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On Motherhood and Working

by Linda Joy Kattwinkel

Preface

No longer are young men sent into the wilderness, to return only after a vision has transformed them. Pregnant women, new mothers are . . .

Under patriarchy, pregnancy and childbirth are savage "tests" of your ability to survive in the wilderness alone. And to

* B.F.A. (Communication Arts and Design) Virginia Commonwealth University, 1975; Class of 1991, University of California, Hastings College of the Law. There are many people I would like to thank for helping me with this article. Lynne Geller, Mary Dunlap, Diane Bessette, Marsha Cohen, Leslie Felbain, David Havsky and Gary Ceralde read my first draft with careful attention and provided valuable feedback and insights. Vivian Wilson encouraged me to write on this topic. Sandra Taylor and Helen Kattwinkel supported me to finish the drawings in defiance of postpartum fatigue. My new mothers' group — Fern Neuhaus, Diane Asnes, Vanessa Watt, Holly Hodge, Beth Powers and Debbie Witter — supported me through the process of becoming a mother and writing this article at the same time. Debbie Kochan, Eva Bradford and Kendra Bradford provided emergency babysitting. My husband, Gary Ceralde, provided constant practical, editorial, technical and emotional support. Finally, I would like to thank my son, Miles Gabriel Kattwinkel Ceralde, without whom none of this would have happened.

Frontispiece: Homage to Paula Moderssohn-Becker, (c) 1990 Linda Kattwinkel.

This article is dedicated to Paula Moderssohn-Becker. Becker was born in Dresden in 1876. She became an important, prolific member of the German Expressionist artists' colony at Worpswede. Dedicated to her art, she was ambivalent toward marriage and pregnancy, fearing (realistically) that motherhood would sabotage her artistic development. She often spent long periods away from her husband to pursue her artwork. Yet she did many powerful, compelling portraits of mothers and children, and even some self-portraits fantasizing herself pregnant. Finally, she did become pregnant. In 1907, Becker died of a heart attack following the birth of her daughter. She was 31.

Nearly a century later, I became pregnant. As an artist and law student, I faced the same ambivalence: fearing (realistically) that motherhood would sabotage my development as an artist and lawyer. I, too, had a life-threatening complication in childbirth, but I lived through it, and now join the ongoing struggle of women to integrate our professional- and mother-selves. This article arose out of my frustration that our struggle has improved so little since Becker's time.

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keep quiet about what you’ve seen. Whether you’re accepted back depends on your ability, your willingness to live without any confirmation that you’ve undergone a rite of passage. You, who have undergone an experience of total aloneness in the universe. You, who are totally responsible for another life. You must keep silent, pretend to return to life as usual.

Is it too dangerous to treat motherhood as so existentially grand an event — when most men don’t become mothers?

— Phyllis Chesler

In January 1990, I entered the wilderness: I discovered I was pregnant. Now, at the end of the year, I am emerging from that wilderness with a three-month-old son. But like Phyllis Chesler before me, I refuse to keep silent about my rite of passage. Silence supports the lie that our patriarchal society honors motherhood. The truth of this society’s devaluation of and contempt for motherhood, in spite of its “profamily” values, must be told.

I am writing this article to break the silence about the experience of pregnancy and new motherhood; to alert law students who want to combine active parenting with their law careers to the hostility awaiting them; and to add my voice to those of feminists calling for massive redesign of the American work culture, not only to accommodate the needs of workers who care for families, but to honor and support their choice to do so.

As a law student, I have encountered the academic discourse found in most law journals with discomfort. The typical writing style hides the identity of the writer, thus purporting to represent an unbiased, universal viewpoint. This impersonal style reflects the prevailing value of “objectivity” in the patriarchal legal system. The legal concept of objectivity, which strives to develop pure legal principles untainted by the subjective realities of those affected by the law, is a lie. “Objective” principles, such as the “reasonable man” standard, actually describe the subjective experiences of those empowered by patriarchy (i.e., for the most part, rich white men). Thus, the subjective realities of disempowered groups are ignored, while the patriarchal majority’s assumptions about what their realities should be are imposed.

A parallel phenomenon, known as essentialism, characterizes much feminist scholarship. When privileged (white, heterosexual, middle-class,

1. PHYLLIS CHESLER, WITH CHILD 133 (1979).
2. One court has adopted a “reasonable woman” standard in the context of sexual harassment in the workplace. See Ellison v. Brady, 924 F.2d 872 (9th Cir. 1991).
able-bodied) women like myself write as if our experiences of sexism represent universal truths for all women, the realities of less privileged women are marginalized. As the partner of an Asian man and the mother of a biracial child, I am personally sensitive to the harm of essentialism. I recognize that this article, which is based on my experience of motherhood and focuses on the professional workplace, does not reflect the realities of all women. However, I hope it contains commonalities that speak to women of many different backgrounds, and that my readers will be inspired to write about their own experiences and enrich this discussion with their different perspectives.

By encouraging non-traditional contributions such as poetry, artwork, and personal narratives, the founders of the Hastings Women's Law Journal have given a voice to those whose subjective realities have been ignored by legal objectivity and essentialism. As feminists, "[w]e believe with Virginia Woolf that 'the personal is the political — the servilities and the tyrannies of the one, are the servilities and the tyrannies of the other.' We are sensitive to nuance — the sigh, the frown, the unspoken; and we respect the lives, voices, and struggles of women." We believe that personal, subjective stories have an equally important place alongside traditional academic discourse. Unless the actual experiences of those affected by the laws and values of society are included, the whole truth is not told.

Thus, I begin by telling my personal story, the story of my pregnancy and new motherhood. It is my unique story, but all mothers share it.

**PART I**

**MY JOURNEY THROUGH PREGNANCY AND NEW MOTHERHOOD**

I

Little one, I can hardly believe you are there. Even though the nausea and the cramping are very real. I don't know if I can really do this — can I really go through the birth — and can I really be a parent? . . . Will I get to a place where I don't feel so alone in this process?

— Linda Kattwinkel

Journal entry, Feb. 22, 1990

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In June 1989, my closest friend, Denise, killed herself. In our grief, my husband, Gary, and I stopped using contraception, almost without discussing it. Although we knew our chances of conceiving were slim (Gary had been told his sperm count was low), we wanted to have a baby. After experiencing the healing power of our godchildren — they were so innocently happy, living fully in the present — we felt a strong longing to have our own child. Also, we felt a deep, primal need to bring a new life into the world to replace the loved one we had lost, to affirm life in the face of Denise’s death.

I got out my books on pregnancy. Ironically, one of them had been a gift from Denise for my thirtieth birthday five years before. We had often talked about her important role as “Auntie Denise” if Gary and I ever had a baby. I never thought I would be going through pregnancy and motherhood without her.

The next month, my period was over three weeks late. Even though I knew it was unlikely, I convinced myself I was pregnant. The excitement was a powerful escape from the pain and loneliness over losing Denise. But I wasn’t pregnant: I discovered I’d gotten my period in a friend’s bathroom. As I stared at myself sobbing in her mirror, I realized I had been counting too much on being pregnant. I had to give up trying to conceive: I couldn’t go through this cycle of hope and disappointment month after month.

That fall Gary and I suffered two more losses: my grandmother died following a stroke, and a friend was killed in a car accident. We also experienced a frightening separation during the San Francisco earthquake in October. The possibility of losing each other, after all the losses we’d already experienced, made us feel very vulnerable.

In December, we flew to Tokyo to spend Christmas with our friends and godchildren. Being with them restored our emotional health, and exploring a new culture together revived the playful, joyful side of our relationship. On our last shopping day in Tokyo, we looked wistfully through a rack of Japanese “mommy coats” (with extra zip-on panels to encompass babies being carried in front or back), but decided not to get one, because we weren’t sure we would ever be able to conceive. A month later, we discovered that I was already pregnant when we contemplated those coats. In honor of its Japanese beginnings, we nicknamed our baby “Sumo.”

I had started my fourth semester of law school when I discovered I was pregnant. Barely a month into the semester, “morning sickness” began. “Morning sickness” is a misnomer, however: the nausea was severe, and it lasted all day. As my uterus began to expand, I suffered from severe cramps. Sometimes the nausea and the cramps together were so bad that I could not get up from the sofa for hours. Fatigue also set in. If
I resisted the urge to take a nap, I literally fell asleep over my books. I lost fifty percent of my study time to sickness and fatigue.

I went to the dean to find out what my options were for reducing my workload because of pregnancy and childbirth. I was told I had no option but to carry at least twelve units for my first six semesters: part-time was not permitted until the seventh semester. I could take a leave of absence, but I would have to return full-time. In other words, there would be no special accommodations for pregnancy or childbirth. I understand that the objection to part-time students is that they might have an unfair competitive advantage over those with a full-time schedule. But what about the competitive advantage full-time students with full-time study hours have over those whose study time is curtailed by pregnancy and child-rearing?

I decided to keep the load I was carrying (sixteen units) and do the best I could. It was a difficult decision, because I knew I would be jeopardizing my position in the top ten percent of my class. My academic achievement was important to my self-esteem. But I knew it would be even harder to carry more units after the baby was born. I decided to take a leave of absence for the fall semester, and return to school the following spring. I also decided to take a summer class at another school so I could transfer the four credits, thus reducing my load in the last two semesters to the minimum twelve. Because of my pregnancy-related illness, I gave up the plans to work during the summer, so I lost summer income. The summer class cost $1,500, almost twice the cost of a full semester at Hastings. These were the first of the many hidden costs of pregnancy we were to encounter.

Pregnancy brought with it new physical vulnerability. My breasts became sore and grew larger, my belly began to expand. Suddenly, my normal, everyday activities became dangerous. Hurrying up the stairwell between classes, I collided with students coming down on the wrong side. They smashed right into my swollen breasts and belly, causing me a new kind of physical pain, mixed with fear for my baby’s safety. Standing on a crowded streetcar coming to school, I broke into a sweat and nearly fainted. I was more afraid than I remember being before. What would have happened if I’d actually fallen? Would the people around me have helped me? What if I’d miscarried?

Pregnancy brought new economic vulnerability as well. Shopping for new bras and clothes to accommodate my changing body, I quickly discovered the inflated prices in maternity stores. As a captive clientele,

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6. In fact, I was able to maintain my grades during pregnancy, mostly because a sympathetic professor allowed me to take an incomplete for my writing requirement. When I returned to school after the baby was born, however, my grades fell. But by that time my priorities had changed — it became a significant accomplishment just to complete the semester while caring for a young baby.
pregnant women were being blatantly overcharged. Not only was I offended by the price tags on maternity clothes, I was offended by the styles. There was a pervasive "cuteness," even in designs for working "career" women. The clothes seem to diminish the adulthood of the wearer, as if pregnancy required a woman to take herself less seriously, confusing her identity with that of the child she is carrying. I found myself on a constant, fruitless quest for maternity clothes that reflected my own concept of my changing identity.

My changing body and the constant accommodations it demanded forced me to give up more and more of my comfortable, familiar self. I felt out of control: unable to stay awake to study, unable to fit into my favorite, comfortable clothes, and unable to trust that my once favorite foods would still taste good, or that they wouldn't upset my stomach. I learned to let go of control over things I'd simply taken for granted before, and to accept change over and over again. These physical changes also triggered new emotional vulnerability. I felt less sure of myself, less clear about what I was thinking and feeling. I became more sensitive to perceived criticism, and less patient with others. I was especially impatient with Gary, alternately having temper tantrums and crying fits when he didn't understand me. As I watched myself changing in these ways, I felt increasingly self-critical.

Often self-critical feelings would emerge when I studied my face in the mirror. Earlier in my life, I'd done a lot of feminist work to accept my appearance, working through feelings of inadequacy because I do not meet society's image of a "beautiful woman." I had reached a point of relative comfort with my face and body. Now all that work seemed to be undone. When I looked in the mirror, I felt ugly and inadequate. No amount of pep talks to myself could shake these feelings. Instead, a new layer of self-criticism emerged; I felt bad because I had regressed to judging myself through my appearance.

All of these changes were metaphors for the ultimate changes that were coming with the birth of our child, and that scared me. Was I capable of being a good parent? What would happen to my relationship with my husband? How would having to care for a baby affect my performance in school? How would it affect my ability to get the job I want? What kind of job would I want, now? What kind of job could I get, now?

I spoke of these feelings and fears of parenthood to my friends at school, but most were not parents, and it felt like they could not empathize. They would all ask how I was, but they didn't seem to comprehend how difficult my experience really was. Or they would get tired of hearing the same old story: I'm nauseous, I'm tired, I'm anxious. Perhaps they felt helpless with my pain, and had trouble just listening to some-
thing they couldn’t help me with. Or perhaps it was too threatening to those who looked forward to having a child; they couldn’t hear how hard it was for me and still believe it would be easy for them. My struggle seemed irrelevant in the world of law school — it didn’t fit. I was alone.

So I joined a pregnancy support group to find my community of other pregnant women. There, I heard the same stories of loneliness, of feeling like others just didn’t understand. Each of us felt unseen and unheard in the “real world.” Society did not acknowledge what we were going through. Friends and co-workers believed media images of the blissful, confident, well-groomed pregnant woman. They silenced us when we tried to talk about our physical difficulties, emotional fears and ambivalence with comments like, “But you should be happy — this should be the most wonderful time of your life!” We were constantly told that we were “glowing,” although we didn’t feel like it. As pregnant women willing to listen, we needed each other to confirm our reality. Struggling together to adapt to the physical and emotional challenges of pregnancy helped us to break through feelings of isolation. The group meeting became the most important part of my week.

I discovered that pregnancy brought up similar issues for other women. For all of us, pregnancy was connected to loss: the death of loved ones (often a parent or grandparent), the loss of friends because of changes in relationships brought on by the pregnancy. Grieving for our loved ones while we physically experienced new life developing inside us, we faced the reality of death, and the fragility of life and loving relationships, on a profound new level.

Losing others was intertwined with losing our sense of self, the identities we had before we were pregnant. We were feeling scared and unsure of who we were becoming, and how becoming mothers would change our lives. As our pregnancies progressed, new feelings of dependency and vulnerability surfaced. For many of us in relationships with the fathers, this was the first time we felt unable to take care of ourselves, and we knew we would be depending upon our partners for economic and emotional support even more once our babies were born. We shared fears of losing our partners, through their deaths or losing the relationship. I kept thinking of the wife and four-year-old daughter who were left behind when my friend was killed.

Also, power imbalances began to appear in our relationships with our partners, reflecting our new dependency. From the beginning, Gary was very involved in my pregnancy. He went with me to all my medical appointments. My doctors' encouraged his participation, and I felt very

7. Although I considered using midwives and planning for a home birth, I decided on doctors and a hospital birth after an intrauterine fibroid was discovered during one
supported by his involvement. But soon issues of control surfaced, particu­
larly around nutrition. My doctors gave us a chart outlining nutritional
guidelines for pregnancy. They particularly emphasized high daily protein
intake. Gary took it upon himself to monitor my nutrition: he often
cooked meals and left them in the refrigerator for me. At the end of the
day he would quiz me on what I’d eaten, and double-check my calcula-
tion of how many grams of protein I’d ingested. While I appreciated his
concern, his assumption that he had the right to monitor me this way
infuriated me. Yes, it was “our” pregnancy in the sense that it was “our”
baby. But it was only my body being subjected to this scrutiny, and I felt
that I should control the nutritional choices. Gary’s constant monitoring
made me feel like I could not be trusted to eat well. When faced with
similar controlling behavior before my pregnancy, I would not hesitate to
risk a fight by objecting immediately. Now, I found it difficult to con-
front him directly. Because I felt dependent and vulnerable, I found my-
self less willing to express anger toward Gary, afraid to put the relation-
ship in jeopardy. Instead, I nicknamed him the “nutrition police,” trying
to get my feelings across in a less threatening, humorous way. 8

Behind these fears of loss lurked the ultimate fear, of our own death
or our baby’s death during pregnancy or childbirth. This became clear to
me in early March, when Gary and I experienced another loss. My first
ultrasound revealed a second gestational sac, lying empty next to the one
containing a viable fetus. My pregnancy had started with twins, but one
was already gone. The doctors couldn’t explain why the second fetus had
not been viable; they could only tell us this was a common phenomenon.
This news hit Gary and me hard. At the same time we experienced the
excitement of seeing our baby for the first time, we had to deal with
learning that we had lost another. As I grieved, I was filled with anger
and despair. It seemed so unfair. Why couldn’t I have just one time of
pure joy in this pregnancy, unconnected to loss?

As part of our grieving process, we named the lost twin “Asamo,”
after one of our favorite places in Japan. With Asamo’s loss, I relived the
pain of losing Denise and my grandmother; the feelings of powerlessness
and vulnerability. My sense of personal inadequacy was deepened: what

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8. Most of the women in my support group complained of the opposite problem:
their partners were not involved enough, they felt left alone to face the difficulties of
their pregnancies.
had happened that Asamo could not survive? Was Sumo also in danger? Was there something wrong with my uterus — was my body inadequate, incapable of healthy pregnancy? I struggled to accept this loss, to trust my body. Perhaps there was wisdom in letting Asamo go, maybe neither twin would have survived to term if both had been viable. But perhaps none of us would survive this pregnancy.

Another issue we shared in the group was painful relationships with our mothers. For most of us, pregnancy sparked efforts to reconnect with our mothers. For all of us, pregnancy inspired us to think about what kind of mothers we wanted to be, and that inevitably led us to focus on what we didn’t get from our own mothers. Sadly, all of us felt emotionally abandoned, “unmothered” by our mothers. My pain stems from my mother’s emotional distance: her inability to empathize with me or comfort me. Physical affection and emotional support were scarce in our house; when I cried, I was left to cry alone. I felt that my mother did not pay attention to my individual needs. As I got closer to childbirth, this became a persistent theme in my dreams. Once, I woke up with the image of myself holding onto my mother’s face with both hands, screaming at her to look at me, to listen to what I had to say, while she steadfastly looked past me towards my father.

My support group was also a special place to share the joys of pregnancy: the wonder of feeling a new life move inside us, the excitement, and the anticipation of childbirth and of finally being able to see and hold our babies. We did our best to honor the magical process that was taking place inside us, and to support each other to keep that sense of honor inside us as we struggled with the rest of our lives.

Towards the end of my pregnancy, I developed severe heartburn. It was constant, twenty-four hours a day. It interrupted my sleep. During the night when I awoke with a parched mouth, I could not even take a sip of water because it would come back up with bile as soon as I lay down. Eating had never been pleasurable while I was pregnant: unlike the experience of most pregnant women, food did not taste better to me. Instead, it was a chore to eat, and I struggled to meet my daily nutritional requirements. Now, the heartburn made eating even more difficult. Then, I somehow sprained my back, and was unable to walk without great pain. I was put on complete bed rest. I had to stop swimming, practicing yoga,

9. “Few women growing up in patriarchal society can feel mothered enough; the power of our mothers, whatever their love for us and their struggles on our behalf, is too restricted.

Many daughters live in rage at their mothers for having accepted, too readily and passively, ‘whatever comes.’ A mother’s victimization does not merely humiliate her, it mutilates the daughter who watches her for clues as to what it means to be a woman.” ADRIENNE RICH, OF WOMAN BORN 243 (1976).
seeing friends. I spent my days imprisoned at home, carefully planning each thing I needed to do to keep walking to a minimum. I was constantly discovering that I’d forgotten something, like a spoon to eat my soup with, that required another painful trip to the kitchen. I discovered how much I’d taken walking, and simple freedom of mobility, for granted.

A couple weeks later (about four weeks before my due date), my doctor noticed that my baby seemed a little small. We were sent for tests, and he was diagnosed with intrauterine growth retardation, a high risk condition. My placenta looked calcified on the ultrasound, much older than it should have been (i.e., with diminished ability to nourish the fetus). The attendant asked me if I drank or smoked. He said it looked like the malnourished placentas of women in prison. My feelings of inadequacy were triggered again — what was wrong, that I couldn’t provide a healthy environment for my baby, in spite of my diligent efforts to eat well?

The diagnosis of intrauterine growth retardation required constant fetal monitoring. At any point if he didn’t look good on the read-outs, an emergency caesarean would be necessary. Suddenly, all our plans for “natural” childbirth were jeopardized. A machine, the fetal monitor, was now in control. We felt disappointed and suspicious of the technology, but too scared to defy it. We went to the hospital every other day for monitoring, each time with the anxious knowledge that the baby could “fail” the test.

The following week I was diagnosed with pre-eclampsia, a potentially life-threatening condition. I was told to stay flat on my back to reduce

10. Intrauterine growth retardation is diagnosed when the fetus’s overall growth falls behind a normal growth curve. The danger to the fetus is the possibility of uterine malnutrition, which could result in the fetus’s death. Once the baby is born with very low body fat, the dangers include hypothermia (difficulty in maintaining body temperature), hypoglycemia (low blood sugar) and polycythemia, which predisposes to severe jaundice. ELIZABETH DAVIS, HEART & HANDS, A MIDWIFE’S GUIDE TO PREGNANCY & BIRTH 51-52 (1987).

11. The placenta is the life-support organ which nourishes the fetus in utero through the umbilical cord. Abnormalities of the placenta are sometimes implicated in intrauterine growth retardation. Id. at 51.

12. The testing I underwent is known as oxytocin challenge testing, using an external fetal monitor. Two devices were strapped onto my belly: one uses ultrasound to pick up fetal heartbeat, the other measures the strength of contractions. I was shown how to naturally produce secretion of oxytocin, the hormone that induces contractions, by stimulating my nipples. The monitor readouts track the fetus’s heartbeat in reaction to the resulting contractions. If the fetus is healthy (receiving enough oxygen and nutrients from the placenta), its heartbeat will drop during a contraction, but recover quickly.

13. Pre-eclampsia (formerly known as toxemia) is a forerunner to eclampsia, or organ seizure, causing convulsions, coma, and possibly death. Pre-eclampsia is characterized by a sudden increase in blood pressure, sudden weight gain due to
my blood pressure, and to watch for several warning signs, which would
indicate organ failure and potential seizure. That night, knowing it would
be my last meeting, I cheated on the bed rest order and went to my preg-
nancy group. We had a “blessing way” for me and another woman who
was also due soon: a ceremony to celebrate our passage into motherhood.
The other pregnant women sang Indian songs to us, gave us gifts, and
massaged our feet in corn meal. In the middle of the ceremony, I saw
stars before my eyes — one of the warning signs. I didn’t tell the others
— I didn’t want to admit even to myself that it had happened.

After the meeting, I picked Gary up at work, and told him about the
stars. He heard what I said, but didn’t seem able to comprehend what it
meant: that I could be induced that night. He started talking about a
problem at work. I felt profoundly alone: he could choose to escape the
reality of my impending labor, but I could not. And I wasn’t ready to go
through with it. My doctor sent us to the hospital for testing. My blood
pressure was way up, but she decided to let me rest overnight to see if it
would go back down. My baby needed more time in the womb to grow.

For the next week, my blood pressure and urine protein were con-
stantly monitored. Each time I was tested, Gary and I knew it might
result in a decision to induce. Still, we didn’t pack the hospital bags or
finish rearranging the house in preparation for the baby. We couldn’t
seem to accept the reality that the birth was imminent. Finally, my doc-
tors decided to induce labor because my pre-eclampsia had become too
dangerous: my kidneys were in danger of failing.

II

I’m on a conveyer belt going steadily downhill, through some
kind of tunnel. I can see white light streaming through the round
opening at the end, but I don’t know what’s out there. It seems
like I will just drop off a cliff when I reach it. Friends and family
members are standing on either side of the belt. I reach for them
but I can’t touch them: our hands are stopped by thick glass
walls between us. I call out to them: I want to get off, let me get
off and stay with you. But they say I can’t get off. Just stop the
belt for a little while, I bargain. Let me catch my breath. I won’t
get off, but I need to stop for a while. But they can’t help me.
The conveyer belt keeps moving, taking me further away from
them, down towards the end of the tunnel. I try to turn around

edema (fluid retention), and increased protein count in the urine. The causes of pre-
eclampsia are not yet known, although some researchers believe poor nutrition is
implicated. ARLENE EISENBERG, HEIDI EISENBERG MURKOFF, AND SANDEE EISENBERG
HATHAWAY, WHAT TO EXPECT WHEN YOU’RE EXPECTING 131 (1984).
and go back up the belt, but it’s impossible. There’s nothing I can do to stop it . . .
— Linda Kattwinkel
Dream image, July, 1990

I did not feel ready to have a baby. I don’t know if anyone ever really does. But somehow each pregnant woman must find the courage to go through it: she has no choice, so she rises to the challenge. Although my husband, friends and doctors were there to support me, I knew I would be going through labor alone. Only I would feel the contractions, only I could push the baby out. Only my life and my baby’s life were in danger.

Induced labor is a violent attack on the body. The artificial hormones force changes to happen quicker and harsher than they would naturally. An hour after we got to the hospital, my doctor applied a gel to soften the cervix and begin contractions. I had mild contractions (like bad menstrual cramps) overnight. I was able to doze off and on, but generally the contractions kept me awake, while my husband and friends slept fitfully. Early the next morning, pitocin\textsuperscript{14} was started through an I.V. and fetal monitors were strapped on me. Soon I was having intense contractions. The pain was like nothing I’d ever felt before — wave after wave of pain, slicing through my abdomen and lower back. I struggled not to panic, to breathe deeply and relax into the pain, as we had practiced in birth class. Gary and my friends massaged me, rubbing my legs to stop me from holding the tension there. But it was impossible. The pain was too intense: I had to tense up somewhere.

I felt totally helpless, out of control. I tried to give up wanting to be in control. I told myself to trust my body, to trust that I could give birth. But how could I trust my body, when it had inadequately nurtured my baby, and reacted to pregnancy by shutting down my organs? And how could I rely on nature to help me give birth, when I was being artificially induced?

It was the most high-tech birth possible, short of a caesarean. I had tubes stuck in my arms, external and internal fetal monitors, blood pressure machines, and an oxygen mask. Pitocin, fluids, and drugs to keep me from having seizures were pumped into my arm. I vomited, I moaned. Several hours went by, and although I was still in intense pain, my cervix was not dilating: it stayed at one and a half centimeters.\textsuperscript{15} I asked for pain medication, but my doctor wanted to hold off until I reached at least three centimeters because medication can slow down

\textsuperscript{14} An oxytocin-like drug which induces contractions.
\textsuperscript{15} Generally, the cervix must dilate to ten centimeters before the baby can safely be pushed out.
dilation. This was the hardest time of my labor. I felt so powerless: unable to stop the pain, unable to obtain medication, and unsure how much longer this would last. I was sure I couldn’t stand it one minute longer, yet I had no choice but to keep going.

Finally, the doctors changed shifts, and the next one was willing to give me medication although I was still stuck at one and a half centimeters. (She was more empathetic — she had given birth herself.) But it took too long to get set up: they had to send my blood to the lab to determine whether the platelet count was sufficient for clotting. With each contraction after I knew the epidural was coming, I got myself through the pain by believing it might be the last time. But when they were finally ready to give me the drugs, I was fully dilated. I’d gone from one and a half to ten centimeters in fifty minutes. It was time to push — too late for pain relief.

Pushing was wonderful — it was the most exhilarating, most satisfying physical experience I have had. I felt triumphant and powerful, pushing my baby out. They brought in a huge mirror so I could watch, but my eyes were shut tight with the effort when my son, Miles, finally emerged fifteen minutes later. I have watched our video of his birth and when I see Miles come out, I feel a wave of joy and excitement. But when it actually happened, all I felt was numb, and a bit relieved. There was a long interval while they weighed and tested the baby. I watched in the mirror with a distant curiosity as my doctor stitched up a natural tear, and scraped a hematoma (accumulation of blood). Then Gary brought Miles over to me, and we both just stared at him. He was funny-looking: so small and skinny, not what I’d imagined at all. I went through the motions of holding him, talking to him, and even trying to breast-feed. But I was disconnected from it all, I could feel no emotion, just profound exhaustion.

The task was complete — I had given birth. But the ordeal of new motherhood was just beginning.

III

do become a mother is to open the gates of your womb to admit life — and death — into the world. It is so significant an act, it is devalued. Falsely flattered. Lied about. Lived alone.

A woman alone is a Mother.

... Can I “swim” and not “sink” as this great silence buzzes around me, louder and louder? Will other mothers confirm

16. This was extremely fast: generally, in normal natural childbirth, the same dilation would take several hours.
my experience? Or will they claim no wilderness, no vision, no transformation? No terrifying solitude? ("It's not that bad. You get over it. I did it. What are you making a fuss about?")

A Mother is a woman alone.
— Phyllis Chesler\textsuperscript{17}

I am afraid as I write this: afraid I will be labeled a monster, a bad mother, for the feelings I will reveal. It's hard to trust that my truth will be believed, will be honored. When I tell people how hard it has been, many cannot hear me. My story is too threatening. What does it threaten? The lie that motherhood is easy? If word gets out that motherhood is not all bliss, will women demand more respect and compensation for their pain? Will they refuse to become mothers until they get it?

I was able to hold Miles for only a few minutes after he was born before he was whisked away to the special care nursery. I didn't see him again for twenty-four hours, when he was finally released after they could find nothing wrong with him, except his small birth weight (4 lbs. 15 oz.). Meanwhile, I lay in a stupor in my recovery room, still being pumped with anti-seizure drugs. Every one of my muscles ached, I had a severe headache, my bottom was swollen, my stitches hurt, my catheter hurt. I was given morphine for the pain. The morphine gave me strange hallucinations: I kept feeling my hands growing, my fingers monstrously stretching over my belly. I had to keep opening my eyes to convince myself that they were normal. I lay there for a day and a half, unable to sleep, unable to get up. I knew I had given birth, and I had escaped a life-threatening condition. But I was unable to feel anything, joy or pain or fear.

Gary spent time with Miles, feeding and holding him in the special care nursery, and advocating Miles’s release. When he finally brought the baby to me, I knew I was supposed to feel joy, but I could not. I knew I'd given birth and this was my baby, but it didn't seem real. I didn't feel connected. I tried to breast-feed him, but he was too small, and too used to the bottle to understand what to do. Watching films of births in our birth classes, I'd always cried, overwhelmed by how powerful and wonderful and hard childbirth seemed. But I wasn't able to cry during my own childbirth experience. Instead, I cried for the first time when my doctor checked my reflexes and gently told me I'd have to stay on the anti-seizure drugs for 12 more hours.

The hospital stay was not restful. People called constantly, wanting to talk to me, wanting me to be cheerful and jubilant. Gary screened most of the calls. The I.V. pumps kept malfunctioning, playing an annoying,
idiotic jingle when they did so. Nurses came in and out: checking blood pressure, changing ice packs, emptying the bed pan. It was impossible to rest. I felt trapped in the hospital room, yet when we were discharged two days later, I did not feel ready to go home.

_I am enraged. My life is gone. There is only “us,” with you always first. I haven’t slept through the night once since you were born. . . . _18

_You’re always hungry. It’s always time to feed you. You suck for an hour every two and a half hours. A woman doing this can do nothing else . . . _

— Phyllis Chesler _19_

I had hoped to finally get some rest, to feel like my old self again, when I got home. Trapped in the hospital, I’d longed for my own bed, which had always been a place of comfort and safety. But when we finally got home, I did not get rest. My bed no longer comforted me. Instead, I entered a constant struggle for sleep: always waiting for a chance to sleep, never getting enough. Miles needed to be fed every two to three hours, which meant I needed to be awake to attempt to breastfeed him every two to three hours. Feeding Miles took anywhere from one to two hours each time, which left at most only two hours to sleep in between. When I would lie down after each feeding, I was so overwhelmed by physical discomfort (swollen bottom, painful stitches, severe headache, backache) and fatigue that I had difficulty sleeping. I would be just falling asleep when I had to wake up for the next feeding. My body responded to these constant interruptions of sleep with massive headaches. I had just been through the most severe physical trauma I’ve ever experienced. My body needed rest to be able to heal. But instead, it underwent the further assault of no sleep.

Sleep deprivation is the hardest thing about having a new baby. Without sleep, everything becomes more difficult to deal with. (Now I understand why sleep deprivation is a very effective form of torture.) The more time went by without getting sleep, the more I became obsessed with it. Getting some rest became the foremost priority in my life, one I was doomed never to achieve. This lack of rest, coming when I needed to recover from the exhaustion and injuries of labor and pre-eclampsia, left me completely physically and emotionally depleted. I did not have the energy to cope with the issues which immediately confronted me: the new physical changes of postpartum, the enormous responsibility of physically caring for a newborn, and the emotional turmoil of new mother-

18. _Id. at 141.
19. _Id. at 131._
Gary was able to take two weeks vacation after Miles’s birth, so he was home with me for ten days.\(^\text{20}\) He did all the shopping, cooking, preparing the bottles, in addition to trying to organize the house. We’d left it in a mess before going to the hospital, in the middle of rearranging it to try to make room for the baby. He was up each time for feeding also, so his sleep situation was no better than mine. Except, of course, his body had not gone through the physical trauma of giving birth. In spite of his tired condition, he was able to give me the emotional support I needed and do a great deal of caring for the baby.

The most urgent issue I faced in the first few weeks was breast-feeding. Since Miles was born with no extra body fat, he could not wait for my breast milk to come in before taking in calories. He was fed formula immediately after birth in the special care nursery, where he got used to the bottle nipple, which is easier to suck than the breast. My task was to get him to learn how to breast-feed, and I was under pressure from everyone around me to do so immediately, or else my milk production would fail. Each time we fed Miles I tried to breast-feed him first, and each time, ten times a day for five days, he could not do it. He would try to latch on, then scream with frustration and hunger when he couldn’t. We repeated this for the recommended fifteen minutes each time before we’d give up and give him formula. Meanwhile, my milk came in, my breasts became engorged, and I faced the torture of attempting to pump them in order not to lose production.

After going through a high-tech, dangerous childbirth that felt like a failure measured against our hopes for a natural birth, and feeling inadequate because my placenta had been unable to nourish Miles to a normal birth weight, the possibility that I would also fail at breast-feeding was devastating. I sobbed each time the attempted breast-feeding failed, each time the attempted pumping failed. Although I could tell myself not to get so upset, not to worry about it, not to judge my worthiness as a mother by whether Miles could breast-feed, I could not ease my emotional devastation.

On the fifth day, Miles suddenly latched on. He breast-fed enthusiastically for five days, then abruptly forgot how. We spent another two days desperately trying to get him to latch on again, and finally he did. Breast-feeding has been smoother since. But there are times when he will stop nursing and scream because something else is bothering him, and I will feel echoes of that earlier emotional inability to cope.

\(^{20}\) However, his boss called on the night we came home from the hospital and attempted to pressure Gary to return to work, even though he knew about my complications and my prescription for complete bed rest. Gary refused.
In her book, *The Newborn Mother*, Andrea Boroff Eagan calls the first few weeks of new motherhood "the fog."\(^{21}\) This is a perfect description of how I felt. A baby demands the new mother's constant attention. All of my time was taken up dealing with the baby: feeding, burping, changing, soothing him. When he slept, I faced a difficult choice: try to sleep also, or do something else that urgently needed doing, like feed myself, take a shower, take a sitz bath to ease my swollen bottom, pay the bills. There wasn't enough time to do it all, yet all of it was essential. Non-essentials were totally neglected. I was never dressed, my hair was never washed. I always stank — from leaking milk, lochia,\(^{22}\) and postpartum's excessive perspiration.\(^{23}\) I lost my sense of time, days passed in a blur. All of my time was taken up in caring for the baby. He wiped out the rest of my life; the identity I had before I became his mother was lost. My hands were always occupied with the baby; I could not read, feed myself, talk on the phone. I became completely isolated from my friends.

My mind, however, was not completely occupied; I could think about all the things I wanted to get done, from cleaning up the mess I was looking at as I nursed the baby, to writing in my journal or doing artwork about my birth experience, to what I would say in this article. It was so frustrating having my mind racing with things I wanted to do, but not being able to accomplish any of them.

The lessons I learned during pregnancy about giving up control and adapting to changes seemed very small now, measured against the complete loss of control over my life that new motherhood brought. Simple pleasures became unattainable, and therefore more important. Unable to do the grocery shopping, I had to rely on Gary to bring home the things I wanted. I would make a list for him, but always there would be something that was not quite right. Or he would rearrange a room to better accommodate the baby, and I would be acutely aware of how I would have done it differently. Each thing that was not done the way I would have done it heightened my awareness of how little control I had over my life.

After Gary had to return to work, my mother was able to come out to help us. She prepared meals for us, cleaned, and did the laundry. After I'd feed the baby, she would take him so I could try to rest. This was extremely helpful to us — I don't know how we would have gotten through those first few weeks alone. But during the night, we were on

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22. Discharge of leftover blood, mucus and tissue from the uterus, which generally continues for six weeks after birth.
23. This is one way the body sheds excessive water weight which is normally gained late in pregnancy. I had extra amounts from the pre-eclampsia related edema.
our own while my mother slept. Before Gary returned to work, we both woke up with the baby during the night: Gary did the burping and changing, I did the feeding. But once Gary was working again, I felt subtle pressure to let him sleep through the night feedings, and I started doing all the work myself. The pressure did not come from Gary, but from our situation: because he is the sole breadwinner, his rest became more important than mine. He needed to be able to function well on the job, while I was “just staying home all day.” I began to resent his opportunity to “escape” to work each day, and his amazing ability to sleep through the baby’s cries.

While my mother was with us, my conflicted feelings about her resurfaced. Ironically, I felt more emotional support from her than I’d expected. Although I still felt unable to talk to her about my feelings, she could see my emotional turmoil, and I think she empathized with my despair over losing my pre-motherhood identity. She encouraged me to try to reclaim some of my old life back, to do something just for me. While she took care of the baby between feedings, I gave up most chances to sleep for three days to finish two drawings in time for an upcoming exhibition. (They were homage pieces to other women artists, but also expressions of my own pregnancy and birth experiences. See frontispiece and end piece to this article.)

While I was working on these pieces, however, I could hear her telling 3-week-old Miles, “you are not the center of the universe, you know!” And “your mother has plans, and they don’t include you!” I felt a rush of old feelings: of disappointment that I wasn’t seen for myself, that my special point of view, and my feelings, didn’t count. How strange to reexperience these feelings in the context of her supporting me to do my artwork! Still, I identified with Miles. I was glad that he was too small to understand her, and I resolved fiercely to myself never to treat his emotional needs as unimportant.

When my mother left, I was on my own for the ten to twelve hours a day that Gary was at work. I was still physically weak, taking more than the average six weeks to heal because of my pre-eclampsia. It was extremely hard to cope alone. Somehow I got through each day, taking it one minute at a time. As my body gradually got stronger, I began to get more rest (I learned to fall asleep faster, so my short periods of sleep lengthened). I could also go out with the baby, take him for walks. As Miles got bigger, he learned how to hold onto the breast, so I could free one hand to do other things while nursing him. I was able to call my friends on the phone. I contacted the other women from my old pregnancy group and we started meeting again, now as a new mothers’ support group.

Just as when we were pregnant together, as new mothers together we
discovered that we shared many postpartum issues. For all of us, the new baby’s presence impacted heavily on our relationships with our partners. New problems surfaced, often based on unspoken, unconscious assumptions about women’s role as primary caretaker. Even in relationships which were previously quite egalitarian, fathers resisted becoming involved in the everyday care (and especially nighttime care) of their babies. At the same time, they resented losing their partner’s attention when she cared for the baby, and complained that the baby was restricting their freedom. Many of us lost emotional support from our partners right at the time we needed it most.

New stresses of caring for the baby also triggered old power struggles in our relationships. Ironically, my problems stemmed from Gary’s overinvolvement with the baby. Gary did a lot of the caring for Miles, but with this came new control issues. Instead of dealing with the nutrition police, I found myself constantly defending my ways of dealing with the baby. It seemed like nothing was too small to escape Gary’s notice: he was monitoring everything, from how I burped Miles, to how I folded his diaper, even how I breast-fed him. And he dictated a better way to do all of it. Finally, when he told me I had turned on the faucets in the wrong sequence when preparing Miles’s bath, I blew up. I was ready to leave, but I couldn’t figure out how to divorce him and still find a way to finish law school. So we fought it out. I made Gary realize that his constant corrections exasperated my feelings of insecurity and incompetence as a new mother. I discovered that his need to control stemmed from similar feelings: for men, a take-charge, controlling attitude is often the antidote for insecurity.

Another issue we shared in the group was negative body image. I missed the fullness of my pregnant body, the magic I felt when Miles used to move inside me. Although I got stronger physically, I continued to feel unhappy and uncomfortable with the postpartum evolution of my body. I weigh the same as before I became pregnant, but the weight is distributed differently: my back is so thin the ribs are visible, while my hips are still too large to fit in my old pants. My breasts sagged and my back became more rounded from constantly bending over to feed the baby, pick him up, or carry him. When I looked in the mirror, I saw this bent, worn-out body, and I saw an old, bony face with eyes sunken behind large, dark circles, staring back at me. I became obsessed with my postpartum hair loss: mourning my thinning hair and rapidly receding hairline. Once again, I was unable to shake nagging self-judgments based on my physical appearance.

Reconnecting with my friends, and especially the new mother’s group, has helped me to feel less alone in my postpartum experience. Breaking out of isolation has helped me to feel more positive about being
a mother, but at times I am still overwhelmed with despair.

Our cultural image portrays mothers falling in love with their babies instantly at birth. But this is rarely the reality. New mothers are so overwhelmed by the physical experience of childbirth and the fatigue of postpartum that they have little emotional energy left to feel attachment to their babies. Newborns seem unresponsive to their mothers for the first few weeks: they often do not make eye contact, they are not smiling yet. Like most new mothers, I needed some response from Miles in order to feel attached to him. Until he learned to smile, I felt like a slave to an ungrateful creature whose needs were unpredictable. Aware of the cultural image of the all-loving mother who learns to identify her infant’s different cries and meets her/his demands effortlessly, I felt like a complete failure as a mother. Since “mother” was the only identity left to me, that left me feeling pretty low. I found myself weeping daily, over small inconveniences that I couldn’t change, or because of a growing, nagging feeling that my decision to have a child had been a horrible mistake. I had ruined my life, and now there was nothing I could do to change it. 24

PART TWO
MOTHERHOOD IN THE WORKPLACE

IV

I made a mistake. I’m dying, slowly. My body isn’t the same. My lower back always hurts. My throat aches so badly I can’t speak. I always have a bad cold. Each night: panic. Each morning: sadness.

I’m irritable, exhausted.

Without energy. So much responsibility: a dull weight flatten-

24. Some readers of my first draft urged me to soften this account; to write “it felt like I had ruined my life.” They wanted me to add that things are better now, that I no longer believe I made a big mistake, that I love my baby and wouldn’t trade him for anything in the world. While all of this is true, my shifting perspective now does not change my reality then. I am afraid that saying “it’s all better now” would allow my readers to ignore the reality of my experience then, to gloss over the hardships of new motherhood, discounting them because postpartum is temporary. If the experience is unimportant, of course, it means nothing need be done about it. The silent wilderness of new motherhood would continue.

I think there may be another reason for my readers’ discomfort, however. Perhaps they identify with the new baby in my story, whose innocent existence is causing his mother so much pain. They do not want to feel responsible for putting their own mothers through similar ordeals. It is important to realize, however, that the baby is not to blame for the mother’s experience. In the following sections of this paper, I discuss the cultural sources of the postpartum wilderness.
ing me. My soul is gray, apathetic. I make no dramatic threats. I go through my days stunned, bitter, like an animal trapped into laborious captivity, like a prisoner of war.

— Phyllis Chesler

Low feelings and crying spells like mine are commonly called postpartum depression or third day blues, and most new mothers in this culture experience them. I resist those labels, however, because they represent theories which imply that the feelings are caused solely by the woman’s physiological condition (i.e., the rapid drop in several hormones after birth).

Some researchers have identified cultural conditions which exacerbate the blues, including loss of autonomy and control in hospital births, use of drugs and instruments, and separation from the baby. Certainly my high-tech birth experience involved these conditions and left me feeling powerless. But even mothers going through normal births in hospitals (without severe high-risk conditions or separations from their babies) experience a degree of powerlessness; we are all pressured to obey medical personnel and hospital rules. As Sheila Kitzinger notes, “[a]t a time when a woman needs most self-confidence and assertiveness, she is expected to be a passive patient and behave like an obedient little girl.”

Even small routine procedures like blood pressure checks or scheduled meals interrupt the new mother’s attempts to sleep or bond with her baby. Each new nurse who cares for her offers conflicting advice, and each piece of advice seems to imply criticism of the new mother. Her self-confidence in such circumstances can’t help but be undermined. Thus, she begins motherhood with lowered self-esteem, feeling guilty for not performing well, and “feeling inadequate in the most essentially female function of all.”

The most critical cultural factor, however, is what happens to the new mother after she leaves the hospital. At the turn of the century, when childbirth still occurred at home, the norm for postpartum recovery was six weeks. For that period the new mother was advised to rest as much as possible, refraining from her normal activities. Forty years ago, women routinely stayed in the hospital for two weeks or more after birth, spending most of their time in bed, and upon returning home continued

25. P. CHESLER, supra note 1, at 179.
27. A. EAGAN, supra note 21, at 29.
28. S. KITZINGER, supra note 26, at 231-32.
29. Id. at 231.
to rest for another month. Almost all families had relatives or hired help to manage the household, cook, clean, do laundry and care for the baby.

Since then, postpartum lengths of stay in the hospital have continually decreased. From the 1940s through the 1960s, birth was treated like a medical crisis: women were drugged during labor, most babies were delivered with forceps. As the dangers of medication and other medical procedures during birth were exposed, and the natural childbirth movement developed, birth has come to be seen as a normal event. Prolonged hospital stays are considered unnecessary. The typical hospital stay for normal births is now only twenty-four hours. In my case, even after a high-risk birth and intensive postpartum care, I was discharged after only two days.

It is definitely a step forward to view birth as a natural, non-medical event, and to limit hospital stays after a normal birth. As I discussed above, hospital routines are not restful: they interfere with the new mother’s recovery and her bonding with the new baby. But unfortunately, as hospital stays shortened, recognition of the need for prolonged rest for recovery after childbirth was lost. Our current cultural image, fueled by the natural childbirth movement, portrays normal, uncomplicated childbirth as a healthy event requiring a very short recovery period. Our culture assumes that after only two weeks a new mother should be physically and emotionally recovered. She should be able to resume her usual activities, in addition to taking full care of the baby, without further help from others. Unable to live up to this image, new mothers assume something is terribly wrong with them. We are ashamed of feeling emotionally or physically unable to cope alone; we feel like failures as mothers. We withdraw from our friends in silence, afraid to tell the truth about our postpartum experience because we will be blamed for it.

While the natural childbirth movement has had a positive effect on labor and childbirth in this country, its failure to acknowledge the actual physical trauma and fatigue women experience after childbirth contributes to the new mother’s isolation in the “wilderness” at home with her new infant. It is probably not a coincidence that childbirth education in this society is largely based on theories of natural childbirth developed by men. (The most popular techniques were developed by Dr. Fernand Lamaze and Dr. Robert Bradley.) Such education is “geared toward the

31. Id.
32. Id.
33. Id. at 35.
34. Except when women like me, who are unable to have a natural childbirth, are made to feel like failures.
intellectual functions of the left brain and fosters the belief that women can use their minds to control their bodies and their births if they follow certain prescriptions.” Real natural childbirth education would encourage the woman in labor to stay rooted in her body, allowing her body to signal when to work and when to rest. Instead, Lamaze and Bradley techniques impose mechanistic structures of control on the birth process, based on separation between mind and body. The husband-coach “helps” the laboring woman to control her body’s experience of childbirth and to overcome the pain. Thus, the popular natural childbirth movement perpetuates a male ideology of childbirth which assumes that the laboring woman can transcend the physical experience of childbirth if she performs birth “correctly.” Her performance is measured against a standard created by men. This standard denies the brutal physical reality of women’s birth and postpartum experience. Our society’s unrealistic expectation for rapid postpartum recovery reflects this ideology and supports the patriarchal cultural system which devalues the childbirth experience — an experience men cannot have.

In her book, *The Crying Baby*, Sheila Kitzinger describes how women and babies are cared for in other (non-western) cultures during postpartum. Seclusion for forty days or six weeks is the norm in many different societies. During that period, the new mother is relieved of her usual obligations: other women do the cooking and cleaning and take care of the other children. Mother and baby stay in a special secluded area where they are nurtured by other members of the community: fed, kept warm, massaged. My favorite seclusion is the “fire rest,” practiced in many cultures. Early native Americans used pits laid with hot stones and sand, or submerged the new mother in hot sand, wrapped in sheepskin. In Melanesia and Polynesia the mother lies near a coconut fire, massaged by her women friends with coconut oil. In other cultures, women are kept warm by being swaddled like their babies and fed special hot dishes. At the end of seclusion, they are often bathed with special herbs and perfumes before returning to their normal life.

The period of seclusion gives the new mother a prolonged time in a private, intimate setting so she can get to know her baby and accept her new role as mother. She is kept safe and secure, with no other worries to distract her. She is relieved from performing her usual household or wife-ly duties. She is not alone in new motherhood; she receives practical help and emotional support from other women. The rest gives her body a

35. ELIZABETH NOBLE, CHILDBIRTH WITH INSIGHT 31 (1983).
36. Id. at 33.
37. S. KITZINGER, supra note 26, at 228-31.
38. Id.
chance to recover from giving birth. Often both she and the baby are
given daily massages. It is her special time, a time when she is cherished
and honored. Her community acknowledges her traumatic birth experience
and celebrates her enhanced status upon giving birth. Childbirth, the act
of giving human life, is seen as an important, often sacred act.39

A new mother's isolated experience in our present culture stands in
sharp contrast to these nurturing seclusion practices. Although six weeks
is still the usual time it takes the uterus to return to its pre-pregnant size,
and doctors consider six weeks to mark the end of the period of postpar­
tum convalescence,40 most women today do not have the opportunity to
rest that long. Cultural images of superwomen who get up a few days
after childbirth to prosecute a landmark legal case, or accomplish some
other strenuous feat, set the standard against which we are all measured.

Societal structures reinforce expectations that women will recover
quickly, and cope with new motherhood alone. Nuclear families have
separated new mothers from the loving help of women in their extended
families, who often do not even live in the same state. Economic condi-
tions prevent them from coming to the aid of the new mother: they can't
afford to travel that far, to leave their own families, or to risk losing a
job. I was lucky; my mother was able to come across the country to help
me. She could afford it, and did not have a job to prevent her from com-
ing. But my mother's situation is becoming increasingly rare. The tradi-
tional unemployed housewife exists now in only a small minority of
households.41 Thus, the new mother is deprived of the practical help and
wisdom of her mother and other female relatives that would help her
cope with new motherhood.

Hired help is also unavailable to all but the affluent few in this coun-
try. When six weeks of postpartum recovery was the norm forty years
ago, baby nurses were inexpensive. Today, the cost of full-time or even
part-time help is out of reach for most families.42

Thus, new mothers too often are left alone to cope with postpartum

39. The stereotype of Third World births Westerners are familiar with, of peasant
women pausing in the fields to give birth, wrapping up their newborns and continuing
on with work, is rare. When it happens, it is due to dire poverty, not cultural design.
Id. at 230.

40. A. EAGAN, supra note 21, at 33.

41. By 1990, 75 percent of all mothers will be working outside the home. Family
and Medical Leave Act of 1989: Hearing on S. 345 Before the Subcomm. on Chil-
dren, Family, Drugs, and Alcoholism of the Senate Comm. on Labor and Human

42. For example, The Fourth Trimester, an organization providing postpartum care
for families in San Francisco, charges twenty dollars an hour for a minimum of three
hours a day. Thus, a family would pay a minimum of sixty dollars for three hours a
day, or $300 a week. Services include light housekeeping, meal preparation, errands,
laundry and baby care.
recovery. They do not get the support or recognition they deserve for going through labor, childbirth, and the recovery period which follows. Instead of honoring women for their unique ability to give life, and the physical and emotional hardships we endure to do so, our culture devalues motherhood, leaving each new mother to face the "wilderness" alone.

For the remainder of this article, I will discuss hostility towards motherhood in the American workplace. I will also explore various remedies, attempted by the legal system and the business community, for integrating parenthood and careers for both women and men.

V

So much is the process of sustaining life devalued, I experience it as dangerous, negative.

So valued is adult, child-less activity, I experience it as bright, redeeming.

— Phyllis Chesler

The nuclear family unit which isolates new mothers is the core structure of our patriarchal culture. It reflects the culture's deeply entrenched assumption that biological differences between men and women require them to perform different roles and occupy different, separate spheres in society. While men occupy the public sphere, encompassing work, politics and culture, women's childbearing capacity relegates them to the private sphere of family, home, and childrearing. Power in society belongs to the public sphere, where authority derives from status and economic clout. In the private sphere, the individual family unit reflects this power structure, valuing obedience to authority, with men (father-breadwinners) in control. The private female tasks of home work (the work of maintaining the home and family relationships), requiring skills like nurturing, emotional responsiveness, and respect for process, are unpaid and devalued by society.

The current typical workplace structure, as a subsystem of our patriarchal society, reflects the biological determinism of separate spheres. It is based on the outdated patriarchal family model, which assumes one wage earner per family (the father) who does not have homemaking or child-rearing responsibilities. Jobs are structured according to this assumption:

43. P. CHESLER, supra note 1, at 223.
44. Of course, there are and always have been family structures in our society other than the idealized nuclear family. There are extended families, single-parent families, gay and lesbian families, etc. But the patriarchal nuclear family is still held up as the ideal family unit by our dominant culture.
demanding full-time commitment from the worker, with little or no flexibility. The most successful and most valued workers are those who put their career first, who are willing to spend long hours on their work, and whose family lives are invisible at the workplace. The image of manhood reflected in these patriarchal job structures excludes active participation in home work or parenting. It necessitates the corresponding image of womanhood devoted exclusively to such home work.

The second wave of feminism,46 ushered in by Betty Friedan's *The Feminine Mystique*, challenged the American societal structure that kept middle class women47 at home, doing the home work and parenting within the private sphere. Investigating the "problem that has no name" (the intense dissatisfaction and inner malaise of suburban housewives), Friedan exposed the lie that feminine fulfillment flows from the exclusive, slave-like commitment to husbands, houses and children demanded by society's prevailing image of the ideal woman. Her "new life plan for women"48 urged each woman to solve the problem that has no name by making a serious professional commitment to creative work of her own, preferably a well-paid job outside the home. She should accomplish this by going back to school for whatever college degrees are necessary, and then going out and landing an intellectually meaningful job in the patriarchal workplace.

As women set out to follow this prescription, they found that such jobs were not so easily obtained. Patriarchal structures resisted their entry into the public sphere of men. Educational and occupational discrimination, pay inequity, sexual harassment, and other manifestations of hostility toward women in the work world became the focus of the second wave of feminism. We were fighting for the right to have our intelligence and creative capabilities recognized, to work alongside men, to be the equals of men in their workplace. The professional job structures that existed for men set the standards by which the professional capabilities and competence of women were measured. Fighting to obtain entry into the existing workplace, we were pursuing the right to fit ourselves into the ideal (male) worker image: we accepted the value system that puts career above family, measures commitment to the job by number of hours worked, and is intolerant of family problems interfering with work schedules. Sex discrimination occurred when women who performed as well as

46. The suffragette movement is generally considered the "first wave" of feminism.
47. The failure to acknowledge the realities facing women of other classes has been a serious shortfall of the second wave of feminism. Work, of course, has always been a reality for poor women. Their struggles to balance inadequate wages, poor working conditions and family responsibilities are unique, and cannot be represented by middle class realities.
men within this image were not treated equally.

As the opposite of the competent worker image, the traditional housewife image became devalued and scorned by feminists; her home work was seen as unfulfilling and degrading. Unconsciously, we took on the patriarchal perspective: we saw home work through the scornful eyes of men, as less meaningful and less deserving of respect than career work.

Friedan did not challenge the assumption that home work was the task of women. She merely urged women to get it done efficiently, to make room for their creative life work.49 As feminism evolves and more women enter the work force, women’s exclusive responsibility for home work is being challenged, and men are being pressured to share such work. A feminist ideal image of the two-career couple is emerging: each partner pursuing a full-time, professional career, while sharing equally in the home work.

Although most couples still fall short of this ideal, for young middle and upper class women, it has become at least an obtainable possibility in the early years of their careers. Dedicated feminist women and men can work out a truly equitable partnership in which home work is equally shared and professional careers are equally valued. This lifestyle can be pursued within the existing patriarchal workplace structures — but only as long as the couple remains childless.

Such a couple’s egalitarian system breaks down with the birth of a child because pregnancy, birth and early child-rearing cannot be equally shared by men and women. Women alone bear children, and women alone can breast-feed them. Men can take an active role in the first weeks of their child’s life, by sharing in the burping, changing and soothing of their child. They can also give active support by taking on more of the home work while the mother is recuperating and occupied with breast-feeding. Such an arrangement would be the typical expectation of an egalitarian couple. But such expectations are foiled by the workplace. In the prevailing patriarchal work structure, developed under the assumption that workers are men with no home work responsibilities, almost no accommodation exists for pregnancy and the work of new parenting. Parental leave, flexible hours, or part-time schedules are unavailable to the vast majority of new parent workers in this country.50

When a woman who has been performing successfully in the male work force becomes pregnant, she suddenly no longer fits the image of competency. As her pregnancy progresses, she must give priority to her

49. Id. at 330.
50. Flexible work schedules are unavailable to approximately eighty percent of the American workforce. BARNEY OLMSTED AND SUZANNE SMITH, CREATING A FLEXIBLE WORKPLACE 9 (1989).
health and that of her baby. If she feels ill and fatigued, she can no longer put in long hours on the job. In a system which equates hours worked with commitment, her loyalty to the company is questioned. As her body swells, her family commitments become visible at work. Even if her job performance has not changed, the pregnant woman is perceived as less capable than her non-pregnant colleagues. She will typically experience discrimination on the job, ranging from being fired outright or demoted for other justifications, to more subtle forms of discrimination. Maternity leave is often denied or confined to the inadequate contours of disability leave. Women who must take more time off than disability leave permits often lose their jobs permanently or return to a demoted position. Pregnancy and new motherhood have sabotaged her career.

Meanwhile, the father’s job remains intact. Although he may want to take time off to share in caring for the new baby, parental leave is generally unavailable to men. He may be limited to the amount of regular vacation time he has earned, but often vacation schedules are not flexible enough to accommodate unpredictable birth dates. He cannot risk his job by taking unauthorized time, since the mother’s job is already at risk. The couple is forced to value his job over hers as their only secure source of income.

Thus, the patriarchal workplace forces even the egalitarian, feminist couple to abandon their ideal lifestyle. Father falls into the traditional breadwinner role; mother stays at home with the baby. When mother is ready to return to work, she often cannot earn as much as she used to, not to mention as much as father. Therefore, for economic reasons, the couple must choose to protect the father’s career. Even though for most families the mother’s career is a financial necessity, she earns less money, and her job acquires inferior status. It has become more important for father to be rested so that he can perform well in his more valuable job. Mother finds herself responsible for most, if not all, of the home work. She is effectively working two full-time jobs: her paid work outside the home, and the unpaid labor of home work.

In her book, The Second Shift, Arlie Hochschild analyzes the lifestyles of America’s two-career families. She describes the “stalled revolution” which has occurred in this country: while women’s roles have radi-

51. For example, my friend, visibly pregnant at her summer internship with a major law firm, was excluded from social activities planned for the other interns. She did not receive regularly scheduled feedback on her work or invitations to lunch with hiring partners like the other interns. Needless to say, she did not receive an offer to return.

52. I discuss how the legal system has addressed such treatment of pregnant women in the workplace in the next section of this paper.
cally changed from traditional housewife to career worker, their entry into the work force "has not been accompanied by a cultural understanding of marriage and work that would make this transition smooth."\(^{53}\) The workplace still does not accommodate workers' family needs, and attitudes of men have not changed at home. As a result, she found that in 80 percent of dual career households, women do all or most of the home work.\(^{54}\) Her book paints a chilling picture of the consequences of this inequity for the working mothers, their children, and their marriages.

Like the false images of blissful pregnant women and two-week-old, fully-recovered mothers, our culture projects unachievable images of the ideal working mother. As Hochschild describes her:

> She has that working-mother look as she strides forward, briefcase in one hand, smiling child in the other. Literally and figuratively, she is moving ahead. Her hair, if long, tosses behind her, if it is short, it sweeps back at the sides, suggesting mobility and progress. There is nothing shy or passive about her. She is confident, active, "liberated." She wears a dark tailored suit, but with a silk bow or colorful frill that says, "I'm really feminine underneath." She has made it in a man's world without sacrificing her femininity. And she has done this on her own. By some personal miracle, this image suggests, she has managed to combine what 150 years of industrialization have split wide apart — child and job, frill and suit, female culture and male.\(^{55}\)

In her chapter entitled "The Cultural Coverup," Hochschild exposes the realities this image of "supermom" obscures. The image shows no trace of stress from the extra burden of home work, and no suggestion that the mother needs help from others, especially from her husband. Her busyness looks glamorous — like the busyness of the male executive. But he is in a hurry because he works long hours at an important job; she is in a hurry because her time at work is worth so little and she has no help at home. The supermom is energetic, organized, efficient and competent because these are her personal qualities, not because she has been forced to adapt to an impossible schedule.\(^{56}\) Thus, if a working mother fails to live up to the supermom image, she is privately to blame for being personally incompetent. Our patriarchal society's lack of public social support systems for working parents is obscured. Supermom adapts effortlessly to the existing workplace culture while retaining all the duties of

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54. Id. at 216.
55. Id. at 1.
56. Id. at 24.
the private sphere traditionally assigned to women. Media images encourage her to accommodate the stalled revolution by depicting supermom using time-saving appliances to clean house and feed her family. Reciprocal images of working fathers doing home work are still rare. Their absence reinforces the patriarchal ideology that women are exclusively responsible for home work.

Still, the feminist movement has made the idea of egalitarian sharing at home popular. Hochschild’s book documents the costs of the disparity between this ideal and the reality of most working mothers’ lives. For both working mothers who believe in equal sharing but cannot achieve it, and those who try to be supermom, the disparity between their actual and ideal lives causes great emotional distress. The extra burden of home work, amounting to an extra month of work a year over what men work, causes working mothers to suffer chronic exhaustion, more frequent illnesses and lowered sex drive. Their marriages are vulnerable to serious tensions: conflicts between the husband and wife’s different beliefs about their responsibilities at home and at work, and between the important need for family care and the devaluation of the traditionally female work involved in providing it. Even when both husband and wife believe in traditional roles, economic conditions forcing the wife to work outside the home create tension. While many complex factors contribute to divorce, the rise in the divorce rate for working women suggests that tensions about sharing home work are often insurmountable. Interestingly, Hochschild found that regardless of whether the spouses believe in egalitarian sharing, couples are happier when the husband actually shares in home work.

Equally alarming is how the stalled revolution affects children. To accommodate the two-career family within the patriarchal workplace, cultural ideas of children’s needs have changed. Two parents working full time must leave small children in child care. Thus, psychologists have developed new theories, asserting that even very young children need less time with their parents and will benefit from more time with other children in daycare-type settings. Slightly older children are left home alone. Previously pitied as “latch-key kids,” they are now celebrated as “children in self-care,” a label that suggests happy superkids who are somehow being cared for by themselves. As the patriarchal workplace forces

57. Where the media do present images of men sharing home work, they are directed at women, not men. S. KITZINGER, supra note 26, at 91.
58. A. HOCHSCHILD, supra note 53, at 3.
59. Id. at 204-15.
60. Id. at 211-15.
61. Id. at 211-212.
62. Id. at 230-31.
today's parents to value work above family, our children may be suffering from a severe underestimation of their needs.

The stalled revolution illustrates how deeply the ideology of separate spheres is entrenched in our culture. In spite of women's massive entry into the work force, patriarchy's assumption that the public sphere is men's realm continues. The resulting hostility towards women in the workplace is well-known: manifested by sexual harassment, lower wages, the glass ceiling, the devaluation of predominantly female jobs, etc. Our culture continues to treat the private sphere as women's exclusive responsibility, and the workplace makes no accommodation for pregnancy, maternity or family responsibilities. As discussed above, the effects of this stalled revolution are alarming. Something must be done to dislodge separate spheres ideology from the workplace; to encourage the workplace to respond to the real family needs of its workers. In the following sections, I will explore how our legal system has responded to this problem.

VI

Looking back, I'm not quite sure why I started my case . . .

When I got pregnant, I knew I wasn't sick. I knew I wasn't ill. How could a male-dominated school system say to me, Even though you are not ill, and pregnancy is a perfectly normal condition, you are unfit to teach. The fundamental unfairness of it seemed morally wrong, not just stupid but wrong; and that men were making the decisions didn't help, because they didn't know what it was to be pregnant. It wasn't fair, and it made me angry.

— Jo Carol LaFleur

Traditionally, our legal system has honored patriarchy's separate spheres ideology, and the justification of biological determinism, by viewing legal interference with the private sphere as inappropriate. Until recently, pregnancy and maternity were considered within the domain of the private sphere. From this viewpoint, workplace policies based on pregnancy were simply accommodating women's biological roles, and thus outside the scope of legal redress. Rather than examine how such policies affect women's status in society, law has mistakenly identified employers' treatment of pregnancy as the biologically determined result of pregnancy itself.

A small inroad into this assumption occurred in the early 1970's. In

63. JO CAROL LAFLEUR, Go Home and Have Your Baby in THE COURAGE OF THEIR CONVICTIONS 328 (Peter Irons ed., 1988).
64. L. Finley, supra note 45, at 1118-9.
Cleveland Board of Education v. LaFleur, the Supreme Court struck down state school board policies which mandated maternity leave beginning early in pregnancy (as early as the fourth month) and prevented the new mother's return to work for a minimum period after giving birth (as long as three months). The Court used a 14th Amendment due process analysis, holding that arbitrary employment cut-off and return dates for pregnant women, with no inquiry into an individual woman's ability to work, violate her constitutional right to reproductive choice.

Opponents of the mandatory leave policies argued an equal protection analysis, maintaining that the policies discriminated based on sex. Although the lower court agreed, the Supreme Court avoided the equal protection analysis, and thus avoided questions of gender discrimination. Still, the decision contributed to gender equality in the workplace by rejecting the protectionist assumptions, implicit in the mandatory leave policies, that pregnant women and new mothers could not or should not participate in the paid work force.

Six months later, however, the Court faced the equal protection analysis directly, when it heard Geduldig v. Aiello. Geduldig challenged a California disability system which excluded compensation for disability due to normal pregnancy, while providing benefits to almost all other types of disability. The Court found no violation of the equal protection clause by refusing to characterize the law's pregnancy-based classification as gender-classification. Instead, the Court described the classification as one between "pregnant women and non-pregnant persons." Equality between the sexes was not raised by the disability scheme because "[t]here is no risk from which men are protected and women are not. Likewise, there is no risk from which women are protected and men are not." Thus, only characteristics which women had in common with men were considered relevant to the constitutional equal protection guarantee.

Two years later, the Court used the same reasoning to uphold a similar disability system, this time challenged under the federal statutory prohibition against sex discrimination in Title VII of the Civil Rights Act.

68. P. IRONS, supra note 66, at 311-12.
70. P. IRONS, supra note 66, at 315.
72. Id. at 496, n.20.
73. Id. at 496-97.
of 1964. In *General Electric Co. v. Gilbert*, the disability system excluded benefits for pregnancy, but provided benefits for temporary disabilities due to other non-occupational causes. The Court reasoned that exclusion of pregnancy-related benefits was not sex discrimination because "pregnancy-related disabilities constitute an *additional risk*, unique to women."

In response to *Gilbert*, Congress passed the Pregnancy Discrimination Act (PDA), amending title VII's prohibition of discrimination on the basis of sex to explicitly include discrimination on the basis of pregnancy, childbirth and related medical conditions. Unfortunately, while the PDA clearly prevents employers from treating pregnant workers less favorably than other disabled workers, its "sameness" clause seemed to prevent more favorable treatment:

... and women affected by pregnancy, childbirth, or related medical conditions *shall be treated the same* for all employment-related purposes, including receipt of benefits under fringe benefit programs, as other persons not so affected but similar in their ability or inability to work ...

Some states had passed legislation which gave pregnant women certain positive benefits not necessarily available to other workers. Two such statutes were challenged under the PDA's sameness clause, in *Miller-Wohl Co. v. Commissioner of Labor & Industry* and *California Federal Savings & Loan Association v. Guerra*. These cases sparked debate in the feminist community about how law should achieve equality for women in the workplace. The underlying question was: can law acknowledge biological difference to achieve equality, without reviving the rationale of biological determinism?

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74. Title VII prohibits employers from firing, hiring or making other employment decisions based on an "individual's race, color, religion, sex, or national origin." 42 U.S.C. § 2000e-2(a) (1982).
75. 429 U.S. 125 (1976).
76. *Id.* at 139 (emphasis in original).
78. *Id.* (emphasis added).
The debate split feminists into two camps. One camp, labeling itself the “equal treatment” side, argued that gender equality requires gender blindness. Employment policies providing for “special treatment” of pregnancy, even when they benefit women, are justified by biological difference. Thus, law supporting such policies would validate biological determinism and separate spheres ideology. Biological difference could then be used again to justify disadvantageous treatment, reviving protectionist policies based on stereotypical assumptions about women’s primary role as child-bearers and child-rearers. Instead, law must require employment policies to treat men and women identically, regardless of biological difference. To protect pregnancy, this approach requires analogizing pregnancy to disabilities. When pregnancy is labeled a disability, it is seen in terms of its effect on the employee’s capacity to work. Thus, the pregnant worker is measured against the existing male norm of the competent worker.

The other camp argued that biological difference must be acknowledged to ensure equal outcome. A policy is not discriminatory simply because it singles out pregnancy on its face; it is the effect of the policy that counts. Instead of focusing on “facial equality,” this “substantive equality” approach focuses on equal opportunity for job security. Rather than analogizing to disability, this approach accepts pregnancy as a condition unique to women. Policies which provide women with temporary leave for pregnancy and postpartum protect their job security. By preventing employers from penalizing women for a condition unique to them, such policies have an advantageous effect: they ensure “equal outcome” of employment security between men and women. Policies which single out pregnancy for disadvantageous treatment, resulting in unequal outcome, would still be unlawful under this approach. Thus, the problem of biological determinism is avoided.

In *Cal. Fed. v. Guerra*, the Court implicitly agreed with the substantive equality/equal outcome camp. The Court held that Title VII, as amended by the PDA, did not preempt California’s pregnancy leave statute. (Subsequently, *Miller-Wohl* was remanded to state court for reconsideration under *Cal Fed*.) In *Cal Fed*, the court interpreted the PDA’s “sameness clause” as a floor: employers must treat pregnant women at least the same as other disabled workers. The equal treatment camp’s argument that the clause should be seen as a ceiling (allowing no better treatment for pregnant women than for other workers) was rejected in light of Title VII’s stated purpose of achieving equal employment opportunities. The Court held that California’s statute was consistent with that purpose. The statute promotes equality of opportunity because, “[b]y
‘taking pregnancy into account,’ California’s pregnancy disability-leave statute allows women, as well as men, to have families without losing their jobs.”

By measuring outcomes for men and women in the existing workplace, Cal Fed’s equal outcome standard still accepts the underlying workplace structure as it presently exists. By characterizing California’s statute as protecting women’s right to have a family, the Court is only saying that a woman should be able to have a child without losing her job, just as men can sire children without losing their jobs. The underlying structure of the job she keeps remains unchallenged, including its assumptions about the ideal worker based on the male norm.

In summary, our legal system has considered issues of pregnancy and maternity under two equality doctrines: the constitutional equal protection clause, and federal antidiscrimination protection, (based on Title VII as amended by the PDA). Cal Fed’s narrow decision held only that Title VII does not preempt state laws which provide positive employment benefits for pregnancy and maternity. It did not impose the equal outcome analysis as a federal sex discrimination standard for pregnancy: states which have not passed positive benefits to ensure equal outcome are not required to do so. In these states, the equal treatment standard is essentially in effect: the PDA’s floor requires only that pregnant women are treated no worse than other disabled workers. Where employers provide temporary disability leave programs which are inadequate to deal with pregnancy, the pregnant woman has no recourse. If she is unable to work and the disability leave is too short, she must quit. (Equal treatment proponents would solve this problem by requiring employers to provide adequate disability leave to all workers. However, there is no federal requirement now that they do so.) Also, since Cal Fed did not touch equal protection analysis, Geduldig’s holding that equal protection does not apply to pregnancy-based employment policies remains unchanged.

Both doctrines, equal protection and antidiscrimination, fail to challenge separate spheres ideology. Because both focus on how pregnancy and maternity should be accommodated in the present workplace structure, the entire debate revolves around women who have entered the public sphere of work. Patriarchy’s relegation of family responsibilities exclusively to women in the private sphere is left unexamined. Also left unexamined are patriarchal workplace values, shaped by separate spheres ideology, which prevent both men and women from integrating their family and work lives.

A different legal approach is needed to dislodge separate spheres

ideology. One step in this direction is family leave legislation, which I discuss in the following section.

VII

At times I feel that this is a nightmare and that soon I will wake up and things will be the way they were before I lost my job. I used to consider myself middle class; now I see myself standing in government lines asking for food and I shake my head because it does not seem real. I still cannot believe that, after all those years as a responsible employee, one period of absence from work because of serious medical and family needs could cause me to lose my job. I retain faith and hope that I will get back on my feet eventually, but no one should have to go through what I have gone through.

— Carmen Maya

Carmen Maya is a single parent who could not meet the patriarchal workplace's demand that she value work above family. When she developed severe edema in late pregnancy, and then gave birth to a special needs child, she negotiated with her employer for additional time off (beyond the disability leave originally granted). Five days before she was due to return to work, however, she was told her job was no longer open. She was left without her job because she had been forced to take twelve weeks of family and medical leave to care for herself and her child.

Ms. Maya is not alone. Single parents and two-wage-earner families are now the majority of the work force. When these families experience childbirth, a child's or parent's illness, or other family emergency, they face a difficult choice: care for the family member or keep their job. Of course, most often there is no real choice; the family emergency must be attended to. Women who need more than their allotted disability leave for pregnancy and postpartum lose their jobs. Parents who must care for sick children lose their jobs. Workers who must care for ill, elderly parents lose their jobs. Along with the job, health benefits are lost. The family is plunged into a financial nightmare just when it faces a medical and emotional crisis.

The Family and Medical Leave Act of 1989 (the Act), which was vetoed by President Bush, would have taken a small step towards improving the plight of working parents. The Act would have ensured minimal protections for some workers attempting to balance family and workplace

84. Senate Hearing on the Family Leave Act, supra note 41, at 51 (letter to Sen. Christopher Dodd).
85. Id. at 4 (statement of Sen. Packwood).
responsibilities. Under the Act, private employers with more than fifty employees (only five percent of businesses\textsuperscript{86}) would have been required to allow employees up to twelve weeks of unpaid family and medical leave combined in one year. (For federal workers, the leave provisions would have been more generous. Two leave periods would have been provided: eighteen weeks in two years for family leave, and twenty-six weeks in one year for medical leave.)

The leave would have been allowed for childbirth, adoption, and care for a sick child or elder, or for the worker's own illness. In the case of parental leave, only one parent would have been allowed to take leave at a time. Family members eligible for elder care would have been limited to spouse, biological parent, or person who raised the worker (step parents, parents-in-law and legal guardians were not covered unless they raised the worker). Medical leave would have required certification by a doctor. Employees would have been assured of reinstatement to their previous job or its equivalent upon returning to work. Employers would have been required to continue health benefits for the employee during the leave.

The business atmosphere in this country is so hostile to family responsibilities that even such minimal protections were successfully opposed.\textsuperscript{87} Although Congress passed the Act, President Bush vetoed it, in spite of his protestations that he is "profamily," and the override vote was unsuccessful.\textsuperscript{88}

In her prepared statement to the Senate hearing on the Act, Carol L. Ball, small business owner and representative of the U.S. Chamber of Commerce,\textsuperscript{89} outlined the business community's objections to family leave legislation. Amazingly, her "first and most important" objection was that "a government mandate for parental leave will not decree good parenting."\textsuperscript{90} Of course, as she stated, "federal legislation can not replace basic parental responsibility as the essential ingredient for raising children." But this legislation was not attempting to mandate parenting values. It was simply attempting to protect workers who must take time

\textsuperscript{86} Congressional Caucus for Women's Issues, Fact Sheet on Bipartisan Compromise to H.R. 770 (1990).

\textsuperscript{87} As we go to press, another family leave act, substantially similar to H.R. 770, has been passed by Congress. It awaits a predicted veto from President Bush.


\textsuperscript{89} It is interesting to note the increasingly common tactic of using female spokespersons by interest groups hostile to women's issues. Using a woman to argue against the Family Leave Act obscures its value to the vast majority of women by making it appear as if women are more equally divided on the issue.

\textsuperscript{90} Senate Hearing on the Family Leave Act, supra note 41, at 31.
off from work to care for ill family members from losing their jobs. If anything mandates parenting values, it is the workplace’s refusal to recognize family needs. What value is placed on parenting when a worker must risk losing her/his job in order to care for a seriously ill child?

Next, Ball asserted that this benefit, like any other “mandated benefit,” is likely to replace other benefits which may be preferred by the majority of employees of a particular company. Parental leave would deprive employers and employees of the right to be flexible in negotiating alternative benefits. Thus, the legislation was accused of causing “a loss of freedom of choice - the hallmark of our economic system.” Of course, Ball was really talking about the employer’s lost choice not to offer the benefits. As Carmen Maya’s story illustrates, employees do not have flexibility to choose the benefits they want. Without legislation, most employers do not accommodate family emergencies. Of course, employees like Maya, who negotiate for leave in good faith, are powerless if their employer later elects to violate their agreement.

Also, since the Family Leave Act did not limit eligibility to parents, a much greater portion of the work force would have benefitted than Ball suggested. Few workers have no family members who might potentially need care.

Mary Wendy Roberts, Commissioner of the Oregon Bureau of Labor and Industries, also testified before the Committee. Roberts strongly rebutted Ball’s assertion that family leave would replace other benefits. Roberts described the effects of Oregon’s new parental leave law, which provides substantially the same benefits as the federal act, except that Oregon’s law is limited to parental leave. She cited two surveys which found that passage of the parental leave law had not caused employers to reduce other employee benefits, and they did not have plans to reduce benefits because of the law.

A strong objection to the Family Leave Act was that it would hurt small businesses. Although the leave itself would be unpaid, projected costs to employers include the continuation of benefits during the leave and the cost of training replacement workers. The latter, however, should not be seen as an additional cost to an employer who terminates an em-

91. “According to a recent survey of Fortune 500 companies, only half the employers surveyed offer critical infant-mother ‘bonding’ leave beyond the childbirth-related disability period. The U.S. Chamber of Commerce reported a survey last fall which revealed that 82 percent of employers provide no leave to care for sick children, 85 percent provide no leave for elder care, and 75 percent offer no leave for fathers. Only six States and about a quarter of employers offer leave time for adoption, which most adoption agencies require.” Senate Hearing on the Family Leave Act, supra note 41, at 2 (statement of Sen. Dodd).

92. Id. at 82.
ployee for attending to a family emergency. Such an employer will have to train a replacement whether or not family leave is statutorily required.

According to the United States General Accounting Office (GAO), the estimated annual employer cost of the Senate version of the Act at the time of the Senate hearing would have been $236 million. As Senator Dodd pointed out in his opening statement, this amounts to $4.35 per covered worker, or less than two cents per worker per day. These figures reflect the cost of continuing health insurance for employees on unpaid leave. GAO concluded that there would be little, if any, measurable employer costs incurred by adjusting to workers’ temporary absences.

Against these small costs, all businesses, small and large, need to consider the costs of not accommodating family needs. Dana Friedman, President of the Families and Work Institute in New York, testified as to the economic benefits and competitive edge enjoyed by businesses with family supportive policies. Not only is the skilled labor pool shrinking, it is becoming increasingly diverse, including more women and minorities. Companies must adapt to the needs of the new work force in order to attract the most talented workers.

Friedman cited a study by the National Council of Jewish Women which found that women working for companies with “highly accommodating” maternity leave policies are more productive workers. Highly accommodating companies have at least six of the eight following features: job protected leave with some salary replacement, time off for doctor appointments, benefits continued during leave, parenting leave beyond disability, flexible hours, help with child care, and sensitive supervisors. These companies are rewarded with women workers who are more satisfied with their jobs, take fewer sick days, are sick on the job less often, work more on their own uncompensated time, are more likely to work during their third trimester, and are less likely to quit.

Another objection raised by Ball is that parental leave will result in sex discrimination. Employers will choose to hire men over women, whom they believe are more likely to take parental leave. But as mentioned above, the Act covered more than paternal leave. Its wider scope would have made men equally eligible to take family leave. Thus, employers would not have been encouraged to hire men over women.

93. Id. at 276 (statement of William J. Gainer, director, Education and Employment, Human Resources Division, U.S. General Accounting Office).
94. Id. at 2 (statement of Sen. Dodd).
95. Id. at 276 (statement of W. Gainer).
96. Id. at 99.
97. Id. at 100.
98. Id. at 34 (prepared statement of Carol L. Ball).
99. Ironically, the wider scope of the Act takes attention away from the specific
With the demise of the Family Leave Act, the United States and South Africa remain the only industrialized countries without nationally mandated maternity leave. Most maternity leave systems are far more supportive of family responsibilities than the failed U.S. proposal. In all twenty-eight European countries, paid maternity leave is a statutory entitlement. Seniority and pension rights are protected. Most provide at least fourteen weeks leave, many provide much more. In France, either parent may take up to two years unpaid leave. In the three Scandinavian countries, paid paternity benefits are also offered. In Sweden, every couple is entitled to twelve months of paid parental leave, nine months at ninety percent pay, three months at less. The parents can divide this year of leave between themselves as they wish. Also, either working parent of a child under eight may work a six hour day. Parental insurance reimburses parents for lost wages when visiting their child's school or caring for a sick child.

The Family Leave Act represented a small, but important step towards dismantling the effects of separate spheres ideology in the workplace. The Act addressed family needs beyond those associated with child-bearing, and recognized that both men and women workers share (or should share) responsibility for taking care of those needs. By passing the Act, Congress challenged the prevailing attitude in the workplace that family responsibilities belong to a private sphere, outside the scope of workplace policies. Also, Congress implicitly recognized that biological difference does not dictate the public/private split traditionally condoned by the law.

Maternity and family leave policies which are more generous than the Family Leave Act, such as those in Europe, are clearly needed to protect the jobs of new mothers and others with family responsibilities. Such policies, however, represent only the first step towards integrating motherhood and family responsibilities into the American workplace. Family leave forces employers to recognize the family responsibilities of their workers in a limited way: it preserves the jobs of those who must temporarily leave work to attend to family emergencies. But family leave does nothing to change the hostility towards ongoing child-rearing responsibili-

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injustices experienced by pregnant women and new mothers. Most of the testimony before the Senate focused on the needs of newborns, sick children, and newly adopted children.


102. A. HOCHSCHILD, supra note 53, at 268.
ties entrenched in the structures of those jobs.

VIII

The final straw came for me when I was informed in substance that there were no complaints about the number of hours I billed for the firm, but the firm objected to me spending time away from the office and performing duties away from the office when my daughter, who has a severe health problem, was hospitalized or ill. In substance, my long days and my long nights were not enough. I was offered a choice, neglect my daughter’s needs or leave the firm. I chose the latter. The men who offered me this choice pride themselves on the sacrifices their families have made in order for them to practice high quality law.

— Anonymous

Hostility towards motherhood and family responsibilities in the patriarchal workplace culture is particularly entrenched in the legal profession, where long, grueling hours and escalating standards for billable hours are the norm. The Gender Bias Committee of the California Judicial Council of the Courts (the Committee) reports that while a substantial number of practicing lawyers are women, the discrepancy between the number with leadership roles and those in subordinate roles is great. The Committee identified three general areas of concern to women lawyers: fewer opportunities for advancement and promotion than male colleagues, difficulties in balancing home and family which directly decrease the status of women in the profession, and sexual harassment of women in the legal workplace.

Standards for success in the profession require neglect of family responsibilities, which women are less able and less willing to neglect than men. Thus, women lawyers have become the “drones of the legal profession,” working in the least effective, least glamorous, lowest paying fields of practice. Most women lawyers end up in solo practice or very small firms. Those working in large firms become partners in disproportionately small numbers. Women associates in large firms often become so stressed, juggling the demands of their firm and the demands of motherhood, that they opt out of law altogether, or are forced into secr-

104. Id. at 78.
105. Id. at 79.
106. Id. at 80 (Patricia Phillips, member of State Bar Board of Governors).
ond class citizenship on the "mommy track."

Although she didn't use the term herself, Felice N. Schwartz proposed what has become known as the "mommy track" in the January-February 1989 issue of the Harvard Business Review. Schwartz argued for a two-track system for working women as a solution to the problem of integrating women's career and mothering roles. She begins her article by recognizing that differences between male and female socialization reinforce the traditional role of parenting as exclusively female and career as fundamentally male. By legitimizing a woman's choice to take maternity leave and seeing her as less committed to a career, this socialization exaggerates the costs of maternity leave to business and to the individual female worker whose career is derailed. Schwartz criticizes the traditional attitudes, and even asserts that male and female roles are merging, so that differences in workplace behavior and expectations will continue to diminish. But for now, she is ready to accommodate and even reinforce these roles.

She does this by dividing women into two classes, the career-primary woman and the career-and-family woman. Career-primary women mimic traditional career men:

The first step in this process is to recognize that women are not all alike . . .

Like many men, some women put their careers first. They are ready to make the same tradeoffs traditionally made by the men who seek leadership positions. They make a career decision to put in extra hours, to make sacrifices in their personal lives, to make the most of every opportunity for professional development. For women, of course, this decision also requires that they remain single or at least childless or, if they do have children, that they be satisfied to have others raise them.107

Schwartz advocates clearing a path to the top for these women and advises companies to "[g]ive them the same opportunity you give to talented men to grow and develop and contribute to company profitability . . . Expect them to travel and relocate, to make the same commitment to the company as men aspiring to leadership positions."108

But for the majority of women, the "career-and-family" women, leadership positions would not be available. Instead, these women would be put on what has become known as the "mommy track." Schwartz advises companies to take advantage of these women, who are "willing to trade

108. Id. at 70.
some career growth and compensation for freedom from the constant pressure to work long hours and weekends" as a "precious resource" for middle management. Companies are advised to plan for maternity leave, provide flexibility in work schedules, and make family supports and quality child care available to these women.

The obvious problem with the mommy track system is that it reinforces the existing patriarchal workplace culture, which rewards traditional male career values and punishes traditional female child-rearing values. Even as it attempts to accommodate women's entry into the work force, the system perpetuates separate spheres ideology: it honors the traditional division between the male breadwinner role in the public sphere of work and the female caretaking role in the private sphere of family. Although Schwartz acknowledges that male and female roles are merging, she assumes that because "[a]t the moment, however, we are still plagued by disparities in perception and behavior that make the integration of men and women in the workplace unnecessarily difficult and expensive," companies should embrace the traditional perceptions and, in essence, lock-in the traditional roles. Her system assumes that only women are responsible for child-rearing and home work, and that all men are free of such responsibilities. Therefore, all men are eligible for leadership roles in the workplace. But only some women, those women who act like men, are eligible. Women who embrace the patriarchal workplace values which degrade home work are rewarded with the opportunity to climb the corporate ladder to powerful jobs. Women who value home work are punished with limited career options: they are locked out of the most powerful and lucrative positions in the workplace. There is no recognition of men who value home work, who want to participate actively in rearing their children while at the same time seriously pursuing their careers. Presumably, such men would also be switched off the leadership track and onto the dead-end mommy track.

Schwartz's premise is that companies must accommodate career-and-family women in order to attract and retain the best talent in the growing pool of women workers. Citing statistics that show women will be a large percentage of new entrants in the work force in the next decade, she asserts that "[w]omen in the corporation are about to move from a buyer's to a seller's market." Yet by protecting men's privileged position in the existing workplace, her two-track system for women would negate any power women might wield to change its patriarchal values.

Schwartz and other proponents of the mommy track system fail to

109. Id.
110. Id. at 67.
111. Id. at 68.
recognize the simple truth that the advantages to companies offering flexibility and family support policies to career-and-family women also apply to leadership-track men (and "career-primary" women). Schwartz does a good job of defending her mommy track system against the typical objections to flexibility and job-sharing. But her answers to those objections work just as well for men as for women. For example, she argues that continuity and client-customer contact need not be jeopardized in a job-sharing arrangement. Continuity is solved by placing responsibility on the two work-sharers for thorough communication. As for client-customer contact, clients will "quickly come to appreciate" that "two contacts means that the customer has continuous access to the company’s representative, without interruptions for vacation, travel, or sick leave." There is no reason to assume that upper management employees could not also be expected to communicate thoroughly. And wouldn’t clients of such employees enjoy the same benefits of having two contacts?

The mommy track is not an acceptable way to integrate motherhood and family needs into the legal profession, or any other workplace. It preserves the work culture’s hostility towards family responsibilities and continues to reward those who devalue motherhood. More feminist, life-affirming changes in the workplace must be developed.

IX

Why is everyone so silent about this? Why don’t the headlines scream “Child Care Emergency” daily? . . . Why are the two-career, two-income families silent about the emotional sterility of hard-drive careers — as if there’s been no miracle, no child?

— Phyllis Chesler

As in every occupation, new approaches to the legal profession must be developed which recognize the importance of parent-child relationships, honor those who care for family and do the home work, and accommodate these caregivers in the workplace. Alternatives to the workaholic model of the successful attorney are urgently needed.

One example is the Model Policy on Alternative Work Schedules for

112. In a job-sharing arrangement, two workers share one full-time job, splitting the full-time salary. Benefits are sometimes split as well.
113. Id. at 73.
114. P. CHESLER, supra note 1, at 178.
115. An excellent bibliography and other resources for alternative work schedules are available from Linda Marks, work options consultant, 1177 Green St., San Francisco, CA 94109. See also L. Marks, Alternative Work Schedules in Law: It’s About Time!, 35 N.Y.L. SCH. L. REV. 361 (1990).
Attorneys, developed by the Committee on Women of the Bar Association of San Francisco (BASF). The policy was introduced to Bay Area legal employers in October, 1990.

The policy begins with a statement of purpose which asserts that alternative work scheduling opportunities will benefit the firm and its clients by positively affecting recruitment of new attorneys and retaining experienced attorneys. There is also a statement that professional responsibility must be maintained; an attorney on an alternative work schedule must be flexible enough to meet client needs.

Several different alternative work schedules are suggested: flextime (full-time work load with flexible hours), part-time (reduced hours), job-sharing (two part-time attorneys share one full-time position), and flexiplace (working at local branches, at home, or other off-site settings). The policy urges creativity in working out alternative work schedules to meet individual parenting needs of the attorneys and the varied needs of their practices. Eligibility extends to any currently employed attorney with child-rearing responsibilities. Requests for alternative work schedules for reasons other than child-rearing, or requests made by job applicants, are to be considered on a case-by-case basis, outside the range of the policy.

The policy ensures that the child-rearing needs of partners and associates will be accommodated by creating a written presumption that requests for flexible or reduced hours will be granted. Two conditions are attached to the presumption: the applicant must be in good standing with the firm, and the practice group(s) affected must be able to reasonably accommodate the requested schedule.

Compensation for attorneys on reduced schedules would initially be calculated on a pro rata basis, but is subject to adjustment if the attorney works substantially more or less than the proportionate number of hours expected. Benefits remain intact for attorneys on alternative work schedules. The firm is to provide health insurance coverage, but may require the worker to pay part of the cost. Other benefits, including vacation and sick leave, are provided on a pro rata basis.

Perhaps the most important aspect of the policy is its provision that, in direct contrast to the mommy track scheme, an alternative work schedule shall not affect eligibility of an associate attorney for partnership. The time spent on partnership track may be extended, however, proportionate with the amount, duration, and quality of experience the attorney gains on a reduced work schedule.

Obviously, BASF's Model Policy is a vast improvement over the mommy track arrangement. The policy's presumption for granting requests for alternative work schedules and its retention of partnership eligibility are strong provisions which attempt to ensure that attorneys choosing to integrate child-rearing and career will not be penalized.
Two provisions undermine the strength of the policy, however. One provision, which conditions acceptance of an alternative work schedule on the practice’s ability to “reasonably” accommodate it, is a loophole which could be used widely and inequitably to deny requests for alternative schedules. The second provision, which leaves job applicants outside the policy’s coverage, allows the firm to discriminate against job applicants who want alternative work schedules right away (such as older applicants like myself, who are already parents when they begin their legal career). This provision seems to assume that only employees who have proven their loyalty and value to the firm by working the typical grueling full-time schedule should be rewarded with the option of alternative schedules. Such an assumption accepts and perpetuates the patriarchal system which measures an employee’s value by how willing s/he is to sacrifice family time. The patriarchal male worker image is still the norm to which all workers must first conform; alternative work schedules are only special exceptions to that norm.

A memorandum issued by BASF in support of the Model Policy asserts that there is a “high level of law student concern about problems of discrimination in general and about the availability of flexible worktime options in particular,” and that “[m]ost firms which have adopted flexible work policies perceive them to be a critical recruitment tool.” Their recruitment value is diminished, however, when alternative work schedules are not available to new employees.

It is also unfortunate that requests for alternative work schedules for reasons other than child-rearing fall outside the scope of the Model Policy. Other family needs, such as long-term care for elderly parents, or even medical conditions which prevent an attorney from working full-time, should be recognized as legitimate.

Although the response of some influential San Francisco firms to the Model Policy has been positive, most legal employers in this country remain hostile to the idea of alternative work schedules, especially those involving reduced hours. A common objection, that part-time attorneys

117. Id. at 6.
118. Indeed, in the ideal workplace, alternative schedules would be available for any reason. When justifications are required in order to deviate from the patriarchal full-time norm, that norm remains the standard, defining the most valued and most rewarded worker.
119. Firms which have adopted the substance of the policy include Morrison & Foerster; Pillsbury, Madison & Sutro; Brobeck, Phleger & Harrison; Cooley, Godward, Castro, Huddleson & Tatum; Shartsis, Friese & Ginsberg; and Minami, Lew, Tamaki & Lee. Bar Association of San Francisco, letter in support of the Model Policy 1 (Oct. 31, 1990).
are not economically feasible, is addressed in BASF's Comprehensive Analysis of Profit Contribution by Part-Time Associates. This exhaustive analysis shows that a part-time attorney's pro rata contribution to the firm's profits does not decrease as much as her/his pro rata billable hours. In addition, the analysis shows that a part-time program's impact on overhead is generally slight, since decisions affecting overhead costs are not typically based on the number of attorneys in the office. Essentially, part-time programs do not in actual practice produce economic burdens for large law firms, even when full benefits have been maintained for part-time workers.

Even in firms which allow part-time associates, there is often resistance to the idea of part-time partners. Typical objections were explored in a recent Harvard Business Review Case Study, The Case of the Part-Time Partner. The article presented a hypothetical metropolitan law firm's promotions committee meeting, in which an outstanding female part-time associate (Julie Ross) was considered for partnership alongside a less impressive full-time male candidate. Following the hypothetical, several experts commented on the dilemma.

Ironically, the most severe argument against promoting Ross came from a woman, Marsha E. Simms. Her commentary, entitled "Julie Ross wants a job — not a career," outlined several typical objections. First, she asserts that the firm's clients will be put out because they "expect a partner to be available whenever needed." She faults Julie Ross because she is not a "team player." She accuses Ross of being willing only to meet the needs of her own clients, not willing to work with any client of the firm that needs her expertise, although this doesn't necessarily flow from part-time work. Next she asserts that making a part-time associate partner would create resentment among her full-time peers because she has not "suffered" as much as they. She equates the concept of hours worked with "commitment" to the firm, arguing that if an associate is not willing to make the same commitment as full-time workers, s/he should not be given the status that symbolizes that commitment.

Finally, Simms is concerned about the feelings of other women in Ross's firm, those who have "attained a level of professional success" by "consciously sacrificing other aspects of their lives — whether it be marriage, children, or community involvement. They have discovered that they can't have it all and have had to choose what they want most."

122. G. Loveman, supra note 120, at 19.
123. Id.
Such women have earned their status in the traditional way and would be alienated by new partnership criteria that accommodate child-rearing, effectively requiring fewer sacrifices from new women partners.

Simms's arguments start from the premise that the legal workplace culture as it exists now is an unalterable given. Partnership eligibility and commitment must be measured by hours worked and sacrifices made. Peers who have accepted this traditional set-up must not be upset. Blaming long working hours on client demands serves this position. The law firm is conveniently portrayed as helpless: its structure is dictated from the outside, by demands of clients. As discussed above, however, clients can be equally well-served, or even better served, by flextime and part-time work structures. If more than one attorney is familiar with a client's needs, service will not be disrupted by vacations, illness, or conflicting schedules.

As several other commentators point out, why should the number of hours worked determine whether or not an attorney is "committed"? The relevant tests for measuring Ross's commitment should be her performance as an attorney, her experience, expertise, and her revenue-generating skills. Although these criteria may take longer to meet on a part-time schedule, once they are met, an associate should be eligible for partnership.

Requiring partnership candidates to work the legal profession's sixty to eighty hours a week full-time schedule reinforces the patriarchal work culture, devaluing family needs by rewarding those workers who can ignore them. Since only women go through childbirth and postpartum, and women who breast-feed are uniquely tied to their baby, it is women who are most unable to ignore family needs. Thus, women are disproportionately hurt by such a requirement. Law firms requiring full-time hours as a prerequisite to partnership are essentially enforcing a mommy track system.

Simms asserts that allowing women to become part-time partners might imply that women should be judged by different and less stringent criteria than men, which "brings into question the competency and commitment of all professional women."124 She would be right if sacrificing family needs were an equally stringent criterion for men as well as women. But as Hochschild so thoroughly demonstrates in The Second Shift,125 this is not the case. Thus, forcing women with family commitments to sacrifice them in order to qualify for partnership actually imposes more stringent criteria on women.

124. Id.
125. A. Hochschild, supra note 53.
The argument that other women partners in the firm will resent changes in the rules, after they have made great sacrifices, is reminiscent of the medical establishment’s current resistance to proposed reductions of interns’ hospital shifts. Despite the grave dangers to patients being cared for by fatigued interns who have been on duty for twenty-four or thirty-six hours straight, doctors who were trained in the same system resist changing it. Since they had to suffer through it, so should every intern after them.126 Similarly, in the corporate workplace, past discrimination against women with family commitments becomes a sort of rite of passage. The inequities and unnecessary suffering caused by the system are of secondary importance; what counts is validating the experiences of those who have gone before. This argument maintains the status quo, keeping the inequitable workplace stagnant, continuing the advantages to men.

It is not necessary to preserve discriminatory practices to honor those who have had to struggle against them. Women who have gone before will receive suitable recognition for their sacrifices, including their larger full-time salaries and full profit shares (as opposed to the part-time partner’s pro rata compensation). Men who resent female part-time partners will benefit from learning to recognize the additional burden women bear in this society. Some of them will recognize the value of balancing family needs with their careers and will take advantage of new alternative work schedules themselves.

Another commentator, Barbara Mendel Mayden,127 provides the best rebuttal to Simms’s arguments against allowing part-time partners. Mayden documents the real advantages enjoyed by firms after implementing alternative work schedules that don’t mommy track women:

Those firms report that their reduced-schedule lawyers — both partners and associates — demonstrate increased productivity with a higher ratio of billable hours to hours worked. Fears about part-time partners being unable to supervise or to deal with client concerns have not been borne out; more often than not, the partner on an alternative work schedule is more accessible than the 2,500-hour-a-year workaholic juggling too many matters.128

Apparently, firms willing to adopt alternative work schedules are rewarded with successes directly opposite to the dire consequences pre-

126. Of course, those resisting changes in interns’ hours give other reasons for their opposition, including the necessity of continuity of patient care and learning to work under extreme fatigue.
127. Attorney in New York City; member, American Bar Association Commission on Women in the Profession.
128. G. Loveman, supra note 120, at 25.
dicted by Simms.

Finally, several supporters of part-time partners point out that firms which do not offer flexible schedules will lose their most valuable resources, many of their best attorneys, to more family supportive firms. Costs to the firm will escalate with lawyer turnover. Clients will become frustrated as their matters are constantly shifted to new lawyers, unfamiliar with their needs. Such firms will become less competitive when recruiting young lawyers who increasingly demand a family-friendly workplace.

X

Ariel: Your father babysat for another woman's child so she could have some time for herself. Afterward he mentioned it to me — apologetically, as if he thought I'd disapprove.

"She had no time alone since she gave birth," he explains. "Her husband won't help. She looked pretty bad."

I am moved to tears. I have never done this for another mother.

— Phyllis Chesler

Although the advantages to law firms and other employers of adopting family-supportive policies like family leave and alternative work schedules are well demonstrated, most employers in this country remain firmly entrenched in the patriarchal model. They resist any changes to accommodate the changing needs of their work force. Why?

I have discussed most of their main objections above. Economic unfeasibility seems to be the most common theme. Yet European businesses have been able to accommodate broad family supportive policies without the dire economic consequences prophesied by the American business community. Comparisons with European policies are met with protests that their social and political structures are different from ours. European paid maternity leave, for example, is often financed by social insurance, or social security, as well as by the employer. The business community maintains that such differences make similar policies unworkable in the American workplace.

Yet other federally mandated benefits have been introduced into the workplace without destroying American businesses or significantly reducing their competitiveness in the global economy. Employers have been able to accommodate leave for jury duty and military reserve duty, for example. Employers face the same inconveniences when they grant such

129. P. CHESLER, supra note 1, at 243.
130. L. GLADSTONE, supra note 101, at 41.
leave as they would if they granted maternity or family leave. Jury duty and military training are valued activities within the public sphere in patriarchy, however. Military training, especially, is a male-glorified activity, and leave for such training benefits mostly male workers. When similar leave is suggested for private sphere activities, such as caring for family members, which are assumed to benefit mostly female workers, business declares that it is too expensive. Also, many companies that decry the cost of providing family benefits or alternative work schedules have no problem providing expensive luxury benefits for their mostly male executives, such as first class travel, club memberships and company fitness centers. Clearly, the issue is not purely one of economics, it is one of priorities.

So the question remains: why does the American workplace resist acknowledging and responding to the conflicts employees experience between home life and work life? In the face of dramatic changes in the work force, one commentator, Bradley Googins, has described this resistance as "corporate denial":

... the corporation is like the alcoholic in denial, operating as if everything is all right and the events swirling around it are not really going on ... I would suggest that America's corporations are stuck at precisely this stage, beginning to realize the impact of the world and the changing work force, yet still mired in a past world and operating under increasingly outmoded assumptions, policies and programs ... Corporate denial encourages an organization to try to operate within the familiarities of the past rather than to venture into the uncertainties of the unknown ... At the most basic level, denial can even prevent corporations from understanding that it is in their self-interest to recognize the realities of work/family concerns.131

Other commentators, Douglas T. Hall and Judith Richter, have looked behind general corporate discomfort with the unfamiliar. They consider the personal discomforts of executives who are in control of workplace policy today. Most of these executives are middle-aged men who grew up under the pervasive separate spheres ideology of our current patriarchal culture. The high level executive built his career in the traditional workplace culture; his advancement to high level jobs required following the male norm for success:

He will be motivated primarily by the organization's values and needs, accepting geographic relocation cheerfully despite the

difficulties created for his children and especially if the potential payoff is a key vice-presidency or the top job itself. Indeed, most executive career development processes reinforce this strong task orientation and low concern for self-reflection in the mobile executive. A rising executive is not forced to examine deeply what he or she values most in life and wants to do with his or her career . . . 132

These men followed the rules and adopted the values of our current workplace culture, and were rewarded with career success. For them, the workplace structure is an unalterable given: it is necessitated by business needs. The worker must adapt to business; business cannot adapt to the worker.

Hall and Richter also point out that many of these men are experiencing a stressful midlife transition in their family life (i.e., divorce, losing a parent, children leaving home). They may be using their work involvement to escape from family problems:

[M]any executives have experienced great success in their career yet feel a sense of failure in their family life. They have made many tradeoffs at the expense of their family to achieve their career success, often in the guise of making these sacrifices "for the family" — when in fact they did it for their own needs for achievement, power, and esteem.133

Thus, corporate denial persists because high level executives who control workplace policies are unwilling or unable to understand the values of employees who are concerned about balancing work and home lives. Further, they do not understand the actual work involved in caring for a family, since they have not participated in such home work. They accept the rigid nine to five work schedule as inevitable and natural, even though it conflicts with employees' family needs: to do shopping and errands, attend school functions, take children to doctor's appointments, be available when children are home from school, or take care of other dependents with similar needs. Their attitude towards family care is shaped by the patriarchal culture they grew up in, which relegates home work to the private sphere of women, where it is devalued, degraded, and underestimated.

In our culture's separate spheres system, male dominance is justified by biological difference. The fundamental biological difference is that

133. Id.
women give birth, while men do not. Childbirth, as the ultimate female function, is at the root of patriarchy's devaluation of women's roles. Because men cannot give birth, our patriarchal culture devalues and belittles the experience of childbirth.\textsuperscript{134} Although our culture praises motherhood and pretends to honor women's childbearing ability, the reality of how we treat mothers exposes the opposite attitude. Behind patriarchy's romanticized, glorified images of motherhood lies contempt, hostility and fear of childbirth. Instead of honoring women for going through the ordeal of pregnancy, labor and new motherhood, cultural images deny the physical and emotional hardships women experience. Medical practitioners and natural childbirth educators admonish women to separate from their bodies and follow male models of controlling the birth process. The nuclear family structure isolates women in childbirth and postpartum. We go through the process of becoming mothers alone, shamed into silence when we do not fit cultural images of supermoms. The patriarchal workplace refuses to accommodate the needs of pregnancy and motherhood. Indeed, it punishes women for becoming mothers. The workaholic, a standard at which \textit{men} more easily excel, is glorified and rewarded.

Patriarchal hostility towards childbirth spills out onto all women, whether or not they are mothers. And the hostility spills onto all women's societal functions, not just their biological function of childbirth. Any role which is exclusively female in this culture is degraded. Thus, since child-rearing is considered women's work, taking care of children has been devalued to a dangerous level. The child care crisis in this country, the failure to provide adequate schools for our children, and the substandard compensation of child care workers and educators, are all consequences of patriarchal contempt for women.

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134. In my first draft of this article, I attempted to discuss patriarchal hostility towards childbirth not simply as a mechanism of male dominance, but as an expression of a deeper psychological phenomenon: womb envy. Overly simplified, womb envy theory asserts that male envy of the female ability to give birth lies at the heart of patriarchal contempt for women. There are many ideas connected to womb envy theory: patriarchal valuation of mind (male) over body (female); male glorification of violence and war as power over life (the power to destroy life negates female power to create life); male control over the parameters of conception, childbirth and motherhood, etc. See, e.g., \textsc{Karen Horney}, \textit{The Distrust Between the Sexes} in \textsc{Feminine Psychology} (1967); \textsc{Bruno Bettelheim}, \textit{Symbolic Wounds: Puberty Rites and the Envious Male} (1968); \textsc{Adrienne Rich}, \textit{The Domestication of Motherhood} in \textit{Of Woman Born} (1976). Another theory connects patriarchal fear and contempt for women to exclusively maternal early child care. See, e.g., \textsc{Nancy Chodorow}, \textit{The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender} (1978); \textsc{Dorothy Dinnerstein}, \textit{The Mermaid and the Minotaur: Sexual Arrangements and Human Malaise} (1976). Although I believe these theories are important and necessary for a thorough discussion of patriarchal contempt for motherhood, I found it impossible to discuss them competently without expanding this article into a book.
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Child-rearing was not always considered women's work. As Mary Frances Berry points out, a "father care tradition" existed in the American colonial patriarchal culture. Many of our important political figures, including Thomas Jefferson, James Madison and Cotton Mather, were raised by their fathers. Fathers were able to take care of their children because most of them worked at home. Mothers were considered morally unfit to raise children. Men were the embodiment of virtue; women and children were evil creatures in need of supervision. Our mother care tradition began in the early nineteenth century, when men left home to work in the industrial revolution. Virtues were redefined as female instead of male to accommodate societal changes: women suddenly became pure enough to take care of children. 135

Today, the cultural role for fathers is changing again, and with it, men's attitudes toward the traditional patriarchal workplace. Influenced by feminist values and pop psychology, men are encouraged to take an active role in maintaining their emotional relationships. Many new fathers are keenly interested in sharing the experience of caring for their children. They are also concerned about health problems caused by overly stressful lifestyles. These men are beginning to criticize the traditional structure of the workplace and its workaholic model for success.

A good example is Michael Lerner's recent article for the Utne Reader, Does work cause divorce? Lerner describes a "widely shared reality of pain in family life," caused by the "psychic costs" of work: Workers spend so much emotional energy repressing the alienation, self-blaming and anger experienced at work, that they cannot develop the emotional skills necessary to maintain an open, honest, loving relationship. Increasingly, nuclearized families must take on more support functions, such as taking care of children and the elderly, which extended family networks used to share. Women with jobs in the workplace must cope with the same repressed anger and self-blame that men experience. They come home to expectations that they will be solely responsible for nurturing both children and husband, and running the household. Lerner asserts that it is unrealistic to expect that this pain in family life "can be relieved by anything less than a massive restructuring of the world of work." 136

In our patriarchal society, where men hold the power, it is a sad truth that family-supportive work structures will become widely available only when more men like Lerner join feminists to demand changes in the workplace. 137

135. Mary Frances Berry, Mary Frances Berry on The Ideology of Child Care, Ms., Nov.-Dec. 1990, at 88.
137. Other economic and societal conditions will also have an influence. For example, increasing oil shortages and increasingly dense traffic conditions will fuel the
ON MOTHERHOOD AND WORKING

XI

Where, now, is our society’s fabled love of motherhood and children? Where are the foundation and government grants for personal child care? Where are the well-paying part-time jobs for parents?

— Phyllis Chesler

What would family-supportive policies be like? Something very different from what the Reagan and Bush administrations consider “profamily”:

The Reagan government said it was “profamily,” and confused being “profamily” with being against women’s work outside the home. In an age where over 70 percent of wives and mothers work outside the home, and in which the rate is still climbing, the Reagan administration’s Panel on the Family only offered as its profamily policy a package of measures against crime, drugs, and welfare. In the name of “protecting” the family, the Republicans proposed to legalize school prayer and eliminate family planning services. They did nothing to help parents integrate work and family life. And we have to ask whether, when marriages end due to the strains of this life, is it profamily or antifamily to make life in two-job families so very hard?

What are advocates of these “profamily” policies really promoting? Such policies equate “family” with the patriarchal nuclear family unit, “with its division of roles, . . . the unpaid domestic services of the wife, obedience to authority, judgment, and punishment for disobedience.”

The patriarchal nuclear family unit is essential to maintaining separate spheres ideology and the power system of male dominance in our society. Policies intended to preserve the nuclear family cite the sacredness of the family and motherhood (by which they mean patriarchal motherhood, characterized by self-sacrifice, uncomplaining service, silence about our true experiences, etc.). But “[t]he sacredness of the family in the patriarchy — sacred in the sense that it is heresy to question its ultimate value — relieves the titular head of it from any real necessity to justify his

demand for flexplace and flextime schedules. New technologies will make it more feasible for employees to work out of their homes.

138. P. Chesler, supra note 1, at 240.


behavior.” Preserving the nuclear family system means preserving the system of male authority within the private sphere of the family. It also means preserving society’s assumption that what happens in the private sphere is beyond the scope of the workplace and the legal system. Thus, family problems stemming from male dominance in the home are not the concern of these “profamily” values. Male violence against women and children, incest, isolation of women, the feminization of poverty, and dysfunctional family systems are all outside their scope. Problems stemming from the reality of women in the work force are also irrelevant: inadequate maternal and parental leave policies, inadequate child care, inflexibility of job structures, and the devastating effects of the stalled revolution on women and children.

Real profamily values would be concerned with the well-being of the family, not the maintenance of the male-dominated nuclear family unit. They would measure the family’s well-being by caring for the well-being of all family members and their inter-relationships. Rather than value respect for patriarchal authority, real profamily advocates would value creating and maintaining healthy, egalitarian relationships between adults based on mutual trust, respect, and interdependence. They would support the process of becoming a family by valuing healthy and safe childbirth, promoting family and community care for new parents, and acknowledging and meeting women’s special needs during pregnancy and postpartum. The emotional well-being as well as the physical well-being of children would be valued, measured by the development of self-respect and self-esteem, and the full development of each child’s unique creative potential. Care for other family members, including elders and extended family members, would be supported.

What would workplace policies based on these real profamily values be like? One approach comes from Dr. T. Berry Brazelton, a noted pediatrician. Brazelton has become an advocate for restructuring the workplace based on his concern for meeting the needs of young children. In contrast to the “unstated and largely unconscious belief that women should stay at home,” which “dominates U.S. policymaking today,” Brazelton recognizes the reality that most mothers must work outside the home. He acknowledges that most young families today need two incomes to survive economically, that families are unstable, and that women are at risk without a profession.

Given the reluctance of American business to meet the needs of children and parents of two-wage-earner families, Brazelton believes that

141. Id.
142. These were discussed in Section V of this article.
Congressionally mandated national policies are needed to implement changes in the work force. First, there should be paid maternity leave for at least four months. Brazelton believes that mothers and babies need at least four months to form a solid bond, and only then will the baby be ready for substitute care. Also, there should be paid paternity leave for at least one month. This would allow and support the father to participate in the initial adjustment and would symbolize his important role as nurturer for his baby. Third, there should be provisions for gradual return to the workplace for mothers who have been at home. Job sharing or flextime, for example, could make reentering the work force more compatible with continuing to care for the young baby.

Fourth, disability leave should be available for illness and crises in the family, not just for the worker's own illness. Although this is a tough issue, it needs to be addressed. As Brazelton states, "No parent can be of much use in the workplace when his or her child is languishing at home ill." Such leave could be shared between parents, with particular periods of time off negotiated to fit the needs of each workplace.

Next, supervised, quality child care for infants and small children must be available. As a pediatrician, the fate of children is a central concern to Brazelton. He asserts that Americans must pay more attention to their responsibility for young children in substitute care: "As a society, we cannot afford to have over half of our future citizens, children under five, placed in second-rate caregiving situations." He goes on to describe the state of child care today:

Vulnerable preschoolers are often in unsupervised day care or questionable home care next door. The staff in charge of these impressionable small children are often badly trained. They are so underpaid that the jobs are unattractive to those who can get other work. Though some really do love children, many are there by default. Because budgets are so low, to ask for standards and quality control would put most day care or home care out of business or would price most young parents out of the market. The present threat of sexual abuse in day care is a symptom of the kind of undertrained, unsupervised personnel to whom we are entrusting our small children.

The answer is to subsidize child care, so that day care workers are paid adequate wages and provided with benefits equivalent to other re-

144. Id. at 66.
145. Id.
146. Id. at 64.
147. Id. at 64-5.
sponsible, trained personnel. Supervisors would assess day care periodically. Also, Brazelton's ideal day care would consider parents' needs as important as children's, so that parents would be expected and even required to participate on a regular basis. Peer support groups for parents would be part of the system. Finally, Brazelton would provide flexible work plans for parents, similar to those provided for in the BASF Model Policy, to accommodate family needs.

Brazelton's plan represents an important first step toward a profamily workplace. His proposal goes further than most by advocating some paid leave to accommodate childbirth, sick leave for children's illnesses, and subsidies for child care. His proposal is also significant because it advocates men's participation in family responsibilities. While it is important for men to share responsibility for children, the addition of "child-rearer" to men's role in society will not guarantee the elimination of patriarchal power systems that support male dominance and devalue women's role as child-bearer. (Indeed, we could return to a system something like colonial patriarchal father care, in which women were considered unfit to raise children.)

If we are to achieve a genuinely profamily workplace, in which the well-being of all family members is valued, women's unique child-bearing experience must be acknowledged and accepted in the workplace culture. Although Brazelton's plan includes special provisions for new mothers, the provisions are limited by his primary focus on children's needs. Perhaps they are also limited by practicality. His proposal would modify the existing workplace to accommodate the needs of children, but it stops short of radically restructuring that workplace. It is less threatening to the status quo and therefore is more likely to become reality than the policies I am about to propose.

For the remainder of this section, I would like to engage in fantasy: How would the workplace be structured in an ideal, profamily society? What workplace policies would support women to be both active mothers and highly valued workers?

In a workplace culture where separate spheres ideology is rejected, workers whose family responsibilities are visible at work would not be considered less professional or less committed — and therefore less valuable — employees. Employers would recognize the realities of family commitments and implement policies designed to help their employees integrate work and family life. Priority would be given to employee policies and benefits that address the family concerns of workers, instead of luxury business perks to top executives. First, profamily policies would support the process of childbirth. My ideal profamily workplace would

148. See Section IX of this article.
provide up to 14 weeks paid maternity leave for pregnancy. Maternity leave would not be mandatory; each woman would decide how much leave to take based on how her individual pregnancy affects her. Next, like Brazelton, I would provide up to four months paid postpartum leave for new mothers. But I would not limit the father’s parental leave to one month. Nor, in fact, would I limit parental leave to fathers.  

It is essential that every workplace policy recognize the variety of family systems that exists in our society. The assumption inherent in most workplace policies — that the nuclear family unit is the only valid family structure — must be eliminated. I would provide parental leave to whomever will be the mother’s primary co-caretaker of the new child, whether it is her lesbian lover, the child’s grandmother, another extended family member, the child’s father (whether or not he is married to the mother), etc. 

This parental leave would be paid for at least two months (preferably for the whole four months of the mother’s postpartum leave), to ensure that the new mother will have help during her initial postpartum recovery. Thereafter, I would follow Sweden’s model: child-rearing leave would be paid up to one year, to be shared between the two primary caretakers however they wish. As in the Family Leave Act, childbirth would not be the only family event for which leave would be available. Adoption and care of a sick child, elder, or any other family member (however her/his family is structured) would qualify for family leave equivalent to parental leave.

In an ideal profamily society, new mothers would not face the hardships of postpartum alone, isolated in the nuclear family structure. Somehow, I would love to see the postpartum seclusion practices of traditional cultures translated into our modern ideal culture. Perhaps two weeks “support leave” might be available for extended family and community members (friends), so they can provide loving care for the new mother, equivalent to traditional “fire rests.” Such leave might be provided through the helpers’ employers or the new mother’s employer. Employee birth-related benefits would also cover costs of hiring postpartum help if no family or friends were available.

Other benefits would also reflect profamily values. Priority benefits would include child care, provided on-site by most employers. Those who cared for children would be honored and well compensated. We might also see employers providing network services to help workers locate good child care and elder care facilities, similar to services in place now

149. In this context, I am referring to “parental leave” as leave taken by someone other than the mother. I refer to the mother’s leave after childbirth as “postpartum leave.”
that help relocated employees find housing.

To accommodate ongoing, daily family responsibilities, alternative work schedules, such as part-time, job-sharing, flextime and flexiplace, would be available to all workers. These job structures would be the norm in the workplace, not degraded deviations from workaholic standards. The principle of "quality time, not quantity time" would be applied to the work force, not to child-rearing; a worker's loyalty and commitment to the company would be measured by the quality of her/his work, not the number of hours worked. The inflexible, full-time job, modeled on the male norm of a worker with no family obligations, would be obsolete.

What would happen if the workplace created jobs to fit a new "family-caretaker" norm, replacing the traditional male norm? Suppose the typical worker is now female — she can become pregnant and may take up to a year off from work; or he is a family-responsible male, and he may need extended time off to care for loved ones; or s/he is a parent, and may need to stay home one day with a sick child, or rearrange standard nine-to-five hours to make time for dental appointments or PTA functions. Even more radical changes in job structures might result from this new image of the worker. Perhaps we would see group jobs, where teams of workers are responsible for particular tasks or clients, so that when any one worker is gone, the rest of the team can carry on. Individual competitiveness valued by patriarchal models might give way to new, cooperative models of working. The inefficiency of militaristic, hierarchical structures of authority might be recognized and replaced with more egalitarian supervisory systems.

How do we move from the hostility towards women and family issues currently entrenched in the workplace to the ideal vision described above? Some of my suggestions could be implemented now, if employers simply reevaluated their priorities. Others would require changes in our socioeconomic structure. We would need national health care and benefits programs, similar to those in Europe, to ensure that all employees, even those of small businesses, would be protected by profamily policies.

Which comes first, legally mandated changes or changes in social values and societal structures? Like the Civil Rights movement, we may need the law to push ahead of social values and mandate changes. But we need leaders who are able to question separate spheres ideology and male norm values in the workplace. We need lawmakers who are willing to look beyond business's own definitions of its needs; who will question prevailing assumptions that it would cost too much for employers to make it possible for workers to integrate family responsibilities with job commitments. As I have discussed earlier in this article, our lawmakers are not yet this visionary. Even the weak provisions of the Family Leave
Act could not survive presidential veto.

As individuals, we don’t have the power to change socioeconomic structures overnight. But we must do what we can to push our culture towards genuine profamily values. As feminists, we have seen the power of recognizing that the personal is political. We can begin to change cultural values by breaking the silence that isolates pregnant women and new mothers and perpetuates patriarchy’s devaluation of motherhood. We can tell our stories of motherhood in this antifamily culture, and promote dialogue that questions prevailing patriarchal values. We must advocate workplace policies that not only accommodate both parents’ child-rearing needs, but that also honor and support women who choose to give birth.
Appendix

To Miles: A day in the life of your 3-month-old Mom

Thursday, December 13, 1990

12 noon: You've been dozing in bed beside me since 10:30, after the last feeding. Now you start stirring, wanting to play. Your dad is still asleep. He's due to leave for work at 2:30. I decide to wake him up so he can take care of you for a little while, so I'll have a couple hours to work on my article. I change you and we coo at each other. Your hands gesture continuously at me. I gesture back, mimicking your movements. We laugh together.

12:30: Dad's out of the shower and dressed — he takes you. I take a quick shower, get dressed, gulp down breakfast, and start working at the computer. I find it hard to concentrate — you're crying in the other room.

1:00: I go to your dad and tell him it sounds like you might be hungry. You were fussy during the night and didn't eat very much. There's a bottle of formula in the fridge — we want to get you used to one bottle a day in preparation for when I go back to school. But Dad is planning a trip to the bank and he doesn't want to wait to heat up the bottle. You're screaming now, I'm sure you should eat — but I don't want to have a fight about it. Every minute spent on this is another minute I won't have to work on the article. So the two of you leave.

1:30: I'm back to work on the computer. I find it hard to write quickly. I spend a lot of time rewriting one paragraph about my postpartum feelings: changing the description from past tense to present tense and back again. I'm trying to describe how it felt in the first six weeks, but I still have most of those feelings now. It doesn't seem to work right either way.

2:00: You and Dad arrive home. I've written only half a page. Dad keeps you in the gerry pack and starts making lunch. I continue to work on my article. Dad calls the office to let them know he'll be late again.

2:30: You're snoozing in your car seat. Dad and I sit down to eat. I gulp down my salad, start on the casserole. You wake up, start to cry. I know you're hungry now. I go get you, hold you on my lap and try to eat with one hand, but most of the food falls on the floor. Dad takes you so I can finish, then I take you into the living room to feed you.

3:00: You're eating ravenously on the first breast. I watch you — your whole body is involved. You make graceful, expressive gestures with your hands as you eat. People have said you have my hands — so delicate, such long fingers. Will you be an artist, a musician, a conductor, a sculptor? I feel intense, protective love for you, my precious boy.
Dad kisses us goodbye and leaves for work. I gingerly free one hand and make a few important phone calls about money for the journal’s printer. The school’s financial officer tells me she must have a letter authorizing her to release the funds. I need to get it in the mail today.

3:15: You take yourself off the breast with that wonderful stretch: arched back, upraised fists, screwed up face. That is your signal that you’re done, you’re ready for a change of position. I let you doze a little, then lift you upright for burping. There’s definitely a burp in there — I can hear it — and you are fidgeting. I’m patting your back to get the gas up. Soon you are screaming with pain. We rock, I stand up and bounce you, I increase the intensity of my patting. Nothing seems to help.

3:45: We’re still struggling to get the burp up — you’re still uncomfortable. Finally, you burp. “There it is!” I exclaim encouragingly. “Don’t you feel better now? Time to finish eating on the other side?” Not quite — you’re quiet for a few minutes, then scream again. There must be more gas. We go through the whole routine again.

4:15: There’s been no more burps, but you have relaxed and your hands are no longer in fists, so I guess that the gas has dispersed, or at least moved to where it doesn’t bother you anymore. I settle down to feed you on the other side, turning on the VCR to watch last night’s rerun of “Hill Street Blues.” I watch your angelic face as you eat. I notice there’s crud in your ear. How did that escape your bath? I try to pick it out with my fingernails, but it disturbs you, so I make a mental note to clean it later. You eat for a few minutes, then doze.

4:30: I seize the opportunity to write the letter for the financial officer. I type it out quickly on the computer, one ear listening anxiously in case you wake up. Next I have to find the journal’s letterhead, then figure out how to feed a single sheet through the printer. I search frantically for the printer’s manual — I can’t find it. Panicked, I keep pressing the panels in different sequences until I happen upon one that works. I’m just getting the letter printed when you wake up, crying. I go and get you, try to comfort you, bouncing you on my lap while I address the envelope in longhand. There’s also a package to wrap up before we go to the post office. The post office closes at 6 o’clock.

5:15: You needed more comforting before I could get to the package, but now I’m finishing it up as you’re content in your swing. I get ready: putting on my shoes, putting the necessary keys and wallet in the pockets of our Japanese “mommy coat,” strapping on the gerry pack. I gently take you out of your swing, knowing it will upset you to be moved, and it does: you scream. I coo at you, explaining that we’re going for a walk and you always like walks, but you are not convinced. I struggle to get your hat and mittens on, trying to console you at the same time.

5:30: We’re walking up the hill to the post office. You’ve quieted
down now, you enjoy looking at the passing scene. Every once in a while you look up at me and we have a cooing conversation. I enjoy taking you for walks. We enter the post office and you start fussing — you don’t like standing still in line. I give you your pacifier and bounce you up and down for the fifteen minutes it takes us to get to the counter.

5:50: Out of the post office, I decide to keep walking up the hill to the drug store. It’s dark out, and you love looking at the lights. We laugh and coo together. We spend a few minutes in the store, then have a pleasant walk back home. I make a mental note to tell Dad how you like the lights. Some weekend night we should take you out to look at Christmas lights.

6:15: We’ve returned home. My back is aching from the way the straps distribute your weight in the gerry pack. We just mailed back another pack that didn’t work much better, requesting an exchange for yet a third model. By the time we find one that is kinder to my back, you will be too heavy to carry at all.

As soon as we enter the house you start crying. I don’t know if it’s mostly from disappointment that the walk is over, or hunger, or gas. I get us out of our coats and the pack as quickly as I can and settle down to feed you. You seem to be hungry, you latch on immediately and suck contentedly. So I put the tape back on and settle back to watch more “Hill Street.” In a few minutes you are screaming again. I lift you up, try burping. You keep screaming. You are soothed for a few minutes, then start up again. Finally I try putting you down on your stomach and rubbing your back, then over on your back, rubbing your stomach. Nothing consoles you. I put on some music and try singing to you, although I doubt you can hear anything above your own decibels.

7:15: You finally let out a small burp and quiet down. I rock you a little longer, then settle down to try feeding you again. You latch on, suck contentedly for a few minutes, then pull away from the breast and scream again. My poor baby — I feel so helpless when you have this struggle. We go through the whole burping routine again. You quiet down a little, and just then the phone rings. I balance you on my shoulder with one hand while I reach for the phone with the other. I manage to hold the receiver in the crook of my neck while I bounce and pat you with the other. I have a nice chat with a friend for a few minutes before you are crying again and I’m forced to hang up. You spit up all over your new hat, your clothes, and me. I clean us up and get you a new hat, hoping some gas came out with the milk.
8:15: I'm still trying to console you — you're still screaming. I'm starving. I sit you on my hip and hold you there with one arm while I heat up some leftovers and eat them with one hand. I try reading to you, but you're not impressed.

8:45: You haven't burped yet, but I decide to try feeding you again. You eat for a while, then pull away and scream. When I get you in an upright position for burping, you spit up again. We try all the consoling maneuvers again. I put you in the swing, you scream louder. I pick you back up and rock you, walk and bounce you. I cry with you.

9:15: The phone rings. I pick it up even though you're still screaming. It's Dad. I can barely hear him through your screams, but I make out that he'll be working late. He wants to get all the work done tonight so they won't call him in tomorrow. He is supposed to have the day off tomorrow so I'll have time to work on my article. He asks if you've been like this all day. "Yes!" I yell into the receiver.

9:30: I decide to retire to the bedroom to try feeding you once more. We go through the house, turning out the lights. The bedroom is nice and warm, I can take off your outer clothes, now covered with dried spit-up, and your hat. We settle down on my side of the bed, and I nurse you again. This time you calm down, and take more. I gently stroke your brow, soothing you to sleep. I remember how I soothed your great grandmother, May, this same way, when I visited her after the stroke took away her ability to understand language. Just as yours do now, her eyes sought mine out for reassurance, trusting me to stay with her as she fell asleep, knowing my love for her through the physical connection, without language. You close your eyes, open them for a split second, then close them again, letting the nipple slide out of your mouth. We both fall asleep.

10:30: I wake up — you're asleep in my arms. I put you down gently in your bed, then go to the bathroom, brush my teeth, get into my nightshirt. I lay down in bed, exhausted. Luckily I am able to fall asleep quickly tonight.

4:00 a.m., December 14: I hear you stirring, but I know from experience you're not fully awake yet. I look at the clock — it's been over five hours since you fell asleep. I feel grateful for such a long nap. Dad is not in bed yet. I have a moment of panic — what if he's not home, what if he's been in an accident? But I can see the lights on in the front of the house. I go out and find him in the living room. "Come on to bed," I say. "I will," he says. I wonder how much time I'll actually have tomorrow to work on the article if Dad doesn't get any sleep tonight.

I come back to you, you're stirring more vigorously now, making sucking motions with your whole body. I pick you up, you do your wonderful stretch, we settle down in bed to nurse. Dad comes in and prompt-
ly falls asleep. After ten minutes you pull yourself off the breast, do your stretch, and doze. I lift you gently to my shoulder and try to burp you, but you want to sleep. I take you to the other side of the bed to change your diaper. This wakes you up as always, and you have a wonderful time cooing at the wall. You love that wall across from where you’re changed. I often wonder who you’re talking to when you laugh and coo at it — is your guardian angel there? I always let you stay there and play as long as you want. It’s so nice to see you having so much fun.

4:30: You start fussing so I pick you up and we go back to bed. You’re not interested in nursing yet, though. I sit you in my lap, leaning against my knees, and we have a wonderful conversation. All the time you are gesturing with those graceful hands. Finally you seem ready to eat, so I nurse you on the other side. After ten minutes, you fall asleep. I lift you to my shoulder and pat you for several minutes, but you are sleeping soundly.

5:30: I put you back down in your bed. Your dad wakes up and asks me if you burped. I say “no.” He says “Well, we’ll have to deal with the consequences later.” I am instantly angry. Your dad has a theory that if you don’t burp after each side you will be screaming later. He thinks you are a science experiment — that once we figure out a routine that works, it will always work. I know differently from being with you twenty-four hours. Besides, I’m the one who struggles most of the day to get those burps from you. If you’re relaxed enough to fall asleep, I prefer to let you sleep, and enjoy some rest myself.

6:00: I am still awake — I’ve been unable to sleep. You are stirring but not awake yet. Dad is sleeping soundly. I’m hungry but I don’t have the energy to get up, put on warm clothes and go out into the freezing kitchen. I lay in bed thinking about my article, and how little time there is left to finish it.

7:10: You’re awake and ready to eat, so I cuddle up with you and start nursing. You eat for a few minutes, then pull away and cry. I try all the burping and soothing techniques: firm patting on my shoulder, rocking, leaning you against my legs and rubbing your tummy. That soothes you for several minutes — you even smile at me and we coo for a little while, before the pain bothers you again. I change your diaper, walk back and forth with you, sing to you, rock you. Every once in a while I try to feed you again, because sometimes the gas moves and you’re ready to eat. But this morning that does not work.

7:45: Dad wakes up and tells me to give him until 9 o’clock, then he’ll take you. He keeps telling me that you have gas way down in your intestines now, because I failed to get a burp from you at the last feeding. Finally I scream at him that I’m well aware of his theory, thank you! I can’t stand the implied criticism, and at the same time it hits a nerve.
Even after three months I’m not at all sure that I’m doing the right things for you. I feel totally insecure and incompetent as a mother.

8:45: Dad gets up to take his shower. Finally, I’ve found something that comforts you: you are rocking in my arms, sucking furiously at the pacifier. By now I’m starving.

9:00: Dad comes in and stretches out his arms for you. You are content, I’m reluctant to give you up. He gets mad: why the hell did he get up then? I retort that he can’t force you to adhere to his schedule, but I know I am being unreasonable. I let him take you. You start crying again.

I take a long, hot shower. I stand there, letting the hot water soothe me, worrying about the article. I’m unhappy with what I’ve written about my personal story so far: it seems too distant, it doesn’t capture what I’m really going through as a new mother. I decide to write this sample twenty-four hours. I don’t know how I will fit it into the format, but it makes me feel better about the article: maybe some of my truth will come through.

9:20: I’m dressed and in the kitchen trying to make something to eat. Dad has you in the gerry pack, you’re still fussing. He wants to get a bottle ready for you. I tell him you won’t eat until you burp, and then I want to feed you, because my breasts are full and hurting. I feel secretly smug about telling him he had to get a burp from you, using his own stuff against him.

9:40: You are still fussy, and still haven’t burped. I’ve finished eating, so I take you into the living room and try to nurse you. You eat contentedly for almost fifteen minutes. I feel grateful. When you’re done, I pick you up and walk back to where Dad is busily rearranging the back rooms so we can fit your crib in our bedroom — since you’re outgrowing the stroller, and we still want to keep you in our bedroom. Just as I tell him how long you ate, you let out a huge burp.

10:10: We go back to the living room to try feeding you on the other side. You enjoy talking to me more than nursing. I hate to give you up, but I feel the article calling me. I bring you back to Dad. He promptly puts you in your swing, and you doze contentedly for almost an hour. I sit down and start on this piece.

12 noon: Dad is trying to feed you the bottle: you are resisting. You used to take it without fussing, but now you seem to be developing a preference for me. He has been trying lots of different ways to soothe you — he is learning that it isn’t easy.

I continue to work on this piece, amazed that it has gone to so many pages. It takes so many words to describe how little gets done in one twenty-four-hour period! I read back over it, and I notice that I haven’t said much about how much I love you, how I enjoy each time we make
eye contact, each time we smile at each other. Even when you are screaming, I love the feeling of holding you close, rubbing my cheek against yours. On the phone with Lynne the other night, I remember telling her I expect some day to be looking back on this time with you and missing it. I told her I should learn how to enjoy now what I’ll be missing later.

End Piece: Homage to Michele Oka Doner, (c) 1990 Linda Kattwinkel.

Michele Oka Doner is a contemporary artist working in New York. As a pregnant artist, I was drawn to her pelvic sculptures and her "Seed Pods," both forms suggesting a vessel, or basin, germinating life. But whereas Doner's vessels remain empty with only the promise of potential life, I have filled mine with the specific fruit of my own vessel, my son, Miles, born September 18, 1990.