

The Rhetoric of Motherhood

Myths of motherhood still permeate our culture and are the lens through which we frame and discuss mothering. Above all, the language of mothering wipes out any recognition that it is actual women—real human beings with their own needs, interest and obligations—who mother.

By **Abby Arnold**, December 2003

We all know the drill: in the past, motherhood was held to be an idealized state, glorified through myth and pithy statement to keep women anchored to their homes and families. The myths became the justification for political and economic restrictions on women, the foundation for placing on the mother sole responsibility for how her children developed. Luckily, things have changed, the myths have been discarded, women have been freed from accepting only one role and are launched into being everything and anything they want to be.

Except not. Myths of motherhood still permeate our culture and are the lens through which we frame and discuss mothering. The lens may not be as outwardly restrictive as it was in the past and include the language of choice, but it is still centered around the unachievable myth of the perfect, all-available Mother. This cultural image of who a Mother is and how she should be encourages mothers to judge their own and other's behavior through standards proscribed by "experts" rather than speaking their own truth and connecting with each other. Above all, the language of mothering wipes out any recognition that it is actual women—real human beings with their own needs, interest and obligations—who mother.

For example:

This is the cover of the Oct. 26 2003 *New York Times Magazine*: a picture of a white woman, probably in her late 30s, casually dressed but her wrists and fingers weighed down with glittering, expensive jewelry. She sits on the floor underneath an empty, glowing ladder, a toddler nestled in her lap. The headline reads:

Q: Why Don't More Women Get to the Top?

A: They Choose Not To [this in bold black print]
Abandoning the Climb and Heading Home

Through this language, the *New York Times* has framed the issue so that we don't have to actually read the article, or investigate the conflicting demands of career and motherhood to know what to think. The readers certainly don't have to imagine ways fathers, corporate culture, government regulations, or social norms might change to better accommodate workers who also are parents. Instead, through the rhetoric of the cover, particularly the use of the word choice, the *New York Times* has done all of our thinking for us. Women don't get to the top because they don't choose to. End of story.

Choice is the framework through which work and mothering has been discussed in America for years, thus reducing any conflict or consequences, personal, professional or economic agony, to personal preference and maternal whim. Do I choose to wear blue jeans or khakis? To go to this movie or that? Do I choose to stay home with my child or go to work? We, as a culture, need have no serious discussion about how to combine the child's needs, the woman as mother and woman as worker's needs (don't even think about woman as a woman having needs, that's just not allowed for mothers), the economic needs of the family—none of these issues need to be raised because mothers choose what they do and choice is personal, and often frivolous.



The rhetoric of motherhood defines how we as a culture allow ourselves to think about mothers. It also defines how mothers are given permission by the culture to think of themselves. Sharon Hays, in *The Cultural Contradiction of Motherhood*, describes the conflicting expectations about women who mother. They are expected to be power workers, advancing in an environment that regularly requires more than 40 hours a week of labor. They are also expected to be what I call Professional Mothers, fervent believers (or acting as if they are) in what Hays has named *the ideology of intensive mothering*. This type of mothering requires the mother (not the father, or the parents as a team) to focus relentlessly on her child's development and growth, supervise every detail of her child's day, bake homemade cupcakes for preschool class at every opportunity, responding, as Hays states "to *all* the child's needs and desires, and to *every* stage of the child's emotional and intellectual development [*italics mine*]." (8).

It is impossible for anyone, even a devoted mother, to respond to another person's every need. It is even more impossible that this mother combine uber-parenting with full time, productive work outside the home. But still, as Hays states, "The same society that disseminates an ideology urging mothers to give unselfishly of their time, money and love on behalf of sacred children simultaneously valorizes a set of ideas that runs directly counter to it, one emphasizing impersonal relations between isolated individuals efficiently pursuing their personal profit." (97) Women who mother and work outside the home are expected to master both ways of life. And if they "choose" one over the other—finding full time work incompatible with the way they want to parent their child, or stay at home life impossible for financial, career or personal reasons—they are pitted against each other through what the media loves to call The Mommy Wars, as this promo for a recent Dr. Phil show so clearly states:

It's a battle between stay-at-home moms and working moms, with Dr. Phil in the middle! Women on both sides of the issue are passionate about their position...but what's best for kids? Find out what Dr. Phil and other experts say to parents who are struggling with this decision. (Promo for the Nov. 10, 2003 Dr. Phil Show, Mom vs. Mom)

Appalling in every way? Yes. To make it worse, during the actual show, Dr. Phil led the audience in chanting "Catfight" and "Meow" as women disagreed with each other's positions. Apparently even the "straight talking" Dr. Phil can't resist taking a complex issue and reducing it to that old standard of feminine triviality and male titillation, the cat fight.

What's most interesting to me about this way Dr. Phil tried to frame the discussion of stay at home vs. working outside the home mother, is the statement that two of the "experts," described in the promo as battling each other, felt called upon to release after the show:

While we (Heidi and Joan) know we have some differences of opinion and perspectives on parenting and child care policy, they are marginal to our shared commitment to a society which recognizes the value of care-giving and nurturing of children and others. None of us believes other mothers are the problem. We all know the problem is the lack of public policy and cultural support to address today's burdens on parents.

The statement goes on to list joint recommendations for improving the lives of all mothers, children and families. The experts (both women), enemies at war according to the rhetoric of the media, came together to refute their portrayals and to call for mothers—and all of society—to seriously and cooperatively address the real problems faced by parents as they try to balance economics, family and individual lives.

Additionally, mothers are told to be both an ideal worker and an ideal mother while pursuing "self growth," reading books with a book club, keeping the perfect Pottery Barn-replica home, and maintain-

ing their looks and sex appeal (but only in a wholesome way. Conventional wisdom dictates that a mother who is truly sexy must be 1) a slut and 2) a bad mother). Plus, as a brief look at most parenting magazines tells us, good mothers are also white and middle class. But we won't get to these expectations and assumptions. There's not enough space. The conflict between a woman being the ideal worker and the ideal mother is big enough.

In an examination of motherhood ideologies portrayed through popular women's magazines, sociologists Deirdre Johnston and Debra Swanson uncovered some disturbing trends. For example, although 62% of mothers work either full or part-time, employed mothers are only shown in 12 % of women's magazine texts, while at-home mothers are shown 88% of the time. At the same time, however, the study found that employed mothers were significantly more likely to be presented as happy, busy, and proud, whereas at-home mothers were more likely to be depicted as confused-overwhelmed. There were no significant differences in the depiction of working mothers and at-home mothers as guilty, tired, or angry (27).

So, according to the magazines, a "normal" mother is an at-home one, although she isn't very good at her job and needs constant help. This image is quite insidious: as the authors point out, it doesn't really matter if you read the magazines or not. They are so present—in the grocery store check out line, the doctor's office—that they form our cultural consciousness of who a mother is without our necessarily subscribing to the ideology.

However they manage the work/home balance, mothers tend to lose. Lose respect from others, for failing to meet unrealistic standards. Lose respect from society, who views them as incompetent. Lose connection with other women who have a different home/work dynamic. Lose their own sense of self whatever their lifestyle, as they try to meet what are presented as effortless requirements and are, in actuality, unachievable standards. Plus, as Joan K. Peters states "Having a child is such an overwhelming experience that we retreat to the safest, most conservative version of ourselves...By their very prescriptive nature, set gender roles provide an easy way to forestall criticism from others about how we parent" (91).

Through the isolation that develops from all this loss, mothers become increasingly vulnerable to images of motherhood, and to the experts who know exactly how she should behave.



From the moment they either decide to try to get pregnant, or find out they have become so, mothers are told by many experts that they must be "natural." This does not mean behave and parent in ways that come naturally. This means following a strict agenda of natural (attachment) parenting, that will, again, be the only sure-fire way to insure not only the healthy physical development of the child, but also the kind of adult they will turn out to be. Peggy O'Mara, the editor of *Mothering* magazine (note the title) wrote in the Oct. 2003 issue about what good friends she and her adult children are, a self-serving diatribe meant to be inspirational: "we sit on my bed in the morning and sometimes talk about how unusual it is that we all get along so well." Later, she and her adult women friends also gather on a bed, the pre-teenage children "nuzzling and cuddling [with them] just like little puppies." The cause of all this heartwarming, animal slobbering, bed-sitting: natural parenting, including unmedicated childbirth, taking "our babies into our arms and carry[ing] them around with us *everywhere*" [italics mine], co-sleeping, breast feeding until the child gives it up, home schooling. O'Mara states, in what could be the mantra of the natural parenting movement, "that the bonding and attachment of the early years provide a rich foundation for a lifetime of love."

Doesn't that sound lovely? Don't we all—whether we are mothers, children or both—want that? Unfortunately, what is implied here—and in all the literature of natural parenting—is that this high intensity

parenting is the only method that guarantees this love, this development. Or, as Dr. Sears, the man who gave the name "Attachment Parenting" to this high intensity style, says, "we have found that attachment parented children are likely to be: smarter, healthier, more sensitive, more empathetic, easier to discipline, more bonded to people than things" (17) than the non-attachment parented child. He doesn't say just how he found this out, or what the millions of non-attached children are actually like.

Of course, these results of can be automatically assumed by the way Dr. Sears and others have appropriated the terms "attachment parenting," and "natural parenting." If you want to be bonded and attached with your child (and vice-versa), you'd better follow Attachment Parenting. If you want to be a natural mother, you'd better mother Naturally. By extension, those who choose other childrearing methods must not be attached, must be unnatural. Too bad if your way of being natural doesn't fit into this mold. Too bad if you do not have the ability, the temperament, the time to carry your baby everywhere with you, sleep with her, nurse her until she is two. You and your child will not be as attached to each other, your child may not develop normally, her adulthood will be scarred and your relationship will be jeopardized. Oh, and according to O'Mara, if you took pain medication during childbirth your child is more likely to become addicted to drugs as an adult. So you'd better get to work and 'be natural.' Don't worry if this all seems to much for you. According to Dr. Sears "instead of feeling tied down, mothers feel tied together with their babies" (15). None of these "natural" experts seem to take into consideration that a mother and child tied together can still drown.

I do believe there is, for some mothers, however they parent, a mysterious connection between mothers and their children that circumscribes time and space and does make us feel "tied together" with our babies. But this bond is not present in all women, is not the same for the women who possess it, and is utterly irrelevant in the day to day job of mothering. To say that maternal nature is the main reason mothers are good at mothering is to turn mothering into a passive act that denies the mother any consciousness or skill, shames her into believing she should be at all times the enthusiastic and gifted primary caretaker of her children, and relieves any other person or group (including the father) from any real obligation.

The truth is, motherhood is not a natural act, it is a learned one. The more education, resources and economic security a woman has, the more effective a mother she will be. To say that women know how to mother naturally is like saying a construction worker can build skyscrapers because he or she is comfortable with heights. This denies the importance of training, hammer and nails, safety ropes, teamwork, disability and unemployment insurance in case something goes wrong, life insurance in case the worst happens. Mothers have few of these safeguards. Instead, mothers are told that emotional satisfaction is both our motivation and its own reward, and that to ask for (mothers don't demand) any other security or compensation is unnatural, unwholesome and inappropriate.

In her seminal work *Of Woman Born*, Adrienne Rich had this to say about the assumptions behind "natural" motherhood:

First, that a "natural" mother is a person without further identity, one who can find her chief gratification in being all day with small children, living at a pace tuned to theirs; that the isolation of mothers and children together in the home must be taken for granted; that maternal love is, and should be, quite literally selfish; that children and mothers are the "causes" of each others sufferings (22).

I'm sure that there are many women who would not ascribe these assumptions to their own lives yet who believe they should act in accordance with the beliefs these assumptions engender, or feel that there is something wrong with them when they do not.

No wonder mothers feel the pressure to be all and more for their children, no matter who we are and what the circumstances of our lives. So much of popular culture as well as parenting literature leaves

us little option but to feel that every time we do the slightest thing for ourselves alone, without focusing on our child, we are putting him or her at risk. No wonder many mothers feel so constantly inadequate, guilty, and quick to judge the choices of others. We are told there is too much at stake in our behavior to feel otherwise.



These expectations of naturalness, and the dire consequences of not following the natural way, don't just start with parenting the baby. They start with pregnancy, and especially to what is so frequently called "The Birth Experience."

For some women, labor and delivery goes like this: labor begins, whether through the thrilling rush of the amniotic fluid rupturing or through a sense of menstrual cramps that grows into something definitely 'other.' Either way, the woman contacts her doctor or midwife and goes to the place—home or hospital—where she has planned to give birth. Labor becomes uncomfortable and intense, but she manages. She has the help of a loving, supportive partner and perhaps another coach, a calm and competent practitioner, breathing exercises, back massage, ice chips. She imagines the face of her new baby to get her through the difficult moments. Perhaps someone comes in and suggests she needs stronger medical intervention, such as an IV, an epidural, or the baby monitor. "No," she, or one of her devoted coaches says, "it's not in the birth plan," at the mention of which all attempts at intervention stop, never to be resumed. And then she pushes and grunts, feeling more powerful than she ever has or will again in her life. The baby is born, everyone cries, and the infant is placed on the mother's chest. They stare into each other's eyes with mutual recognition and then the baby roots out the breast, latches on and sucks vigorously. The woman's birth experience is complete.

For some women, labor and delivery goes like that.

For most women, it doesn't. For most women, something—even if the something is nothing more than the overwhelming, unimagined intensity of the pain—goes wrong. Insulated from pain as we are by the Tylenol we take for even minor headaches, nothing in our lives has prepared many women for the pain of labor. Certainly not the books.

In the section on Labor and Delivery in *What to Expect When You're Expecting*, the "Bible" of modern pregnancy, pain is hinted at exactly twice. It is called "increasing discomfort with contractions" (293) during the active phase of labor. The transition stage is referred to as "exhausting and demanding" (297). *What to Expect* also tells a woman that her "self-pity" may make her "perception of pain" (298) worse. Instead of feeling this self-pity—and thus the pain of labor—they inform us that the pregnant woman should be "Thinking about how lucky you are and about the wonderful reward ahead." (298).

This certainly didn't work for me—when I was in the full force of active labor and living in the hell that is waiting for the anesthesiologist to deliver the epidural, my nurse told me to think of the baby to get me through. "Fuck the baby," I roared, meaning it more than any almost other emotion I have ever had in my life. An unknown baby was no match for the contractions of labor. Later, the nurse told me that was a mild statement compared to what she'd heard many other women say.

What to Expect, while technically stating the words all women are different and any healthy birth is a good birth, actually uses its language to promote a very particular kind of birthing experience: one where "natural" is good, and most medical intervention is wrong. Here, for example, is what they have to say about asking for strong pain reliever during labor:

If you feel you need some pain relief, don't be afraid to discuss it with your attendant. He or she may suggest waiting for 20 minutes or half an hour before actual administration—at which point you may

have made so much progress that you won't need it, or you may have found renewed strength and no longer want it (294).

Assumption #1: That there is something to be afraid of in asking for pain relief.

Assumption #2: That a laboring woman in need of pain medication is able to "discuss" anything. Demand, rage, plead, roar or moan are more likely verbs here.

Assumption #3: That your attendant does not want you to have pain relief.

Assumption #4: That if you are strong you won't need it.

Rock Bottom Assumption Guiding All of the Above: There is something wrong with using pain medication while in labor and you don't want it.

Through assumptions like these that guide their language, *What To Expect* quite steadily pushes its agenda of a particular kind of birthing experience. More insidiously, it assumes that this is the experience most women will achieve.

The image of the laboring mother maintaining her power and control, where the pain remains manageable and support surrounds her like a warm bath, where medical intervention is solely devoted to enhancing the mother's birth experience, where the birth plan works and breast feeding is easy and mutually enjoyable, is held out to be the ideal, what all women not only should strive for but naturally, automatically want. Dr. Sears tells women to "take responsibility for orchestrating the birth you want" (5), as if this action is easily achieved.

When they don't get it, many women feel that they have failed, even when they deliver a healthy baby. Susan Maushart, the author of [The Mask of Motherhood](#), says that the relentless focus on the woman's "performance" during the "birth experience," rather than the child it produces, creates "the greatest shift of all in our social construction of childbirth: that the "object" of the enterprise is no longer seen to be the end product (the baby) but the process itself (69). Maushart states that for the modern woman, who is almost guaranteed a healthy baby, the loss of control during labor is the most frightening part of the experience, and the disjunction between our expectations of control and performance, and "the sheer brute force of the birthing body" (72) leads many new mothers to feel anger, shame and "a yawning psychic chasm" (73) after the birth of their baby.

Childbirth is dangerous. I'm sure that the Bible, for example, does not describe childbirth as a punishment for women because there is some "discomfort" involved. Medical intervention is sometimes unwarranted, certainly driven to some extent by the overwhelming law suits directed towards physicians who don't intervene and then something goes wrong, but almost always intended to insure the safety of both the mother and unborn child. The truth is, American women go into labor with an almost 100 percent statistical certainty that both they and their child will survive. This is the first time this has been true in human history and is in large part due to medical intervention. Yet the language of natural childbirth would have us believe that medical intervention is itself the danger.

Childbirth is not an experience we can control. It is, to use a cliché, one of the 2 great mysteries of life (death being the other) and as such, almost completely out of capacity to understand, let alone organize to our liking. We can, to some extent, given the requirements of our health insurance (if we're lucky enough to have it), determine our physician or midwife. We can take our breathing classes, learn about the stages of labor, equip ourselves intellectually for the experience, hopefully arrange for an experienced woman to be with us in the labor room along with a life partner, if we are lucky enough to have one. But when labor starts, the woman's intellect is her least valuable or accessible resource.

Labor controls the woman, the woman does not control the labor.



Most mothers, and certainly society at large, do not understand that the standards upon which we define “good mothering” are culturally constructed. According to Ann Dally in her book *Inventing Motherhood*, mothers of previous generations were told by various experts to do such contradictory actions as to feed their babies on a strict schedule, not kiss them, subordinate the child’s will to that of the parent’s and other’s authority.

As the conditions that gave rise to these standards disappeared, the standards themselves changed. For example, as childhood mortality improved, mothers were told that they could kiss their children. It seems reasonable to conclude that today’s emphasis on the psychological health and development of the child comes from our more sophisticated understanding of the psychological process, as well as the reduction in infant mortality. Why the burden for this development still falls onto the mother, despite women’s advances in so many other areas of our society, is open to conjecture.

Women give birth to children. This biological fact has been taken to mean that therefore mothers, of all the adults in all the world, are the ones most devoted to their children. And certainly most mothers are devoted to their children and indeed revel in the sweet, fierce bond that exists between themselves and their children. But we know the myth of *exclusive* maternal devotion to be patently untrue—adopted parents, for example, are capable of being as devoted as biological parents, fathers as connected to their children as mothers. Still the myth, the image of Madonna and child, persists in our cultural consciousness.

Then Freud came along, and insisted on the all-powerful mother, one with whom the child exists in helpless dependency until he is able to break the bond. As Chodorow and Contratto state in their essay *The Fantasy of the Perfect Mother*, the belief in this grandiose mother “spawns a recurrent tendency to blame the mother on the one hand, and a fantasy of maternal perfectibility on the other” (192). They argue that even much of feminist theory has perpetuated this belief in maternal omnipotence, most noticeably in the way mothers are blamed for the burdens their daughters carry. Feminist theory, they argue, does assign some of the blame for the mother’s behavior on social conditioning, but much of it still holds onto an image of maternal perfectibility that would emerge if only patriarchal conditions could be overthrown. This reminds me of the language of natural parenting, with the insistence that if medical technology would just get out of the way of childbirth, for example, the body would naturally know what to do and there would be little pain or need for intervention.

Psychiatrist Jessica Benjamin has what I consider to be the most important theory of both the origins of maternal ideology and the way to combat it. She states that what the myth of the omniscient mother leaves out is that it “has failed to conceptualize the mother as a separate subject outside the child” (133). Because mother and child are assumed to be locked in a impermeable dyad, mothers, their children and society at large are unable to conceive of “separation without destruction”(143).

The perfect mother of fantasy is the one who is always there, ready to sacrifice herself—and the child is not conscious of how strongly such a fantasy mother makes him or her feel controlled, guilty, envious or unable to go away. The child simply remains terrified of her leaving or of destroying her by becoming separate. In turn, the mother feels terrified of destroying her child with her own separation (142).

Benjamin’s proposition is simple, and radical. The image of the perfect mother, and the complete-in-itself mother/child bond, harms everyone. We must all of us—mothers, children, society, experts—realize that our image of the perfect mother, however we create her, is a fantasy. We need to mourn her loss on an individual level—my mother will never love me right, I will never love my child without

ambivalence and awareness of my own self—and then move beyond our desire for “perfect reparation” between mother and child, whichever (or both) side of the equation we fall on. To simplify Benjamin’s message, it is only through achieving and valuing separation between mother and child—the mother leaving, the child having his or her tantrum, both feeling horrible and *both surviving it*, that space for individuality between mother and child will develop, and space for a new maternal/child ideology will occur. We need to do this as individuals, within our own families and we need as a culture to separate from our collective image of the fantasy mother.

We need to stop thinking of mothers as Mother. We—those of us who mother, those of us who have mothers—need to think of mothers as Women Who Mother. That is, as individuals first, people with our own needs, desires, ambitions. It is, after all, real women who mother, not a collective ideal. The language of popular culture acts as if it supports this notion—talk of choices, options, following our own paths. But in reality, our society is as subscribed to the notion of the idealized mother as any other in history. And the women who cannot live up to this standard must say so loudly, with assurance—those of us who work or stay home, who supervise all aspects of our children’s development or who put them in front of a video every day, who attachment parent or create some separation, bottle or breast feed—that is to say, all women who mother, for no woman, anywhere, can achieve every standard set for us. We must say that we are people first, even while our babies are clinging to our bodies and sleep deprivation is clouding our minds. Above all, we must end the isolation that pits mother against mother, causing us to judge and feel judged and to turn to the experts for guidelines on how we should feel and behave.

One expert, anyway, was right. We do know more than we think we do, all of us, separately and together, if only we would believe—and speak—the truth of our own experiences.

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Author: Abby Arnold

Title: The Rhetoric of Motherhood

The Mothers Movement Online, December 2003

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