys, or at least disregards, the relational impulse. (1997: 144)

¹²In *Re Children’s Aid Society of the City of Belleville, Hastings County and T.*, (1987) 59 O.R. (2d) 204 (Fam. Ct.). Linda T. was poor. She also wished to avoid medical assistance during her pregnancy. Without looking any further, the judge proclaimed that “her attitude is not conducive to the safe and healthy delivery of the child” and ordered her confined for three months under the Mental Health Act for observation, with objective of keeping her until child was born. In *Re children’s Aid Society for the District of Kenora and J.L.*, (1981) 134 DLR (3d) 249 (Ont. Fam. Ct.) although the judge noted Ms. L.’s homelessness and alcoholism, as well as the fact that she was beaten by her common law partner, he found that the fetal alcohol syndrome suffered by the child had been “willfully inflicted by her mother, who refused to seek help for her alcohol problem despite the entreaties of the doctor.” A similar disregard for the mother’s circumstances is evidenced in *J.M. v. Superintendent of Family and Child Services.* (1983) 35 RFL (2d) 364 (B.C.C.A.) affg *sub nom Re Superintendent of Family and Child Services and McDonald* (1982) 135 D.L.R. (3d) 330 (B.C.S.C.). Ms. MacDonald was a member of the Nisga Nation. She came from a family of drug abusers, and had herself been addicted to heroin since the age of 12. The judge also noted that Ms. MacDonald’s common law partner seemed “to totally dominate” her. Notwithstanding this, the judge concluded that Ms. MacDonald had abused her baby “during the gestation

period” by her continuing use of methadone (on her doctor’s recommendation).¹³ Major J. in *D.F.G.* sees the situation thus: “If our society is to protect the health and well-being of children, there must exist jurisdiction to order a pre-birth remedy preventing a mother from causing serious harm to her foetus. Someone must speak for those who cannot speak for themselves.” He does not consider that we could also protect the health and well-being of children by eradicating poverty and the horrific conditions within which many members of Aboriginal communities live in Canada.

¹⁴In considering cases like *D.F.G.*, we must ask ourselves the questions posed by Laura Shanner in her comment on the case. She urges us to “consider why an Aboriginal rather than a Caucasian woman became the test case defendant; why solvent sniffing (associated with poor communities) rather than cocaine, alcohol or tobacco (also associated with higher socioeconomic groups) was the teratogen of concern; why addiction treatment facilities were not immediately available to a pregnant, chronic substance abuser who responsibly agreed to seek help; and why our protection of offspring is more often focussed on the fetal period than on the underlying health of women prior to conception or on the conditions of poverty in to which many children are born (1997-98: 753).

¹⁵In comparison with other OECD countries, Canada’s rate of infant mortality of 6.1 per 1000 is somewhat high. More than two thirds of the infant deaths occurred in first four weeks of infant’s life and of these 60 percent were caused by respiratory distress syndrome, short gestation and low birth weight, all factors associated with poverty. A modest investment in the health and well-being of pregnant women, and infants and their mothers, would yield benefits to children that could last a lifetime *Health Canada Fact Sheet: Infant Mortality, supra* note 161 at 1-2; *Healthy Parents, Healthy Babies, supra* note 204 at 3, 4, 33.

¹⁶*Dobson v. Dobson*, [1999] 2 S.C.R. 753.

References

- Ashe, Marie. 1988. “Law-Language of Maternity: Nature Holding Discourse in Contempt.” *New England Law Review* 22: 491-559.
- Baylis, Françoise. 1997-98 . “Dissenting with the Dissent: Winnipeg Child and Family Services (Northwest Area) v. G.(D.F.)” *Alberta Law Review* 36: 785-809.
- Bergum, Vangie. 1989. *Woman to Mother: A Transformation*. Granby, Mass. Bergin and Garvey Publishers.
- Bergum, Vangie. 1997. *A Child on her Mind: The Experience of Becoming a Mother*. Westport, Conn. Bergin and Garvey Publishers.
- Greschner, Donna. 1990. “Abortion and Democracy for Women: A Critique of *Tremblay v. Daigle*.” *McGill Law Review* 35: 633-669.
- Hanigsberg, Julia E. 1995. “Homologizing Pregnancy and Motherhood: A Consideration of Abortion.” *Michigan Law Review* 94: 371-418.
- Hanigsberg, Julia. 1991. “State Interference in Pregnancy.” *Ottawa Law*

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- Review* 23: 35-70.
- Healthy Parents*. 1997. *Healthy Babies*. Canada: National Council of Welfare.
- Ikemoto, Lisa. 1992. "The Code of the Perfect Pregnancy: At the Intersection of the Ideology of Motherhood, the Practice of Defaulting to Science, and the Interventionist Mindset of Law." *Ohio State Law Journal* 53: 1205-1306.
- King, P. 1989. "Should Mom be Constrained in the Best Interests of the Fetus?" *Nova Law Review* 13: 393-404.
- McMahon, Martha. 1995. *Engendering Motherhood*. New York: Guilford Press.
- Overall, Christine. 1989. "Mother/Fetus/State Conflicts." *Health Law in Canada* 9: 101-103.
- Rodgers, Sanda. 1993. "Judicial Interference with Gestation and Birth." *Research Studies of the Royal Commission on New Reproductive Technologies: Legal and Ethical Issues in New Reproductive Technologies: Pregnancy and Parenthood*. Vol. 4. Ottawa: Minister of Supply and Services Canada, at 91.
- Shanner, Laura. 1997-98. "Pregnancy Intervention and Models of Maternal-Fetal Relationship: Philosophical Reflections on the Winnipeg CFS Dissent." *Alberta Law Review* 36: 751-784.
- Tremblay v. Daigle* (1989), 62 D.L.R. (4th) 634 (S.C.C.) hereinafter *Daigle*.
- Turnbull, Lorna A. 1989. "Brooks v. Canada Safeway Ltd.—A Comment (Bliss Revisited)." *McGill Law Journal* 34: 172-185.

Joyce MacIntyre

Envy

You danced at the wedding of your first born
I gently laid one red rose upon my son's grave
You celebrated the birth of your first grandchild
your tears proudly proclaimed the
 heir to your name
My tears fell on empty promises
 and unfulfilled dreams
You weep for your child's heartache
 you rejoice at his
 triumphs
I weep for what will never be
I rejoice for what once was
You slice the cake to yet another year
I gently lay a single red rose upon my child's grave

Renee Norman

Saving the Baby

—a scene—

(A woman lies on the floor of the stage, dressed in a green hospital gown, and covered only by a thin sheet which doesn't quite cover her bare feet. A bedpan has been placed by her side, stage front. A green cloth backdrop is the only stage scenery in the background, suspended by a pole which runs the length and width of the stage, like the curtain which separates hospital beds in non-private rooms. The woman speaks her monologue from this position.)

Woman: Blood. Just a small, teardrop-shaped smear of blood. That was what I noticed first, and I thought, wait a minute. This isn't what's supposed to happen, this isn't Cinderella pushing dolls in carriages in my basement playroom on Sunday morning. They never told me about this, that's what was crystal clear in my mind.

I have been lying here now for a day and a half, waiting for the gynecologist, Godot, my arm green bruises from the IV the student nurse tried to stick in my vessels at least five times unsuccessfully. They won't let me eat or drink or get up, just in case I have to be rushed to surgery, it was explained, in case I begin hemorrhaging at any moment. And of course, I must lie still to try to save the baby. I know there's no baby in my body any longer. I saw the great globs of red tissue in the toilet and I told them, but around here, your intelligence and powers of observation are directly related to the function of your bodily parts, and my body parts are definitely screwing up right now. They were rather annoyed I had gotten up to go to the bathroom.

She's gone. All the dreams I allowed myself for nine weeks gone, too. How

stupid. I forgot about retribution. I'm sorry. Sorry about the time I said I didn't want children because you couldn't shut them in the basement like the dog. Sorry about the morning I phoned the doctor for the morning after pill, nervous anything might interfere with my blossoming career. Sorry that I waited and waited, expecting everything to fall into place. Read the thermometer, temperature right, time right, name the time, name the date, name the baby. Talking about gender, a room, furniture, daycare, part-time, happy, excited, anticipating...

BOOM!

I've been lying here for a day and a half waiting for the hospital gynecologist to come and examine me, so he can then scrape me out and I can go home. It's Sunday, and he's probably out with his children, I can't expect him to come quickly just because I want to get this over with. But I'm developing a definite dislike for the man. Shouldn't they examine me quickly if they really thought there was a chance to save the baby? She's not there anymore, I know. She's floating in the sewer system, flushed away and condemned to dissolving messy bit by bit among all the other gunk. Good-bye seed, vesicle, embryo, fetus, baby. I'm sorry. So sorry. Baby daughter human being little soul. Did you hear the Beethoven I played for you? Did you know you were expected on my father's birthday? Did you know I wanted to take you everywhere, teach you everything?

I'm tired of waiting here in this room. The other women are kind. The two Gall Bladders passed me some kleenex. They know she's gone, too, despite what the nurses say. The Teenaged Mother had her baby, but she won't get out of bed. The nurses make her walk around. She doesn't want to see the baby and the Gall Bladders think it's strange that no one has visited her yet.

The emergency ward was a nightmare. Never miscarry on Hallowe'en Night. They were so busy, witches and mice and pumpkins coming in a steady stream of accidents and mishaps. The worst was the girl in the car accident. They couldn't get ahold of her parents (I guess) and she lay in the next cubicle screaming and screaming in pain, while I writhed and in agony, gave birth to my miscarriage, her screams shrieking in my consciousness as each new pain of abortive labour coursed through my body, rendering me too shocked to even call out.

I refused the Demoral, refusing to believe the obvious, the ominous, the opposite, waiting for someone to phone me with the news, like the parents of the girl who lay next to me screaming in pain. My pain, too, all of us, all the women, screaming in pain, some of us screaming for the others who simply lay there mute, letting each new spasm of pain circulate through a body no longer trusted, no longer strong.

Miscarriage. Now there's a word. Interesting that this one word contains the feminine miss. Of course. A woman's body failing to carry. Failing. Carrying. Aborting. Spontaneously aborting. Sending out. I didn't want to

Renee Norman

send you out. I'm sorry. I felt your tiny lifelike flutters. I saw the fishlike pictures in the books as you developed. You felt real to me already, not a fish, but a little person. I'm so sorry.

I'm so surprised. No one warned me. No one told me my body might act like this. No one said it wasn't easy, wasn't smooth-happy-ending. My mother never talked about this, never once. Or my aunts. Or any of the women I know. I never knew anyone who lost a baby this way. I never heard a story about it once in the years I spent growing up to be a woman. Not once when all the women gathered up the plates and put the food away. Not once listening to my mother talking on the phone, using the odd Yiddish word to keep us off track, which only made us more alert and curious. Not once when the aunts came together over ritual, birth, death, sickness. Certainly not in Biology 12 Reproduction.

Very common. Why didn't anyone tell me? Warn me? Tell me about the pain, the loss, the dreams dissipating like the fetal tissue as it spewed from my traitorous body, with a life of its own, with a trail of bloody mass spilling all over the floor of my life.

(All the stage lights go out. In the blackout, a male voice speaks, disgusted.)

Male Voice: You've aborted the baby. I'm going to push down hard for a minute.

(The lights go on. The woman is lying the same way, but on a stretcher with wheels. The bedpan is gone, and so is the green curtain, replaced by green walls. The woman is visibly shaking from the cold, her teeth chattering audibly. The doctor walks up beside her, taking off latex gloves.)

Doctor: You know, they used to do D and C's without anaesthetic. I'll have you spick and span, clean as a whistle, in a jiffy. It only takes 20 minutes and then you're out of here in no time, no worse for wear. Just a minor procedure, really. Nothing to worry about. I'll see you in the operating room.

(The doctor exits. The woman lies there, silent, shaking. Nothing happens. She calls out.)

Woman: I'm cold. So cold. Hello? Is anyone there? Hello? Could you come and get me now? Hello? I'm freezing. Could I get a blanket or something? Hello? Hello?

(The lights go out.)

Merryl Hammond

Little Life, Lost Life

I'm 14 weeks pregnant
bleeding heavily
strong contractions every 2-3 minutes.
"We call them cramps" he said.
Call them what you like, doc—
I am a mother
We know contractions when we feel them.

A full, warm gush.
I look down and see you among the clots:
You are beautiful.
A glistening bean-shape
of unknown, unknowable potential
on your rich placental bed.
Mother-of-pearl.
Pearl-of-mother
... and father.
Little, little life.
Lost life.

Back home
I wash away the last traces of
your life-blood
death-blood.
Tears and blood flow down the drain together
Gone.
Gone.

Where from, all this pain, all these tears?
I hardly had time to acknowledge
your precious presence in me.

Heini Martiskainen de Koenigswarter

An Interpretive Study of the Transition to Motherhood in Contemporary France

My drive to understand motherhood was born simultaneously with my daughter. Now that I had a new social role to play, a tidal-wave of change swept over the career-oriented person I used to be. The loss of professional identity (I was fired from my job during pregnancy), the restructuring of my relationship with my partner, the radical alteration of my everyday routines, and the new attitudes of those close to me, forced me to examine the changes this biographical event had triggered.

As the illusions I had about the control of my life in terms of autonomy of agency and about an equitable parenting relationship (strengthened by my Nordic origins) came tumbling down—overwhelmed by a passionate attachment to my baby—it was probably my refusal to succumb to guilt that saved me from a whirlpool of discouragement, as well as the personal conviction that I could not be the only new mother who was *not* blissfully serene.

If 90 percent of women in contemporary France (and 85 percent in Finland) become mothers at one point of their life cycle, I wondered how come I had not been aware of the overwhelming sense of responsibility a child would bring, about the ways in which my new status would constrain my autonomy, and the general assumption that I, and not my partner, was the principal parent? Bewildered by what I considered a “conspiracy of silence,” I remember feverishly taking down some notes in my Clichy apartment, the conclusion of which was: “study sociology.” I placed my bets on sociology as the most appropriate “toolbox” for my purpose as opposed to psychology. I intuitively felt that psychology would naturalize a process which I was resisting. In other words, the origins of my *mal-être* were due not to personal and/or interpersonal factors, but essentially to social and cultural ones.

Three years later with a Master’s degree in sociology in my hand, I began



Mika Collins

my DEA thesis (*Diplôme d'Etudes Approfondies*), a first-year post-graduate degree that precedes a PhD, on "The Transition to Motherhood," that was to challenge the interpretation of self-transformation during the maternity process. This paper relates to that adventure: a comprehensive study of the experience of becoming a mother in contemporary France.

Rather than stressing the structural constraints and norms women face at the birth of their first child, I take a phenomenological approach and present the voices of mothers as they describe their reality. The thesis I develop is that motherhood has become a structural turning point in the lives of French middle-class women. This is contrary to the dominant discourse in current French sociology of the family as seen, for example, in the work of François de Singly (1996) on the family's new function as the *haut lieu* of the construction of personal identity. His approach is based on the work of Berger and Kellner (1988) who maintain that the most important secondary socialization process in adult life is provided by marriage. The French obsession with the study of marital life is influenced by Durkheim's legacy as the inventor of the *famille conjugale* and the negation of Ariès (1973) stance that the family is centred around the figure of the child (a stance he tempers in a later article [1992]). The French nuclear family has thus been constructed by sociologists as a "marital family." Alternative approaches on intergenerational relations (for example, Attias-Donfut 1995; Deschaux 1994) have focused for the most part on relations between adults. When the relationship between children and parents has been studied, the focus has been on step-parents and teenagers (Théry, 1993; Blöss, 1997).

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While French feminists have concentrated on the study of women at work, the issue of mothering and motherhood is only implicit in studies that critique the sexual division of labour. The family with small children has not been studied in France as a specific entity, nor has transition to parenthood. This is surprising in a cultural context where the birth of the “family” is socially constructed as coinciding with the birth of the children. Although some historical work in this area does exist (Knibiehler, 1997; Knibiehler and Fouquet, 1977; Badinter, 1980), there is a dearth of sociological research on contemporary mothering, a field which has tended to be dominated by psychological and psychoanalytical normative constructions.¹

The transition to motherhood

As the term transition² suggests, motherhood is here conceptualized as a *social process*. Personal identity is defined as the outcome of different socialization processes—primary and secondary, of childhood and adult age—constructed through interaction with significant others during which time identities are appropriated (by ourselves) and attributed to us by others (Mead 1963; Berger and Luckmann, 1996; Dubar, 1991, 2000).

In order to describe and understand the experiences of women as they become mothers, I interviewed 13 middle-class women in the Paris area. All were the biological mother of at least one child under three years old, had university educations at the level of a BA or higher, worked in professional or semi-professional occupations, and lived with the father of their child(ren).³ They were keen to participate in the study and almost all of them expressed a desire to one day read my thesis (and many indeed, have). It was clearly important for them to share their experiences.

A major source of inspiration was Martha McMahan’s book, *Engendering Motherhood. Identity and Self-Transformation in Women’s Lives* (1995), which underscores the centrality of motherhood to a woman’s identity. I discovered this book while doing my field research and my study is, in fact, to some extent an application of her Canadian study to French counterparts. A part of my study focuses, however, on the experience of maternity leave as a critical phase of transition—an area McMahan does not address—but which has been studied in the United Kingdom (Oakley, 1979, 1980) as well as in France (Romito, 1990). McMahan’s statement on the centrality of motherhood to a woman’s identity has also been developed by an attempt to articulate marital, maternal, and professional role identities (McCall and Simmons, 1966) in terms of a new hierarchy of self.

Motherhood, primary socialization and recruitment to maternity

Before marriage, motherhood was seen as a desirable eventuality in the lives of the middle-class women I interviewed. Only two mothers stated that they had not thought about having children when they were single. I think of

the former group as “ever mothers” and the latter group as “never mothers.” My analysis of the “ever mothers” shows three distinct models in the construction of maternity as: an “absolutely evident,” a “natural” occurrence, or a “conditional” life event in the period prior to marital life.

The ever-mothers

When motherhood is represented as an absolutely evident occurrence, as having always been an inseparable part of self—“I never could have imagined myself without children” (Albane)—it is associated with the desire of a large family (three or more children). These women are themselves from large families. They are also the only ones to declare having considered interrupting their professional activity in order to have a family. However, these initial representations were, for some, reconstructed during the marriage and/or after the birth of a child. This was the case for Valérie: “I realize that having chosen the husband I chose and the occupation that I now have, the number (of children) will never be that high.”

For those who categorize motherhood as a “natural” life event, the experience is less intense: “It was something that I thought was ... bound to happen, at some point of my life. Yes, I was in that sort of a logic” (Sarah).

For those women who saw motherhood as a “conditional” life event, although children had always been desired, they were equally clear that having children would be subordinate to their personal/professional achievements.

Nevertheless, however ardent and early their desire for children had been, the data points to the fact that almost all the mothers were really in the “conditionalist” category. With the exception of one, the French middle-class mothers I interviewed had completed their studies, gained a few years experience in their careers, and lived with the future father of their children who also agreed and wanted to have a child before the women became pregnant. No reluctance on the behalf of their partners was mentioned (contrarily to the results obtained by McMahon).

The never-mothers

The two women who did not consider having children in their youth expressed different reasons for not wanting a child. Clara, who was abandoned in her childhood, refused to even consider having a child until she met her partner. Colombine describes her amazement at the attitudes of young women who discussed having children early in their lives; her preoccupations were school, studying, and becoming an adult, not children. Colombine completed a double DEA and was a successful consultant before becoming a mother.

The women’s accounts testify to the concomitance of two primary socialization processes—a traditional gender socialization— and (a less traditional) socialization towards success in school. These processes are later articulated with a secondary socialization process that occurs upon marriage and results in a reconstruction of reality (Berger and Kellner, 1988). However,

the traditional gendered primary socialization process did not include the transmission of techniques and/or “know-how,” as other socialization processes most often do (Berger and Luckmann, 1996). As such, most of the mothers I spoke to felt themselves unprepared for the arrival of a baby.

I argue, therefore, that these women were socialized to desire children but not provided with the necessary information and skills for their care. Indeed, the women I interviewed (born in the late '60s) are representative of the first generation of people born to educated mothers who had access to oral contraception and were, therefore, raised in smaller families as well as in a context of rising female workforce participation. I also argue that we are witnessing a rupture in the transmission of the mothering agency, accentuated by the popularization of child-psychology theories that focus on the central nature of the mother-child relationship as well as new educational norms.

As in Martha McMahan's study, despite the “innate” desire for children, women are often perplexed when questioned on their reasons for desiring children. McMahan concludes that “an absence of articulate reasons does not indicate a lack of meaning or reason.... Reasons are called for when behaviour needs explaining: the ‘choice’ of motherhood generally does not” (1995: 52).

The themes some women invoked were coloured by the anticipation of emotional benefits: sharing the experience with the partner, the discovery of a new individual (the personality of the child to come), or the child constructed as a promise of happiness. However, before being able to benefit from the emotional fulfilment that having a child had promised (and often procured at first sight), the mothers also described the difficulties they experienced during the specific period of transition constituted by maternity leave.

The period of critical transition: maternity leave

If pregnancy is described by many women as the happiest time of their lives (Hakulinen, 1997), and childbirth often referred to as a miracle, the accounts of maternity leave (two-and-a-half months in France after the birth of the child) are filled with memories of weariness and loneliness. Many of the middle-class French women spoke of their initial disenchantment: “It's terrible for a woman. I think after the *dream*—the *magic* of motherhood—it's sad. I think mothers are very, very, much alone in those moments. I think, in those times, the father should help more” (Colombine).

The marital relationship is described as having often been tense and once the three-day paternity leave is over, the return of a partner from work is feverishly anticipated: “Just to be able to go for a walk around the block! and get some rest from the incessant tête-à-tête, day and night” (Isabelle).

The feelings of amazement and wonder that the baby illicit are mingled with an awakening awareness of responsibility. The weight of the western “motherhood mandate” (Russo 1978; McMahan, 1995) is compounded by the psychological responsibility the mother now bears for the child on top of the daily physical care the child demands. “It's the distress of someone who knows

that she is now responsible for someone else, because, well, her life will never be the same again" (Colombine).

The women talk about being constantly fatigued and having to learn to cope alone with the infant and the housework while trying to recuperate from the physical trauma of the childbirth and the psychological stress of the transition period. For many women, maternity leave was seen a "housewife's probation-period" and one they were not willing to renew. As Romito (1990) argues in her psycho-sociological study, hormonal changes cannot account for the dark side of motherhood. The weariness and loneliness that mothers often feel are a result of the lack of social support for maternity. The act of childbirth by the mother (the *birth* of the mother) is, in fact, eclipsed by the birth of the child itself which is the focus of everybody's interest.

I argue that the idealization of motherhood as personal fulfilment has become as tyrannical (as does Vincent Caradec [1996] in his study on marital transition to retirement). The lack of adequate anticipatory socialization processes as well as that of social support for motherhood contribute to make this transition particularly difficult and guilt-ridden. Understanding, therefore, that there might well be a crisis in the transition to motherhood (which, in the meantime, is conceptualized in terms of post-partum depression which many may have difficulty identifying with) would be helpful.

The reconstruction of personal identity

Accounts of the experience of motherhood as a whole—which do not focus only on the first months—reveal the bright side of motherhood. Indeed, the French middle-class mothers in this study never saw their experience principally in terms of constraint. The benefits and uniqueness of their experience were linked to their discovery of a very particular bond that they weave with their children, as well as meaningful accounts of self-transformation. One indication of the degree to which the experience of motherhood is considered very special is the fact that words are considered *inadequate* to describe the embodied experience. Some mothers liken the experience of motherhood to a sacred event: "Becoming a mother is a miracle. One cannot imagine the emotions it procures. There is something, yes, indescribable about it" (Isabelle).

The deep emotional tie that mothers have to their babies is described by these middle-class Parisian mothers as the most meaningful experience of motherhood:

I think the major experience of motherhood is the... visceral bond you have with your children. The imperious need to see your child, to touch her, to kiss her, to make her happy—it's nearly physiological! I'm astounded by the strength of the bond. That's the most powerful experience. (Albane)

Clara exclaims: "I couldn't even have imagined the experience, I couldn't

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even explain it! It's like falling in love! You can't explain that to someone who hasn't fallen in love! It's the same thing for childbirth, I was really surprised. It's an extremely strong emotion."

If this mother compares bonding with her child to falling in love, many women, however, explain their relationship with their child by underscoring its *difference* in terms of the relationship they share with their partner. Marie states, "You'll never be alone again when you have a child. It's stronger than any other relation: with the partner, friends, the rest of the family. I think it is the strongest bond you can ever have." The mother-child-relationship is seen as more permanent, much stronger, and more forgiving than the relationship to the partner.

Arlie Hochschild (1998) speaks of a weakening of the marital bond which she claims is due to the "paradox of modern love." If the social construction of a spousal relationship is that of an intimate, playful, and sexually fulfilling one, and strongly valued in western contemporary culture, it is at the same time fragile (as the probability of divorce has increased). This may potentially lead to a rationalized management of emotions towards the partner. Its symbolic strength may also have weakened as a "pantheon of meaningful relationships" emerge: homosexuals are claiming a new social status and a series of heterosexual relationships associated with friendships have emerged as an alternative model of emotional life.

Is the child becoming the "god of gods" of the contemporary pantheon of meaningful relationships for women? The data suggests the possibility of an important transfer of emotional investment in the mother-child relationship on behalf of women after the transition to motherhood. Hochschild (1998), analyzes emotion as an indicator of an event's impact on personal identity. Hence, I decided to explore, in this study, the degree of self-transformation that these women experienced.

A comprehensive typology of the phenomenological feelings provoked by this major life event, in terms of the intensity of self-transformation, point to three different types of experiences of the process of motherhood: of alteration, of deepening of self, and of continuity of self.

Alteration—becoming someone else

Corinne describes the process of becoming a mother as having represented a phenomenological feeling of alternation (Berger and Luckman, 1996), a rupture with an ancient self:

You really become another person, finally. Even if you still live in the same place and all that—you're not the same anymore, and there's no going back, no turning back anymore. Because it's such an experience, it's so strong: giving birth and the continuation—emotions, responsibilities that crash down on you, it's a wheel that turns. I'll never be the same again, because there is that experience between the two.

Cylia's and Columbine's accounts also mention alternation. Their earlier construction of self as "never-mothers" explain the degree of self-transformation they experience at childbirth. The inconsistency between primary and secondary socialization processes—that Berger and Luckmann (1996) consider as a prerequisite of a resocialization or an alternation process—does not, however, seem adequate to explain Corinne's experience: she was an unconditional "ever-mother". The intensity of transformation she experiences may be related to the difficulties she was confronted with in her workplace after her maternity leave. After an enormous personal investment in her career, Corinne's responsibilities at work were then subsequently diminished.

This suggests that her concept of a rupture in her identity is the result of an important shift in her priorities and investments: the respective place of work and family in her life. I will argue in my conclusion that the degree of self-transformation described by the women in this study is due to a new hierarchy of multiple role identities (McCall and Simmons, 1966) that these women assume.

Deepening of self

Other women spoke of motherhood as a deepening of self and of meaningfulness in their lives. For these mothers in particular the degree of self-transformation is seen as extremely profound, but they do not spontaneously refer to a rupture with an ancient self in their personal testimony:

It's a discovery that began at pregnancy—the discovery of something transformed forever. I'm not my principal centre of interest anymore. It's someone else. Having a real responsibility. A real reason for getting up in the morning, for doing things. A serious reason, a REAL reason ... for living. Even if something tragic happened, it would always be there. It's a profound, irreversible change. But at the same time, it's not a radical change: I didn't wake up different, it's something more diffused. (Marie)

Continuity of self

A minority of the women did not feel that motherhood resulted in any kind of self-transformation. These women saw motherhood as a "natural" life event: "Maternity was natural for me" (Pascale). This phenomenological sensation of the continuity of self may be explained by the fact that she was an "ever-mother" who considered motherhood as a "natural" occurrence prior to marital life.

Conclusion

The data shows that there are turning points in biographies. Strauss (1992) refers to critical periods which make us recognize that we are not the same as before. Furthermore, these periods are not always linked to tragedy (such as death, incest, illness) (see, for example, Leclerc-Olive, [1997]).

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I identify the powerful source of self-transformation that women experience as arising from the sphere of personal ethics; religious convergence is also evoked as a prototype of alternation by Berger and Kellner (1996). Thus, the ethical dimension of the transformation is related not only to the powerful mythology, in the West, of love as redeeming character (McMahon, 1995), but also, to a perception of the moral *choice* that mothers are obliged to make when arbitrating between the priority accorded to work or family.

Establishing priorities in one's life is an ethical issue and one of the major characteristics of the accounts of this study was precisely the recurrent references to adjustments mothers had to make with respect to the degree of importance given to work and to children. When the women spoke about self-transformation, they spoke about their new and shifting priorities (the "children come first" of Colombine, Albane and others). These mothers describe having acquired a new "capacity," intimately linked to the transformation of their personal identity, the capacity to distinguish between important and less important issues, the ability to establish priorities in their lives. As Colombine declares:

Motherhood changes you. You have a vision of things that is transformed. One thinks more about the relativity of things, one becomes stronger (...) our behaviour changes in the sense of more responsibilities and maturity, because as maternity brings a shake-up of organisation, material life, of feelings, you have to manage all that! You have to be energetic and juggling everything. All this teaches you to see the relativity of everything and to keep a certain distance to some issues.... Children become a priority. I organise my life taking their comfort in to account. A lot. And it demands organisational capacities. A lot—and a sense of priorities.

I argue that, if motherhood as a turning-point has become a structural element in numerous lives of middle-class women, this is due to the incompatibility of two contemporary socialization processes. The first process during which young women are socialized towards higher education and a career is not contradictory with marital socialization before the transition to motherhood.

It is the process of secondary socialization to maternity that is inconsistent with the above mentioned processes. The investment in a professional life and career, which plays a prominent role in personal identity, is suddenly confronted with the compulsion and social constraints to conform to another role. The strength of norms, as well as the emotional benefits of having and raising a child lead to a shift in priorities—an ethical adjustment engendering feelings of profound self-transformation. The transition to motherhood is thus built upon a volcano of ancient history that erupts in a modern woman's life.

¹Some social debate and sociological study exists, however on fatherhood. It is

the expression of the institutional concern for the fragility of the father-child relationship subsequent to divorce.

²The term transition implies a reconstruction of reality during a period of entry, passage, and exit (for a synthesis, see Hakulinen, [1997]). The family is faced with the necessity of responding to the physical and relational needs of the newborn, of redefining roles and relations, integrating the baby in the couple, and identifying the resources of the family. The maternal role is in place two to six months after birth (unsatisfactory marital relations may however delay its construction). Studies on marital transition to parenthood such as Belsky and Rovine (1990) suggest the presence of marital tension and a diminishing of the feeling of insularity between the partners.

³The “bias” of the sample, limited to this very “normative” situation has several reasons: first of all, as no interpretative study on motherhood existed in France, I had to begin somewhere! As I was interested in the eventual variations of the impact of experience on personal identity, it seemed pertinent to me that they could be analyzed as arising in (relatively) similar economical, social and marital contexts. A sample of women having fairly important occupational responsibilities seemed potentially interesting for the study of the impact of motherhood on the meaning of professional life.

⁴I asked the mothers *how* they thought they changed. The results in terms of transformation of personal identity concur with McMahan’s: women declare, for example, having become more loving, mature, tolerant and responsible after the birth of their child, corresponding to a claim of female adult identity and a “feminized sense of self” (McMahan, 1995).

References

- Aries, P. 1973. *L'enfant et la vie familiale sous l'ancien régime*, Paris: Seuil.
- Aries, P. 1992. “L'Enfant, la fin d'un règne.” *Autrement: Finie la famille?* 8: 229-35.
- Attias-Donfut, C. 1995. *Les Solidarités entre les Générations*. Paris: Nathan.
- Badinter, E. 1980. *L'Amour en plus*. Paris: Seuil.
- Belsky, J. and M. Rovine. 1990. “Patterns of Marital Change Across the Transition to Parenthood: Pregnancy to Three Years Post-Partum.” *Journal of Marriage and the Family* 47: 5-19
- Bendelow, G. and J. Williams, eds. 1998. *Emotions in Social Life: Critical Themes and Contemporary Issues*. London: Routledge.
- Berger, P. and T. Luckman. 1996. *La construction sociale de la réalité*. Paris, Armand Colin,
- Berger, P. and H. Kellner. 1988. “Le mariage et la construction de la réalité.” *Dialogue* 102: 6-21.
- Bloss, T. 1997. *Les liens de famille. Sociologie des rapports entre les générations*. Paris: PUF.
- Caradec, V. 1996. *Le Couple A L'heure De La Retraite*. Presses Universitaires De

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Rennes.

- Crossley, N. 1998. "Emotion and Communicative Action: Habermas, Linguistic Philosophy and Existentialism." *Emotions in Social Life: Critical Themes and Contemporary Issues*. Eds. G. Bendelow and J. Williams. London: Routledge. 16-39.
- Dechaux, H. 1994. "Les trois composantes de l'économie cachée de la parenté, l'exemple français." *Recherches sociologiques* 25 (3): 37-52.
- Dubar, C. 1996. (1991). *La socialisation. Construction des identités sociales et professionnelles*. Paris, Armand Colin.
- Dubar, C. 2000. *La crise des identités*. Paris: PUF.
- Hakulinen T. 1997. *The Family Dynamics of Childrearing Families, Related Family Demands and Support Received from Child Health Clinics*. Finland: University of Tampere.
- Hochschild, A.R. 1998. "The Sociology of Emotion as a Way of Seeing." *Emotions in Social Life: Critical Themes and Contemporary Issues*. Eds. G. Bendelow and J. Williams. London: Routledge. 3-16.
- Kniebheiler Y. 1997. *La révolution maternelle depuis 1945*. Paris: Perrin.
- Kniebheiler Y. and C. Fouquet. 1977. *L'Histoire des mères*. Paris: Montalba.
- Leclerc-Olive M. 1997 *Le Dire de l'événement*. Lille: Presses universitaires du Septentrion.
- Mccall, G. J. and J. L. Simmons. 1966. *Identities and Interactions*. Toronto: The Free Press, Collier-Macmillan.
- Mc Mahon, M. 1995. *Engendering Motherhood: Identity and Self-transformation in Women's Lives*. New York: Guilford.
- Mead, G.H. 1963. *Mind, Self and Society*. Chicago: Chicago University Press.
- Oakley, A. 1979. *From Here to Maternity: Becoming a Mother*. Harmondsworth, Middlesex: Penguin Books.
- Oakley, A. 1980. *Women Confined; Towards a Sociology of Childbirth*. Oxford: Martin Robertson.
- Romito, P. 1990. *La naissance du premier enfant. Etude psycho-sociologique de l'expérience de la maternité et du dépression post-partum*. Lausanne: Delachaux et Niestlé.
- Russo, N. 1979. "Overview: Sex Roles, Fertility and the Motherhood Mandate." *Psychology of Women Quarterly* 4 (1): 7-15.
- Sanchez, L. and E. Thompson. 1997. "Becoming Mothers and Fathers: Parenthood, Gender and the Division of Labour." *Gender and Society* 11 (6) (December): 199-215.
- de Singly, F. 1993. *Sociologie de la famille contemporaine*. Paris: Nathan, coll. 128.
- de Singly, F. 1996. *Le Soi, le couple et la famille*. Paris: Nathan.
- Strauss A. 1992. *Miroirs et Masques*. Paris: Métallié.
- Théry, I. and M. T. Meulders-Klein, eds. 1993. *Les recompositions familiales aujourd'hui*. Paris: Nathan.

Justyna Sempruch

voicing the invisibility of silence *a narrative of postpartum depression*

not me somebody else should be writing what i have to say not me because there is no me in this story i have been losing myself in pregnancy in birth and then in something that i have underestimated until it broke me down the postpartum i thought that it would no longer be possible to say it i have lost myself because previously i must have thought that there was me before i became pregnant

postpartum post motherhood equals separation from the warmth of the whole body missing the other body motherhood means concentrating on what has been left leftovers pain and lack my bones are aching muscles hurt eyes are red left side of my face is not moving my left eye won't close my body is turning into the body of a mother thinner and thinner there was a mother in me that was not mother and it/she wanted to lose weight but instead the weight was losing her milk was dropping like tears spilling all over and the baby is beautiful a tiny most amazing jewel i have ever imagined i have to be careful somebody could steal it from me but it is not mine somehow it had become autonomous growing separately from her body the body of mother sleeping and healthy i am not healthy my body is weak my mind refuses to rest and enjoy maybe tomorrow i won't be able to walk they will have to put me into a wheel chair and i won't be able to stand it there was fear growing inside me overwhelming fear of dying i imagined and they believed it was true

i did not want to believe that it was a depression what is a depression a sort of a headache that puts you into sleep i wish i had a depression but no i have multiple sclerosis pregnancy the last month bell's palsy he said i am sorry it will take you a couple of weeks to recover not quite uncommon three percent of my patients had it unfortunately we don't know much about it can be related to the hormonal changes in your body and then the little it was there much earlier than i thought maybe i can not bear it any longer maybe it is trying to help the little it is

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trying to help me it is coming out of me slowly the whole night long while i was pushing the eye on the paralyzed side of my face wanted to come out like the baby my husband stood beside me horrified and fascinated he was pushing my eye back inside and watching the baby coming out out out my body was a hysterical spectacle of the abject on the outside inside there was just pain terrible and important a very exclusive kind of pain i saw the little it in the morning and i was very calm the mother already loved it so much and i wanted to love it

*i have been recovering well but i had not seen it i had not seen my previous body i was in a different shape only half of the face was mine wretched in front of the mirror i promised myself if i could have my smile back if i could i would never again complain *but only half of my smile is there no matter how hard i smile having my face back means happiness i demand from life right now with the most amazing boy sleeping in the transparent tube beside me all bundled up in white and cream and a little bit of blue a tiny creature in a terrarium that i can watch from a safe distance but also touch if i wish**

*we were alone in vancouver a strange transient city with people who listened but who never talked suspended between sadness and joy amazement and nostalgia wariness and pride up and down every hour different our place in there became claustrophobic my body refused to heal *is it me who takes care of my son or is it him who takes care of me* both afraid and curious we have been taking care of each other*

no we do not belong here it is a foreign territory too much water and those wooden constructions all over and my water did not break the clouds and the moisture makes me believe that the city is there for the plants the plants are growing all over the place living on the rain and living on people living on the mother in me living on my husband and the little it the plants are huge and live by absorbing the water that is there for them exclusively plants are important

*but not my body my body separated from me and i demand explanation you have a post-partum depression it is obvious i could prescribe you some anti-depressants but you have to stop breast-feeding no i had to go away there were many doctors in vancouver but they could not speak there were plants in their offices and drapes took away all the light *i am so afraid to breathe it is the mother in me who breathes she also watches the baby breathe and then she holds it tight my hands are aching in the night when i feed the baby and feel my breasts swollen and disfigured i start to hate my husband* he woke up with me and slept nevertheless he was trying to help and he did not he read a newspaper i decided to hate him the same kind of hate i developed for the city *somewhere else i would be able to love him again now i love the baby it never hurts it is easy* all that was hurting me was because of me the weakness the loneliness the mother the unprepared condition of motherhood my husband was lonely too but at least he had his body all the time the body was his*

*go back to europe back home where is that home that was no longer ours but perhaps i could occupy myself with something else refocus my mind on making it ours *only that i must know what is happening to me to my body too many small**

pains indicators of a disaster phone calls to nurses inquires questions uncertainty hysteria and then that general practitioner in whistler exceptionally good they said hardly ever mistaken in his diagnoses consulted in serious matters only next day we drove to whistler *why is there no space for joy in me why is the whole body occupied by fear that i have to mask every day i try i try to enjoy restaurants hot tubs wine affections and above all i try to enjoy my child but then my child is being admired almost by everybody especially women* women who also immediately and wordless commented on my body the same insane disordered body how could this body make a good impression if any of them looked into my eyes they would have noticed but no they would have not they were watching the mother in me moving towards the child if i could tell them that i was so afraid it would never be back the body they thought they saw preoccupied with pain counting every single one hoping that perhaps they come only when i think they would and the mother pretended the pleasure of being while i speculated upon death each time i felt pleasure my brain felt the emptiness i imagined must have been there when you cannot feel the pleasure *the lack of pleasure is imagined much stronger than real all over me falling into sleep with a headache is like falling into death* but each time i heard my child crying i was back in life the body of mother was working well it woke up regularly sometimes even before the baby it produced milk successfully and fed the baby it never collapsed it never stopped giving

maybe because it was not afraid of giving it was me who was afraid when the doctor finally examined my body i had all the answers ready i said all he wanted to know *i won't tell him anything he seems he made up his mind he knows i knew too but i was afraid to know well i think you have multiple sclerosis—falling down falling down down deep deep how deep deep down falling* please calm down obviously you don't know much about multiple sclerosis *falling down deep down* we have to test you to be sure MRI is most accurate but there is a waiting list three to four weeks *no no waiting i cannot wait i have to know* there is a private center they will test you within 48 hours i could call them right now it took them 4 days and it was expensive but i had to stop falling down the reason whatever it was i needed my body to live with the money everything was quicker but it did not change much i was awaiting my sentence i actually wanted to have MS in order to finalize the pain and to start the treatment

i saw neurologist only after the MRI results were available we sat there my husband and me in front of yet another person waiting for the confirmation of the diagnosis you know the results don't you no I don't there are no traces of MS in your brain the results are negative i did not believe i was suspicious *maybe these are not my results why the pain what then is the pain about* for the next half a year of my life i had MS i breathed MS lived MS and i was becoming a mother i was joining the mother healing the split within and *i thought i would not be able to say it i thought writing was like ordering thoughts thoughts that i have been collecting for too long to remember their clues* but writing about depression is not ordering and collecting rather it is a suspension of disorder a moment frozen in chaos grasped and left untouched writing about depression writing with a

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desperate hope of breaking through the invisibility of silence

Author's afterword

I gave birth to Julian in Vancouver on the 28 of February 1999, two weeks before the due date and one week before the oral exam for my PhD candidacy examinations. At the day of submitting my last exam paper I was diagnosed with Bell's palsy, a partial paralysis of the face, possibly due to hormonal changes. Thus, the growing sensation of horror that I had repeatedly experienced in the last trimester of my pregnancy reached its climax. I was torn between hysterical despair and a vague desire for the baby. But the next few days changed everything. There were suddenly three of us, Sebastian, Julian and me. I felt happy, my face soon recovered and apparently all was well. Two months past, I started to observe strange weaknesses in my body; I could no longer concentrate on reading and watched too many "wrong" movies, especially "Go Now," mistakenly recommended as a comedy but actually showing a tragic life-story of multiple sclerosis. Furthermore, it ended with an extra commercial with a young mother who cannot pick up her crying baby from the floor. She's had it. *Everybody can get it, you can get it, so please contribute to the Canadian MS Society.* The pains grew but I denied the thought of the depression because a depression could not make me feel so bad.

Rishma Dunlop

If the Heart Asks for Pleasure First

My daughter emerges from
the pastel cocoon
of her room
through the ticking
of the hallway clock
floats down the stairs
into the dusk
as the stream of possible lovers begins

I still imagine her slender bones
need cradling
her body light as a dragonfly
skeletal recesses like a soft-shelled crab
an easy mark
for crushing

her face mine, ours
the tendrils of youth
still visible
her separateness a gift
tied with the full weight
of my heart-salt

as she enters the night sky
orchid and indigo
the evening news tells stories

Rishma Dunlop

of clipped wings, small coffins
the earth scarred with grief
hearts opened and closed

and I am reminded of what I know
that there is nothing stronger
than to be helpless before desire
knowing that moment when
the heart must answer yes
when there is no longer
any choice but assent

tonight at my desk
covered with papers
scraps of poems
every alphabet my child
my heart stops and starts in the dark
until the sound of her key in the lock
my necessary lullaby

Carol Brownstein-Evans

Negotiating the Meaning of Motherhood *Women in Addiction and Recovery*

Mothering and substance abuse have been considered categorically incompatible. The connection between maternal drug use and parenting has been highly controversial, so much so that the bulk of research concentrates on the impact of drug use on parenting and pregnancy and not on women's lives. There are, however, socially constructed ways in which society idealizes pregnancy and motherhood which marginalizes poor, single, substance abusing or homeless women as "bad," unfit, or non-mothers. This article makes motherhood and women's everyday lives the problematic rather than substance abuse or the effects of parental drug use on children.

The literature indicates that the relationship with their children is what motivates drug-using women to seek treatment. It is consequently the reason that women who are separated from their children are less likely to complete treatment programs (Finkelstein, 1993, 1994; Wobie 1997). This suggests going beyond the connections between drug use, treatment, and children to ask what does mothering mean to women who have histories of drug use and how do they negotiate the meaning of motherhood for themselves?

Description of the study

My research and clinical experience in interacting with women in social service settings is that motherhood means a *great deal* to them. They struggle to carry out mothering in their particular life situations which may have involved alcoholic parents, drug-using partners, low income or poverty, single parenting, domestic violence, divorce, or foster care. I am conducting in-depth interviews with 20 women at two different residential sites. One site is a six month residential drug treatment program that houses 15 women and up to five children. The other is a supportive living program where women in recovery can

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live with their children in apartments for up to two years with program and staff support. Eighteen women between the ages of 20 and 44 have been interviewed thus far. Eight of the participants identify themselves as Black or African American; one identified later that she is biracial. Eight of the participants identify themselves as White, and two identify themselves as multi-ethnic, Puerto-Rican and Italian or White. Five women had been legally married and three were legally divorced. One woman was still married and returning to her marital home after her residential treatment program. A sixth woman was planning to marry her long-time partner and the father of her children. Three additional women each described having a stable, committed relationship with a man during the study. All but two women indicated that their partners had some history of drug or alcohol use. I wish to remain faithful to their descriptions of themselves and their situations rather than arbitrarily categorizing them by race or marital status. I am using pseudonyms and excerpts from interviews with these women.

All of the 18 women interviewed have between one and five children. Two gave birth to children during the study process. Some of the women had never been separated from their children; others had periods of separation and were working on reunification. Some women voluntarily placed their children with relatives; others experienced the removal of their children by child protective services. However, all of these women had chosen to be in settings where they could have contact with their children by living with them or by having visitation and planning to resume custody of them. These demographics and the women's stories themselves demonstrate some of the complexities of individuals' lives which are oversimplified by the conventional understandings of maternal substance abuse. When I examined some of the invisible work of mothering in these women's lives, I found how mothering involved multiple considerations in how individuals think and feel about their children, make decisions about their children's lives, interact with their children, and negotiate with others who have roles with their children. All these things occur in various ways for all mothers and affect and will be affected by the particular circumstance of a woman's life.

Feminist methodology

Seeing women's lives as central and focusing on the meaning women attach to their experiences is a principle of feminist methodology. Using a feminist approach as described by Ritzer (1996), this article examines mothers who have been substance abusing to begin to address how women themselves describe their mothering experiences, how they describe exercising choice in what they do, and how they understand and interpret their own actions in relation to those decisions (419).

Feminist methodology also means understanding how social structure makes certain actions necessary while other actions are impossible. Dorothy Smith (1987) says this means understanding the social relations in which

individual actors' daily lives are embedded. How men are fathers, how women learn to be mothers, and how women were mothered are themes that influence how these particular women are negotiating motherhood for themselves in their particular circumstances. Including the intersection of race, class, gender, and age in this analysis of women's lives contributes to a broader understanding of mothering practices and how to value them, thus helping to challenge traditional conventions about motherhood.

Idealizations of motherhood

Idealized mothering insists that mothers be self-sacrificing, nurturing, responsible, good, and moral. Good mothering is seen as exclusively provided by one person, the biological mother, who has a strong bond with her children. Thus, motherhood has become a "sacred calling," but the construction of motherhood has been channeled to serve patriarchal interests.

Adrienne Rich (1976) writes that to guarantee that women will buy into these roles, motherhood is idealized so that women will strive to reach an unrealistic idea that keeps them under male dominance; women are not liberated by achieving a high standard only more imprisoned (57). Such oppression may give rise to any number of detrimental results including physical illness, depression, or substance abuse. Furthermore, when women are targets for drug sellers and drug pushers, they are further oppressed and controlled by male interests.

The veneration and idealization of motherhood not only creates compelling but unrealistic standards for most women but immediately labels certain women as bad, neglectful, and non-mothers (Rich 1976; Chodorow 1978; Finkelstein 1993, 1994). Rich (1976) indicates that rather than question the institution of motherhood, women and men have been socialized to question the deviance of individual mothers. Women who are poor, single, welfare-dependent, or substance-abusing are judged against idealized standards of goodness and responsibility. Glenn (1994) indicates that such judgments are made easier by the unequal power relations between men and women and between dominant and subordinate racial groups which serve as the contexts in which mothering takes place. Therefore, various theorists such as Collins (1990), Glenn (1994), and Smith (1987) insist that women do not all have the same opportunities in carrying out mothering and experience patriarchal control differently.

Devault (1995) indicates that women are "embedded in the social relations of [their] contexts" (627) and will develop standards that are compelling within those contexts. Those standards may incorporate some of the idealizations of motherhood but individual actors will also explain their circumstances as they have made sense of them. Selectively, individual mothers may incorporate or discard certain idealizations depending how well any standard fits their contexts; negotiating individual meanings of motherhood for themselves as necessary.

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Carol Brownstein-Evans

How mothers make decisions about their childrens' lives

Angel, an African-American woman, became pregnant at age 25 with her first child. She originally planned to have an abortion saying she was not ready to have a child. She and her 30-year-old, boyfriend had just begun living together. He was employed; she was seeking employment. Although he wanted to have the baby, she did not know how committed he was. Previously married, he left his wife and child for Angel. She saw the potential for the same outcome for her and her child. He was also selling drugs and she had just resumed using cocaine.

Angel initially hoped to have her first child in the context of a stable relationship, if not a legal marriage, with two employed parents. She considered abortion because the circumstances were not optimal for motherhood. This decision seemed to incorporate idealizations about appropriate motherhood. However, she lacked support from the father of her child for this decision. She could not go through with an abortion alone. A month later, she made the decision to seek treatment to try to be a "good" mother. Her infant was born without signs of drug exposure. She tried to raise her child in the context of a two-parent family with the father of her child for six months. However, he continued selling drugs and she eventually began using again. Her ideal of a two-parent family for her child was not possible at that time; she and the father separated and she eventually sought drug treatment again.

How mothers think and feel about their children

Angel describes her son as the most important person in her life. She raised her son alone for a year and then lost custody for a brief period. She described visits with him this way:

I would see him, but he would cry and say "Mommy, I want to go with you," and it was so hard. I felt so bad, so I stopped seeing him... I would use some more to medicate myself so I wouldn't feel the pain. Then I wouldn't be able to see him, and I would feel so bad. I would be trying to get high and I would be crying thinking about him... I would be sitting in these awful drug houses using with people I didn't know and saying to myself "This is not my life; this is not me. I wasn't raised like this. I have a son."

The very thing that gave meaning to her life, being a mother, was also a reason for her to feel pain when she could not be a responsible mother and have her son with her. She described increased drug use when she was first separated from her son where she was "using more so I wouldn't feel the pain."

This pattern was reported by many women in the study before they each sought treatment. Diane said:

The most stressful time for me in addiction was my children. The children always tore at me so bad... 'cause I always made so many promises to the kids

and then that would always be all gone.... I worried and worried what this was doing to the kids ... but ... the flip side of that was the more I worried the more I drugged to keep that out of my mind.... I knew I could be a better mother... So I took them out there [to the Department of Social Services] and I told the people they had to take the children ... I said, "I want to get help and I need to know the children are going to be all right...."

The whole time she was using, she was worried about the children and the effect of her drug use on the children. This first created a response of increased drug use to "keep that out of her mind." Before going into treatment, when she had reached her lowest point of addiction which included eviction, no food or diapers, and four children tagging along with her on the street, she had to know the children were "going to be all right" when she placed them in foster care.

Insuring that their children were well taken care, that their children were with them in treatment and recovery, or that their children would be reunited with them were of primary importance to the mothers in this study. For example, when asked what it meant to have her three month old son with her in supportive living, Julie said, "It means everything to me. Some days, when I cannot do it for myself, I do it for him. He keeps me focused on why I am here."

When her children were in foster care, Diane was acutely aware of the affect of separation on her children, especially her oldest son, a 9 year old who is autistic. He had been in foster care for 15 months, five months longer than he or she anticipated. When his teachers and foster mother began to observe certain behaviors, they suggested he be tested for hyperactivity. Diane objected and indicated, "I know my son. He is not hyperactive. It has just been too long, and he wants to come home. It's time for him to come home and be with me." When his return home was accomplished a month later, the teachers no longer observed the "symptoms" they had labeled hyperactive.

Diane knew her son for nine years as his primary caregiver. Except for this voluntary foster care placement precipitated by her need for drug treatment, he had always lived with her. She saw him through a maternal lens and not through the eyes of white teachers and educational staff. Her knowledge of her son challenged "expert" knowledge. It was clear to her that her son needed to come home with her.

June is resuming the role of mother in her 13-year-old son's life and was considering living arrangements that were best for him based on his current situation. He has been raised by his grandmother for the last six years. June does not want to take him away from his stability. She says, "It is not what I want but what is best for him that is important." She said the choice of living arrangement will be his; she does not want to separate him from his friends, school, or sports by insisting he live with her. It seems that she was doing what a "good" mother should in placing her child's needs first. It might, however, result in her living separately from her son, a situation seemingly at odds with "good" mothering.

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How men are fathers influences how women are mothers

Several women discussed whether the fathers of their children are known to them, acknowledge paternity, maintain stable relationships, visitation, or contact with the children, pay child support, or safely care for a child. The level of involvement of the child's father was a determining factor in how each woman was a mother.

Marie became pregnant in high school but the father of her child never sees his son or helps with child support. She does not know the father of her second son because she was prostituting at the time. She now sees these circumstances as advantageous because she can raise her sons as she feels appropriate. Marie acknowledged that the men she met while prostituting and using drugs would not be appropriate fathers.

She also says, "I think God gave me sons for a reason. I have always had a problem with men. This way, I have to learn about boys and men in a whole new way and be a good mother."

The father of Jessica's 15 month old daughter Andrea is also the putative father of her current pregnancy. He currently pays \$11 a week in child support. He has only seen Andrea twice in eight months although visitation rights are monthly. Jessica is nervous when he does take their daughter for weekends because he is still drinking. For Jessica, visitation is only tolerable if her daughter stays with the paternal grandmother. The putative father is also denying paternity of the current pregnancy. Jessica finds this to be his way of avoiding further responsibility, and she concludes, "I have been doing everything as a single mother for 15 months and I guess I will continue to be a single mother with two children."

Both Jessica and Marie describe the circumstances of single parenting differently. For Marie, it is advantageous and a learning situation. For Jessica, single parenting is something she has already done and can continue to do capably.

Diane describes that over the ten years she has been a parent, she and the father of her four children have been together but,

... with a lot of breaking up. I ended up putting him out and the kids stayed with me.... If we don't make it, the kids will still come with me. In my mind, I am always going to believe the kids are best with me.... He could go but the children stay with me ... the kids would naturally come with me, you see.

Diane's understanding and her practice of the conventions of motherhood included that the children's place is with the mother. If there are parental separations, the children maintain stability and continuity by being with the mother. For Diane, this was the "norm."

Angel describes that the father of her child did not have as much of a "using" problem as a "selling" problem:

You don't know what might be going down. You don't know who's gonna come to the house or what is going to go on. I didn't want anything to happen to my son. I was trying to get clean so that I could take care of him right. Why would I want to put him where something could happen because of selling drugs. It made him mad, but I told him the drugs would have to go if he wanted to have his son visit him. I can't tell him how to live his life, but I can decide what is safe for my son.

In this exchange, Angel indicated that it was difficult to be firm because her son's father is older, white, and in better economic circumstances than Angel who is younger, Black, and receiving public assistance during her treatment and recovery. However, she asserted herself in relation to her son's safety fulfilling the ideal of a "good" mother who is protective of her child. Both Angel and Diane were assertive in relation to the behavior of the fathers, establishing what they as mothers believed was best for their children. Without the support of a second parent, mothering is hard. All of these subjects indicated they will parent without the help of fathers if necessary. Most of them have at some point been single mothers. Some have shared parenting with foster mothers or grandparents and accept the importance of those figures in their children's lives.

How women negotiate parenting with others

Many of the women interviewed had shared parenting temporarily with other people by voluntary or involuntary arrangements. June had her son live with her mother when he was entering school. At the time, June was a single working mother living in a rural area, trying to make a living, and faced with issues of school, transportation, and child care as well as finances. She did not have the benefits of a college education and a career ladder. Her decision can be understood in the context of her social, financial, educational, and employment context. However her decision she made to help stabilize her son while she worked is what allowed her to drink more. The job itself, catering, was conducive to drinking, and the absence of full-time parenting responsibilities was a contributing factor. Her son is now 13 and she is trying to resume a parenting role in his life saying,

So I am going to think about what I do as far as going back into his life as a parent, take it slow. I do want to get involved in things that I can like parent teacher conferences, anything I can help him with as a support being a parent. But I can see where my mom might feel threatened because she's had him for six years. It is like her second chance at being a parent and doing it differently.

June described that her parents had been heavy drinkers, if not alcoholics, during her childhood and there was no real guidance or parenting in her child-

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hood. Her mother had stopped drinking before June's son was born. Raising June's son for six years was a second chance at mothering for June's mother. June is aware of this as she negotiates how she will share the parenting with her mother and resume her mothering role without replacing her mother in her son's life.

How women learn to be mothers

A significant context for mothering was what several women said about learning to be a mother and how they were mothered. Substance abusing mothers are seen as marginalized and deviant and not as possessing knowledge worth listening to regarding their lives or mothering. However, a feminist concept of empowerment would encourage them to speak of their mothering experiences and not be passive, silent recipients of social interventions of treatment, rehabilitation, and parenting education.

My research finds several women who are learning from examples of "good" mothering or from the experience of having to provide care to younger siblings. Other women are learning from what was missing in their own lives and from what not to do as a mother. Comparisons to one's own mother were made, a process many mothers experience.

Diane described how she and her younger sister were responsible for their youngest siblings. She had to pick them up from school, take them to her sports practices, make sure they did homework while she prepared dinner, and put them to bed. Her mother worked afternoon/evening shifts and her father was a long distance truck driver.

They were one of a small number of African- American families in a community outside a metropolitan area. Most families had stay-at-home mothers. She viewed her experience as preparation for her own children. She knows how to help her two oldest with homework while entertaining the two toddlers before preparing dinner and starting the bedtime routine.

Jessica indicates, "I do not really know how I am learning to be a mother," but she clearly articulates that she is trying to do things differently from how she was raised. She describes how her mother would "call me stupid, get mad, and criticize me." She does not want to do that with her child so she uses time out for unacceptable behavior and much praise for good behavior. She watches other mothers who yell or occasionally slap their children and wants to avoid doing the same things.

Marie also wants to do things for her children that she never experienced. She described growing up in 27 different foster homes and missing affection and individual attention. However, she describes her last foster mother, whom she calls "mother," as a good role model. Other women described mothers, stepmothers, grandmothers, aunts, or older sisters who were examples of how to be a mother.

Ann, a 36-year-old white woman, made comparisons between herself and her mother to explain her standards in marriage, family life, and mothering:

My mom was there for us but yet she wasn't. She was an alcoholic herself and I don't want my kids being raised like I was. Every time we turned around there was a different boyfriend.... That's why lots of times I put up with what I went through for almost seven years with their father.... It wasn't going to end. We were going to stay together.

She went on to describe her husband:

He cheated on me both times I was pregnant. Still took him back. The second time he came back, he came back married to another woman. And I still took him back because of the fact that my children needed a father.

This describes how strongly a woman can cling to those standards of marriage and a two-parent family despite other events in her social situation. Ann seemed to feel that by being married and keeping her children's father in their lives that she could avoid her raising her children the same way she was raised.

And another thing I used to beat my self for ... my mom drank, but she didn't get us kids taken away from her ... so that's like where I felt as a failure.... But I have to look at the years before. There wasn't really CPS either. They didn't care about if a parent drank too much. How come [my mother] didn't have that happen?

Ann is in a six month residential drug treatment program; her children are currently in foster care because of a child protective report; her husband is in jail. Her mother did not face the same consequences for her drinking and relationships with men. Ann's standard had been to be a better mother than her mother and not raise her children the way she was raised. She seems to measure herself against the fact that her mother always kept her own children with her. Yet Ann also seems to be aware of the social structures that affected her life compared to her mother's, such as the intervention of child protective services in maternal substance abuse in the 1980s and 1990s.

Summary and conclusion

One can examine the strengths that an individual woman brings with her as she seeks treatment rather than blaming her for her mothering and focusing on deficits. How does a woman try to achieve standards of "good" mothering as she interprets socially constructed ideals? McMurtie (1998) and Finkelstein (1993, 1994) indicate that decisions to seek treatment are motivated by the need to protect their children and be appropriate role models for them. Many of the women like Chris were competent parents before addiction and want to resume their responsibilities and skills. Some never completely abandoned those responsibilities like Diane who only agreed to foster care so that she could receive drug treatment. All the women indicated that the mothering role is very

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important to them. In our society, it is the primary role in many women's lives and their basis of self-worth based upon family and culture. Consequently, all these women indicated that they care for their children and want to be "good" mothers. The idealizations of motherhood serve a purpose for them in how they negotiate the meaning of motherhood for themselves. Being the kind of mother she knew she could be was how Diane expressed her motivation.

However, Barrie Thorne indicates that motherhood can also be a woman's most oppressive situation (1982: 19). The same standards that are used to judge a woman are the ones she aspires to achieve as she is investigated by child protection, separated from her children, and reminded that she has been an inadequate mother. Being separated from one's children seemed to result first in escalated substance abuse to escape the pain of separation. Women in this study indicated that wanting to be a "good" mother, not the separation from children, was a motivation to seek treatment and to keep or regain custody of children.

McMurtie (1998) and Gilligan (1992) indicate that many women's strengths lie in arriving at well-informed conclusions by looking at a situation from many angles and understanding its complexity. This is seen in Angel's assessment of her child's safety while visiting his father, June's negotiation of shared motherhood with her mother, and Ann's analysis of the difference between her circumstances and her mother's.

These various women selected ideals of mothering, interpreted how these ideals fit with the complexities of their lives, and attempted to carry out mothering using these ideals and the knowledge of their own and their children's lives. If we listen to their stories of how they negotiate the meaning of motherhood, we may better understand how motherhood is constructed in a larger number of contexts. A critical analysis of their stories can be the vehicle to addressing the contexts of women's lives and enhancing their efforts to be the kinds of mothers they desire to be.

References

- Chodorow, Nancy. 1978. *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender*. Los Angeles: University of California Press.
- Collins, Patricia Hill. 1990. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge.
- DeVault, Marjorie. 1995. "Ethnicity and Expertise: Racial-Ethnic Knowledge in Sociological Research." *Gender and Society* 9: 612-631.
- Finkelstein, Norma. 1993. "Treatment Programming for Alcohol and Drug-Dependent Pregnant Women." *International Journal of the Addictions* 28: 1275-1309.
- Finkelstein, Norma. 1994. "Treatment Issues for Alcohol- and Drug-Dependent Pregnant and Parenting Women." *Health and Social Work* 191: 14.

- Gilligan, Carol. 1982. *In a Different Voice*. Cambridge, MA: Harvard University Press.
- Glenn, Evelyn Nakano. 1994. "Social Construction of Mothering: A Thematic Overview." *Mothering: Ideology, Experience, and Agency*. Eds. Evelyn Nakano Glenn, Grace Chang, and Linda Rennie Forcey. New York: Routledge, 1-29.
- McMurtie, Claire, et. al. 1998. "Child Care and Parenting Education Within Drug Treatment Programs for Pregnant and Parenting women." *Women's Health Issues* 8: 246-253.
- Rich, Adrienne, 1976. *Of Woman Born*. New York: W.W. Norton.
- Ritzer, George. 1996. *Modern Sociological Theory*. New York: McGraw-Hill.
- Smith, Dorothy. 1987. *The Everyday World as Problematic: A Feminist Sociology*. Boston: Northeastern University Press.
- Thorne, Barrie with Marilyn Yalom, eds. 1982. *Rethinking the Family*. New York: Longman.
- Wobie, Kathleen, Fonda Davis Eyley, Michael Conlon, Leslie Clarke, and Marylou Behnke. 1997. "Women and Children in Residential Treatment: Outcomes for Mothers and Their Infants." *Journal of Drug Issues* 27: 585-606.

Laurie Kruk

More than One, Less than Two *Canadian Poets Becoming Mothers*

Sons branch out, but
one woman leads to another.
—Margaret Atwood, “Five Poems for Grandmothers”
Two-Headed Poems (1978)

I was diapering my 21-month-old daughter, when she lunged forward, arms tightening around my neck, saying “Hug Mommy.” She has been attacking us with hugs for the last month, a delightful new assault. I asked my husband, the “senior parent” of an eleven-year-old boy, “Will she always be this affectionate?” He shrugged, handing me her rubber pants, “Oh no—in a few years, you’ll be at each other’s throats. I mean ... mothers and daughters—you know.” “But—” I protested weakly, thinking of my own ambivalent reaction to my mother’s weekly phone calls, the surge of affection and irritation that rises at her hesitant greeting. “Hello ... it’s Mom. Hope aren’t too busy to talk...?” “Haven’t you read *My Mother, My Self?*” he asked, lifting our laughing child into her crib.

Well, yes, I had read Nancy Friday’s (1977) pop classic, of course. And related to its intense, self-absorbed daughter-centric declaration of independence from the demanding, often dysfunctional, mother. But that was when I was only a daughter—since July 1998, I’ve been a mother of a daughter, and with the added identification involved in nurturing a female comes an added fear of eventual criticism, sizing-up and expulsion from her heart of hearts. This was a fear I carried even during my pregnancy when I “wished for” a boy ... only to push my deepest anxiety out of my body, breathing and beautiful—my daughter.

What happens when Canadian poets become mothers? This is vast

territory for anyone to cover, for me as a new mother, reader of Canadian literature and poet myself... I can only begin to sketch out some observations on a heartfelt transformation—personal, political and psychological. Almost randomly, I chose three other Canadian poets who write of becoming mothers to daughters—and who suggest the paradox expressed in my title, as being “more than one,” but also at crucial moments, “less than two.” Claire Harris has created a challenging collage of poetry and prose focusing on a woman’s dreams, memories and meditations during pregnancy, entitled *Drawing Down a Daughter* (1992), nominated for a Governor-General’s Award. The speaker is Trinidadian-Canadian, and juxtaposes her late-pregnancy experience in wintry Calgary with her own mixed memories of the “motherland,” mingling awareness of racial and class difference with the fears and fantasies of a woman addressing her future first-born daughter. In two poems from *The Litmus Body* (1992), “cry,” and “watching her swim,” Nadine McNinnis addresses the complex feelings generated by alternating impulses—embracing separateness, then psychically overlapping again—that the mother/daughter relationship carries with it. I posit that such tension is more defined in this relationship than within a mother/son dyad, although my hypothesis is not (yet) experience-tested by this author. Omnipresent Atwood, mistress of the satirical dissection, has also pondered the cultural dressing of women in a five-part meditation from *Two-Headed Poems* (1978) called “A Red Shirt” that offers a rare portrait of this very public poet as mother. I will use these three female poets as preliminary samples in a literary survey of this most self-reflexive of ties, and conclude with an instance of my own creative convergence of voices as mother, poet, critic.

Carolyn Heilbrun has drawn on the anthropologically-inspired term “liminality” to address the multiple identities experienced by contemporary women writers who “began to portray the new possibilities that, as a result of feminism, they found themselves confronting.... For the most part, they found themselves betwixt and between, neither altogether here nor there, not one kind of person or another.... They found themselves in a state of liminality...” (1999: 8). This recognition of psychological and cultural multiplicity of identifications is certainly relevant to mothers who are poets. It is also an apt description of Claire Harris and her polyphonous exploration of the threshold state of the pregnant woman, her protagonist Patricia, who looks back at the “motherland” of Trinidad, and her girlhood there, while projecting her daughter’s future in Canada, her adopted country. The expectant mother is caught between an irresistible maternal vision of newness, and the hard-won knowledge of life as a black woman in a still racist society: As Patricia broods, “inside her the child thrashing / daughter she needs/ dreads / for who would bring a child/ skin shimmering black God’s / night breath curled crisp / about her face courage / of enslaved ancestors in her eyes / who would choose to cradle / such tropic grace on the Bow’s frozen banks” (1992: 17-18). Passages of such lyric intensity recognized as high literacy by Canadian readers sit beside transcriptions of voices of female ancestors, including a story of a girl’s sexual

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betrayal and supernatural revenge (as La Diabliesse, the female demon), partly narrated in the voice and dialect of a Caribbean female storyteller. Sunanda Pal observes of this sequence, “While the story about a pregnant girl being heartlessly deserted by her lover, hints at the poet-protagonist’s anxiety about her [absent] husband’s return, at another level it is a device that mixes formal literature with folkloric tradition” (1996: 137). Thus the “voices” of the text vary from high literacy of contemporary poetry, to Afro-Caribbean idiom: joking asides to the “Girl” in utero, recipes for “bakes” which turn into storytelling, typically female storytelling: “Child this is the gospel on bakes” (Harris, 1992: 44). Henry Louis Gates, Jr., aptly describes this African-Caribbean text created in English as “two-toned.... Its visual tones are white and black, and its aural tones are standard and vernacular” (qtd. in Morrell, 1996: 9-10). Formally and linguistically, *Drawing Down a Daughter* is the most liminal work of the three. This cultural/linguistic “betwixt and between-ness” is re-presented in the present moment through the father/husband’s suggestion that they move back to Trinidad, after the birth, against Patricia’s preference to stay in her new country, Canada.

Yet even now her mind is drawn back to the heritage she wishes to preserve for her daughter, in her ongoing conversation with the fetus. For example, this tidbit of remembered matrilineage:

that was your great aunt by marriage Aunt Clem she put
my navel string in a bottle, carried it to the family barracks
at Lopinot to bury i wonder what the doctor would say if i
asked him for yours
what would your father say so thorough
a Canadian
he doesn't really know anything about us...
we're going to have to teach him, you and i
(Harris, 1992: 80 [emphasis in original text])

We notice how husband and doctor are joined in their power to “say” something against the feminine birth ritual, while daughter and mother are linked as the “us” he doesn’t know “anything about”—certainly women, and perhaps, Trinidadians. Thus, the continual alternation in her mind of the Bow river of Calgary in Winter, with the tropical Lopinot River of Trinidad.... and the biography of Patricia Whittaker-Williams, the successful writer/teacher, with that of her girlhood acquaintance, Jocelyn Romero. Jocelyn changes names and becomes Enid Thomas, the illegal immigrant and single mother whose tragic story Patricia uncovers, a shadow to her own. Patricia’s own chosen pregnancy is also juxtaposed with the unplanned motherhood of Jocelyn/Enid, who is denied Patricia’s class-based advantages of wealth and education. Class, as Harris insists in a 1997 interview, remains a silent source of racial separation in the Afro-Caribbean world: “I don’t think it matters

where you were born—I think it matters to whom you were born. Certainly in Third World countries it is the difference between life and death” (qtd. in Sander and Mukherjee, 1997: 26).

However, the birth of the daughter offers the possibility of political transformation, for “it is through mother-daughter bonding that Afro-Caribbean women develop a collaborative feminist consciousness of struggle against multiple oppressions” (Kuwabong, 1999: 105). This meditation, this work of “drawing down a daughter” ends in the onset of Patricia’s labour, and in an ecstatic moment, she envisions the beauty of her daughter’s face, hair and hands, which nevertheless assert independence, “though we are [still] roped to each other” for they “grasp the air casually taking your own self back / as if all my striving to order existence with your birth / were less even than this view” [of the Bow river] (Harris, 1992: 112). The female power and pride of giving birth is immediately shadowed by the painful knowledge of sexism and racism, the utopian impossibility of her mother’s “striving to order existence.” The ambivalence of this moment of giving birth to a Trinidadian-Canadian daughter is negatively resolved by the shocking simile which ends the book: in the pain of labour contractions, Patricia says “for a moment i am / as the stunned slave under the whip.” And the reflective Canadian poet is suddenly joined not just with all “eight billion women before me” (Harris, 1992: 80) who give birth, but more chillingly, the “enslaved ancestors” of her motherland. According to Harris, her poetry is part of a larger project by poets of African descent to confront “a society that in all of its manifestations still wants to convince us that we’re less than others. So the stance can only be oppositional, critical, unyielding” (Sander and Mukherjee, 1997: 36)

Anglo-Canadian Nadine McInnis too sweeps away sentimental clichés in her depiction of the mother/daughter bond in two poems that deal with the parenting of a female: “cry” and “watching her swim.” “cry,” (1992: 26) with its blunt, lower-case title, probes the infant’s egocentric tyranny over first, the animal toys which she squeezes until they “cry” and then, the mother, whose rocking and nursing arouses surprisingly hurtful “play,” despite gender stereotypes about docile little girls. The mother speaker says simply, “I must teach you to be gentle, and not / to tear at my lower lip with your nails / when I try to rock you to sleep in my arms, / not to twist the free nipple when you suck” (ll 16-18). Breastfeeding, rocking, these iconic acts of mothering are here shadowed by aggressive impulses which suggest maternal insufficiency and the infant’s demanding presence. The “crying” of the “empty” toys the infant squashes releases air that reminds the mother of the ‘stale’ smell of parking garages, sinisterly imaged as the scene of a sexual assault: “where someone has been loitering / waiting for a woman to happen by / alone” (ll 13-15). So, as with Claire Harris, the hope and innocence symbolized by infancy—though partly a projection, as we see—is punctured by the mothers’ knowledge of the potential inheritance of their female babies. This legacy of vulnerability joins mother and daughter as “one,” politically as well as personally.

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The real victimization conjured up by the toys' innocent abuse is echoed, more intensely, by the baby's equally casual "abuse" of the mother. This unconscious behaviour, however, is read as meaningful by the mother, who feels that the baby has internalized a polarized "good"/"bad" mother and is expressing anger at the withholding mother, "as though there is something denied you, / something more desired locked inside" (ll 20-21). This analysis speaks powerfully to the daughter as both part of the mother and separate from, angry at, the mother. Yet the mother herself, a nursing mother, emblem of mother/child symbiosis, draws the division here, insisting "There is no lost part of you in me. / You took everything with you when you left, / dragging that great weight of independence / on a rope behind you" (ll 22-25). Again, as with Harris ("we are roped to each other"), "rope" is used for the umbilical cord, physical marker of dependence. A rope is a sturdy tool, used to tie things down or up, and it implies a durable bond,—yet also, perhaps, an associated burden, something to cut loose. The mother here asserts *her* independence even as she declares her daughter's. In fact, the poem ends on a note of anger, which politicizes the "cry" the mother makes, perhaps replaying or echoing her birth cries:

I must teach you that
a woman's cry does not rise from an empty space
you can leave behind. A woman
is not just empty space you can tear open
and fill. (ll 24-29)

The implication is that as a woman is not a toy for a child to torment, or an object of a rapist's rage, so a mother is not a selfless vacuum, not just an extension of her child's needs—even a daughter's. The separateness of each member of the relationship is here reaffirmed.

However, a glimpse of a pivotal moment in parenting suggests that this question of fluid or shared identities is always ready to be re-opened. In "watching her swim," (McInnis, 1992: 27) the mother looks on in fear and anxiety as her little girl, "baby cheeks puffing" (l 3), gains independence in the water. The element of water, typically identified with women, becomes a symbol of the fluid boundaries between mother and daughter. This fluidity typifies the "relational ontology [that] underpins much of the feminist work on care," according to sociologist Andrea Doucet's summary (1998: 54). The landscape of sky and "a vaporous lake heavy as mercury" (l. 2) is described as "in flux" to the watching mother, who imagines underwater boulders and drowned bodies, representing the unconscious fears for her daughter's safety lurking beneath the surface of her "smile turned outward, / with fingernails cutting my palms, learning / as she is, the skill of letting go" (McInnis, 1992: ll 6-8). The tension between fear for the daughter, and confidence in her, is visualized in the "faintly blue" child's struggle "against the cold slap on the skin / of wave after

wave.... Easily, she could slip beneath the surface / alchemy of storm and light, and leave me here” (ll 21-25). As the mother acknowledges the barely perceptible gap between swimming and drowning, she is also acknowledging the closeness of her fears, her unavoidable return to thoughts of the child’s first surfacing from near-“drowning” in the mother’s birth canal. The poet-mother blends these two scenes, of both immersion and separation, being born and learning to swim, within the final stanza. There she prepares herself for the rescuing dive into the cold water, which would numb her arms and darken her vision, causing her to black out “in a faint as I did after her birth, groping / blind, through the old blood she came from” (ll. 28-30). Although the daughter is swimming in a (Canadian, I presume) lake, the archetypal *la mer/the mother* link is recalled, by McInnis, through the images of fluidity and surface tension which link mother and daughter in one pre-birth body and the “old blood” they both share.

Mothers and daughters are inevitably linked, for Margaret Atwood (1978), by the cultural “clothing” they are given by a society that has marked women as bearing power, literally, that evokes fear and demonization. In part i, the poet-mother and her sister are sewing a red shirt for the daughter/niece—a domestic act, uniting women in unrecognized creativity, akin to the inferior “crafts” of knitting, needlework and weaving, linking women across time. The shirt’s colour *red* is culturally coded, she reflects, for according to popular, and male opinion, “Young girls should not wear red.... A girl should be a veil, a white shadow, bloodless.... Dancing in red shoes will kill you.” (i, 7-18). The reference to “red shoes” highlights the fairy tale intertext, elaborated by Sharon Wilson (1993) in her study of Atwood’s career-long use of these shaping texts. A more mythical communal voice answers in part ii, “But red is our colour by birth- right,” (ii, 1-2) as women’s legacy of birthing becomes the seed for the idea of a feminine culture, signified by the communal sewing done by the “old leathery mothers ... like worn gloves” (ll 13-16), a reminder of their handiwork, passing on “a long thread of red blood, not yet broken” (l 20) in the cultural as well as biological continuity linking mothers and daughters. The mother archetype now “put on” by the contemporary woman leads back, in mythical descent, to the story of “the Old Woman,” (part iii) who “weaves” bodies and souls, is burned as a witch, and “like your mother ... is covered in fur” (iii, 12). This startling evocation of the submerged “wildness” of mothers, sexual or otherwise, as seen in the “fur” prepares us for the Old Woman’s metamorphosis into the inverse of the saintly Mary, “the *black* Madonna who accepts an offering of *red* candles when there is no other/ help or comfort” (iii, 17-18, my emphasis). The humble act of sewing, of handiwork with needle and thread, is revisioned, with Goddess Athena and the Three Fates, for example, as powerful antecedents ... not just binding women, but all humans to a submerged feminine world of life and death, through the metaphor of spinning/sewing/creating “lifelines.” As Wilson (1993) points out, the “triple goddess” archetype (mother/maiden/crone) is also behind the scenes, reminding us of the recurrent

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female cycle of transformation, of role and power.

Part iv returns us to a more everyday world, where “It is January, it’s raining” (iv, l 1) and the contemporary mother would like “your shirt to be just a shirt, / no charms or fables (ll 4-5).” Yet politically, as well as psychologically, these fables may linger and be used to justify persecution of those who reflect our unprocessed mysteries such as the prostitute or the Jew. Like the good fairy at Sleeping Beauty’s christening party, then, the (sceptical/superstitious) mother tries to counteract harmful myth with a “tiny stitch, my private magic.” But the final “magic” occurs when the daughter puts on the shirt, “red / with purple flowers and pearl/ buttons.” Though she is robed in “our colour,” and decorated in regal purple, this “means nothing to her” (v, l 5). The child is free still of cultural coding, free to escape from mother and aunt by running across the floor, waving delighted “red arms” which appear to the mother as triumphant “banners.” The child is yet the artist of her own identity, the ending implies—at least, for a little while—though the material for that identity is still passed down through the hands, and bodies, of women, joining the generations.

Like these female poets, I too have tried to track the shifting boundaries between mother and daughter, my anxious over-identification alternating with moves, initiated by both, towards autonomy and recognition of otherness. In the following poem, “Elena Cries,” reminiscent of McInnis’s (1992) “cry,” the infant’s nocturnal crying appears as both a wound to the mother’s competence/baby’s contentment and an a literal cry of independence and (free) will, cutting the tie.

Elena Cries

for 40 piano-wire-tight minutes
this first bravely scheduled night:
face a boiled plum, she sirens her solitude,
cries uncoiled between breaths, when she sinks
in woe’s depths and we throb, swallow longing. Awaiting
the spiking febrile return of another
wave’s crash
against arterial walls. Tiny pure voice riding
arpeggios of mucoused rage,
cruel crescendoes of weeping,
leonine roars of wondering, *where: where has
the world gone? where are the strong hands
that held, patted? breasts’ warm oceans of milk
I floated in, sea by sea?*

we hang staring eyes
on neon numbers

12:25 12:33 :47
handrails of sanity
as we stiffen on the edge
of twenty minutes' cradle-rocking
till eyes glue shut with tears, hands lift
in surrender
and twenty minutes more of dry racked snuffles
reproach the quiet
of soul's stilled lament

this is the birth of pain, I reflect as we sag, sink
into darkness, preparing to drown, to follow
your still rocking vessel,
wrecked off the shore of desolation:

little girl, rolled off the edge
of the world
into a universe
empty of rescuing arms and soft breasts,
black as your mother's heart
as she rocks and watches the clock,
counting out the minutes, the misery,
turning to stone, slowly,
from the head down. Whispering to the night,
*you are not the only new born
to loss.*

The situation here is one of imposed separation and independence for the infant, who is being "taught" to cry herself to sleep, so beginning a life-long process of self-reliance, where the mother is partly internalised. This "bravely scheduled night" is an in-between experience for both parents, who agonize and empathize, while rocking the cradle, over the obvious distress of their child, but insist on achieving this first degree of separation. Yet it is the mother who feels the greater sense of betrayal, having refused the nocturnal nursing that may have once lulled both asleep, immersed in a shared bodily nurturing and nourishment. The child must confront her emotional "solitude," even in the presence of her watchful, worrying parents, who "swallow longing" to return to that instinctive responsiveness, imaged as oral desire. The child's persistent and prolonged crying is experienced as both a storm at sea, the rocking cradle the vessel and as an orchestral outpouring, a voicing of will and obstinate energy. Her imagined or projected terror at losing "the world," largely figured by the mother's breast-feeding body, evokes guilt and remorse as the parents, especially the mother, experience a wound, a gap, in their until-now absolute bond with the child. So that the child's eventual "surrender" almost can be read as the

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parents' "surrender" to a psychic loss—loss of innocence, loss of sense of competence. The episode reinforces the child's wholeness and separateness, which is a hard-won victory for the parents, but also leaves an aftertaste of loss for the mother in particular, who is forced to recognize that she may well be the cause of her daughter's (temporary) pain, in her own interest of her own autonomy and "sanity." The storm of crying which ends after forty minutes leaves the parents equally "shipwrecked," exhausted and divided—even from each other—by the ordeal. The mother is divided as she reproaches herself for her "black heart" even as her mind confirms the necessity of initiating this move towards greater self-reliance. She feels joined with weeping infant, as vulnerable as a newborn, exposed to guilt and remorse even as she focuses on the clock's digital numbers in the hope of recapturing time—for herself. And as the poet-mother observes all this, part of her is hungry for the time after when she can write down her impressions and give words to this inarticulate exchange of needs, beyond the intense interaction. She is in a liminal state, both inside and outside, equally observing and experiencing the early pangs of motherhood and the negotiation of boundaries even as she recognizes, with some pride, her daughter's powerfully vocalized will.

Maybe there is a lost part of *ourselves* in our daughters—something which we hope to get back, through our mothering. So I call my mother, glowing with pride, to share my daughter's first day of gym class. And hear an old fear in my mother's response: "Oh, no, she's started already. Leaving. Keep her close to you ... Don't let her go away—like they all do." In Martha McMahan's (1995) recent sociological study of "paths to motherhood," she found that for middle class mothers, such as myself, Harris, McInnis and Atwood, the decision to mother was often more of a rejection of *non*-mothering, of missing out on the potential attachment, than a definitive understanding, and embracing, of mothering. The fear of what would be lost, unexperienced or unlearned, may be a strong motivator for many reflective women, mothers who may also be writers ... and who are writing newly- articulated stories of mothers and daughters as frequently more than one, less than two—politically, psychologically, poetically.

References

- Atwood, Margaret. 1978. "Five Poems for Grandmothers," "A Red Shirt." *Two-Headed Poems*. Toronto: Oxford University Press. 33-40, 102-6.
- Doucet, Andrea. 1998. "Interpreting Mother-Work: Linking Methodology, Ontology, Theory and Personal Biography." *Canadian Woman Studies/les cahiers de la femme* 18 (2 & 3) (Summer/Fall): 52-58
- Friday, Nancy. 1977. *My Mother, Myself*. New York: Delacorte.
- Harris, Claire. 1992. *Drawing Down a Daughter*. Fredericton, New Brunswick: Goose Lane.

- Heilbrun, Carolyn G. 1999. *Women's Lives: The View from the Threshold*. Toronto: University of Toronto Press.
- Kruk, Laurie. "Elena Cries." From a manuscript in process.
- Kuwabong, Dannabang. 1999. "The Mother as Archetype of Self: A Poetics of Matrilineage in the Poetry of Claire Harris and Lorna Goodison." *ARIEL* 30 (1) (January): 105-29.
- McInnis, Nadine. 1992. "cry," "watching her swim." *The Litmus Body*. Kingston: Quarry. 26, 27.
- McMahon, Martha. 1995. *Engendering Motherhood: Identity and Self-Transformation in Women's Lives*. New York: Guilford Press.
- Morrell, Carol, ed. 1994. "Introduction." *Grammar of Dissent: Poetry and Prose by Claire Harris, M. Nourbese Philip, Dionne Brand*. Fredericton: Goose Lane. 9-24.
- Pal, Sunanda. "Celebration of the Black Being in Claire Harris's *The Conception of Winter* and *Drawing Down a Daughter*." *Intersexions: Issues of Race and Gender in Canadian Women's Writing*. Creative New Literatures Series 7. Ed. Coomi S. Vevaina and Barbara Godard. New Delhi: Creative Books, 1996. 131-41.
- Sander, Leslie and Arun Mukherjee. 1997. "A Sense of Responsibility: An Interview with Claire Harris." *West Coast Line* 22 (1) (Spring/Summer): 26-37.
- Wilson, Sharon Rose. 1993. *Margaret Atwood's Fairy-Tale Sexual Politics*. Toronto: ECW Press.

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Becoming Choreographic Fruits of the Womb

I. Introduction

This article will explore four western concert dancers' responses to and interpretations of their pregnancies. All concert dancing while pregnant is disruptive of western constructions both (public) art dance and (private) pregnancy. Art dancing maintains boundaries around accepted body shapes and sizes, and while later twentieth-century images varied greatly from earlier twentieth-century images, still certain images fall outside a limited range of domains. Similarly, pregnancy maintains boundaries around accepted activities, and while later twentieth-century activities varied greatly from earlier twentieth-century activities, certain activities still remain incalculable in public social settings. This article will explore how four dancers challenge normative definitions of dance through the fecund public body.

In the early 1970s, Twyla Tharp maintained a transparent denial of her physical pregnancy. She was determined not to let her condition enter the public arena nor interfere with her daily routine while acknowledging her pregnant body as a valuable partner in acquiring a new perspective on movement information. Ten years later, Jane Comfort made a political decision, consciously refraining from becoming pregnant until she took agency over her own choreographic work. Thus, she was free to explore her pregnant body on her technique which, in turn, trail-blazed for other dancers.

By the early 1990s, Sandy Mathern-Smith and Jody Oberfelder embraced their pregnancies within their continuing artistic commitment, framing these temporary bodies through poetic selection, arrangement, and organization of movement material. Mathern-Smith and Oberfelder revealed themselves through these dances—not only to an audience, but also to themselves.

II. The dances and their creators

Twyla Tharp, renowned dancer and choreographer, is best known for her “wit, inventiveness, complexity, and physical rigor” (Shapiro, 1998: 151). Tharp has been described as “glamorous and daring,” exhibiting “scrupulous logic,” and practicing a “demanding technique.” Having trained with Martha Graham, Merce Cunningham, Alwin Nikolais, and Erick Hawkins, Tharp subsequently danced with the Paul Taylor Company before beginning to choreograph independently in 1965. Although she was clearly sympathetic to non-proscenium spaces, she believed in classical technique and distinguishable dance movement/vocabulary while many art dancers around her, (reflecting the Judson influence), more often subscribed to pedestrian movement and blurring boundaries between trained and untrained performers. In 1970, sandwiched between and around *The One Hundreds* and *Eight Jelly Rolls*, she created *Attic Series* rooted in an “American past: personal, theatrical, musical.... There I was,” she reflected, “up in a farmhouse attic in a family way, and I made family dances filled with my feelings and references to the old guys” (qtd. in Shapiro, 1998: 151). Later Tharp remarked, “[A]s my body changed, I documented what could I could do with my new sense of weight, ways of moving that I had known nothing about before” (Tharp, 1992: 141).

Attic Series appears on Tharp’s *Scrapbook* videotape. Dancing solo, she is dressed in a bulky, white, V-necked, sweatshirt-like top and dark pants with white jazz shoes. The work appears to be improvisational, swaying musically as if marking casually on the sidelines, much the way a social dancer might absorb and reflect music while standing near the bar with a live band in the room. Small gestures, intimate little movements, tiny steps to each beat, she swings and waddles and prances. Then there is cut in the taping, and we seem to be in a new section—a “drunken sailor” section. Here Tharp throws her weight around, appearing more defiant about her body’s condition. She loses her balance and regains it, folds her arms across her chest and misplaces them as they fall open and down, and twists and turns as if the room is spinning underneath her. She appears to be just-more-than marking the work; she is imagining. Unlike the first section where she is contained, internal, speaking to herself, here she is passionate and newly aware of an audience’s perspective.

One of the trademarks of this exhibition is the release we notice in her knees, hips, torso as she drops and then catches herself, allowing her body to give in to the additional weight, the limiting range of motion, the vertical drop between fall and recovery. Light-weight¹ and its opposite “passive weight,” (a situation of giving completely into gravity), fluctuate and mix with a sustained/urgent blend so that suspension is created. Ultimately, the dance takes on a free-flow, light-weight movement (a kind of dreamlike inner state) with bursts of urgency interrupting smooth and sustained attention to time, and then a sudden and momentary release into the earth’s gravitational pull from which she recovers as abruptly as it appeared.

The dance is a discourse of denial. While Tharp acknowledges her preg-

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nancy provided her with a “new sense of weight, ways of moving that I had known nothing about before” (Tharp, 1992: 141), still the work was performed in an attic, not in public, and not included in the lists of Tharp’s influential works of the time, and denied as “important” entirely in a conversation 20 years later.

Jane Comfort is a postmodernist who has performed at Lincoln Center, Dance Theater Workshop, Performance Space 122, The Danspace Project at St. Mark’s Church, and Movement Research among others. Formerly dancing with the Merce Cunningham Company, Comfort began making her own work in the early 1980s, stating she waited until she was a choreographer herself to become pregnant (“Jane Comfort and Wilhelmina Frankfurt”). Comfort’s training, indeed the nature of Cunningham’s work in the early 1980s, is highly structural, radiating strength from the center of the body. Movement is fortuitously machine-like with a leg brushing high off the ground, a large tilt of the whole torso, a series of quick steps grapevining, or the upper body curving, dropping and recovering to a darting outstretched leg-now-arm-now-leg in the front-now-side-now-back. The shaping and fleeting positions created by this randomness seem astonishing, not at all expected, physically fascinating but narratively meaningless. Cunningham was not interested in telling stories, nor was he interested in selecting and then portraying an emotion. He celebrated movement for movement’s sake. His choreography was known for its aleatoric nature. Comfort’s pregnancy dance, *For A Spider Woman*, celebrates this same philosophy: movement/technique is, by itself, enough to explore.

Beginning just weeks after conception and finishing just weeks after birthing, Neelon Crawford filmed Comfort about every month dancing a violently energetic minute-long phrase. As her body gets larger and larger, the movement is forced to adjust, shift, then change. The phrases are grounded with turns and fast, intricate footwork, twisting and contralateral movement, and immediate changes of direction and facing. Punctuated with small, precise jumps, feet replacing feet, torso addressing the audience-the ground-the side, there is a connection between the core and the limbs; no, the feet and the head; no again, the upper and lower torso. In the film/dance, Comfort is costumed in simple leotards and sweatpants, each month a different color combination. The clothing clings to her, swaddling her, revealing her dancer’s body. At first she looks like Any Dancer, but as the months stretch out, so does her belly, and the protrusion of her pregnant shape is highly visible. Her work is frenetic, demanding, and strong. As the pregnancy imposes itself on her body, she yields, but maintains the passion. She is letting go: letting go of the wild, the frenzied, the irrational. She is becoming: becoming more careful, more precise, more placed, more exact. The film/dance concludes with soft sensuous movement phrase, newborn baby in arms.

“I believe there is a cat-like trust of the body,” Comfort asserts in an interview with Celia Ipiotis and Irene Dowd (“Jane Comfort and Wilhelmina

Frankfurt"). She is commenting on balance, but the comment applies equally to turning, falling, dancing in general. Her greatest movement-pleasure while pregnant was turning.

"Hardly anyone in my community had children," she said in this interview. "I wanted to make a statement to other women that I could continue . . . and it would make my art much richer" ("Jane Comfort and Wilhelmina Frankfurt"). This dance presents a discourse of powerful politicizing.

Jody Oberfelder lives and works in New York's downtown dance circuit as well. She has been supported by grants from the National Endowment for the Arts, The Harkness Foundation for Dance, Meet the Composer, Manhattan Community Arts Fund, New York Foundation for the Arts and other leading foundations. Beyond her live professional work, she choreographed the opening sequence for *Nightline* in "Primetime—Brave New World," and has done benefit performances for Broadway Cares/Equity Fights AIDS at the Palace Theater, The Women's Health Initiative at the Marquis Theater on Broadway, and Paul Newman's "Hole in the Wall Gang Camp." When she was pregnant with her first child, Oberfelder (1993) made a deliriously physical work called *Duet*, "to believe in who I was, and not to let the moment be lost."

In this eleven-minute film/dance, Oberfelder is eight months pregnant and stark naked with hair falling curly around her face and shoulders. She dances alone in an apparent endless space—no walls, no windows, no floors. She begins lying on one side, gently swaying with her back to the audience as we hear the pulsing of amniotic blood through an umbilical cord. Eventually the camera comes around the body as the body itself turns toward the camera to reveal the pregnancy in full bloom. Coming to sitting, then flipping to a pseudo-bridge or arch supported by both hands and feet, belly high in the air, she then turns over again, crawling on hands and feet, allowing each foot to cross far over the centerline until finally a zig-zag pattern is formed. Coming to rest, stretched out from hands to toes, belly hanging toward the earth, Oberfelder propels herself up to a handstand of sorts, waving her legs in the air, exposing her vulva and pubic hair.

In the next cut, we see her lying on her back engaged in minimal movement while the *in utero* child dances against the mother's side. Eventually Oberfelder rolls to her left side, her left arm tucked up over her head while her right arm wraps around her belly/baby. Scooting around an imaginary lateral axis by pushing with her feet, Oberfelder then kneels on one leg, continues the spiral to standing, and walks away from the camera. The accompaniment of light percussion instruments seem to bring her back. She throws herself to her hands, lowers herself to the floor, and lurches forward on one knee, turning and twisting her whole body. Forming a peephole with her hands, we see the head snuggle through a too-small opening and emerge. Oberfelder twists and turns—is she the mother or the infant?—until she thrusts herself in a partial back roll, legs up over her head to a momentary shoulder stand, then back down again, like a body spilling and tumbling out of a tunnel. The dance ends as she

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balances on her back, waving her arms and feet in the air, as an infant unable to control its limbs yet fascinated by the movement entertainment they provide.

Oberfelder's choreography bridges intimacy with awe. It is startling in its innocent nakedness, the very private made audaciously public. We see her take agency over her large body, moving it with vigor and gusto through shoulder stands and backspins, feet in the air, or wide second position pliés and hand-foot crawling, weight into the earth. She awards agency to the new life as her hands and feet thrust her belly in the air, undulating and rocking the child while it moves and responds and directs our attention. The back and forth between audience and performer and between mother and belly shows us the new life must find a place amongst the competing demands, but that it is a welcome addition. This is a duet. This dance presents a discourse of avowing.

Sandy Mathern-Smith is an independent choreographer and a university professor working in a temporal simultaneity with Oberfelder. Mathern-Smith's work has been supported by the Greater Columbus Arts Council, the Ohio Arts Council's coveted Individual Artist Fellowship for Choreography, and a recent Arts Midwest Meet the Composer/Choreographic Project Award as well as many other grants and fellowships from around the United States. In 1991, pregnant with her second child, she created and performed *Making*. "I wanted to know what it was like to dance/perform while in the state of being pregnant. It just seemed important because my body was so transformed and I was in it. It was me and it wasn't me, or 'just me.' I was inhabited" (Mathern-Smith, 1997). Her dance is a blending of improvisational structures and tightly choreographed sequences. "I suppose I could have danced in just some dance, but it seemed important the dance/ the movement/ the work be related to my state, my experience inside my body. Just performing wasn't enough. If I was going to perform, it was important that I was not hiding my body, but revealing it, that I wasn't negating the state I was in, trying to simply overlook it. I wanted the performance, the dancing, the work to be intimately connected to me and to my body."

Center-stage in a pool of light, she begins shifting, joints circling in large fluid forms, sometimes interrupted by bent elbows or small turns to another direction, but always moving, moving to another shape.² Like a child squirming, trying to find just the perfect position, she shifts and holds a while; shifts, shifts and holds again; shifts/shifts/shifts/shifts and holds, until finally she is moving more than she is holding. A sound cue, ("My body is an empty vessel ..."), initiates walking around the edges of the pool of light, deliberately and methodically, staying on the cusp even as she twists and turns in, casting in one body part or another—an arm, a leg.

There is a quick energy spurt, lively but very short-lived, during which Mathern-Smith jumps, prances, even runs, although covering no space. She then spirals: first in the most obvious ways of winding up the body, feet planted in open positions; then in less obvious ways, allowing an extended leg or a mid-limb body part (elbow or knee) to initiate the spiral. Finally, the spiral shifting

to other axes, she ends with swinging initiated by the upper body cycling in the frontal plane, spiraling in large body swings, ending in successive dropping, like coughing, down into a squat, arms stretched down, inside surfaces exposed.

Mathern-Smith returns to the lighted center stage, this time flailing her body, falling, falling, almost able to stand but not quite, like a Halloween “fun-house” floor has been installed on the stage. But we are not reassured the dancer is having fun as the singers confirm “my world tips.” She races around the stage in a huge circle, as big as the stage will allow. From the down-stage right corner, she takes poses that could be from classical ballet and modern dance—arabesques, odd twists, deliberate arm positions, one pose melting into another, shifting, transforming. While her body is presentational and frontal, she never looks at the audience, her gaze not just down, but “away.” From this corner, she is flung backward upstage left, head arched over the back surface, leading. It appears awkward, off-balance, and uncomfortable, like she is being sucked by a force the short distance upstage as the singers reveal “I am losing track, losing track of who I am.” The work closes with running, running, running in large circles around the stage, reminiscent of the earlier race, but this time an occasional loop in the circle allows her to re-envision a pose or a spiral or an arm circle before continuing to run as the light folds down. Sandy agreed to a partnership; she merged. This dance presents a discourse of collaboration.

III—The body: physical, social, political

In the most recent 15-20 years, to think about bodies, their social meanings, and political forces, dance scholarship has turned to cultural studies. Americanist Jane Desmond claims: “Not only can the judicious adoption and adaptation of critical theory enable increasingly sophisticated and complex analyses of dance as a social practice; at the same time, the investigation of dance as an extremely under-analyzed bodily practice may challenge or extend dominant formulations of work on ‘the body’” (1997: 1-2). I agree with Desmond. I find myself influenced by an equality and active reciprocity between the dance/r and myself; by the imagination to question what seems unquestionable; by the buoyancy to reshape my sensitivities through conversations and dialogue with the dance and dancers; by a dynamics of play that does not progress toward a predetermined goal; and by an ontologically open interpretation.³ These guidelines of hermeneutic behavior, when applied to the dances of pregnant women, set up for me the potential for exposing the physical, social, and political body. Circulating back to Desmond, I wonder if the cultural, aesthetic, and medical practices permitted the multi-dimensional story of pregnancy to be told through the form of dance, would they be allowing too much power to pass directly from woman to woman, without having gained social and political affirmation from male institutions? That is, is the story of physical pregnancy actually a story of pregnant physicality—one that is too aggressive, too vehement, too powerful to be told, uncensored, and in this case even unspoken, by women alone?

We cannot deny the path from transparent denial through powerful politiciz-

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ing to avowal and collaboration reflects the cultural path traveled by “body” feminists from the 1970s through the 1990s as well. From exploring our selves through consciousness-raising, we have now accumulated an immense body of literature and its dominant formulations in our western culture on the female body itself. Very early in this second wave feminist movement, Tharp shielded herself from public view—not necessarily *because of* the pregnancy but because she refused to yield her dreams to the pregnancy; it was not to re-shape her patterns of behavior. With the support of a decade of feminist activity, and after having gathered information, experience, and legitimacy during that decade, Comfort committed herself to the “creator” arena, constructing knowledge⁴ and taking agency over her own body and its power. Ten years later, Oberfelder focused on pregnancy as inspiration-begetting-movement-vocabulary; it provided her the sensation of herself from the inside out, something she chose to share with other women in a public arena against the grain, against the advice of her mentor.⁵ Mathern-Smith (1997) demanded that her pregnancy *is* herself; she will explore this body as she has explored other challenges, constraints, opportunities. Undaunted by a cultural rejection, we must hold open what it was that supported Mathern-Smith’s decision.

Is it the *dancing* or is it the display of the *pregnancy* that disrupts? These are the everyday experiences of pregnant woman, here placed center stage to make explicit our attending to them. Pregnant women are constructed as private, reserved, respectful, and certainly less physically active than dancers. Media has taught us to coddle pregnant women, care for them, be sensitive about their condition, and guard them in order to guard the child. Our public images are of specific women: in caring and monogamous relationships, upper-class, educated. Pregnant women are not expected to educate themselves or others about this temporary condition. Early pre-natal care is advised so that a doctor rather than the woman can take charge of the health of the unborn. Women thinking they make decisions about their own pregnancy are read as self-absorbed, narcissistic, irresponsible.

We know also that in the last 35 years, the arenas of modern and postmodern concert dance have expanded the accepted single image of dancery bodies, and that shift has altered our expectations of the paper-thin waif who magically displays exquisite physical strength. Yet simultaneously, we have been taught through the media that long necks, protruding collar bones, and willowy limbs are sexy. Women voluntarily putting their bodies on public display are supported most easily if they submit to this “publicly sexy yet privately distanced image,” a visible/invisible illusion.⁶ Her sheer bulk is not easily tolerated, and that is discounting the importance of confirming this potentially attractive woman is clearly no virgin. Bringing the invisible to visibility is problematic.

In her denial, Tharp downplayed the public relevance of dancing pregnant. “That work is not important,” she retorted to a question about it at a social gathering in Columbus, Ohio. Perhaps due to Tharp’s own denial, dance critics

do not seem to recognize where her signature style was derived. Nancy Reynolds and Susan Reimer-Torn state “her movement style seems to have *come from nowhere* (1991: 282 [emphasis mine]). Similarly, Deborah Jowitt reported, she:

began to meld black dance moves with ballet, athletics, and *who-knew-what* [italics mine] to produce a distinctive style that refined antielitism into a quizzical principle. Her dancers, obviously pros, executed demanding and rigorously structured choreography while retaining the spontaneous edge, the casualness, the occasional *inelegance* [italics mine] of people dancing for pleasure. (1988: 336)

In spite of her reluctance to connect her pregnancy with her signature movement style, Tharp (1992) says this period of her physical life taught her “ways of moving that I had known nothing about before.” To make pregnancy explicit as teacher was not encouraged in the early 1970s.

Comfort presented a version of *For A Spider Woman* at the Dance History Scholars Conference in California in the early 1980s. In this version, the film was shown on a scrim at the back of a small stage. Not an unusual arrangement for a dance conference, Comfort introduced the film, then moved offstage while the film was running. At the end of the film, Comfort reemerged in dance clothes with young baby in hand, dancing the last segment live. The audience was aghast. Comfort was willing to make certain statements about what she knew unequivocally as a female, and the richness of her art would surely develop from her feminist perspective brought alive through her embracing of not only Jane-the-skilled-performer, but also Jane-the-woman.

“The men in the audience were struck by concern for the baby,” Comfort reminisced in a telephone conversation. “The women seemed comfortable, but the men were afraid I would drop the baby.” Comfort was unwilling to relinquish teaching others about the richness of merging her creative self/ves—both mother and choreographer—and she made this political statement powerfully to a limited audience.

Oberfelder continued her discourse of revelation. According to her, artists take on the role of bringing to public awareness, sometimes even attempting to “universalize,” personal interpretations of the world. To dance in this way, to make this statement, reveals Oberfelder’s commitment to experiencing a place deep inside from which to work *and* her desire to have that experience revealed to others. “I was working from a center I had never felt before. I thought it was worthy of sharing. That’s what making art is about,” exclaimed Oberfelder. This physical form, bulbous with creativity, challenges our conceptions of social appropriateness.

Imagining her dance with curiosity and awe, we notice Oberfelder seems to sit at Rebecca Schneider’s vanishing point, a place where we are conscious of insatiable desire, imagining ourselves like-her and not-like-her simultaneously (Schneider, 1997). This socio-political space, where Oberfelder takes control of

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her own body (much like Carolee Schneeman placing her own body in her images⁷), then becomes a bold statement of agency. She specifically calls onto question the relationship between the pregnant body and its capabilities, the pregnant woman and her right to continued presence in her pre-pregnant relationships, and the pregnant state and its framing as diseased or medically challenged, worthy of delicate care and extraordinary considerations. Instead, Oberfelder claims responsibility for her body and lays it open for all to share its wonders.

One of the sections is Mathern-Smith's *Making* is about the activity of losing control. Mathern-Smith is center stage, in the spotlight, accompanied by chanting, tambourines, and a clear voice command from the soprano accompaniment: "Our histories collide. My world tips." Mathern-Smith throws herself into the air and collapsed as if the additional weight attached to the front of her torso is pulling her down in the right direction. Like a Vortex—the children's toy football with a tail—she always falls belly down, and protects herself at the last possible moment with a twist, a spiral left over from the previous section, or a cushioning/ flexing of her arms. Through four movements, four choruses, a breathtaking 1:10 minutes, the audience gasps and shrieks, worrying she might hurt the baby.

When I ask whether she is aware of this reaction, Mathern-Smith (1997) is offended. "Why would I want to do that?" she quirks, "As if the baby's health weren't more important to me than to any of them? Of course I wasn't going to hurt the baby!" Later she expands her response. "I hated the idea that someone else could even suggest that I, who has spent my life ... investigating my own movement, my own body, my own physical limitations, could suggest that I did not know my body well enough to make my own choices about what I could and could not do physically, and that there were even rules about what I *should* and *should not* do." I ask what those rules seemed to be. "When you are pregnant," she replies, "health practitioners recommend that you do not run, jump, play soccer, dance with abandon—you know, jump around, move with quick, strong, aggressiveness—as it may hurt you or the fetus or both. I found that I did not feel constrained in that way until much later in the pregnancy, like the eighth or ninth month. At the sixth or seventh month, I felt like my body was not sending me any negative signals regarding this kind of movement. I wanted to explore it; I wanted to discover my own boundaries, ... trust myself wholeheartedly." While (like Comfort) Mathern-Smith refuses to assign to someone else the responsibility for the well-being of her self/child, for her the lesson is one about trust, trusting herself, trusting herself in a culture where only a licensed doctor is to be trusted with the well being of a pregnant body.

From learning to move differently, to teaching others about the richness of merging creative self/ves, from opening the intimacy of your experience for others to share its wonders to trusting yourself against the grain of medical advice, each of these women tells tales of pregnant physicality that disrupts both

concert dancing and pregnancy. In this powerful arena, women learn directly from women about their own bodies.

IV—Academia: unusual encouragement for women's experimentation

In the past 30 years literally hundreds of pregnant women have created concert works and performed (in) them against cultural, aesthetic, and medical advice. Initially this move was made during an era when the popular image of a women's body was appearing thinner and thinner; during an era where the Balanchine ballerina was taller, longer-legged, and moving with lightening speed; and during an era in which the medical sciences were circulating specific and digitized images of *in utero* fetuses, which in turn authorized doctors to campaign for what they promoted as "safe and responsible" behaviour (see Duden, 1993; Martin, 1993). It may seem, then, that to perform in concert dance while pregnant would be so unpopular—the dancer is neither thin nor quick nor acting in the best in interest of the child—that it would be simply unrealizable.

Yet several other conditions supported this bold and personal decision. The inception of the second wave women's movement suggested a fuller awareness of the female body coming into the purview of the individual woman herself (see Linden-Ward, 1993; Broude and Garrad, 1994; Rapping, 1996; Fonow and Cook, 1991).⁸ The move away from Modernism, visible in the dance world through the inception of a freer, less technical form now known (in sweeping terms) as "postmodern dance" was publicly embraced, making room for variations on the standard body type sought in Western concert dance.⁹ As well, individual dancers of this era found work in the newly-receptive university setting (Kraus, Hilsendager, and Dixon, 1991),¹⁰ an environment that—at least theoretically—encouraged legal and procedural equality of responsibilities.¹¹ These conditions encouraged personal explorations, promoted their political value in public spheres, and insisted employees meet similar if not identical criteria in the workplace regardless of biological differences.¹² This last condition—that universities were transforming from bastions of patriarchal knowledge via varied and fledgling interests in the female in their student bodies, their curriculum, and their inclusion of dance faculty—likely contributed enormously to a fascinating meditation on public performance and pregnancy.

College and university settings, by choice and by law, began acknowledging few distinctions between their male and female faculty, asking that teaching, scholarship, and community service meet certain criteria for promotion and tenure. Dance faculty whose scholarship was dancing/ performing/ choreographing were just as responsible for continuing their engagement with performance as their peers who engaged in other forms of scholarship (e.g., written forms), regardless of a pregnancy in the middle of a tenure clock. Consequently, as dance departments and women faculty in them grew in the

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United States, many isolated examples of women faculty dancing while they were pregnant appeared in the 1970s. This practice grew in the 1980s. It veritably exploded in the 1990s. While outside the university, it is still rare that the general public has seen these dances performed live, within the ivory towers, communities of people, quite by accident, colluded in the exploration of the female body, in its physical, social, and political promise as literally hundreds of dance faculty displayed their dancing and their pregnancies simultaneously.

Every now and then I hear that feminism is passé; that “these days” all opportunities are equally available to men and women, at least in the United States. In the 1960s and ’70s, the inception of the second wave women’s movement celebrated an individual agency over one’s own body. In the 1980s, women made great strides in body politics and theorists documented or analyzed feminist power over and over again. Yet by the 1990s, a backlash seems to have reiterated that pregnant women are not sufficiently responsible for making decisions about their own bodies. The Supreme Court tentatively favors the right to privacy. These dances, however, are in public domain. Through the unintentional support of colleges and universities, we come to understand women know more about their own bodies than they are allowed.

¹I am referring her to the Laban system of movement analysis, where dynamics is labeled “Effort.” See Dell (1977) or Bartenieff (1981).

²Although surely there is a translation and consequent interpretation every time one attempts to describe a physical event in a two-dimensional, linear format (e.g., words or a score), this section means to minimize excessive interpretation and highlight named action in order to help the reader “imagine” the moving dance rather than draw conclusions about a meaning of the work. It is offered like a “dance review” rather than a “critique,” hoping to comment as non-evaluatively as possible on the movings and pausings of the dance. The images are offered as a way of locating common movement experiences to help the reader sense the action of the dance.

³These conditions come to me through a reading of Hans-Georg Gadamer’s *Philosophical Hermeneutics* (Berkeley: University of California Press, 1976) translated and edited by David E. Linge.

⁴This is a term defined by Mary Belenky *et al.* in *Women’s Ways of Knowing*.

⁵When this work was first shared, it was in a choreographic workshop with Bessie Schöenberg. Schöenberg advised Oberfelder not to show this work publicly, suggesting to do so would not honor the audience’s discomfort.

⁶For an outstanding discussion of this concept, see Rebecca Schneider’s *The Explicit Body in Performance* (1997).

⁷See, for example, her film *Fuses*.

⁸See also the videotapes *The American Experience* (Alexandria, VA: PBS Video, 1993) and *Reclaiming the Body: Feminist Art in America* produced and directed by Michael Blackwood (New York: Blackwood Productions, 1995). It should

be noted, however, that the Women's Movement focused on the body as it is experienced in "everyday life" rather than in the constructed performance. As often as the body was written about in feminist writings of the 1960s and 1970s, rarely was it considered in the midst of concert performance.

⁹Sally Banes has been identified as a prolific writer on this era in dance. Her books include *Terpsichore in Sneakers* (1980 [1987]); *Democracy's Body: Judson Dance Theater 1962-64* (1980 [1983]); *Greenwich Village 1963: Avant-Garde Performance and the Effervescent Body* (1993); *Writing Dancing in the Age of Postmodernism* (1994). See also the videotapes "Beyond the Mainstream" produced by Merrill Brockway and Carl Charlson and directed by Merrill Brockway and "Retracing Steps" produced and directed by Michael Blackwood (New York: Michael Blackwood, 1988).

¹⁰While the first university dance program is reportedly Margaret H'Doubler's at the University of Wisconsin-Madison circa 1916, with the first dance major there in 1926, and while there is a flurry of activity in connection with Bennington in the 1930s, there was a blossoming of dance activity in the late 1960s and early 1970s and departments offering majors were initiated at the Ohio State University (in 1968), SUNY Brockport (1969), Connecticut College (in 1971), and Denison University (in 1972). The variety in these institutions helps to establish the range of curricula that enveloped dance as a disciplinary study within the context of academia.

¹¹Of course this is not to deny that in practice these conditions may be quite different. Nor is it to say that these equity issues ought to be gender-blind. Substantial arguments have been made on both sides of this issue. See, for example, controversial work by Hewlett (1986) and the feminist work edited by Hartman and Messer-Davidow (1991).

¹²I am purposefully sidestepping the issue of whether women and men are sufficiently biologically different that those differences ought to be accounted for.

References

- Albright, Ann Cooper. 1997. *Choreographing Difference: The Body and Identity in Contemporary Dance*. Hanover: The University Press of New England (Wesleyan University Press).
- American Experience, The*. (videotape). 1993. Alexandria, VA: PBS Video.
- Banes, Sally. 1980a (1987). *Democracy's Body: Judson Dance Theater 1962-64*. Ann Arbor: UMI Research Press.
- Banes, Sally. 1980b (1983). *Terpsichore in Sneakers*, Middletown, CT: Wesleyan University Press.
- Banes, Sally. 1993. *Greenwich Village 1963: Avant-Garde Performance and the Effervescent Body*. Durham: Duke University Press.
- Banes, Sally. 1994. *Writing Dancing in the Age of Postmodernism*. Hanover:

Gill Wright Miller

- Wesleyan University Press.
- Beardsley, Monroe. 1984. "What is Going on in a Dance?" *Illuminating Dance: Philosophical Explorations*. Ed. Maxine Sheets Johnstone. Toronto: Associated University Press. 35-37.
- Bartenieff, Irmgard. 1981. *Body Movement: Coping with the Environment*. New York and London: Gordon And Breech.
- "Beyond the Mainstream" (videotape). 1985. *Great Performances: Dance in America Series*. Aired May 21, 1980. Producers: Merrill Brockway and Carl Charlson; Director: Merrill Brockway. New York: WNET Television Station, 1980.
- Bordo, Susan. 1993. *Unbearable Weight: Feminism, Western Culture and the Body*. Berkeley: University of California Press.
- Broude, Norma and Mary D. Garrard, eds. 1994. *Power of Feminist Art: The American Movement of the 1970s*. New York: H. N. Adams.
- Butler, Judith. 1990. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.
- Daly, Ann. 1995. *Done into Dance: Isadora Duncan in America*. Bloomington: Indiana Press.
- Dell, Cecily. 1977. *A Primer for Movement Description*. New York: Dance Notation Bureau.
- Desmond, Jane, ed. 1997. *Meaning in Motion: New Cultural Studies of Dance*. Durham: Duke University Press.
- Duden, Barbara. 1993. *Disembodying Women: Perspectives on Pregnancy and the Unborn*, Cambridge: Harvard University Press.
- Elshtain, Jean Bethke. 1981. *Public Man, Private Woman*. Princeton: Princeton University Press.
- Firestone, Shulamith. 1970. *The Dialectic of Sex: The Case for Feminist Revolution*. New York: William Morrow.
- Fisher, Berenice. 1991. "Affirming Social Values: Women without Children." *Social Organization and Social Process: Essays in Honor of Anselm Strauss*. Ed. David R. Maines. New York: Aldine de Gruyter,
- Fonow, Mary Margaret and Judith A. Cook. 1991. *Beyond Methodology: Feminist Scholarship as Lived Research*. Bloomington: Indiana University Press.
- Foster, Susan Leigh, ed. 1996a. *Corporealities: Dancing Knowledge, Culture, and Power*. New York: Routledge,
- Foster, Susan Leigh. 1996b. *Choreography and Narrative*. Bloomington: Indiana University Press.
- Foster, Susan Leigh. 1997. "Dancing Bodies." *Meaning and Motion*. Ed. Jane Desmond. Durham: Duke University Press. 235-258.
- Gadamer, Hans-Georg. 1976. *Philosophical Hermeneutics*. Translated and edited by David E. Linge. Berkeley: University of California Press.
- Hartman, Joan E. and Ellen Messer-Davidow, eds. 1991. *(En)Gendering Knowledge: Feminist in Academe*. Knoxville: University of Tennessee Press.

- Hewlett, Sylvia Ann. 1986. *A Lesser Life: The Myth of Women's Liberation in America*. New York: Warner Books.
- Jamrog, Sandy. 1986. "Exercise in Pregnancy." *Movement Studies: A Journal of the Laban/Bartenieff Institute of Movement Studies* (Spring): 7-8.
- "Jane Comfort and Wilhelmina Frankfurt" (videotape). 1985. *Eye on Dance Series, Number 53: Dancers' Health Alert*. Producers: Celia Ipiotis and Jeff Bush. New York: ARC Videodance.
- Jowitt, Deborah. 1988. *Time and the Dancing Image*. New York: William Morrow and Company.
- Keller, Evelyn Fox. 1985. *Reflections on Gender and Science*. New Haven: Yale University Press.
- Kraus, Richard, Sarah Chapman Hilsendager, and Brenda Dixon [Gottschild]. 1991. *The History of the Dance in Art and Education*. Englewood Cliffs, NJ: Prentice-Hall.
- Kraus, Rozann. 1991/2. "Duet: Dance and the Phases of Pregnancy." *Kinesiology and Medicine for Dance*. 14 (1) (Fall/Winter): 119-125.
- Laqueur, Thomas. 1990. *Making Sex: Body and Gender from the Greeks to Freud*, Cambridge: Harvard University Press.
- Linden-Ward, Blanche. 1993. *American Women in the 1960s: Changing the Future*, New York: Twayne.
- Mathern-Smith, Sandy. 1997. Personal interview with the author, May 19.
- Martin, Emily. 1992 (1982). *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press.
- Nye, Andrea. 1988. *Feminist Theory and the Philosophies of Man*, New York: Routledge.
- Oakley, Ann. 1984. *The Captured Womb: A History of the Medical Care of Pregnant Woman*, Oxford: Basil Blackwell.
- Oberfelder, Jody. 1993. Personal interview with the author, May.
- Our Bodies, Ourselves*. 1984. Boston: The Boston Women's Health Book Collective.
- Osato, Sono. *Distant Dances*, New York: Knopf, 1980.
- Packer, Myrna. 1990. *Dance for Fifteen Pregnant Women*. (videotape). Director: Harmony Vanover-Feldman. New York.
- Paul, Richard K. 1996. "Toward Fewer Caesarean Sections: The Role of a Trial of Labour." *New England Journal of Medicine* 335 (September 5): 735-737.
- Rapping, Elayne. 1996. *The Culture of Recovery: Making Sense of the Self-Help Movement in Women's Lives*. Boston: Beacon Press.
- Reinharz, Shulamit. 1992. *Feminist Methods in Social Research*. New York: Oxford University Press.
- Reynolds, Nancy and Susan Reimer-Torn. 1991 (1980). *Dance Classics: A Viewer's Guide to the Best-loved Ballets and Modern Dances*. New York: a capella books.
- Rich, Adrienne. 1976. *Of Woman Born: Motherhood as Experience and Institution*. New York: Norton.

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- Rothman, Barbara Katz. 1982. *In Labour: Women and Power in the Birthplace*. New York: W. W. Norton.
- Rebecca Schneider. 1997. *The Explicit Body in Performance*. London: and New York: Routledge.
- Shapiro, Laura. 1998. "Tharp, Twyla." *International Encyclopedia of Dance*. Volume 6. Founding Ed. Selma Jeanne Cohen. New York: Oxford University Press.
- Tharp, Twyla. 1992. *Push Comes to Shove: An Autobiography*. New York: Bantam Books.
- Thomas, Helen. 1993. *Dance, Gender, and Culture*. London: The Macmillan Press.
- Thomas, Helen. 1995. *Dance, Modernity, and Culture: Explorations in Sociology of Dance*. New York: Routledge.
- Tong, Rosemarie. 1994. *Feminist Thought: A Comprehensive Introduction*. Westview Press.
- Wolff, Janet. 1997. "Reinstating Corporeality: Feminism and Body Politics." *Meaning and Motion*. Ed. Jane Desmond. Durham: Duke University Press. 81-100.
- Youngerman, Suzanne. 1984. "Movement Notation Systems as Conceptual Frameworks: The Laban System." *Illuminating Dance: Philosophical Explorations*. Ed. Maxine Sheets-Johnstone. Toronto: Associated University Press. 101-123.

Rishma Dunlop

Copper Moon

*For Matthew Shepard (1976-1998)
and for his mother and father, June and Dennis Shepard*

i

Child

of our time, our times have robbed your cradle.
Sleep in a world your final sleep has woken.
Eavan Boland, "Child of Our Time"

In the wake of a thousand years,
your body a scarecrow
battered silhouette against the starlight
of a grave sky
death arrives in a pick-up truck
steals your shoes and \$20 for coke and cigarettes
wraps your wallet in a dirty diaper
in a garbage pail
for this and for love
you are lashed to your crucifix
your blood a bitter stain
on the place that cradled you

your face
a scarlet mask
but for the clean white tracks
of your tears

Rishma Dunlop

and the air around us is a knife
and the taste of death is like rust
in our mouths
and a hundred years closes
a savage end to your journey

What hope for a new century
unless your brief shining will be
an ecclesiastes
unless in this broken place
some aurora of promise is born
unless your tears cleanse
the skin of the earth
unless our children,
born of this time and the next
learn from your severed wings
and fly
follow you out of this geography
this darkest heart

I imagine you there
in the primal glow
of a copper moon
the earth curving its shadow
across the lunar surface

There will be a season for you
when the trees and air and sky are singing
and light will begin in the roses opening,
in the apples falling from trees

and there will be a time for you
when the crows will disappear
mourning doves will vanish,
when faith will rise up
with the songbirds of dawn

May your breath be resurrected
by the human cantos of mercy.
May you dance beyond these years,
your heart breaking loose
in cathedrals of winds.

May this new century
hold you,
tender as a fontanel.

ii

You, Mr. McKinney, with your friend Mr. Henderson, killed my son....

You left him out there by himself, but he wasn't alone... he had the beautiful night sky with the same stars and moon that we used to look at through a telescope. Then he had the daylight and the sun to shine on him one more time—one more cool, wonderful day in Wyoming. His last day in Wyoming. And through it all he was breathing in for the last time the smell of sagebrush and the scent of pine trees from the snowy range. He heard the wind—the ever-present Wyoming wind—for the last time.

Dennis Shepard's statements to the court, November 4, 1999

In the wake of a thousand years
I drift back on the bent neck of time
to the infant clasp of my firstborn
nursing her on an autumn night
her eyes reflecting
the milky net of stars

the earth curves its shadow
across the lunar surface
a copper moon glows over the foothills

and in this primal light
I give her to the tidal pulls of sleep and dreams,
my hand cupped beneath her heart

I remember her flight
through my cave of bones
her life spreading open
the beginning of music and light
an aperture of hope

Rishma Dunlop

in the folds of clean white linen
my child so new
all around her lightens and rises
claims me
the distillation of her breath
a universe,
an infinite refrain that enters me

iii

Baby boy

If anything stood out, it was the fragileness of Shepard
Fireside Lounge employees cited by Prosecutor Cal Rerucha

Outside your funeral at the Redemption Chapel
Reverend Phelps marches
with his cronies from Kansas
their signs *God Hates Fags*
a full-color image of you says
Matthew in Hell

and it is a time to mourn
and a time to weep
a time to remember your father
teaching you songs of childhood
Frère Jacques,
Row, Row, Row Your Boat
Twinkle, Twinkle Little Star
how I wonder what you are
up above the world so high
like a diamond in the sky

the hatemongers at the temple
are surrounded
a parade of people dressed as "Angels of Peace"
white angels for you
seven feet high with eight foot wingspans
and the crowd cheers them on

I remember
that October night

at the Fireside Lounge,
how death courted you
beer bottle and pool cue in hand
discussing your politics
wrapping the syllables
of a serpent's coil
around your open heart
your smile shining
like your patent leather shoes

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this was someone's child
Melissa Ethridge, "Scarecrow"

and I remember
another mother's voice
in a Laramie, Wyoming courtroom
claiming mercy for the murderers of her firstborn
Matthew stood for something
mercy for those who could not show mercy
and a father speaks to his son's killers:
I give you life in the memory
of one who no longer lives.
May you have a long life,
and may you thank Matthew
every day for it.
and I want the sanctity of scriptures
to conjure spells upon my tongue
to pray that this season too shall pass
as if the words might chant
a new scene into being

perhaps those farm fields
filled with wildflowers
the choirs of weeping
hushed in the opiate of poppies

but I see your pistol-whipped body
blood seeping into a nation
I remember the officer who cut you free
speaking of the braces on your teeth,

Rishma Dunlop

your school ID in the dust
she whispers to you in the ambulance
words of comfort, *Baby boy*
and the sound of mothers and fathers
through endless years
is a wailing of sirens in my ear

and I wonder, as I touch
the memory of my sleeping child
her tender fontanel,
as I watch her now
running fleet-footed
through corridors of time,
my anthem, my bloodline calling,
I wonder, if I could cast away stones,
if I could be so merciful
to those who would crush her

I wonder, if this new century
will hold her,
will her mother's faith in
memory's insistence,
be enough
for a millennium of mercy

Diana L. Gustafson

Unbecoming Behaviour

One Woman's Story of Becoming a Non-Custodial Mother

This is a story told with my personal rather than my academic voice. That is to say, I am sharing this story with the engaged and vulnerable voice of someone who has been a non-custodial mother—someone who made the decision to allow first one, then the other of her children live with their father. My story is not about becoming a mother but rather about *unbecoming* a mother. *Unbecoming* is the right word here as it aptly reflects the process and quality of my experience. The process of unbecoming involves moving from an authentic state of motherhood to a delegitimated category of non-mother. Some friends, family, colleagues and the courts viewed my “unbecoming” as inappropriate, improper, unseemly and not in keeping with accepted social standards expected of a responsible (female) parent. Thus, becoming a non-custodial mother came to feel like unbecoming behaviour—that movement into a state of childlessness that was regarded as socially shameful and offensive to moral sensibilities.

This is a story that I have left publicly unexplored until now.¹ Privately, however, I spent many hours examining this time in the lives of me and my children.² My story is about blood, sweat and tears—the blood of an intimate, biological connection between a mother and her two children; the sweat of my labour to maintain a strong physical and emotional presence in my children's life while struggling to preserve my emotional, physical and economic well-being; and the tears of grief and loss intensified by social isolation and the shame of being labelled a “bad” mother.³ Drawing on the wisdom and emotional distance that ten years can allow, I invite you now to hear what I have “hidden, swallowed, suffocated” (Fine 1992: xii). My hope is that sharing this story will help me recover, for myself and other non-custodial mothers, a legitimate public identity.

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Blood—After almost seven years, my marriage to my first love ended. Our daughter was four and our son was three. The children and I moved to a small town close to the university I was attending and the hospital where I was able to find work as a nurse. For the next five years, we consolidated and strengthened our new family unit. Each year brought with it one or two modest victories. The children saw their dad every other weekend as regular as clockwork. The kids and I grew into a comfortable routine including a Thursday suppertime ritual complete with candles, “good dishes” and a special dinner of their choosing. After two years we moved from low income housing into a small brick bungalow like the one we had lived in the year my son was born. Both children graduated from pre-school to attend a public school within walking distance of our home. In year three, the children’s father remarried and the children developed a warm relationship with their “other mother” as my daughter dubbed her. In our fourth year, we celebrated the completion of my university degree. Subsequently, I accepted a new job with the faculty of nursing at a community college in another city.

It wasn’t long, however, before the kids and I began to feel the pressure of my job change. While I loved the work, the long daily commute robbed us of too many precious hours. After a few family conferences, we decided that moving would allow us to recapture time together for piano lessons, t-ball practices and quiet times. Excitedly, we made plans to move and build a house. Five years after we recreated our new family it seemed that things were falling nicely into place. But that was about to change.

Sweat—My son had always been the barometer of the emotional climate in the household. During the winter months that followed our move, he signalled a dramatic change in our household climate. Generally an active, funny and socially engaging child, my son was unhappy at school and home. He had become increasingly angry and sullen. Despite my most caring and diligent efforts I was unable to help him feel better about himself, his new school and our new home.

Our move which coincided with the move of their father and his wife increased the distance between our homes to about ninety minutes or a three-hour round trip on visiting weekends. My son missed his dad and desperately wanted to spend more time with him. Seeing his father every other weekend was no longer enough for our son. My every effort to facilitate a change in this routine was stymied. My ex-husband refused to renegotiate the visitation schedule for various reasons: the length of the commute; demands of a new marriage; his need to control me through the children; his anger with me for the dissolution of our marriage. So, the children continued to visit with their dad every two weeks.

My son saw me as omnipotent—the person who could make anything happen. The fact that I could not *make* his father visit more meant to him that I didn’t really *want* to make it happen. My son reacted against me in all the creative ways that a bright and angry nine-year old can. Over the course of about

six months our lives turned upside down.

I struggled unsuccessfully to respond to my son's increasing anger and sadness. He was in trouble and none of the people I consulted seemed able to help us. He began destroying property at home—his bedroom was a disaster. Our family doctor saw only an active, growing boy in need of more physical outlets for his energy. His grades plummeted. His teacher and the school counsellor recommended Ritalin so that he would be less disruptive in the classroom. He had no regard for his physical appearance, even showing up for classes one day wearing his pyjamas hidden beneath his snow suit. He struck out physically against me, his sister and his classmates. One day, after a particularly angry outburst, he dissolved into tears confessing that he wished he were dead. Immediately I arranged for the five of us including his father and stepmother to meet with a child psychologist. She gave me a tape on how to create a stable environment through consistent parenting and discipline. Her superficial assessment of the situation stunned me.

I felt abandoned by all the professionals that I believed could and should help us. No one but me seemed to hear the alarm bells my son was ringing. I didn't know where to turn next, seemingly powerless to stop my spirited boy from spinning into an angry young man. It was as if another being was inhabiting the body of the child I loved. My little bag of tricks and magic potions that every "good" mother stocks over time was empty.

Feeling raw and worn down, anger formed a layer over me. I was angry at my ex-husband for refusing to adjust his schedule to accommodate the needs of his children. I was angry with my son whose negative behaviour had become a daily performance. And I was angry with myself. Angry and heartsick that I wasn't the "good" mother I'd always expected to be. I felt inadequate—unable to refresh the internal resources necessary to respond to my children's needs.

There were days when I didn't like my son very much; when I didn't want to "do" this anymore. There were nights when I whispered these confessions to the bedroom ceiling—nights when I felt alone in the universe and too tired to face another day like the one that was ending. Horrified that I could even entertain such thoughts about the children I loved, I ignored or denied my feelings, further isolating myself from any help that may have been available to us.

Tears—One Friday evening after yet another long week of battling with my son, I asked him in exasperation, "What do you want?"

"I hate you and I hate this place. And I want to live with my dad," came the reply.

I called his father. "Please come and get your son. He wants to see you. ... I know its not your weekend to see him but he needs to see you. ... Why can't you make an exception this time? This is our son we're talking about! This isn't about you or me."

I detailed all the transgressions and outrageous acts our son had committed that week. "He's out of control and all he wants is to be with you. And I need

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a time-out. I need a break. We both need a break from each other. Please help,” I begged.

“Fine,” came the answer. “But if I come to get him he’s not just coming for the weekend. He’s coming to stay for good. I won’t have any of this going back and forth between homes whenever he decides he doesn’t like the rules.”

Exhausted, tired of arguing and feeling like I had no other options, I agreed. Besides, I thought, if living with his dad for a while would help our son get back on track, then this was a good decision. Furthermore, my head and my heart told me that this arrangement would be temporary. My ex-husband and his wife would realize that full-time parenting a pre-teen was more work than they’d bargained for. Over March break, my son would have his little vacation and I would have mine. Grinning and full of spirit, my son would return home with both of us ready to start fresh.

Three months later, the school year ended and my son was still living with his father. He was settling into his new home and his relationship with his father and stepmother. Happier and more grounded, he was doing better in school and making friends. While his sister continued to visit with her father, my son refused to visit with me or talk with me by phone. He was angry with me for a dozen big and little reasons that we began to untangle when he finally broke the silence. As the summer drew to a close, it was clear that my son was not coming back to live with me.

Tears—One autumn day after a weekend visit with her father, my daughter asked to talk with me. Only eleven years old, she was thoughtful and articulate. We sat down together on her bed and she held my hand.

“Mommy, you always taught me how to share. You’ve had me all your life and now it should be daddy’s turn. I love you, Mommy. Please don’t cry.”

Almost fifteen years later, when I replay those words in my head I cry. I cry for my daughter who felt so torn between the love she had for both her parents. I cry for myself and the anguish I felt in coming to terms with her request.

How could I say yes?

How could I say no?

It seemed like such a reasonable request. She loved her dad and she missed having him in her daily life. He could offer her a home with two parents instead of one. And she missed her brother. They shared a special bond having helped each other through the divorce of their parents. She missed the hugs, whispered secrets and day-to-day banter that typified their relationship. How could I say no to my daughter who wanted to live in a home with a daddy and a “mommy” who loved her, a little brother who needed her, and a big backyard with two dogs?

But how could I say yes? Surely, this decision and its outcome for me, as a mother could be no different, no more painful, than the decision and outcome experienced by a father. It seemed reasonable that I was simply going through the grief my ex-husband had experienced at the time of our separation years earlier. And it wasn’t like I was giving my daughter away! She wanted to go.

What unselfish reason could I have for wanting to keep her with me against her wishes? Would a good mother not want what was best for her children? And it wasn't like she was going to live with a stranger. This was her father! What kind of hypocrite was I, the feminist, to say that simply because I am a woman that I make a better parent than a man, her father! Nothing made me intrinsically more suitable than him as a parent. We may not have been successful as husband and wife but I had no reason to think he was not a competent parent. Furthermore, the custodial parent should be the one with the emotional and financial resources to raise the children. At the time of our separation it was I. Now things were different. Hours away from close friends and family, the pressures of building a career, a house, and a new family structure without my son had taken their toll on me. My equilibrium was gone. By agreeing to have my daughter live with her brother, both children would benefit from living in a home with more emotional and financial resources. And so, with a mix of sadness and hope for my children's happiness, I said yes.

That summer, only six months after my son moved in with his father, my daughter moved joined them. While there were many positive outcomes for my children, there were both expected and unanticipated consequences for me. I knew that I would no longer be part of the carefully woven detail of their everyday lives, but I had not imagined the enormity of the void created by the absence of my children. What knowing could ever prepare a mother for that loss?

When I returned to work the first Monday after my daughter left, I donned my emotional armour. I remember telling a colleague of mine. "Well, I always knew they'd leave home one day. But I just never imagined that day would come so soon." My attempt to use humour to deal with my pain was regarded as inappropriate at the very least, or worse yet, emotionally disengaged. While my family and a couple of friends⁴ seemed genuinely concerned, many expressed a kind of interest that bordered on morbid fascination.

Blood—Colleagues who had not previously engaged me in discussions of a personal nature were intrigued by my decision. The questions were variously phrased but the implications were clear. Why weren't the children living with me? Had the courts awarded custody to the father? Had I abused them? Had I neglected them? Was I unfit for some other reason? Did I have a "problem" with alcohol? Did I have a history of drug abuse? When I denied these causes for a change in custody, their questions took on a different tone. If there were no grounds for removing the children from my care, then why weren't they still with me? My simple answer was that the children wanted to live with their dad. Children want to do lots of things, I was told, but that doesn't mean that they get to decide where they live! Clearly I was abdicating my motherly duty to raise my children. Or perhaps, came the insinuation, there was a more ugly explanation. Was I using my children's feelings as a cover for my own deep seated desires to be childless and carefree? Was I putting my own needs before those of my children? What other reason could I have for downloading the care

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of my children to another woman? In any case I was unfit to parent and the children were better off with their father.

My colleagues were not the only ones who questioned my decision. My ex-husband, some members of his family and his lawyers also understood my decision as motivated by personal desire. I had expected the custody settlement would be straight forward. Given our comparable annual incomes, I expected that my child support payments to him would be similar to those he had made to me. I expected to enjoy liberal visitation just as he had had available to him. How naive of me to expect that I would be treated fairly! Inequitable gender relations are the norm in our culture and the state is one site for the formal enforcement of those beliefs and practices.⁵ Therefore, to avoid a protracted and expensive legal battle that would undoubtedly have impacted on my relationship with my children, I agreed to his demands to double the support payments. Each month I wrote a cheque for half my net income. And each month I was reminded that the courts mete out harsh punishments for mothers who “give away” their children.

Sweat—Negotiating adequate access to my children was another regular reminder that I was a “bad” mother. Although my ex-husband had spent every other weekend with the children I found this an unbearably long time between visits. Unfortunately my requests to spend time with my children at least one day every weekend and one evening during the week were regarded as inconvenient and inappropriate. He said that children needed stability and consistency and that changing the schedule would be disruptive. I asked my ex-husband to consider the children’s wishes. Children, I was told, weren’t always in a position to decide what was best for them. The irony of these words was almost comical considering how my respect for the children’s wishes had empowered their dad to deny them their decision-making. Nevertheless, I was restricted, with few exceptions, to seeing my children every other weekend.

Tears—There were many supporters for a misguided interpretation of the change in custody. Allowing the children to live with their dad was my “choice” regardless of the limited range of flawed alternatives from which I made that choice. No complaining was permitted for those who make bad decisions. My loss was self-induced. My pain was obscene. Non-custodial mothers were not to be embraced. They were to be rejected with contempt. These outcomes were justly deserved. The loss of that daily connection to my children was not recognized as legitimate. With little support, my grief intensified. I cried alone and ashamed.

In the months that followed, my physical and emotional health deteriorated. Eating felt like pushing cardboard down my throat instead of the pleasure it had always been for me. I became obsessed with exercise, doing aerobics and weight-training for two hours daily. Normally a size 11, size 4 clothing had to be altered to fit. With about 100 lbs draping my 5’4” frame, my menstrual cycles became irregular and I could dress comfortably without a bra. Rather than getting the help I wanted (non-judgmental support), health professionals

began imposing demands on my routines. My family doctor insisted that I weigh in every week and see a counsellor twice a week. Both threatened to hospitalize me if I lost any more weight. The counsellor poked and prodded, in search of personal demons rather than interrupting my process of unbecoming. With so many aspects of my life controlled by others, I fought back with all the ritualized and resistant behaviours common among women with exercise and eating disorders.

My fragile physical appearance, my history of seeing a counsellor, my precarious financial state and my growing emotional distress over not being able to see my children began to shape my life in dynamic ways. To family, colleagues and the uninformed stranger, the reasons why my children lived with their father seemed increasingly obvious. I had become the image of the “bad” mother: self-absorbed, inadequate, out of control. When I looked in the mirror I could no longer see the “good” mother I believed myself to be. Gradually, my reasoned and reasonable explanations for not living with my own children seemed hollow even to my own ears.

Adding to my emotional distress was the unpleasantness of a dramatic change in my standard of living. To avert financial disaster, I sold the house I was building even before the final brick was laid. Over time, I moved from a three-bedroom townhouse to a two-bedroom condo and finally, to a one-bedroom basement apartment in a town closer to my children. On moving day, I discovered that the stairwell was too narrow for the box spring of my double mattress. For the next two years, I slept on a mattress on the floor. When my kids came on weekends, they “camped out” in sleeping bags on the living room carpet. My car, replaced by a smaller, more so-called sensible choice, remained parked most of the time to save gas. I walked to work. Despite my good wage, there was seldom money for even the smallest luxury. The irony was not lost on my children who had to choose between a trip to the local ice cream parlour or renting a video. Very quickly, I became an authority on free and nearly-free children’s activity.

Sweat—About a year after my daughter moved in with her dad I realized I needed to restore a sense of wellness and stability in my life. Taking back my birth name was one way of recreating my new healthy self. While I no longer shared my children’s surname, the symbolism of no longer bearing my ex-husband’s name was liberating. Accepting a challenging day job offer was another fresh beginning. For the most part, I was able to leave behind those who knew my story. Staying busy was my tonic and my evenings were filled with teaching classes at the college.

Relocating to a new town and job also allowed me to make new friends. Having learned a hard lesson, I presented myself differently. My experience taught me that acknowledging my children’s need for a healthy, happy life with their dad could be twisted by critics into some sick kind of selfishness on my part. My agonizing decisions about the welfare of my kids could be translated by others into the facile act of “giving away my children” like they were

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unwanted property that I had cast off. I decided to draw clear separations between my personal and professional lives. As a nurse, this seemed especially crucial.

Nursing is organized on the ethic of care. My professional credibility had been called into question at my previous job by those who knew that I was a non-custodial mother. My emotional well-being and job security were too important to risk the probing questions and judgments of my new colleagues. Therefore, the desk in my new office was free of pictures of my children and other personal artifacts. These aspects of my life were no longer for public consumption.

As time went on, I settled into my home, my job and my new life. Determined to get out of debt, stay sane and ignore my pain, I enacted the role of the serious nursing professional focusing on the educational needs of the nurses in the organization. By avoiding casual conversations at work about marriage, family and children, I protected myself from having to think about or talk about my children and my status as a non-custodial mother.

For this reason, the easiest friendships developed with single and childless women. With this came access to a set of social privileges that were, until that time, unfamiliar to me. I began to enjoy the freedom of staying late at work when I pleased; accepting a last minute invitation to dinner; ignoring the laundry when it spilled over the basket; watching a television program without having to negotiate with anyone. Even time with my kids felt different. I realized that I had become the good times parent instead of the everyday parent who refereed disputes and monitored chores and school work.

Tears—One day, however, I overheard someone making reference to me and the long hours I worked. My all-consuming commitment to my career was, they supposed, compensation for never marrying or having children. I could not believe my ears. Wasn't it bad enough that I didn't share my daily life with my children? Now, my decision not to include my children in my day-to-day conversations was like denying their very existence.

What had I done? I was awash with awesome grief. This was the ultimate betrayal. Selfish, I screamed silently. There was no other way to characterize my silence about my status as a non-custodial mother, motivated as it was by my desire to protect my job and preserve my health. Again, I turned this anger inward, joining the parade of friends and strangers who condemned me. I understood their charges. The evidence was irrefutable. I had unbecome a mother.

And now ... My story illustrates what we have known for a long time. There is inequity in the relationship of men and women to their children. Fathers who "help" raise their children are notable and laudable exceptions to the parenting rule. Following the dissolution of a relationship, the norm is for men to become non-custodial fathers yet ordinary talk does not describe non-custodial fathers as "giving up" their children. Nor is being a non-custodial father regarded as a character flaw or a hindrance to secure employment. Most

are viewed with empathy. It is common for so-called weekend dads to have the support of family and friends to care and nurture their children. Historically, some non-custodial fathers have totally abdicated their parental responsibilities with few social or legal repercussions.⁶ When men do assume custody, everyday talk hails them as saviours rescuing their children from neglectful or abusive mothers or women “who’ve gone off to find themselves.”⁷ What is remarkable here is that many custodial fathers do not assume the primary parenting role but, as was true in my situation, live with women who carry out most of the parenting responsibilities (as is the rule in most two-parent heterosexual families).

By contrast, women are expected to raise their biological children and participate in their daily lives. Following the dissolution of a relationship, mothers usually assume custody. Here too, women are seen as simply fulfilling their so-called natural duty. Non-custodial mothers are the rarity. Women who do not raise their biological children are demonized as deviant, unnatural or unfit. These beliefs are found in language that is constituted by and organizes the relationships between men and women and their children. The everyday talk that describes women as “surrendering,” “giving away,” and “giving up” their children illustrates the contempt society has for women who don’t conform to accepted social practices. Little wonder that discussing my status as a non-custodial mother was variously met with stony silence, morbid curiosity, or thinly-veiled disgust. This story illustrates the penalties that befall a woman who does not reproduce social expectations—expectations that are sharply different from those expected of men.

What is new about this story is the focus on how these social realities shape the experience of becoming a non-custodial mother. The categories of “bad” mother and “good” mother are powerful and fluid. They operate to remind women of their place as mothers (both glorified and undervalued) in a pronatalist, patriarchal, heterosexist society. These categories infuse our lives and shape how we come to think about and perform mothering. At the same time, they bear no resemblance to the day-to-day reality of mother work.

As a custodial mother, my relationship to my children was socially visible in that I was a single mom doing what was expected of me. The specialness of our intimate connection as mother and child was less visible. What was socially important was that I was fulfilling my obligation to raise the children that I bore. Later, as a non-custodial mother, my relationship to my children was still visible as the absence left by stepping outside the boundaries of “good” mother. The reasons for my decision were not viewed as particularly relevant. What was important was the image of a woman abdicating her (female) parental responsibility. My diverse responses to the struggles I faced being a non-custodial mother contributed to the image of a woman who was self-absorbed, inadequate and out of control. The evidence was there. Mine was behaviour unbecoming a mother. And so this story illustrates the subtle shifting from an

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authentic category of mother to a delegitimated state of non-mother—a process characterized by blood, sweat, and tears.

¹An earlier version of this paper was presented at the Mother's Day Symposium hosted by the Association for Research on Mothering at York University on May 6, 2000.

²Writing about this time in our lives in a testimony to the love and support of my adult children. To you, Amy and Brad, I offer my public thanks for helping me re-imagine what it means to be a good mother.

³The words "bad" mother and "good" mother are in quotations to emphasize the socially constructed nature of these ways of thinking and talking about motherhood. As I argue elsewhere (Gustafson, 2001), the "good" mother is a naturalized, reified and unattainable ideal state. Historically and currently, the church and state are central organizers of the relations between men and women in the family. While the category of the "good" mother is not fixed, the beliefs, appearance and behaviour reflect and reinforce white, middle-class, Christian values about women and their relationship their children and the men who fathered them. The "bad" mother is constructed as an unnatural, aberrant women and the antithesis of the "good" mother.

⁴The love and non-judgmental support of my parents, sisters and my friends, Karen Martin and Brenda Osborne sustained me through my four difficult years as a non-custodial mother. They deserve my public thanks. The joy of spending time with my children was the cherished reward for making it through the days between our visits.

⁵When both children returned to live with me, the inequities in the way the courts deal with mothers and fathers were again visible. The child support payments required of my ex-husband were reduced to two-thirds of the amount I made as a non-custodial mother.

⁶Recently, the courts began to enforce custody arrangements by pursuing fathers who are delinquent in child support.

⁷This phrase was used on a CBC radio morning show to describe an upcoming interview with a woman who left her children in the care of their father. The interview hosted by Sara Cooper was aired later that week on the Friday before Mother's Day, May 12, 2000.

References

- Fine, Michelle. 1992. *Disruptive Voices: The Possibilities of Feminist Research*. Ann Arbor: University of Michigan Press.
- Gustafson, Diana L. 2001. "Unbecoming Behaviour: Challenging the Discourse of Non-Custodial Mothering." Paper submitted for publication.

Laurie Kruk

Elena Cries

for 40 piano-wire-tight minutes
this first bravely scheduled night:
she sirens her solitude, face a boiled plum,
cries uncoiled between breaths, when she sinks
in woe's depths and we throb, swallow longing. Awaiting
the spiking febrile return
of another wave's crash
against arterial walls. Tiny pure voice riding
arpeggios of mucoused rage,
cruel crescendoes of weeping,
leonine roars of wilder wonder: *where has
the world gone? where are the strong hands
that held, patted? breasts' warm oceans of milk
I swam in, sea by sea?*

we hang staring eyes
on neon numbers
12:25 12:33 :47
handrails of sanity
as we stiffen on the edge
of twenty minutes' cradle-rocking
till eyes glue shut with tears, hands lift
in surrender
and twenty minutes of dry racked snuffles
reproach the quiet
of soul's stilled lament

this is the birth of pain, I reflect as we sink
into darkness, preparing to drown, to follow
your still rocking vessel,
wrecked off the shore of desolation:

little girl, rolled off the edge
of the world
into a universe
empty of rescuing arms and soft breasts,
black as your mother's heart
as she rocks and watches the clock,
counting out the misery,
turning to stone, slowly,
from the head down. Whispering to the night,
*you are not the only new born
to loss.*

Cassie Premo Steele

Spring, again

The buds are forming on the apple trees
again, and we are coming to the blossom,
to the anniversary of your conception.
You are no guppy now, no longer swim
in my blind sea but skim spring
puddles with your own toes,
tapping out the sounds of rain.
I fear I have lost you already, the part
of you that was a part of me,
and this is what I'm mourning.
I long again for summer, the heavy hard
sweat of you, and then the fall, the
pungent pickled weight of you,
and then the winter, the fragrant freeze
of your arrival. Not spring.
Not the waiting, not the wanting,
not the life without you in it,
not desire coming from my lonely
lovely self. In spring we meet as
separate singers, each a rhythm, each a
part. The song we sing is my
lament, your celebration, as it is
for ever after: your happiness
leaves a tiny worm that feeds
upon the apple of my heart.

Andrea O'Reilly

Labour Signs

The Semiotics of Birthing

Ten years ago when my three children were very young and while I was working towards my PhD, my spouse and I lived for seven years in a very tiny two-bedroom apartment on campus wherein our eight-by-ten bedroom served as both study, and sleeping room for my spouse, myself and the baby. In that cramped and crowded room, where books were stacked alongside the laundry pile, there used to hang from my bookshelf above the computer, and amidst the disorder of crumpled lecture notes, unpaid bills, and children's odd socks, a small picture of the Great Goddess Venus of Willendorf. I cut this picture from Merlin Stone's book *When God was A Woman* years ago when I was pregnant with my first child with the intention of having it framed one day. Well, Venus never got her frame. Instead, in a rare moment of organization, I hung the picture with a piece of scotch tape in front of my books and beside my daughter's discarded barrettes and my son's broken watch band where she stayed until we moved several years later. But, I think that Venus, the Goddess of Birth, Life and Nature, preferred to sit amongst the relics of my chaotic life rather than be entombed in a picture frame and isolated on a distant wall. She belonged with the dirt and disorder of my life. To confine Venus within a frame and to keep her clean behind glass would have been, I think, disrespectful to the life-force She embodies and represents. I used to like to watch my dusty Venus dance in the breeze alongside my books and my children's memorabilia while I worked. My dusty and dancing Venus was both earth and spirit: beside my children's junk and my books this Great Goddess signified wisdom, as well as life. Wise and nurturing, strong and caring, free yet responsible, my Venus sustained, inspired, and empowered me.

I begin this article on the semiotics of birthing with this memory of my dusty and dancing Venus because She, ten years after she danced in my student

apartment, remains, in this culture of “high-tech” birth, a sign without a referent. The birthing woman today is the Venus behind glass within a frame, displayed as spectacle on a barren and distant wall. The sterilized, confined, and alienated Venus behind glass signifies the dominant discourse of birth as a medical event.

In her article, “Feminism, Medicine and the Meaning of Childbirth,” Paula A. Treichler argues that while the term childbirth signifies multiple and diverse meanings, both discursively and socially, the medical meaning of birth has, “through a complex cultural process ... come to constitute [the] official “definition” [of childbirth]” (1990: 122, 123). Similar to the frame that confines Venus, a definition, like the medical definition of birth, “sets limits, determines boundaries, distinguishes” (Treichler, 1990: 123). “Definitions,” Treichler continues, “claim to state what is” (1990: 123). The multiplicity of meanings which birth may signify are impoverished through the construction of an official—i.e., medical—definition of birth. Through the complex process of intersecting forces, economics, politics, cultural structures, medicine, or what de Lauretis (1987) would call “social technologies,” the medical definition of birth is codified as the official and only meaning of childbirth. A definition, as Treichler explains, “represents the *outcome* of [political, economic and ideological] struggle” (1990: 133). In turn, the definition through its inscription in laws, social policies, determines the material conditions of birthing.

The majority of women give birth in hospital because childbirth is defined as a medical event requiring technological intervention, “scientific expertise” and professional supervision. The medicalization of birth is the result of the medical meaning of birth accruing, in Treichler’s words, “linguistic capital—the power to establish and enforce a particular definition of childbirth” (1990: 116). It is because the “medical establishment” holds a monopoly on the social technologies that it is able to define the meaning of childbirth and determine its material conditions. To rephrase de Lauretis: the construction of birth is both the product and process of its official medical definition.

The dominant definition of childbirth as medical event empties birth as signifier of its multiple and diverse meanings. The birthing woman is the Venus behind glass within a frame. Childbirth is stirrups, internal and external monitors, oxytocin drip, epidurals, episiotomies, and last, but not least, forceps. Through the codification and mobilization of the official-medical-definition of childbirth the sign birth is emptied of its diversity of meanings and thus becomes, in Barthes’ (1972) process of signification, a signifier. The sign is appropriated by the official definition of birth, or what we may call the dominant ideology/mythology of childbirth. Through such appropriation the diverse meanings of birth are impoverished and the sign becomes an empty form that may be filled with a new medical definition/ideology of childbirth. Mapping Treichler’s Foucauldian analysis of now definitions of childbirth come to be constructed, codified, and mobilized on Barthes’ semiotic theory of myth as a process of signification allows us to trace the steps by which the

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particular definition of birth is naturalized as the only—i.e., universal and real—meaning of birth.

At the first level of signification, language, the relationship between the signifier and the signified is born from linguistic convention. When we hear the word *book*, the image of standard-sized paper bound in cloth or paper comes to mind. Parents with young children experience daily how such associations are learned. At a restaurant once when a waiter served my two-year old daughter her coleslaw at the same time he said to my spouse “Here is your lobster.” During the meal my daughter pointed to the few strands of coleslaw on her plate and said that she had eaten all of her lobster and wanted more. Because she heard the word *lobster* at the same time as she was given her coleslaw she thought that the word *lobster* signified coleslaw. For many years, whenever my daughter heard the word *lobster*, an image of green cabbage and not a red hard-shelled fish would come to mind. Such a mixed up association become all the more amusing when this same daughter at the age of six decided to become a vegetarian, which she is still today at the age of 14.

At the second level of signification, however, the relationship between the signifier, the first level sign emptied of meaning and the signified is not defined by linguistic convention, but is rather ideologically overdetermined. Moreover, though the relationship of signifier and signified in language is dictated by linguistic convention, the relationship is not stable or fixed: slippage occurs because the signifier may signify diverse conceptualizations. The word *birth* for some may signify “natural” birth at home while for others the word brings to mind caesarean delivery or a “high-tech” hospital birth. At the level of myth, however, the relationship between the signifier and the signified is not conventional yet fluid but is rather arbitrary and rigid. There is no connection, linguistic, logical or otherwise, between the signifier *birth* and the concept medicalized “high-tech” in hospital childbirth. The two merge, become one as a sign, through the process of signification which is myth. This signification, like the frame which confines *Venus*, contain the slippage of signifieds by constructing boundaries that restrict and control meaning. Birth, at the second level of myth, now signifies only one of the many conceptualizations of birth, that being childbirth as a medical event. The particular ideologically overdetermined definition or re-presentation of childbirth as a medical event, however, inscribes itself as the normal and the real. Through the process of signification the official definition of childbirth is able to suppress its own construction as an ideology and therefore can naturalize its specific medical treatment of childbirth as the universal “natural” birthing experience.

By overlapping Treichler’s (1990) Foucaultian argument and Barthes’ (1972) semiotic approach, we can better understand how one meaning of childbirth enters discourse as a constructed definition and how this definition enforces and reinforces its monopoly on meaning through signifying practices. The interplay of social technologies both produces and reproduces an official definition or dominant ideology. Again to rephrase de Lauretis (1987): the

official definition/dominant ideology of birth is both the product and the process of its social technologies. Thus we must ask not only how the official definition of childbirth as medical event comes into being but also how this definition operates as a sign to enforce its meaning of birth and erase all others. In other words, we must track both the cultural process of the definitions' construction and the signifying practices of its re-presentation.

The official definition/dominant ideology of birth as the product of cultural (trans)formations and in the process of its signifying practices inscribes the birthing woman as object, rather than subject, her labour as an automated procedure rather than a natural process. In her book, *The Woman in the Body: A Cultural Analysis of Reproduction*, Emily Martin persuasively documents how, in her words, "reproduction is treated as a form of production" (1987: 57). Obstetrical literature Martin describes the birthing woman as a machine, her labour as a form of factory production that must be supervised, managed and controlled. The scientific and mechanical metaphors which pervade medical discourse result in the discursive erasure of the birthing woman as an active subject and facilitate her objectification in actual obstetrical policies and procedures. The uterus is defined as a machine which produces "efficient or inefficient contractions." Labour, as any mother can tell you, is divided into many stages and substages. The first stage includes the latent phase, the active phase and transition. The second stage, commonly referred to as the "pushing" stage, involves the birth of the baby, the third stage involves the separation and delivery of the placenta. Each stage and substage, as Martin (1987) notes, is assigned a rate of progression: the latent stage should progress at 0.6 cm/hr; the active phase at 1.6 cm/hr for a first labour. If the woman's labour does not meet the medical rate of "normal" progression, the doctor, as supervisor, manager, or foreman, must intervene and "speed up production" through the implementation of "time-saving" equipment and "short cut" methods: breaking the amniotic sac, applying an oxytocin drip, using forceps, performing an episiotomy or delivering the baby by cesarean. The mechanistic metaphors of medical discourse suggest that the achievement of technological intervention is not so much improved safety as increased productivity. Thus, as Martin concludes, "[the] complex process[of birth] that interrelates physical, emotional, and mental experience [is] treated as if it could be broken down and managed like other forms of production" (1987: 66).

The mechanistic metaphors which inscribe labour as a mode of production are often, as I discovered with my third pregnancy, deployed in the language of militarism. Into the forty-second week of pregnancy the doctor during a prenatal "check-up," (a term which also requires unpacking in its inscription of the boy as machine) outlined to my spouse and I the procedure to be taken now that I was "overdue." After drawing up the itinerary for the week—today a visit to the antenatal clinic for a NST (Non-Stress Test), tomorrow, the booking of the induction, Wednesday, an appointment with an obstetrician, ("overdue" I became a "high-risk" patient that required the supervision of an obstetrician), and

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Friday the seven o'clock arrival at hospital for the birth—my doctor sat back and announced that *the situation demands that we take action and become aggressive*. The word aggressive jolted me from my wandering thoughts: “late” with my two earlier pregnancies I had sat only half-listening, bored rather than shocked, by the week’s agenda. But the word aggressive horrified and stunned me. The word conjured up images of the militarism of the corporate world and battlefields and not the emotions of joy, pride, and triumph I would experience in the birthing of my child. The word also signifies competition, hostility, hate and even death and not the cooperation and harmony of spirit and body, the intimacy of mother and father, and the parent-child love which birthing creates in its giving of life. But for my physician such language is accurate and appropriate because of the medical discourse’s inscription of the female body as an unreliable machine and labour as a mode of production which needs to be organized, controlled, and conquered. Through its signifying practices medical discourse empties the sign birth of its plurality of referents and erases, in the process, my meaning of childbirth. My stunned response is more than just an instance of linguistic incomprehension: his speech and my silence is a moment of ideological collision between the dominant enforced “legitimate” definition of birth and one marginal erased “illegitimate” meaning of it.

Medical discourse, like all language, is never innocent, neutral or secondary. “The word childbirth,” as Treichler explains, “is not merely a label, provided us by language, for a clear-cut event that already exists in the world: rather than describe, it inscribes, and makes the event intelligible to us. We cannot look through discourse to determine what childbirth ‘really’ is, for discourse itself is the site where such determination is inscribed” (1990: 132). The militaristic language of my physician and the mechanistic metaphors of his medical discourse do not describe my birthing experience but rather determine it as a condition of submission and a mode of production. Medical discourse defines rather than reflects the “reality” of birth: language is the opaque rather than transparent glass that frame my dusty and dancing Venus.

The fight against the medicalization of childbirth must, therefore, be waged in language. “[T]he best weapon against myth,” Barthes writes, “is perhaps to mythify it in its turn, and to produce an *artificial* myth: and this reconstituted myth will in fact be a mythology” (1972: 135). Since the late ’60s, various “alternative” movements—feminism, midwifery, lay health-care organizations—have challenged the official definition/dominant ideology of childbirth as a medical procedure through contesting definitions, alternative mythologies of birth as a “natural” process. The discourses of feminism, midwifery and the lay health-care movement appropriate the dominant myth of birth and, in Barthes’ words, “use it as the departure point for a third semiological chain, to take its signification as the first term of a second myth” (1972: 135). At this third level of signification childbirth is re-presented as a natural experience rather than a medical event in which the birthing woman controls, rather than is controlled by, the material conditions of her labour.

Those of us who have read the literature of the home-birth movement or attended a Lamaze class realize how ideologically subversive and politically liberating this counter discourse of childbirth can be. It frees Venus from her frame and lets her dance on the earth once again. Choreographed by the labouring woman in rhythm with the natural motion of her own body, birth becomes a dance of joy and triumph which exhilarates and empowers the birthing woman.

The counter-discourse of birth is indeed subversive in its de-stabilization of the official definition/dominant ideology and liberating in its inscription of childbirth as an empowering female defined and controlled experience. However, this is alternative mythology because it is constituted from the form of the dominant mythology contaminated and contained by the hegemonic sign which creates it. As the alternative mythology is conceived by and in “sleeping with the enemy,” the deviant definition of birth, as Treichler explains, “lives a double life... it has grown out of a struggle with a dominant structure which continues to shape it, even cannibalize it” (1990: 132). Counter discourses such as deviant definitions and alternative mythologies do not, as Treichler explains, “arise as a pure autonomous radical language embodying the purity of a new politics. Rather it arises from within the dominant discourse and learns to inhabit it from the outside” (1990: 132). Because counter discourses are born from the form of a dominant mythology in signifying practices or grow out of a struggle with a dominant structure, they, like Kristeva’s semiotic language, must always exist within the dominant discourse, resisting, but never replacing it. The natural mode of childbirth as a product of cultural struggle and in the process of its mythic signifying practices is thus always framed by the discourse it seeks to dismantle.

The political liberation of birth promised by the counter-discourse is also compromised by its discursive inscription of birth as “natural” experience. The “natural” mode of childbirth, as Treichler observes, “[is] as tyrannical and prescriptive as the medical model—perhaps more so, because it pretends to be ideologically free and supportive of individuality” (1990” 130). If the labouring woman chooses an epidural for the relief of pain or must deliver her baby by caesarean is the birth, therefore, “unnatural?” In its inscription of birth as “natural,” the counter-discourse constructs an impasse between the discursive ideal and the “real” circumstances of birth.

With my first pregnancy I “prepared” for “natural” childbirth, (an oxymoron that foregrounds the ideological contradictions of the counter-discourse—preparing for something that is constituted as natural), by attending Lamaze classes. Drilled in breathing exercises, disciplined in “coping strategies” I, along with my spouse—now a trained coach, entered hospital armed with all the required equipment—a paper bag for possible hyperventilation, a picture to focus upon during contractions—determined “to beat the odds” and succeed in “natural” childbirth. We were not prepared for “haemorrhaging during labour” which sabotaged our plans for a “natural” birth by necessitating technological

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intervention. After many hours of “managing” my labour, I, overwhelmed by fear and exhausted by the pain, “broke down,” conceded “defeat” and asked for an epidural. (This militaristic language of “natural” childbirth—coping strategies, trained coach, beat the odds, etc. signals a discursive contamination and an ideological contradiction.)

Because birth is natural in the counter-discourse, I saw my medicalized technological birth as unnatural and illegitimate. I felt not joy and pride in birthing my child but shame, guilt, sorrow and loss: I had failed, let my spouse down, deprived my child of a “gentle” birth and denied myself the promised exhilarating empowerment of a self-determined “natural” labour. All the women I spoke to after the birth of my son expressed similar emotions: our conversations always returned to our feeling of disappointment, guilt, grief, and anger. Because the counter-discourse of “natural” childbirth grounds the reality of birth in what is often an impossible to attain labour experience, it becomes a tyrannical and prescriptive master discourse which belittles and oppresses the very women it claims to empower and liberate. Between the discursive ideal and the “real” circumstances of birth is inscribed the shame, guilt, and sorrow of the labouring woman.

As an alternative mythology that is constituted from a dominant mythology, and as a deviant definition which comes from the struggle with an official definition, the counter-discourse of birth will, perhaps, never cleanse itself of its inevitable contamination. The counter-discourse of birth is polluted with the medical discourses’ language of militarism. Birth is inscribed as a competitive sport or battle in which the birthing woman, drilled and disciplined in self-control, conquers her pain and proves she can take it (like a man). It is a testing-ground or rite of initiation which separates the women from the girls. The “natural” mode of childbirth also, as discussed above, positions itself, like the medical model of birth, as a tyrannical and prescriptive master discourse.

If alternative mythologies and deviant definitions ultimately result in the containment, contamination and cannibalization of feminism, how do we displace the official definition/dominant ideology of birth, and define a truly liberating discourse of childbirth. For Treichler, discursive omnipotence is possible only in and through political power. She writes: “[W]e need to strengthen *feminist political aims*: Women’s right to economic resources, information, self-determination, strategic alliances across race and class, access to appropriate resources, and participation in decision-making about the reproductive process” (1990: 133). With equal access to the social technologies, feminists may be able to codify and signify their own discourse of childbirth. Perhaps in a fair “contest of meanings,” (equal access to the social technologies), we could construct an official definition of birth which could, turn, as a dominant ideology, re-present itself as the first sign in the mythological process of signification.

Is such a discourse possible? Not in my lifetime, but perhaps in the lifetime of my children. But since official definitions of birth and their re-presentations

as mythologies are constituted, codified and mobilized on political terrain, it is on this turn that we must fight. Challenging, changing, and someday claiming, political power, we are empowered to discursively inscribe and, in turn, socially determine a truly feminist mode of reproduction. Then and only then will Venus truly dance to her own self-composed song of birth.

References

- Barthes, Roland. 1972. *Mythologies*. Trans. Annette Lavers. London: Paladin Grafton Books.
- DeLauretis, Teresa. 1987. *Technologies of Gender*. Bloomington: Indiana University Press.
- Martin, Emily. 1987. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press.
- Treichler, Paula A. 1990. "Feminism, Medicine and the Meaning of Child-birth." *Body/Politics, Women and the Discourses of Science*. Eds. Mary Jacobus, Evelyn Fox Keller, and Sally Shuttleworth. New York and London: Routledge.

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A Child on Her Mind: The Experience of Becoming a Mother

Vangie Bergum
Westport, CT.: Bergin and Garvey, 1997

Reviewed by Anna Beauchamp

Vangie Bergum first coined the phrase “a child on her mind” to describe the core experience of motherhood in her earlier work, *Woman to Mother: A Transformation* (1989), for which she interviewed a group of middle-class women before and after the birth of their first child, and analyzed the patterns in their experiences of transformation into motherhood. She examined the decision to have a child, the experience of the child’s presence during pregnancy, the experience of labour, breastfeeding, and the transformative sense of responsibility that comes from living with an infant. She also included a section on various approaches to childbirth knowledge and their effects on women’s transformation into motherhood. *Woman to Mother* was limited in scope, however, by the small number of women Bergum interviewed (only six) and by the fact that they represented a rather homogeneous group.

In *A Child on Her Mind*, Bergum builds on her earlier research and extends her examination of motherhood experiences to include mothers from a wide range of socioeconomic backgrounds, birth mothers who place their children for adoption, adoptive mothers, teen mothers, and mothers who choose abortion. While much of the material covered in the first two chapters comes directly from her earlier book, the pairing of her original research with the new material makes *A Child on Her Mind* a much more comprehensive look at the psychological impact of the experience of motherhood. Bergum’s central question throughout the book is “What is the experience of becoming a mother?” (3). In addressing this question, Bergum has both broadened her scope and deepened her analysis.

Bergum’s discussion of birth and adoptive mothers raises challenging questions regarding just how we define a “mother.” Pointedly naming this chapter “Adoption’s Two Mothers,” Bergum presents a compelling case that

there are deeply felt experiences of transformative motherhood both in choosing to relinquish a child for adoption and in making the commitment to raise an adopted child. Another chapter focusing on teen motherhood explores the effects of new motherhood on young women who are still in transition to adulthood. Bergum displays profound respect for the experiences of each and every mother she interviews.

Bergum shines brightest in her final chapter, “The Way of the Mother.” Here she does an artful job of drawing out the commonalities in the varied experiences of motherhood described by the diverse group of women she has interviewed, and she makes an eloquent case for motherhood as the basis of a morality of responsibility:

I suggest that the experience of women during pregnancy, birth, and nurturance demonstrates how the woman turns toward the child, and how, in this turning to the child (as Other), she comes to a renewed sense of herself (the Self). In this moral turn the woman asks the questions, “Who am I?” and “What should I do now?” Using reproductive choices as an example, I propose that moral questions and our responses to them stem from a relational root—the commitment that we have toward each other.... The stories of mothering are sources of moral knowledge. (134)

The Rhetoric of Midwifery: Gender, Knowledge, and Power

Mary M. Lay
New Brunswick: Rutgers University Press, 2000

Reviewed by Melissa Miller Chastain

A well-researched, articulate contribution to the field of midwifery and rhetoric, this book analyses the recent Minnesota hearings on midwifery licensing and regulation. A professor at the University of Minnesota, Lay affirms that this book provides a “rare opportunity to study the medical and midwifery practices in conflict; the use of discourse to maintain professional jurisdictions; the exclusive claim to scientific knowledge and discourse by dominant professions; and the cultural status granted to women’s experience and knowledge of their bodies” (ix). Written in an approachable style, *The Rhetoric of Midwifery* not only offers an understanding of “how the hegemonic medical profession maintains its jurisdiction claims and how midwifery practice currently responds to those claims, but also insight into the role that discourse or language plays throughout these interactions” (x).

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The Rhetoric of Midwifery is well structured. It explains the previous and current controversies surrounding midwifery and birth in a lucid manner, so that those outside the field may easily comprehend the material. The first three chapters cover the midwifery debate in the U.S., rhetorical analysis within these midwifery debates, and the rhetorical history of midwifery. The following three chapters detail the experience of the Minnesota midwives, their professional jurisdictions, and their licensing rules and regulations. The final chapter recapitulates the issues of gender and power surrounding the direct-entry midwife. Also included in the book are three sets of appendices; Notes; a Bibliography; and an Index, all of which are exceptionally helpful in and of themselves.

Lay's explicit coverage of these proceedings shows how each side, the midwives and the traditional medical community, has its own individual authoritative terminology. Clearly, the book is written in support of the Minnesota midwives but, to accurately portray the hearings, Lay includes the language of their opponents. The fact that a reader is able to conceptualize both sides of the argument and then make a judgment is one of the strengths of this book. Although the Minnesota midwives were granted their licensing by the passing of a state law in January 2000, the statutes are ambiguous. For example, midwives are able to provide care "for those women who are expected to have a normal pregnancy, labor and delivery," but they are not able to perform emergency episiotomies (186).

A wonderful scholarly addition to the field, *The Rhetoric of Midwifery* will also be a valuable resource not only for the field of midwifery, but also for women's studies, the medical field, for historians, sociologists, philosophers, and rhetoricians.

Pregnancy, Childbirth, and the Newborn: The Complete Guide

Penny Simkin, Janet Whalley, and Ann Keppler
New York: Meadowbrook Press, 1991. Second ed.

Reviewed by Jillian Duquaine

Penny Simkin, Janet Whalley, and Ann Keppler, three members of the Childbirth Education Association of Seattle, have compiled a well-organized, comprehensive guide to the three stages in the female reproductive cycle: pregnancy, birth, and caring for a newborn. The second edition, updated and expanded, includes more illustrations, photographs, and charts, as well as two

additional chapters. One chapter focuses on drugs, medications, and environmental hazards, and a second chapter considers cesarean birth and vaginal birth after a previous cesarean (VBAC). The new edition reflects an awareness of the changing times and attempts to avoid gendered assumptions concerning partners, coaches, infants, and caregivers. Detailed yet easy to understand, the guide is a useful reference for pregnant women.

However, despite the progressive tone which the authors use in the preface, the book reinforces rather than challenges traditional notions of motherhood. In doing so, it approaches pregnancy, childbirth, and caring for an infant narrowly and does not recognize motherhood as multifaceted.

For example, despite the fact that a wide range of emotions can and do accompany the experience of motherhood, the authors limit their discussion solely to “positive” emotions. They describe birth as a joyous event and regard the expectant mother as anticipating the “long-awaited joy of having the baby” (32). However, they fail to recognize that fulfillment can also be accompanied by anger, jealousy, and resentment. Imagine, for example, a woman who lacks the financial means to support the child she is carrying or does not want the child. Or think about a woman whose colicky newborn has kept her awake every night for the past week. What might their emotions be regarding their experiences?

Failing to articulate a broad range of mothering experiences can have serious consequences. Such failure impacts the private lives of women and demands that they adhere to narrow definitions of acceptable mothering. Mothers who fail to do so risk being labeled bad mothers, a label which can lead to feelings of inadequacy and carries social as well as legal sanctions. Since pregnancy and childbirth guides occupy a central place in contemporary discourse about motherhood, it is imperative that authors and consumers of these guides continue to problematize narrow assumptions about motherhood. Only then can we begin to move beyond idealization and toward an understanding of motherhood in its full complexity.

A World of Babies: Imagined Childcare Guides for Seven Societies

Judy DeLoache and Alma Gottlieb
Cambridge, U.K.: Cambridge University Press, 2000

Reviewed by Petra Büskens

The title of Judy DeLoache and Alma Gottlieb's *A World of Babies: Imagined Childcare Guides for Seven Societies* is somewhat perplexing. Imagined Childcare

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Guides? What on earth are they? Amidst an array of fascinating anthropological research, we discover that they are “truthful fictions” or realistic accounts of childrearing conveyed through an imaginary protagonist. This is a clever book. It takes the format of the childcare guide of the later twentieth century and uses it, albeit fictively to develop a series of guides for ‘other’ societies: the Puritans of seventeenth century Massachusetts; the Beng of Ivory Coast (West Africa); the Balinese of Indonesia; Muslim villagers in Turkey; the Walpiri (an Aboriginal group) of Northern Australia; the Fulani of West and Central Africa; and the Ifaluk people of Micronesia.

A World of Babies uses a popular convention, the modern self-help book, to address a little known or understood subject: the childrearing practices of cultures other than our own. However, as the authors point out in their introduction, the expert led guide is itself a product (possibly a fiction?) of advanced, industrialised nations which, through processes of social change, have lost touch with their “traditions.” It is, therefore, the western audience to whom they direct their guides (with more than a little irony). This innovative style crosses traditional boundaries between truth and fiction, utilising primary anthropological research conveyed through the fictional voice of a culturally appropriate “expert” who might be a mother, grandmother, healer, or diviner. We are led into complex societies and belief systems through the eyes of a wise insider and tutored in the ways of birthing, feeding, healing, and educating children. We learn of “appropriate” sexual, social, and religious arrangements surrounding child-rearing practices and we marvel at the disparate interpretations of “right,” “proper,” and “natural.”

We learn, for example, of the importance of twice-daily enemas for Beng infants who are carried all day and cannot afford to soil their carrier’s clothes; why the Balinese insist their infants breastfeed with their heads upright (they are little Gods whom we must revere); and why both Ifaluk and Beng mothers observe a year-long post-partum sexual taboo or else risk infant death at the hands of angry gods. In effect, we learn how apparently “superstitious” beliefs or taboos often function to preserve the health and well-being of mothers and babies in much the same way as modern science does.

This is good scholarship for it neither rails against nor romanticises “exotic” cultures. Instead, we are invited to learn of a completely *different* way, or rather seven different ways, of rearing children. Of course, this throws into relief our taken-for-granted assumptions of what is right or good. As the authors write:

every group thinks that its way of caring for infants is the obvious, correct, natural way - a simple matter of common sense. However, as the anthropologist Clifford Geertz has pointed out, what we easily call “common sense” is anything but common. Indeed what people accept as common sense in one society may be considered odd, exotic, or even barbaric in another. (5)

The reader is taken on an intriguing path into some very particular styles of childrearing. The great achievement of this book is that through its rich ethnographic detail we are able to understand apparently “strange” practices in their own contexts, by taking into account climate, belief system, family structure, economy, religion, history, etc. We are thus invited to make the strange familiar, and in doing so, our own familiar practices are rendered just that little bit strange.

Bestfeeding: Getting Breastfeeding Right For You An Illustrated Guide

Mary Renfrew, Chloe Fisher, and Suzanne Arms
Celestial Arts Publishing Company, 1996

Reviewed by Marybeth White

Breastfeeding evokes many scenarios, from the romanticized image of a newborn nuzzled against the skin, nursing contentedly by a crisp fire to the agony of cracked and bleeding nipples, and an unsatisfied babe. Frequently a woman’s perception will be shaped by the breastfeeding environment she has (or has not) been exposed to. Three women have collaborated in writing *Bestfeeding: Getting Breastfeeding Right for You*. The authors bring a vast amount of experience to their project, which includes stories from families they have worked with. Their combined knowledge spans three countries and diverse perspectives on breastfeeding.

The book is divided into sections:

- Why Women Want to Breastfeed
- How to Breastfeed
- Problems: Their Causes and Solutions.

The book explores the impact of cultural perceptions on the relative success of breastfeeding. The emphasis throughout the volume is on the nursing relationship between mother and baby. The authors convey the uniqueness of each nursing pair. They advocate the validity of a mother’s feelings and underscore the critical importance of support for each breastfeeding relationship. There is a section on special concerns such as HIV, inverted nipples, and premature babies.

Most inspiring are the case studies which give life to the physical process of breastfeeding by providing a window onto families of newborns willing to share their personal experiences. The authors have compiled an index of resources including “Where to Find Help” (an international listing), “Groups that Assist Parents of Babies with Special Needs,” “Breastpump Suppliers,” “Books You Might Find Helpful,” and an “Index of Commonly Asked

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Questions.” The cross-referencing system is extremely thorough, providing quick access to the heart of a matter and guiding the reader to other appropriate sections.

The book is accurate in its information. There are a few areas, however, which require elaboration. Two such points are nipple confusion and growth spurts. Nipple confusion is experienced by an infant when he/she has been exposed to both artificial and human nipples. It is especially prevalent in the first six weeks of life. In the section “Things You Might Need to Know,” nipple confusion is mentioned briefly. There also is no information provided on growth spurts. These occur around the second week, sixth week, third month, sixth month, and every six months thereafter. Most crucial to sustained breastfeeding is the realization that a baby is in a growth spurt during the second week of life. For a period of approximately 24-48 hours, a baby will want to feed frequently. While the authors discuss the supply-and-demand mechanics of breastfeeding they do not mention the specific times when a baby is working to increase a mother’s milk supply. Frequently it is during these intervals that mothers are told, they are “running out of milk.” Many women supplement with formula at this time, which is counterproductive to increasing their milk supply.

It would have been helpful to include a list of common irritants to an infant when ingested by the mother; for example, chocolate, strawberries, cabbage, and cow’s milk. In addition, the lack of reference to licenced homeopaths and naturopaths as viable health practitioners continues to advocate the established medical community as the only voice of authority.

Overall, this book is a useful publication which sheds light on the interconnectedness between successful breastfeeding and a supportive culture. By questioning cultural norms and women’s ability to make an informed choice, the book explores the assumptions and myths prevalent in our society which jeopardize the breastfeeding relationship.

In Her Own Voice: Childbirth Stories from Mennonite Women

Katherine Martens and Heidi Harms, eds.
Winnipeg: University of Manitoba Press, 1997

Reviewed by Heather Mains

What can we learn from three generations of women recounting their birth stories? This is the question that I repeatedly asked myself as I read *In Her Own*

Voice: Childbirth Stories from Mennonite Women. Of the few journals, books, texts and magazines we have on Canadian childbirth experiences, this is the most recent. It is also one of the few collections of stories told by women in the first person.

Many books contain snippets of birth stories, but few allow women to tell their stories as testament. Worldwide, over the past four decades, there has been much anthropological writing on birth. Yet in these works, there always is a veil between the reader and the mother. First, the anthropologist's interpretation removes the story from the teller. Second, the use of pseudonyms increases the distance between the mother and the reader, and often leaves the reader wondering if the story itself is not fabricated.

In Her Own Voice shows how tales and experiences of pregnancy and birth have changed over generations. It is a living record of changes in the location of birth, from home at the turn of the century, to hospitals in the 1930's and 1940s, back to home in the 1970s. Although not all Mennonite women today give birth at home, the community seems to do so more often than the general population. According to the Association of Ontario Midwives, the home birth rate in Ontario hovers below one percent.

Earlier generations of Mennonite women were not told of what to expect in pregnancy and birth, and while childbearing was considered a woman's duty, there were few women to confide in. For Maria Reimer, born in 1902, even the word "pregnant" was taboo. She called it "being in the other time." Elsa Neufield tells us that a pregnancy was kept secret as long as possible. Another woman's husband chided her for not being sufficiently friendly to his parents, whom they were entertaining the evening she went into labour. At the time, she didn't reveal that she was experiencing strong labour pains; only after her in-laws left did she ask her husband to hitch up the horse and take her to the hospital.

I was struck by Joan Thomas's statement in the forward to this book that childbirth is a "joyous" occasion. Since I found this to be a dubious claim, I noted as I read whether the women reported feeling joy at birth. In fact, "not happy," "dread," "anxiety," "scary," "terrible sense of responsibility," "indignity," "drugged," and "foggy" were the terms used to describe their birth experience, as often, if not more often, than "joy." Perhaps feeling "joy" at birth is Thomas's social construction of the experience. Birth was not joyful the majority of the women in this book.

So where does "joy" enter into our interpretation of giving birth? Perhaps it lies only in the hope we place in the child born and not in the experience of birth itself. Or perhaps it lies in the relief and sense of accomplishment felt upon delivery. The concept of joy in birthing is problematic and needs further exploration. These stories engage the reader, however, and move us away from a biomedical consideration to a social consideration of birth.

Other collections of first person childbirth narratives, in addition to those listed at the end of the book:

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Kitzinger, Sheila. 1987. *Giving Birth, How it Really Feels*. London: Victor Gallancz.

Davis, Linda, Jo-anne Byrne and Susan Cullen. 1992. *Women in Labour: 32 Personal Accounts of Childbirth*. Melbourne, Australia: The Text Publishing Co.

The internet also is a source of birth narratives. A sample of stories told in the first person can be found at the following web sites:

<http://boards.parentsoup.com/messages/get/psbirthstories19.html>,

<http://unassistedchildbirth.com/stories.htm>

<http://pages.ivillage.com/misc/coatlucue/index.html>

http://www.compleatmother.com/birth_stories.htm

Sleepless Days: One Woman's Journey Through Postpartum Depression

Susan Kushner Resnick
New York: St. Martin's Press, 2000

Reviewed by Faulkner Fox

This is a harrowing book. Susan Resnick describes her descent into full-blown postpartum depression (PPD) after the birth of her second child, Max. She also describes her recovery, aided primarily by the anti-depressant Zoloft.

Sleepless Days is an informational memoir, meant to help PPD sufferers—past, present, and future—understand this oft misdiagnosed disease. Resnick appears to position herself as a feminist—although she never uses this word directly—shedding light on a critical women's medical issue that has been underestimated, ignored, and ill-treated by the male medical establishment. When Resnick goes to her family doctor with “an obvious set of PPD symptoms”—insomnia, constant anxiety, fear of hurting her baby, thoughts of suicide—he tells her she is suffering from “housewife's anxiety” and needs a good vacation.” He probably would have added that I needed a good bang had he not been trying so hard to appear sensitive,” she comments wryly.

Indeed, this book sheds light on the nature, prevalence, and terror of PPD. I initially came upon this book when a friend recommended it a year after I fell into a depression I never fully understood, saying “Check this book out. I think you had PPD.”

Reading *Sleepless Days*, I found myself thinking that I had suffered from PPD, but according to some of Resnick's designations of normal and pathologi-

cal symptoms, I am still experiencing it. (My children are now six and three.) As evidence of her recovery from PPD, for example, Resnick describes “making real food” on an afternoon when she has a babysitter. This is distinguished from what she did while depressed: “making some pathetically simple meal like pasta and jarred sauce or hot dogs and beans.” Cooking could very well signal mental health. Not cooking during precious babysitter time could also, at least to my mind, signal mental health.

My problem with *Sleepless Days*—and I think this will be of considerable concern to feminists—is that Resnick never looks at any of the structural stressors that may contribute to PPD. She claims the disease is caused by “a combination of physiological and psychological factors.” Hormonal changes, a history of depression, and a controlling personality can all be related to PPD.

When Resnick gets depressed, she is at home in the suburbs, single-handedly caring for an infant and a two-year-old. Her husband, whom she portrays as “tremendously supportive,” goes to work at 7:45 a.m., never returns before 6:15 p.m., and often does not get home until 8:00 p.m. Not once does she question their traditional division of labour and whether it may have something to do with her depression. (Studies show that rates of depression are considerably higher among stay-at-home mothers than working mothers, even when the working mothers are at low-paid and/or high-stress jobs.) Resnick’s goal, made clear throughout the book, is “to resume my post as a normal, loving mother.” Is it “normal,” I found myself wondering, that her husband works 10 1/2 to 12 hours a day while she, a well-published journalist, is home alone with two children?

When Resnick asks her husband if he thinks she is going to be okay, he answers: “Well, I think so, but I don’t want it to get out of hand so I’m stuck raising two kids. You’re the glue that holds us together.” Resnick, at least as she portrays herself in *Sleepless Days*, is much less prone to resentment than me (could unexpressed resentment possibly be a contributing factor to depression?), but I enjoyed imagining my response to such a comment: “It is out of hand, and I’m out of here. You do what I do 12 hours every day, and see if you don’t get depressed.”

Of course I am aware that attributing all, or even most, of Resnick’s PPD to structural inequities between her and her husband is just as near-sighted as claiming that PPD is all in a woman’s mind. Resnick wants to ascribe her recovery primarily to Zoloft, and I do not pretend to know enough about the medication to refute her. I agree wholeheartedly with Resnick, however, that PPD should be taken seriously and studied fully. I just want to make sure that structural factors, such as how household and childcare responsibilities are divided, are considered along with the psychological and physiological factors.

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Lesbian Parenting: Living with Pride and Prejudice

Katherine Arnup, ed.
Charlottetown: Gynergy books, 1997

Reviewed by L. Suzanne LeBlanc

Katherine Arnup's edited volume *Lesbian Parenting: Living With Pride and Prejudice* is the first to consider lesbian motherhood in the Canadian context. The paucity of Canadian material on lesbian parenting is made clear by this book. Most resources either are located or based primarily in the United States with branches in Canada.

This book contributes to the literature by providing a much needed discussion of lesbian parenting from many perspectives. It includes five sections: (1) choosing parenthood; (2) defining "family"; (3) raising children; (4) parents and children: reflections on identity; and (5) lesbian parents and the law. Women write about their experiences of lesbian parenting, from making the decision whether or not to parent and how to go about becoming a parent. Much of the focus is on the difficult choice of whether to turn to artificial reproduction or adoption to become a parent. The trials, tribulations, and costs of artificial insemination are experienced by all women—including lesbians—who put their bodies through such medical procedures in order to conceive. But, as Bernstein and Stephenson note in their piece entitled "Dykes, Donors & Dry Ice: Alternative Insemination," not all women have equal access to fertility clinics. Access to fertility clinics for lesbian couples is often limited and many face additional hurdles in their attempts to become parents.

The nine articles in the second section address the challenge lesbian parents face in defining their roles as parents for themselves, their children, family, and society. The authors address the complicated issue of how to define their roles in families since conventional labels (mother, father, child, parent) were constructed and are used to describe and define the typical heterosexual family.

This collection of articles serves to illuminate the reality and experiences of lesbian families. It highlights the pervasive, monolithic image "family" as a two parent, heterosexual union with biological offspring— a stumbling block to lesbian parents. I would recommend this book to anyone interested in the subject of lesbian parenting and parenting and families in Canadian society.

**The Ultimate Guide to Pregnancy for Lesbians:
Tips and Techniques from Conception to Birth—How
to Stay Sane and Care for Yourself**

Rachel Pepper
San Francisco: Cleis Press, 1999

Reviewed by Sabine Meyer

“How-to” guides—especially those that claim to be “the ultimate”—have always turned me off. Hence, when the bright cover of Rachel Pepper’s book caught my eye during a recent visit to my local feminist bookstore, my first impulse was to discard it as yet another attempt to say it all. I quickly moved on, to browse through new fiction, feminist theory, used books, and the children’s corner which my two-year-old was already in the process of dismantling. I did return, however to the table that displayed an assortment of titles on mothering/motherhood. And when I ventured beyond the “baby-colored” bracelets, bottles, spoons, pacifiers, chew toys, and pink socks of Pepper’s cover, I found an abundance of detailed and well-presented information. Moreover, I encountered a tone of support and encouragement for a spectrum of voices and choices surrounding the issue of lesbians becoming mothers which I had not expected from *The Ultimate Guide*.

A new lesbian parent herself, Pepper bases her “guide” on information she has gathered during her own journey toward motherhood. An introductory chapter on projecting and planning for pregnancy briefly considers professional, financial, emotional/psychological, social, sexual and other demands and changes that having and raising children—especially as a single or partnered lesbian—are likely to raise. The chapters that follow offer detailed information on the logistical aspects of becoming a mother without a male partner: understanding/monitoring fertility, choosing sperm banks and/or donours, insemination, infertility treatment, pregnancy, labour, delivery, the impact of pregnancy on desire/sex/self-esteem, welcoming baby, and a list of resources and support networks. Taking a wholistic approach to her subject, Pepper includes the importance of understanding one’s desire to have a child, of establishing social-emotional support systems, of taking care of oneself, and connecting with others riding the “conception roller coaster”. By establishing a dialogue between her own experiences with “the wacky world of lesbian conception and pregnancy” (ix) and those of other lesbian moms/moms-to-be, Pepper creates a much needed sense of connection and reassurance for those of us who anticipate pregnancy but do not see ourselves addressed by conventional pregnancy books, most of which address the needs of the straight, coupled mainstream.

Unfortunately, *The Ultimate Guide* falls short of by-passing the rather

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common equation of being able to “pay-for-it” with a license to “go-for-it”— a highly problematic class- (and perhaps also race-) specific presumption. In fact, having sex with or accepting a “direct” donation from a male friend or acquaintance might be the only choice for some of us who could not afford to conceive through medical intervention. Why not “go against the lesbian party line” (39) and explore further the diversity of choices made by lesbians who want to become mothers and the socio-political ramifications of these choices? Moreover, the talk about “boy sperm” and “girl sperm” leaves me wondering what it is that spurs our desire to be(come) mothers. The hope or desire of parents-to-be for a child of one or the other sex is an important issue in any book that deals with pregnancy and becoming a parent. However, when we “design” a child should we not keep in mind the very questionable nature of traditional efforts at gender assignment and the normative expectations that such efforts serve to enforce? Should we not strive to promote frameworks within which our children can reach beyond preconfigured, binary formulae of who they ought to be(come) and empower them to exceed those formulae?

In spite short-comings, *The Ultimate Guide to Pregnancy for Lesbians* fills an obvious gap by providing queer-friendly and queer-specific information on how to overcome obstacles we often face when we contemplate, map out, and pursue the process of becoming lesbian, bisexual, and/or single mothers. I highly recommend this resourceful and up-to-date compendium of “tips and techniques,” alongside other wholistic guides to women’s bodies/health and in lieu of the more traditional volumes that continue to refuse us a place in the realm of mothering/motherhood.

Motherhood and Mothering in Anglo-Saxon England

Mary Dockray-Miller
New York: St. Martin’s Press, 2000

Reviewed by Donna C. Woodford

“Motherhood is becoming respectable, finally, in feminist circles,” notes Mary Dockray-Miller at the beginning of *Motherhood and Mothering in Anglo-Saxon England* (1). Nevertheless, she notes that this respectability has been a long time in coming: “For years [motherhood] was something to be ignored, embarrassed about, or evaded as feminists defined themselves as daughters rather than as mothers” (1). In academia, motherhood often has been viewed as a trivial subject, not worthy of serious intellectual inquiry. Dockray-Miller’s

new book, however, clearly demonstrates that motherhood can be a respectable topic for feminist scholarship.

Dockray-Miller notes that after becoming a mother herself she began to wonder about the mothers of Anglo-Saxon England. She began to look for Anglo-Saxon mothers and discovered that they were difficult to find, since women's names and women's roles were often left out of the patrilineal histories and genealogies of the period. Nevertheless, using the ideas of three postmodern theorists, Judith Butler, Sara Ruddick, and Luce Irigaray, Dockray-Miller successfully uncovers and examines the mothers in Anglo-Saxon texts. From Butler she borrows the concept of gender performance and expands it to include the idea of "maternal performance." This would include the performance of what Ruddick has defined as the maternal work of "protection, nurturance, and training of children" (2). Finally, from Irigaray she borrows the concept of maternal genealogy, or a genealogy in which the mother-daughter bond is preserved rather than severed for the sake of a patrilineal genealogy that "serves to reinscribe male domination of women and male use of female reproductive capacity" (6). Using these theories as a lens, Dockray-Miller can view, and make visible to her readers, the previously invisible mothers of Anglo-Saxon England.

In her second chapter, Dockray-Miller examines the maternal genealogies of the religious women of seventh- and eighth-century England. She notes that nearly all of the founders of royal abbesses of this time period were related to one another, and she observes a repeated pattern in which a royal widow founds a monastery and then passes on her abbacy to a close female relative. This practice allowed both for a maternal genealogy, which stands in contrast to the patrilineal practice of fathers passing their dynasties on to sons, and for maternal performance, since the abbesses were spiritual mothers to the women in the monastery.

In her third chapter, Dockray-Miller looks at the genealogy of *Ædelflæd*, Lady of the Mercians, but she looks not at the frequently examined male side of her family, but rather at the often neglected maternal side. Dockray-Miller notes that *Ædelflæd* was influenced by four generations of women who protected, nurtured, and educated their children, and that this maternal genealogy is as important to understanding *Ædelflæd*'s rule as is her status as the daughter of Alfred the Great and the sister of Edward the Elder. She thus places her "in a vibrant female community that has been overlooked by scholars who continually place her as an anomalous female isolated in a patriarchal community of her father, husband, and brother" (75).

Finally, Dockray-Miller turns from history to literature and examines the mothers in *Beowulf*. In this chapter, Dockray-Miller comes to the intriguing conclusion that the mothers in the poem do not want their sons to succeed to the throne, even though succession is the goal of fathers and of the "heroic code" that governs the poem. Because the throne was a dangerous site, the desire for royal succession would be counterproductive for a woman concerned with the

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maternal work of protecting her child. The mothers of the poem thus tend to “perform maternal work in the face of the heroic code,” though with varying degrees of success (77).

Dockray-Miller’s book is an impressive study of the previously overlooked roles of mothers and other “maternal performers” in Anglo-Saxon England. Her book gives us a useful, new understanding of the time period, and it serves as further proof that motherhood is a respectable and useful area for academic exploration. I would recommend this book to anyone who is interested in the study of Anglo-Saxon England or the study of motherhood in history and literature.

**This Giving Birth:
Pregnancy and Childbirth in American Women’s
Writing**

Julie Tharp and Susan MacCallum-Whitcomb, eds.
Bowling Green, OH: Bowling Green State University Press, 2000

Reviewed by Nancy Lewis Tuten

In their introduction to this collection, the editors observe that since “the baby boom generation has come of age in America, mothers are suddenly back in *Vogue*” and in *Time*, *The New Yorker*, and *The Wall Street Journal*, too. They might well have added a host of academic journals to their list, for the proliferation of scholarly articles on the subject of parenting, and mothering in particular is noteworthy. One might ask, then, what this anthology hopes to add to the flourishing canon of mother-studies given credence in the 1980s by Adrienne Rich, Elaine Showalter, Mary O’Brien, Barbara Katz Rothman, and others, fleshed out over the past ten years by such scholars as Tess Coslett, Patricia Hill Collins, and Naomi Ruth Lowinsky?

I wish this text had been available six years ago when I taught an honours section of freshman composition centred on the theme of mothers and daughters or more recently when I taught a senior honors seminar entitled “Interdisciplinary Perspectives on the Mother.” While literature was only one component of both courses, from the essays in *This Giving Birth* my students could have learned much more than literary analysis. They would have learned feminist history in the essay “Claiming Our Birth-Write: The Poetry of American Mothers” as MacCallum-Whitcomb traces the “legitimacy of the maternal voice” in the work of poets like Anne Bradstreet, Sharon Olds, and Mina Loy. The essay makes clear the formidable task of being a woman writing poetry in a tradition steeped in the patriarchal injunctions of Emerson and Whitman. Gail Lippincott adds to the enormous body of work on Kate

Chopin's *The Awakening* by observing the "double-voiced discourse" in a novel that "privileges the language of birth" not only in imagery but in structure as well. Had they read Debra Beilke's essay on little-known writers Julia Peterkin and Frances Newman, my students could have explored the psychological dilemma of mothers in the early decades of twentieth-century America. They could have broadened their understanding of the mother role through essays on African-American mothers, Native American mothers, and mothers whose children are the products of incest. For this is a book about pregnancy and childbirth in American women's writing and it will be most used in literary circles; it also provides a valuable overview of the history of feminist theory concerning mothers.

Like any study, however, it has its weaknesses. In their introduction, the editors acknowledge that "the voices of Asian-American and Latina mothers are not heard," but since no single book can be responsible for representing all perspectives, that flaw seems less problematic than the fact that the collection lacks an index. For a work to be useful to scholars, it must contain a detailed, thoughtfully constructed index that enables readers to ferret out information. Perhaps, though, the editors did not have a scholarly audience in mind, which is suggested by the two essays that frame the collection. The lead essay, a first-person rumination on the effect of childbirth on writer Karen Haas-Howland, creates a false first impression of a book that is largely objective and scholarly in tone. Equally out of place in this volume is the final essay, a series of introspective journal entries in which author Kimberly Blaeser reflects on her son's first three years and the impact of his birth on her writing. Both Haas-Howland and Blaeser are eloquent on the subject of women writers and the challenges they face when they become mothers, but perhaps their essays would have been less jarring if they had followed the eight academic pieces, accompanied perhaps by a brief introduction to announce the volumes shift in tone.

Despite these complaints, however, feminists in all fields, and especially those of us involved in the study of literature, will feel grateful to Tharp and MacCallum-Whitcomb for this valuable collection that illuminates an important but often neglected subject in American letters.

Mothers Talk Back: Momz Radio

Margaret Dragu, Sarah Sheard and Susan Swan, eds.
Toronto: Coach House Press, 1991

Reviewed by Merryl Hammond

This book is unusual in that each chapter is a transcript of a radio interview that features a woman (and one man) reflecting on one aspect of their experience as a parent. Contributors are coping with: a premature baby ("Some months after

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the birth] I turned around and looked at her for the first time and saw that this baby wasn't an it, and that it was a baby girl"); a special needs child ("I think it's not uncommon for fathers to pick up on children's disabilities easier than mothers - perhaps because of the emotional closeness, there just seems to be a greater kind of denial that kicks in with the mother"); being a lesbian mom ("What saved my life absolutely was a mothers' support group that I got into very early on"); step-mothering ("You have to deal with the problems and feelings that are still unresolved from the previous marriage. You are coming in on Act Two"); single parenthood ("I started thinking of prisoners and invalids and mothers in the same breath. I felt the confinement"), and so on.

My favourite chapters feature Jane Grant reflecting to interviewer Diane Martin on "The Male Child: Is he Different?" ("It's not our sole responsibility to raise non-violent boys. Mothers are one person in their children's lives. I'm not going to be responsible for a violent action he makes. That is his responsibility.") and Guy Allen's thought-provoking piece with interviewer Susan Swan, "Mr. Mom: Motherhood Expresses Me Beautifully" ("I've always felt that the best thing a parent can do is live a good life, and then a child can see what that is.")

I was excited by the prospect of reading individual accounts of parenthood and at times I felt tantalizingly close to one of those wonderful moments of insight that can be had in reading. But something prevented those moments.

At times it was the jarring questions and probing style of the interviewers. (At one point, an exasperated Sidney Shadbolt, says: "You've got to be kidding to ask a question like that. Come on, Margaret, get real!") Perhaps, it was the lack of an overarching theme for the project that caused me to feel bogged down by trivia. A good editor (one who was not herself an interviewer) would have cut interruptions, second-guessing by the interviewers, and other extraneous material (like bus numbers and routes in the neighbourhoods, etc.) that have no place in an edited volume. In general, I learned far too much about individuals' circumstances, and not nearly enough from their insights, frustrations, and joys as parents.

In 1991 when this book was published, the idea of an editing a volume to give voice to mothers was obviously excellent. Unfortunately, these particular radio interviews do not translate well in print.

**Family Shifts:
Families, Policies, and Gender Equality**

Margrit Eichler
Toronto: Oxford University Press, 1997

Reviewed by Elizabeth Reid Boyd

Families have experienced “tectonic shifts” in the last decades of the twentieth century. Such major shifts include gender equality and the rise of biotechnology. In *Family Shifts: Families, Policies and Gender Equality*, Margrit Eichler argues that concepts and language lag behind these changes, with serious social policy consequences.

Eichler points out that family policies (which include a gamut of social welfare policies, taxation regulations and family laws) are at least partially shaped by what policy makers think the family should be. This resonates with Carol Bacchi’s (1999)¹ assertion that it is useful to think about politics as discursive battles over meaning. Bacchi suggests that the state is always intervening and involved in the shaping of definitions, rather than simply responding to changes and problems.

Eichler uses three models to demonstrate the significance of the conceptual and ideological underpinning of family policy. The patriarchal model of the family, based upon gender differentiation and inequality, was particularly prevalent in the first half of the twentieth century (although its legacy certainly remains apparent in current Australian social policy). The individual responsibility model represents an ideological shift from gender differentiation to a commitment to equal treatment of individuals, regardless of gender.

Eichler shows that both these models are flawed. However the individual responsibility model moves away from enshrined legal and social gender inequality towards formal equality, which has had the potential to disguise and reinforce actual inequality. Further, she demonstrates that in both models the public or community has no responsibility for the economic well-being of the family. In the patriarchal model, responsibility is held by the father, in the individual responsibility model, by a parent.

An alternative to these models is what Eichler calls the social responsibility model. This is based upon principles including minimised stratification upon the basis of sex, that “functioning relationships” constitute a family unit, and that the public share responsibility with both parents for the care of dependent children. This last component directly challenges premises and policies that reflect the individual responsibility model. Public responsibility depends upon an acknowledgement of the social value of caring for dependents.

That functioning relationships constitute a family unit is perhaps one of

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the most provocative ideas in Eichler's model since, as she points out, the heterosexual union of marriage is a legally privileged relationship. In Australia, at a time when it is being proposed by the Federal government that health rebates for IVF be limited to married women, and exclude single and lesbian women, it is clear that this principle can represent a huge ideological stumbling block. Eichler's social responsibility model represents a promising vision, but it is also worth remembering that family shifts can oscillate. Social responsibility is not a guaranteed progression, but a goal that will require vigilance and effort.

¹Bacchi, C. 1999. *Women, Policy and Politics: The Construction of Policy Problems*. London: Sage.

A Jewish Mother in Shangri-la

Rosie Rosenzweig
Boston: Shambhala, 1998

Reviewed by Marion Stichman Gold

Rosie Rosenzweig accepts her son Ben's invitation to learn about Buddhism first-hand rather than asking him to return home – to her and to the faith of his birth, Judaism. However, after reading Rosenzweig's adventures in Shangri-la, I was reminded of a mother's familiar admonition to a child, "and if your friends were to jump off a bridge, would you follow?" Rosenzweig, in her quest to understand her son's choice to become a practicing Buddhist, visits retreats in Europe and Asia where she speaks to clerics and laity in her search for answers. Her attempts to recreate her son's experiences reveal that she is able to find common ground between Buddhism and Judaism. However, Rosenzweig's description of these experiences reveal more about her own association with Judaism than answer any questions we may have about her son's change of religion. Why Ben becomes a Buddhist is not definitively answered.

Rosenzweig's narrative of her journey to Paris and Nepal in search of Ben's truth, as well as her own, leads her to analyses of past events that link mother and son. Her reflections on past experiences are sometimes painful and the seeming alienation between mother and son, husband and wife which emerge from time to time serve as a template for the patterns of living together for so many of us. Nevertheless, the reason for undertaking the search for Ben's religious identity through a concrete reenactment of his spiritual journey remains a mystery.

Was it necessary for Rosenzweig to travel half way around the world in an

attempt to share Ben's experiences? Did Rosenzweig feel that the lines of communication could only be reestablished through personal contact? My sense is that her relationship with Ben is somewhat flawed, not unlike many relationships between parents and adult sons and daughters. And the author may have felt that the only way she could reach her elusive son would be through her physical presence and direct conversation with him in a location of his choosing.

A Jewish Mother in Shangri-la doesn't reveal how or why Ben becomes a Buddhist. It does describe the successful rapprochement between mother and son. Rosenzweig does not become, as Rodger Kamenetz writes in *The Jew in the Lotus*, a JUBU (a Jewish Buddhist), although she does attempt to integrate Buddhist meditation rituals into her own Judaic practices. However, Rosenzweig did not have to travel to Nepal to learn about meditation and spirituality in Judaism. Structured, externally directed meditation, (*hitbonenut* in Hebrew) and inner-directed meditation, (*hitbodedut* in Hebrew) are integral to the practice of Judaic mysticism.

Rosenzweig's narrative is a marvellous travelogue about a trek to the Himalayas, but it is also much more than that. It is the narrative of the more perilous and rewarding journey of a mother's relationship with her son.

The Bat Had Blue Eyes

Betsy Warland
Toronto: Women's Press, 1993

Reviewed by Ruth Panofsky

In this powerful collection of prose and poetry, Betsy Warland excavates the eviscerating landscape of incest. She writes as a survivor who is determined not so much to lay blame—although she does evoke the tragedy that is incest. Instead, she writes toward reconciliation with her mother and the other women in her family who have been victims of incest themselves. Driven to unearth this terrible "family secret," Warland rightly questions whether memory can be "translated into words" (14). This is her dilemma: as a poet she knows that language cannot fully articulate the experience of incest. Yet, Warland recognizes the personal and political value that resides in language, and *The Bat Had Blue Eyes* is as much an effort to reclaim the self as it is a poetic rendering of lived experience.

In fact, the abuse at the heart of the collection and the speaker's world is not described in detail. Warland's focus on the emotional trauma engendered by incest positions the victim at the centre of her volume. The perpetrator is

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a shadowy presence, a threat lurking on the periphery of each poem. The ominous power he wields in life is mastered in poems that explore the damaging legacy of incest across generations. Warland posits the need to claim that legacy as an unfortunate but inevitable link with the women in her family and, ironically and tragically, traces her matrilineage through incest.

At the core of the work is an interest in mothering: the nurture of a grandmother; the emotional distance of a mother; and the healing power of words. In fact, to write is to mother the self, and Warland undertakes to write her poems in a self-conscious effort to examine her past and explore her pain: “a woman alone . . . / making her own text / . . . words so urgent she must stop / like a rock / give herself to them” (27). The desire for actual mothering is felt across the volume. Feeling her body dominated by the male, the speaker seeks spiritual solace from women. Her therapist (unidentified but likely female) recognizes the “[s]udden pungent smell of semen on the web of my / hand, so strong, precise” (14); she claims her grandmother “was the one person i had trusted” (36); and finally, she holds her mother “in the circle of my arms” (96). The “invisible” crime of incest has the power to devastate and isolate women. Feeling herself riven—in body and in spirit—the speaker tries to reconnect with her mother, only to learn her mother was herself a victim of incest: “in my family —7 generations, a healer said” (89).

The act of writing assists in loosening the shackles of incest on the speaker’s life. As she struggles to render memory through language, knowing that “[w]ith words we begin our forgetting” (14), she moves toward celebration of that same language, source of healing and pleasure. By the end of the collection, she has found her way through a shared past to a present where she joins her lover, herself

a lover of words,
renders me speechless
drives me down to earth’s opening sound
oooOOOOOO

& I let her o let / her
return me to
mother letter. (97)

Two Women in a Birth

Daphne Marlatt and Betsy Warland
Toronto: Guernica (Collection Essential Poets 58), 1994

Reviewed by Laurie Kruk

The title of this book by Canadians Daphne Marlatt and Betsy Warland may be misleading to ARM members: it is not concerned with pregnancy, childbirth or mothering in the usual sense. Instead, these poets who define themselves as lesbians and feminists tackle their partnership, and how they “give birth to” their relationship together. Divided into five parts, this dual-voiced book questions the (hetero)sexist foundations of our society by probing the cultural freight of English. Lesbian desire is essential to their poetic experimentation, for as Marlatt and Warland demand space for their relationship, they simultaneously push the language, through word-play, puns, and etymological speculation, to make room for “the third body,” their collaboration in life, love, and literature.

Marlatt’s “Touch to My Tongue” opens the dialogue, introducing lesbian love texts that blend prose with poetry, often eschewing capitalization or punctuation in dense, packed lines that reflect back on each other, on language and on the creative process itself. Both “Touch to My Tongue” and Warland’s “Open Is Broken,” part two, address the absent lover, revealing language’s paradoxical ability to call up the presence, but also the absence, of the addressed other. Yet this post-structuralist, postmodernist yearning for an out-of-reach connection does not demand a denial of the female/feminine. Marlatt and Warland are well-read in feminist criticism and the questions of feminine “difference.” Marlatt includes as epigraph to “Touch to My Tongue” poet H.D.’s comment that “The brain and the womb are both centers of consciousness, equally important.” Marlatt’s often-anthologized poem/essay (generic boundaries are fluid here) “Musing with Mothertongue” declares language to be “a living body we enter at birth...our mothertongue. It bears us as we are born in it, into cognition” (25). So rather than viewing contemporary English as sterile, male-defined, alien, these two poets prefer to uncover—as have feminist anthropologists—the feminine substrata, the suppressed “mothertongue” that starts with the pre-verbal experience within the womb and is still hidden, they insist, in the unarticulated feminine experiences of menstruation, childbirth, breastfeeding, and, of course, lesbian desire. As Marlatt puts it, women writers involved with this new language-centered feminist poetry are “shoving out the walls of taboo and propriety, kicking syntax, discovering life in old roots” (29). Both women explore “old roots” of language by creating playful, provocative chains of meaning like this one: “*tabia ... labilis, labour, belabour, collaborate, elaborate*” (135). Here the genital lips literally “speak” the “birth process” of the

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two poets, whether writing to each other or with each other. “Double Negative” is their attempt to capture, in collaboration, a train journey across Australia, Marlatt’s birthplace. Frank Davey calls it a “long-poem/journal about two lesbians crossing Australia’s Nullarbor Desert that draws comparisons between the theft of Aboriginal lands and the denial of space to women who are lesbians” (742). The pun on “birth/berth [train sleeping compartment]” offers another seemingly innocent example of this denied, or unacknowledged, space. An interview conducted by the pair follows, in which they interrogate their own preconceptions about how best to be “in the landscape.” This interrogation continues and is heightened in the last two parts, authored by both Marlatt and Warland. “Reading and Writing Between the Lines” melds the two voices into shared meditations on how they “interwrite.” But it is “Subject to Change,” which concludes the books, that seems the most risk-taking, as the project of writing a poem each per day, presented on opposite pages, breaks down into a maze of hurt feelings, distrust, doubt, and anxiety. For March 7th, Warland writes: “*we talk angrily. you accuse me of leaving the collaboration because it isn’t going the way I want it to. I accuse you of judgement when you say I’m getting too theoretical*” (159). In “Afterthoughts” both acknowledge the “difficulty collaborating on such a microscopic level ... we’ve had to give up individual control.” But as this piece concludes wryly, “giving each other the gears we are still engaged.” (160). In their sophisticated questioning of the links between gender, sexual desire and language, Betsy Warland and Daphne Marlatt challenge patriarchal and homophobic cultural codes. And in their collaborative efforts at honouring one another’s needs as well as their own, they revisit women’s wisdom of labour and birth throughout the ages: giving up individual control to find a greater wonder.

Work Cited

Davey, Frank. 1997. “Marlatt, Daphne.” *Oxford Companion to Can. Lit.* Second edition. Gen. eds. Eugene Benson and William Toye. Toronto: Oxford University Press, 741-742.

Talisman

Afaa M. Weaver
Chicago: Tia Chucha Press, 1998

Reviewed by Rishma Dunlop

This collection of poems explores the speaker’s relationships with five women in his life. Weaver devotes the sections of his book to Bessie, his mother; Eleanor, his first wife with whom he had two children; Ronetta, his second

wife; Aissatou, his third wife; and finally Mizan, actress, friend, companion.

The author's use of voice is powerful, evoking the African-American vernacular throughout, beginning with the speech patterns and observations of a four-year-old boy. Throughout the years spanned by the poems, the boy's mother is described with love and affection as Mama, a woman of strength and wisdom. In "Mama's Hoodlum," Mama waits for her son during his years in a street gang, the years of carrying knives and getting high, when "Being bad felt so good and right/ while Mama sat home and worried/about how and when I might die."

Especially poignant in describing maternal relationships is the poem "Mama and her Mama." The grandmother is Big Mama, who lives with the boy's family during the last sixteen years of her life. The agony of Mama is conveyed as she struggles to please her mother. She would "touch her mama and get the love/what made her sit and cry in her hands./Grandma and Mama had choke holds/on each other." In many poems, Weaver engages the reader, then ends with a twist of a knife's edge, driving the point home: "Mama had/gone stone crazy on my behind./When she knew she was dying,/Mama apologized to me./It was spring. I was thirty years old."

The line that haunts the collection is "Mama was preparing me to be alone." The section about Eleanora, Weaver's first wife, tells of marriage at eighteen and the death of their first son, born with Down's Syndrome. In the third section about Ronetta, the central image is of two people turning to each other through experiences of pain and, in the end, a marriage seen as a bridge "built/from need to need/and of need," until it finally cracks.

The fourth section about Aissatou, the speaker's third wife, marks a linguistic change with a voice charged with the sensuality of sexual love and sensitive to the aesthetic possibilities of the world. In the final section, through the accounts of the speaker's relationship with Mizan, the reader is left with the impression that he is leaning toward self-knowledge. The attempts to understand and recover love culminate in a sense of spirituality that is retained long after relationships have ended.

The speaker always returns in memory to his Mama's house. This is the key to the title of the book, as he returns again and again to that lonely room, searching for the "talisman that has made me a prisoner of love,/against the wishes of my dreams/at night, all gone in the bones." This is a fascinating, culturally rich, collection.

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Nancer Ballard is a Resident Scholar in the Brandeis University Women's Studies Program in Waltham, Massachusetts where she conducts research on issues of interest to women and the interface between career meaning and professional measures of success. She also works part-time at the law firm of Goodwin Procter and writes non-fiction, fiction, and poetry for adults and children. She and her partner have a seven-year-old son.

Anna Beauchamp lives in Winnipeg with her partner, James, and their daughters, Jillian (seven) and Lauren (three). Anna is a student in the Masters of Adult Education program with St. Francis Xavier University, and has just accepted a new position with the provincial government of Manitoba as Manager of Adult Learning and Literacy.

Jane D. Bock earned her PhD in sociology from the University of Southern California in 1995. Her research interests include single motherhood by choice, women's studies curricula, and parent education. She currently works as the Parent Education Coordinator for Clayton Schools in Missouri, and is the Chair of the Family Division for the Society for the Study of Social Problems.

Monica Bock is Assistant Professor in the Department of Art and Art History at the University of Connecticut, Storrs. Previously, she was a Chicago-based artist holding Adjunct Faculty positions at the Art Institute of Chicago and Chicago's Columbia College. She received her BFA and MFA in sculpture from the School of the Art Institute of Chicago, and her BA in Art and Art History from Oberlin College. She has exhibited nationally and in Japan where she spent three years on fellowship from Oberlin Shansi Memorial Association.

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Elizabeth Reid Boyd is Director of the Centre for Research for Women, a research initiative of the four public universities in Western Australia. Her PhD is on mothering. She teaches at Edith Cowan University in the School of International, Cultural and Community Studies. Elizabeth writes for newspapers and magazines in Australia and the UK.

Carol Brownstein-Evans, CSW, ACSW is faculty in the Department of Social Work at SUNY Brockport, Brockport, New York, and a PhD candidate in the Social Science Program in the Maxwell School of Citizenship and Public Affairs at Syracuse University. Her clinical social work practice and research are in maternal substance abuse.

Zofia Burr is Associate Professor of English at George Mason University in Fairfax, VA. She holds a Ph.D. in English and an MFA in poetry from Cornell University. Zofia's poetry has been published in several journals and she has two major book projects in progress including *Poetry and It's Audiences: Address and Difference in the Works of Emily Dickinson, Josephine Miles, Gwendolyn Brooks, Audre Lorde, and Maya Angelou*.

Petra Bùskens is a PhD candidate at The Ashworth Centre for Social Theory, the University of Melbourne, Australia. Her interests include feminist, social and political theory particularly as they pertain to citizenship, contract, self-identity, and an ethic of care. She is currently conducting her research on mothers who leave their families with reference to the prevailing contradiction between autonomy and maternity. Between January and June 2001 she has been a visiting student scholar at The Centre for Research on Mothering where she is on the editorial board for two conferences: "Mothering, Sex and Sexuality" and "Mothers Without their Children."

Melissa Miller Chastain lives in Struthers, Ohio with her husband Robb, her three-year-old son Austin, and her one-and-a-half-year old daughter, Sarah. Melissa is doing graduate work in the English department at Duquesne University in Pittsburgh, Pennsylvania. Her specialties include rhetorical and literary theory.

Brenda Clews is a writer, artist, yoga instructor, ecstatic dancer, healer and (single) mother of two. After a long hiatus of childrearing and freelance editing, she has returned to York Univeristy and is currently working on a thesis in the Interdisciplinary Studies Programme entitled, "The Maternal Body: Theorising the Embodied Subject."

Mika Collins is active in both visual and performing arts in Montreal. She teaches art classes to children, and has had artwork (including cover art) published in several books.

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Jill R. Deans is Assistant Professor of English at Kansas State University where she is also a member of the Women's Studies, American Ethnic Studies, and Graduate Faculties. She has published several articles on representations of adoption in literature and culture and is writing a book on adoption autobiography.

Cheryl Dobinson is the Administrative Co-ordinator for ARM. She holds an MA in Sociology from York University and her studies have focused on women, youth and sexuality. Her work on sexual identity has been published in *Herizons* and *The Journal of Gay, Lesbian and Bisexual Identity*. Her most recent publications include a co-authored article on lesbians and film in *The Journal of Homosexuality* and a piece on transsexual legal issues for *Fireweed*.

Pamela J. Downe is Associate Professor of Women's and Gender Studies at the University of Saskatchewan. Her research focuses on women's health, maternal care and stepmothering in regions of Central America, the eastern Caribbean and western Canada.

Rishma Dunlop teaches in the Faculty of Education at York University. She has a PhD in Language and Literacy Education and an M.A. in Modern Languages from the University of British Columbia. Her poetry and essays have won awards and have been published in: *Literator* (South Africa), *Poetry Nottingham International* (UK), *Room of One's Own*, *English Quarterly*, *Canadian Woman Studies*, *Contemporary Verse 2*, *Dandelion*, *JCT*, *Grain*, *Event*, *Canadian Journal of Education*, *Redefining Motherhood*. *Rishma Dunlop was a finalist in poetry in the 1998 CBC Canada Council Literary Awards*. Her collection of poetry titled *Boundary Bay* was published by Staccato Press in 2000.

Jillian M. Duquaine is currently working toward her PhD in the Women's Studies Department at The University of Iowa. Jillian's focus includes feminist anthropology, feminist pedagogy, and motherhood and reproduction, with a particular interest in maternal emotion. Her methodology is best described as a balance of scholarship, teaching, and activism.

Faulkner Fox is an essayist, poet, and performance poet, currently at work on a collection of personal essays critiquing contemporary ideologies of motherhood. The working title of the book is "What's Wrong With Me?: Notes From An Ambivalent Mother." Her essays on mothering have appeared in *Salon Magazine's* "Mothers Who Think" column and *Brain, Child: The Journal For Thinking Mothers*. A recent essay, "Get A Wife," was nominated for a Pushcart Prize in November. Faulkner has two sons, a three-year-old and a six-year-old, and she teaches writing workshops at the University of Texas at Austin.

Marion Stichman Gold is an Ed.D. candidate at OISE/University of Toronto

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in the Curriculum, Teaching and Learning Department, Centre for Teacher Development. Her research interests include collecting life stories of women to determine what experiences enhance their quality of life. Her thesis, a narrative, will focus on revisioning the aging process as an empowered crone through revisiting her own lifelong pattern of teaching and learning.

Fiona Green became a mother to her son Liam eleven years ago while in England completing her Masters in Women's Studies. For the past decade she has been teaching in the Women's Studies Program at the University of Winnipeg. She has also taught in the Departments of Sociology at the Universities of Manitoba and Winnipeg. Fiona's doctoral dissertation, "Feminists Mothering: Feminist Activism, Pedagogy and Praxis" (working title) is nearing completion.

Diana L. Gustafson is a nurse-sociologist, educator, writer, and mother of two adult children. Currently, she is a doctoral candidate dual enrolled in the Department of Sociology and Equity Studies in Education and in the Institute for Women's Studies and Gender Studies at the University of Toronto. Her primary research interest is health care reform and the impact of social inequality on nursing practice and education.

Christina Halliday is a PhD candidate in Education at York University some of the time and a mother to Veronika always. Her dissertation is tentatively titled: "Choreographies of Embodiment: Implications for Teaching and Learning." This research draws together Christina's interests in philosophy and the body, phenomenology, dance, mothering, and pedagogical experience.

Merryl Hammond is a (step-)mother to five children, including contributor Mika Collins. She is a nurse and midwife, with a PhD in adult education and community health. She started a support group for at-home mothers, Mothering Matters, ten years ago. She lives in Montreal with her husband and children.

Laurie Kruk teaches Canadian literature at Nipissing University in North Bay. She has written and published on Margaret Atwood, Joy Kogawa, Timothy Findley and Alistair MacLeod. She is also a published poet and the mother of a two-year-old daughter.

L. Suzanne LeBlanc, PhD is an adjunct professor in Women's Studies at the University of Northern British Columbia. Her work has been published in Canadian Public Policy and Society. She is currently working on a series of articles on women's experiences of single industry resource towns and the north and is completing a book on the social and economic history of Cassiar, British Columbia.

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Gail Lindsay is an Assistant Professor in the Collaborative BScN Program and Post-RN Program in the School of Nursing at York University, Toronto. Her research is narrative inquiry that autobiographically and biographically reconstructs life experiences of Registered Nurses in healthcare reform as a source of learning and transformation of nursing praxis.

Susan MacCallum-Whitcomb teaches American Literature at the University of New Brunswick (St. John). Her most recent work, *This Giving Birth: Pregnancy and Childbirth in American Women's Writing*, a critical anthology co-edited with Julie Tharp was recently published by Bowling Green Press (2000). She is a grassroots feminist and the mother of two young children.

Judy MacDonnell is continuing her antihomophobia work in community contexts and in Sociology and Equity Studies in Education at Ontario Institute for Studies in Education. Her article, based on her Masters thesis, was presented at the Mothering and Fathering Conference: Visioning, Creating and Sustaining A Culture of Peace, November, 2000.

Joyce MacIntyre is a status native with the Six Nations Band, working full time as an operation's analyst and pursuing her degree in Women's Studies at York University. Joyce experienced the death of her only child, Duane, in 1992 and has since facilitated self-help groups and served on both the Cross-cultural Policy Committee and the Parental Pod Committee of Bereaved Families of Ontario. A selection of her poems entitled *Reflections of Time* has been published through Bereaved Families of Ontario.

Heather Mains has been a doula, providing labor support for childbearing women, for five years and advocating on behalf of improved maternity services for over a decade. Her current studies include investigations into how women create ritual in order to birth their children. She writes, photo-documents, lectures and researches on women's health issues, particularly maternal and newborn issues. She hears, and tells, many birth stories.

Heini Martiskainen de Koenigswarter is the mother of an eight-year-old girl, Julia. She is a Ph.D. candidate at Université de Versailles Saint-Quentin-en-Yvelines and University of Helsinki. She is also a member of the Laboratoire Printemps—Professions, Institutions, Temporalités (UVSQ/CNRS). Current research topics include mother's biographies, social policy, and women in local politics.

Sabine Meyer is a doctoral candidate in English and Feminist Studies at the University of Minnesota, Twin Cities. Currently, she is in the process of completing her dissertation on collective narrative (de)constructions of deviance in recent US women's multiple narrator novels. Her teaching and scholar-

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ship focuses on minoritized literatures of the US, theories of narrative and representation, mainstream and revisionist constructions of difference/deviance, feminist and glbt/q theories (as well as practices), progressive pedagogies, and the multi-layered intersections between these areas.

Gill Wright Miller is Associate Professor and Chair of Dance at Denison University in Granville, Ohio. Since 1981, her teaching has focused on movement analysis and experiential anatomy/kinesiology. Both her written and choreographic work attempts to merge aspects of mothering with feminist agency theory. She is the mother of four boys.

Alison Newall earned her BA and MA from McGill University while raising her two sons. She is now a Montreal-based freelance writer, editor and translator. Her work has previously appeared in *Canadian Woman Studies/les cahiers de la femme*, *Hejira*, *Children's Literature Association Quarterly*, and her children's story, "The Whispering Lion," was shortlisted for the Writer's Union of Canada Children's Writing Competition last year.

Renee Norman is a poet and writer who teaches in the Faculty of Education at the University of British Columbia. Her book, *House of Mirrors: Performing Autobiograph(ically) in Language/Education*, published by Peter Lang Publishers, New York, is just out.

Andrea O'Reilly, PhD, is an Assistant Professor in the School of Women's Studies at York University where she teaches courses on Toni Morrison, on motherhood, and on mothers and daughters. She has presented her research at numerous international conferences and she is the author of more than a dozen articles and chapters on these topics. She is co-editor of *Redefining Motherhood: Changing Identities and Patterns* (Second Story Press, 1998) *Mothers and Daughters: Connection, Empowerment and Transformation* (Rowman and Littlefield, 2000) and the special 20th anniversary issue of *Canadian Woman Studies/les cahiers de la femme* (Fall 1998) on Mothers and Daughters. She is the author of *Toni Morrison on Motherhood* (forthcoming from Ohio State Press) and editor of *Mothers and Sons: Feminism, Masculinity and the Challenge to Raise our Sons* (Routledge Press 2001). In 1998 she was the recipient of the University wide "Teacher of the Year" award at York University. O'Reilly is founding president of the Association for Research on Mothering (ARM) and is founding editor/publisher of the *Journal of the Association for Research on Mothering*. She has conducted numerous community workshops on motherhood, mothers and daughters, and mothers and sons and has been interviewed widely on these topics. Andrea and her common-law spouse of eighteen years are the parents of a sixteen-year old son and two daughters, ages eleven and fourteen.

Ruth Panofsky is the Journal's book review editor. She is a member of the

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Department of English at Ryerson University where she teaches Canadian Literature. She is author of *Adele Wiseman: An Annotated Bibliography* (1992) and co-editor of *Selected Letters of Margaret Laurence and Adele Wiseman* (1997).

Christine Peets is the mother of two sons, and is an independent writer, editor, and researcher. She has written extensively on childcare and other social and environmental issues. Her research has dealt with the mother-son relationship; and her relationship with her own mother. She has presented her work at one international conference, and looks forward to future presentations. She was the Conference Co-ordinator for "Healthy Children=Healthy Communities" in Kingston, Ontario, Canada in 1999. Currently, Christine is expanding her research on "mother-teachings" and is also doing further research on mothering and health. She is the (incoming, June 2000) President of the Kingston and Area Home Business Association, and is the editor of the ARM newsletter.

Carol Roh-Spaulding is assistant professor of English at Drake University where she teaches fiction writing and American multicultural literature. Her fiction, articles and poetry have appeared in several journals and anthologies. She has completed a collection of short fiction titled *White Fate* and is at work on a novel.

Rosie Rosenzweig, a resident scholar in Brandeis University's Women's Studies, a published liturgical poet, book reviewer, essayist, and author of *A Jewish Mother in Shangri-la (Shambhala)*, an intergenerational memoir about meeting her son's Buddhist teachers, is involved with Jewish meditation training at the newly funded Chochmat HaLev Center.

Justyna Sempruch completed her MA studies in English and Russian literature in Austria at the University of Klagenfurt and entered the PhD program in the Department of Modern Languages and Comparative Studies at the University of Alberta. Since 1998, she has continued her academic projects at the University of British Columbia in the Comparative Literature program. Currently, she is writing her PhD thesis on "The Witches in Diaspora" which is an interdisciplinary project across gender, culture, and philosophy. In Canada, she has taught undergraduate courses in Comparative Women's Literature, German and Polish languages.

Sharon Snow is the Director of the Women's Center at the University of Vermont. Much of her work around gender issues has centered on violence against women. She received both her BSW and her MA from Texas Woman's University. She has three daughters and one granddaughter.

Diane Speier has been a certified childbirth educator since 1977 and a parent facilitator working with mothers and babies almost as long. As a perinatal and

developmental psychologist she specializes in the psychology of parenthood (MA, New York University) and is now completing her PhD in Women's Studies at the University of Manchester (UK) on Women's Experience of Childbirth.

Cassie Premo Steele is the author of *We Heal From Memory: Sexton, Lorde, Anzaldua and The Poetry of Witness* (St. Martin's Press) and the editor of *Moon Days: Creative Writings about Menstruation* (distributed by Ash Tree Publishing). She is also an award-winning poet, currently at work on a book of poems about pregnancy, childbirth, and motherhood. She teaches Comparative Literature at the University of South Carolina.

Trudelle Thomas is an Associate Professor of English at Xavier University in Cincinnati, Ohio where she teaches courses in writing, environmental literature, women's literature, and autobiography. Her articles have appeared in *College Composition and Communication*, *WPA: The Journal of Writing Program Administrators*, *The International Journal of Children's Spirituality*, *Religious Education*, *The Journal of American Culture*, and elsewhere. She is a child advocate, and also a mother, stepmother, and "othermother." Her current research involves the socialization and spirituality of mothers.

Karen Turnbull was born in Montreal in 1965 to Scottish Canadian parents. She currently lives in Scotland, which is also where she completed her honours degree in Fine Art in 1993. Her preferred medium is oils and she favours a fairly traditional approach to technique and subject matter. On finishing her degree she initially concentrated on commissioned portraits, but has now largely moved away from commissioned artwork, and is producing a body of work consisting of landscapes, still lifes and nudes.

Lorna A. Turnbull is the mother of three young children who has just completed her doctorate in law at Columbia University in New York City. Her work canvasses the ways in which legal regulation constrains the choices available to women with respect to the place of children in their lives. She argues that mothers bear a greater social and economic burden than do other adults and that this represents a failure of the equality ideal. Her book, *Double Jeopardy: Motherwork and the Law*, will be published by Sumach Press in Fall 2001.

Nancy Lewis Tuten is professor of English at Columbia College, where she has served on the faculty since 1988. With colleague John Zubizarreta she recently co-edited *The Robert Frost Encyclopedia* (Greenwood 2001), and in 1996 she published *Critical Essays on Galway Kinnell* (G. K. Hall). Other scholarly publications include studies of works by Alice Walker, Walt Whitman, and Theodore Roethke. She lives in Columbia, South Carolina, with her husband Tom and daughters Elizabeth and Emily.

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Marybeth White currently mothers three children; Heather (eleven), Sean (nine), and Rheanna (two). While mothering she completed her Honours Bachelor of Arts in Philosophy and Religious Studies at York University. She has facilitated support groups for breastfeeding mothers and advocated for the legislation of midwifery in Ontario. Her areas of interest include Buddhism, Existentialism, and Feminist Philosophy.

Donna C. Woodford is an instructor at the University of New Orleans in Louisiana, where she teaches courses in British Literature and Shakespeare. Her research interests include the portrayal of motherhood in literature, especially in Shakespeare and in works by early modern women. She is also interested in medieval and Anglo-Saxon literature.

Call for Papers

The editorial board is seeking submissions for the seventh *Journal of The Association for Research on Mothering (ARM)* to be published in Spring/Summer 2002.

The journal will explore the subject:

Mothering, Sex and Sexuality

from a variety of perspectives.

Topics can include, but are not limited to: pregnancy, childbirth and sexuality; lesbian, bisexual, or transgendered mothering; mothering and erotica/pornography; the whore/Madonna dichotomy; "the family bed" and family patterns; sexual aspects of the birthing process; new reproductive technology and sexuality; adoption or infertility and sexuality; desexualization of the maternal; mothering as a survivor of sexual abuse; medical/male control of women's sexuality during pregnancy and birth; the maternal breast/ the sexual breast; feminism/sexuality/maternity; mothers, sex and sexuality in literature, popular culture, art and film; celibacy and motherhood and mothers and sexual education.

We also welcome creative reflections such as: poetry, short stories, and artwork on the subject. If you are interested in writing a book review, we have books in need of a review, or if you know of a recent publication that you think would be relevant, contact Cheryl Dobinson at cjdobins@yorku.ca.

Submission Guidelines:

Book reviews are to be no more than 2 pages (500 words), articles should be 15 pages (3750 words). All should be in MLA style, in WordPerfect or Word and IBM compatible. For more information, please contact us at: ARM: 726 Atkinson College, York University, 4700 Keele Street, Toronto, ON, Canada, M3J 1P3. Call us at (416) 736-2100, x60366, or email us at arm@yorku.ca or visit our website at www.yorku.ca/crm

Submissions must be received by November 1, 2001.

To submit work to the journal, one must be a member of ARM and memberships must be received by November 1, 2001.

—Call for Papers—

The Association for Research on Mothering (ARM),
with McLaughlin College, York University invites submissions of
abstracts for our Sixth Annual Conference on

Mothering, Law, Politics and Public Policy

October 18-20 2002
York University, Toronto, Canada

The position and experience of mothers in contemporary societies is significantly affected by various forms of legal and political regulation. The political and legal contexts in which mothers live shape the choices that they make about their mothering. This conference will explore, from a variety of perspectives and disciplines, the impact of laws and policies on the experience of mothering. It will examine the formulation and implementation of public policies affecting mothers as well as mothers' responses to and experiences of these policies. The various positions mothers may occupy in the realm of law, politics and public policy will also be considered. We welcome submissions from students, activists, scholars, policy makers, artists and others who research in this area. Cross-cultural and comparative work is encouraged.

Topics can include, but are not limited to: •Surrogate motherhood and reproductive technologies; •Maternity and parental leave; •Workplace benefits; •The "work-family dilemma"; •Adoption policies; •Mothers as politicians; •First Nations/Aboriginal mothers; •Immigrant and refugee mothers; •Race and racism in law and policies affecting mothers; •Child custody; •Child support and spousal support; •Breastfeeding—legal and public policy considerations; •Child care; •Income tax rules relating to dependents; •Issues for lesbian/bi/trans/queer mothers; •Challenges facing mothers with disabilities, or mothers caring for children with disabilities; •Child protection legislation; •Social security for mothers; •Home-based mothering; •Mothers and grassroots organizing; •Incarcerated mothers and mothers in the criminal justice system; •Childbirth choices; •Gender equality in the lives of mothers; •Maternal subjectivity and the creation of law and public policy.

*There will also be 'Open Stream' Sessions on the
General Topic of Mothering—Motherhood.*

If you are interested in being considered as a presenter, please send a 250
word abstract and a 50 word bio by **August 1, 2001** to:

Association for Research on Mothering, 726 Atkinson College,
York University, 4700 Keele Street, Toronto, ON, Canada M3J 1P3
Call us at (416) 736-2100 x 60366, or email us at arm@yorku.ca.

Note: One must be a member of ARM to submit an abstract.

—Call for Papers—

Join the Association for Research on Mothering (ARM) in
Reclaiming Valentine's Day for one-day conference on

Examining and Expanding the Meanings of

MOTHERLOVE

February 16, 2002

York University, Toronto, Canada

In celebration of Valentine's Day, ARM is planning a one day conference on Motherlove where we hope to expand the meanings of love beyond the narrow conceptions of heterosexual romantic love most often associated with Valentine's Day. In our exploration of motherlove, this conference seeks to critically examine and challenge commonly held perceptions of what constitutes motherlove. The conferences also aims to broaden traditional definitions of motherlove to include a wide range of experiences and interpretations in order to destabilize and unsettle our culture's limited and limiting meanings of motherlove. We welcome submissions from a variety of perspectives and disciplines. Cross-cultural and comparative work is encouraged. We also welcome creative reflections such as: poetry, short stories, and artwork on the subject.

Topics can include, but are not limited to: •Historical construction and development of the idea of motherlove; •Sentimentalization and naturalization of motherlove; •'Bad mothers' and motherlove; •Selflove vs. motherlove; •Motherlove and maternal subjectivity; •The reproduction of motherlove; •Motherlove and feminist psychoanalytic theory; •Conceptions of motherlove within attachment theory; •Current critiques of sensitive/intensive/essential mothering; •Madonna and child: the paradigm of motherlove in the West; •Eros and motherlove; •Motherlove's shadow: anger, ambivalence, jealousy; •Grandmotherlove; •Othermothering; •Motherloving in other relationships; •Breastfeeding as motherlove; •Discourses of 'tough' motherlove; •Motherlove and child development; •Male mothering, gay males as "mothers"; •Feminist mothering: challenging patriarchal discourses of good mothering; •Representations of motherlove in art and literature; •Cross cultural differences in mothering and motherlove; •Non-biological motherlove—adoptive mothers, foster care, step-mothers, lesbian non-biological mothers.

If you are interested in being considered as a presenter, please send a 250 word abstract and a 50 word bio by **October 15, 2001** to:

Association for Research on Mothering, 726 Atkinson College,
York University, 4700 Keele Street, Toronto, ON Canada M3J 1P3
Call us at (416) 736-2100 x 60366, or email us at arm@yorku.ca.

Note: One must be a member of ARM for 2002 to submit an abstract and membership must be received by October 15, 2001.

—*Call for Papers*—

**Unbecoming Mothers/Becoming
Families**

**The Changing Role of
Mothers in the 21st Century**

(working title)

Editors:

Petra Büskens,

University of Melbourne, Australia

Diana L. Gustafson,

University of Toronto, Canada

“Unbecoming mothers/Becoming families” will be a collection of original essays that critically examines the changing role of mothers who live apart from their children and the family structures that emerge from this “unbecoming process”. The term “unbecoming” refers to the movement from a socially validated status of mothering to a category of non-mother regarded as shameful and offensive. This collection will therefore explore the extent to which hegemonic accounts of mothering emphasizing presence, attachment and self-sacrifice, conflict with and demonize mothers who leave, or live apart from, their children. We conceptualise “leaving” as a continuum of behaviours from leaving for work through to living separately. With this contextualisation, we are interested to ask questions about the relationship between hegemonic and transgressive maternities in an effort to grasp the increasing phenomenon of mothers living apart from their children.

The editors invite research articles and discussion papers that address critical debates on mothers who leave or live apart from their children and the implications for changing family structure. Of special interest are papers that integrate historical and political themes with the complexities

of late-modern mothering in a global context. Papers that employ a comparative, cross-cultural, or cross-national perspective are also welcome.

Issues of relevance to this collection may focus on short or long term voluntary departure, separation for the purposes of work, study or relationships, or the child's decision to live with another parent or caregiver. Also welcome are discussion papers which critically explore situated practices and histories. Papers which demonstrate a creative interpretation and an innovative approach to these themes are encouraged.

Submit one hard copy of a manuscript and one diskette copy saved as WP file to *each* of the surface addresses below. Alternatively, send an e-mail attachment saved as WP or RTF file to *each* of the e-mail addresses below.

- Length: 5,000 -10,000 words (excluding footnotes/bibliography)
- Format: double-spaced, illustrations: black and white only.
- APA citation style
- Include a short (125 word) abstract and a brief autobiographical note

Deadline for submission: September 1, 2001

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—Call for Papers—

The Association for Research on Mothering (ARM)
in celebration of Mother's Day
invites submissions for a one-day conference
to be held May 4, 2002, York University, Toronto, Ontario

Mothering and Teaching in the Academe: *Teaching Motherhood, Being a Mother- Teacher and Doing Maternal Pedagogy*

Abstracts are invited in the three areas listed below:

1. *Mothering as a topic in the academy:*

•designing mothering/motherhood courses; •raising mothering/motherhood issues in the classroom; •problems and positives of teaching mothering/motherhood in Women's Studies courses; •reports on specific units on motherhood adopted in multicultural courses; •incorporating motherhood issues into ongoing fieldwork; •overviews of texts on motherhood that would be useful in feminist theory or general education courses.

2. *Mothering and feminist academics:*

•getting through grad school and into the job market as a mother; •special problems for single mothers, incorporation of single mothers into mainstream departments; •breastfeeding on campuses; •stopping the tenure clock for parents; •how becoming a mother changes research and creative interests, impact of mothering on scholarship and creative output; •daycare and childcare as workplace and graduate student issues; •handling student child care problems; •how motherhood can enrich and expand women's research and teaching.

3. *Maternal pedagogies:*

•what do we learn from mothers?/what do we learn as mothers? And how do we apply this learning once we have identified and critiqued it? •the influence of women's motherwork on teacherwork in post secondary and graduate education; •maternal pedagogy at the university level and how it differs from that at the elementary and secondary school level; •characteristics of maternal pedagogy at the university level; •risks and limitations of university level maternal pedagogy; •perceptions of maternal pedagogy as a viable teaching style in the academe; •the relationship between mentoring and maternal pedagogy.

We welcome submissions from a variety of disciplines. If you are interested in being considered as a speaker, please send a 250-word abstract and a 50-word bio by November 1, 2001 to: Association for Research on Mothering, 726 Atkinson College, York University, 4700 Keele Street, Toronto, ON, Canada, M3J 1P3. You can call us at (416) 736-2100 x. 60366 or email us at arm@yorku.ca. For more information about ARM please visit our website at www.yorku.ca/crm.

Note: One must be a member of ARM for 2002 in order to submit an abstract.

ARM 2001-2002 MEMBERSHIP FORM

Please indicate your membership option (one year and two year memberships and subscriptions are available):

Full ARM Membership includes: biannual newsletter • members directory • listserve • annual conference • thematic conference • special events • advance notification of upcoming events • information mailings • subscription to the *Journal of the Association for Research on Mothering*)

- individual \$65.00 Cdn/US* institution \$85.00 Cdn/US*
- 2 yrs/ind. \$120.00 Cdn/US* 2 yrs/inst. \$170.00 Cdn/US*

Basic ARM Membership includes: biannual newsletter • members directory • listserve • annual conference • thematic conference • special events • advance notification of upcoming events • information mailings

- individual \$40.00 Cdn/US* student/unwaged \$30.00 Cdn/US*
- 2 yrs/ind. \$70.00 Cdn/US* 2 yrs/student/unwaged \$50.00 Cdn/US*

Subscription to the *Journal of the Association for Research on Mothering*: (a biannual publication)

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- 2 yrs/ind. \$52.00 Cdn/US* 2 yrs/inst. \$92.00 Cdn/US*

Available back issues (Please add \$3.00 per issue to cover shipping costs):

- Vol. 1 No. 2 "Lesbian Mothering" \$15.00 Cdn/US
- Vol. 2 No. 1 "Mothers and Sons" \$15.00 Cdn/US
- Vol. 2 No. 2 "Mothering in the African Diaspora" \$15.00 Cdn/US
- Vol. 3 No. 1 "Becoming a Mother" \$15.00 Cdn/US

**Non-Canadian residents must pay in U.S. funds to cover mailing costs. Please make cheque payable to ARM in either Cdn. funds, U.S. funds, or international money orders. Important note: ARM membership must be renewed annually in January.*

Please indicate the following:

Name _____

Address _____

Telephone _____ Fax _____

Email _____

Ten key words to describe interests in the area of mothering/ motherhood: _____

Permission to include in membership directory: yes no

Would you like to be added to ARM listserve?: yes no

To join ARM please send this completed form and payment to the address indicated on the back of this page!

Mail in your membership form today!
Just fold here and tape together.



Stamp



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