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A Narrative of Fear: Advice to Mothers

Berit Åström

In 2009, the British *Daily Mail* published an article with the headline “Killed by a Kiss: Anguish of a Mother Who Lost Her Newborn Baby after Passing on Cold Sore Infection.” The article describes how the mother “was putting the baby’s life at risk” and how the infant dies after having contracted the herpes simplex virus “from her mother’s lips.”¹ The article uses highly emotive language to suggest that any baby is at risk from its mother, who may cause “cerebral palsy, blindness and seizures” or even kill the child. The language of the *Daily Mail* article echoes that employed by the Victorian physician William Carpenter, who in a medical advice book aimed at mothers, relates how a woman, by breastfeeding her child while agitated, has “sealed its fate”: the child dies immediately after feeding.² In both texts the mothers are described as having killed their children, albeit unintentionally, through their ignorance. In both cases, the writers are drawing on a regulative discourse I term the narrative of fear, which suggests to mothers that their skills and knowledge are insufficient, that they are inadequate as carers, and even that they are likely to kill their children (or at least damage them for life). Christina Hardyment, writing on UK advice literature of the present day, has noted that “Guilt is the hallmark of the age,” but guilt was also present in Victorian advice literature, which constructed mothering as a difficult activity fraught with danger.³ In this article I show how today’s prescriptive texts, rather than articulating a new phenomenon, perpetuate a regulative discourse developed in the nineteenth century. The claim, often made, that present-day mothers are subject to greater pressures than ever before is not borne out by the textual evidence.

It is a commonplace that mothering is becoming “more intensive in advanced industrial societies,” that the demands placed on present-day mothers are greater than those encountered by mothers in previous periods.⁴ Sharon Hays, for example, argues for a rise in the

twentieth century of "intense mothering," which requires mothers to "expend a tremendous amount of time, energy, and money in raising their children."⁵ This intense mothering has, in turn, according to Susan Douglas and Meredith Michaels, led to "new momism," a "set of ideals, norms and practices" which, while appearing to valorize motherhood, also places impossible demands on women.⁶ New momism and intense mothering demand that mothers at all times place their children's needs and desires before their own.⁷ However, as other scholars have noted, there was an expectation also in earlier periods that women devote their entire existence to their children. Barbara Ehrenreich and Deirdre English, for example, point out that in the early twentieth century, American women were supposed to make their children the "center of life."⁸ Similarly, Lisa Smyth, focusing on the United Kingdom, has noted how mothers throughout the twentieth century have been subjected to "a range of often competing norms" for childcare, all of which have placed great demands on them.⁹ In 1957, Donald Winnicott, for example, demanded that the mother must take pleasure in every aspect of childcare, including getting soaked in the child's urine: "The mother's pleasure has to be there, or the whole procedure is . . . useless."¹⁰

Expressed in tandem with the notion of maternal self-sacrifice, from the nineteenth century onwards, is the idea that the mother is responsible for every aspect of the child's physical, emotional, and mental wellbeing, and that while she is important, she is also dangerous, and liable to destroy the child, if not closely supervised. It is claimed that it only takes one mistake to destroy a child. When Jody Kantor, in an article in the *New York Times* on dietary requirements for children, describes one single hot dog as the gateway to a lifetime of unhealthy eating, what Rebecca Kukla terms "the single corrupting bite," she is following in the tradition of, for example, Thomas Bull.¹¹ In 1837 he warns that a pregnant woman must follow all the restrictions placed on her by her doctor, since "by *one* act of disobedience she may blast every hope of success" and lose the child.¹² Like Kantor's twenty-first century mother, who lets her guard down and allows the child one hot dog, thus ruining years of careful monitoring of its diet, Bull's prospective mother "throw[s] away, in a single moment, the result of hours, nay of days and weeks, of careful and persevering deprivation" and kills her unborn child.¹³ Pregnancy and mothering are presented by both Kantor and Bull as a constant struggle, where one momentary lapse of concentration can ruin the child. In both periods, the texts play on feelings of guilt and inadequacy, creating a climate of fear.

After a brief overview of prescriptive advice literature past and present, this article will contextualize the emergence of the regulative discourse in the nineteenth century before discussing two of its features: the insistence on the mother's total immersion in the child's care, and the notion that the mother is solely to blame for any physical or emotional problems the child might develop. Material from the United States and the United Kingdom will be analyzed, as the books published in the United Kingdom in the nineteenth century were widely read in the United States, and, later on, American authors such as Benjamin Spock and T. Berry Brazelton became influential in the United Kingdom. The main focus is on the nineteenth century and on the present day, with texts from both eras juxtaposed to show the resonances in the language. In order to show the continuity of the narrative of fear, I have included brief references to twentieth-century material as well.

It should be noted, however, that in this article I discuss the ideas expressed in such texts, not actual mothering practices, nor mothers' acceptance of, or resistance to, the advice given.

Advice Books

In a study of present-day UK motherhood, Rachel Thomson et al. view the proliferation of advice to mothers as a regulatory discourse that produces "new and creative forms of surveillance and control."¹⁴ The forms that the advice takes, including websites such as Mumsnet, blogs, magazines, and online journals, may indeed be new, but the language in which this regulatory discourse is expressed goes much further back.

In her survey of twentieth-century advice books read in the United Kingdom, from Frederick Truby King, Donald Winnicott, and John Bowlby to Benjamin Spock, Penelope Leach, and Gina Ford, Angela Davis has noted the wide discrepancies in the advice given, for example moving from the insistence on strict routines to advocating a more baby-centered approach and back to routines again. Yet, she notes, the advice is always presented in a "consistently prescriptive manner" and the experts stress "the extreme consequences" that would be the result if the advice were not taken.¹⁵ Winnicott, for example, states that mothers who are not devoted enough are "one factor in the aetiology of autism."¹⁶ The standards set for mothers during this period are, as Davis notes, "unattainably high," meaning that most readers are unable to conform to them, which may cause anxiety and guilt.¹⁷

The advice literature published in the nineteenth century also plays on feelings of anxiety, pointing out that the life of a baby was "literally a mere cobweb of strength."¹⁸ Infant mortality remained high throughout most of the nineteenth century, and middle-class mothers were generally blamed as the cause.¹⁹ The advice books were initially published by "pious mothers" and clergymen, dealing mainly with issues of morality and a religious upbringing, but as the century progressed, more and more medical men came to publish advice literature.²⁰ As Patricia Branca has pointed out, the books "capitaliz[ed] on new anxieties" but could offer "very little in the way of constructive advice," since medical science was advancing slowly.²¹ Thus, the advice literature flagged all the dangers that beset the infant and its mother, but could not show how to avoid them.

The nineteenth-century advice books were a departure from those of earlier periods in that they addressed a new group of readers, middle-class mothers, but also in their focus on the emotional side of childcare. The books written during the seventeenth century by medical men such as Jacques Guillemeau, as well as midwives such as Jane Sharpe, or women writing for relatives, such as Elizabeth Clinton, Duchess of Lincoln, employed a prescriptive tone promising disaster if the advice was not followed, but they focused solely on practicalities such as breastfeeding and weaning, suitable clothing, and so forth.²² The nineteenth-century writers, on the other hand, discuss at length how the women's emotions will affect the fetus and the nursing child, noting that a fit of anger will cause spontaneous abortion²³ or turn the breastmilk into such poison that the child will die.²⁴ The mothers are instructed that everything they do will have a direct effect on the child, both in the present and in adulthood, and so the burden on them to get everything absolutely right is enormous. That burden has remained a constant feature ever since.

Developing a Narrative of Fear

Although it would be impossible to pinpoint one particular cause for the development of the regulative discourse, I will attempt in this section to create a context by teasing out some strands of influence: women's removal from the workforce, a tension over parental influence, and the medicalization of childcare.

From Worker to Mother

As noted by scholars such as Leonore Davidoff and Catherine Hall, the concept of motherhood began to change during the middle of the eighteenth century.²⁵ Factors driving this redefinition include, as Eileen Yeo notes, nation-building, the rise of the middle class, and the professionalization of medicine.²⁶ A large population was seen as imperative for the creation or maintenance of the nation and Yeo points to a shift in the societal attitude towards women, from a focus on the obedient wife to the mother.²⁷ Hilary Marland notes that producing children was regarded as women's "paramount duty and most rewarding purpose in life."²⁸ Giving birth to healthy children also became a class issue with the emergence of the middle classes. Increasingly there was a concern that women were "failing to fulfil their reproductive duties," giving birth to sickly children, whereas the working classes produced large amounts of healthy, viable children.²⁹ It is a recurring notion in many of the advice books, as well as other texts of the period, that middle-class women were willfully "shirking" their obligations as breeders.³⁰ There was a general sense of crisis and regulative discourse developed partly as a measure to solve that crisis, much in the same way twenty-first-century discourse on parenting has developed in response to a perceived crisis caused by a "toxic social environment."³¹

In their respective works Sharon Hays, Diane Eyer, and Susan Douglas and Meredith Michaels argue that the present-day US discourse of intense mothering and new momism is an attempt at keeping women out of the workplace. Similarly, it has been claimed that John Bowlby's stress on women remaining in the home to avoid what he termed "maternal deprivation" was linked to a UK government policy of removing women from the workforce after the Second World War.³² However, as scholars such as Davidoff and Gorham have shown, the cult of domesticity in the nineteenth century also entailed the ideal that middle-class women should no longer be part of the workforce.³³ Indeed, the ideal of domesticity had been in circulation since the early seventeenth century, but it became "codified and culturally dominant during the long eighteenth century."³⁴ By the nineteenth century, work was increasingly seen as a major part of the middle-class husband's identity; he was the breadwinner whose task it was to provide for the family.³⁵ The world of business was also a place of contamination and women had to be protected "from the taint of market forces which would have weakened paternalistic authority."³⁶ Although the

nineteenth-century's "separate spheres" were not quite as separate as has been suggested, the middle-class woman was still not expected to support the family financially.³⁷ Instead, the task of the wife was to contribute to the social success of the family, raising or maintaining the status of the family by being genteel, by performing no manual labor, and as the century progressed, by eschewing housework as well.³⁸ Since women were increasingly regarded as "more moral, more pure (and more clean) than men," they were also increasingly regarded as ideally suited to childrearing.³⁹

Over the nineteenth century, motherhood gained in status, and the mothers of the middle class were assumed to possess a "moral authority."⁴⁰ This conferral of authority carried heavy obligations: women were thus "encouraged to exhibit an unprecedented amount of concern with the child-rearing process," "to devote time and effort" to the role of mother, but also to approach mothering as "a skill that had to be learned," preferably from the proliferation of advice books offered.⁴¹ These ideas are reflected in present-day intensive mothering, which is also a child-centered activity requiring a "tremendous amount of time [and] energy,"⁴² a "set of skills to be honed and perfected" as well as something that should be "guided by experts."⁴³

Competition with Fathers

That many present-day fathers feel excluded from the family is exemplified by, for instance, fathers' rights activism, such as Fathers4Justice and Families Need Fathers in the United Kingdom. Men appear to be increasingly questioning what is perceived as a gender bias in the awarding of custody after divorce, as well as the way courts have tended to support women's right to prevent fathers from having any contact with their children.⁴⁴ UK law states that an unmarried father has legal rights to his child only if he is named on the birth certificate, and websites such as *Law and Parents* are full of requests for help from estranged fathers who are not allowed access to their own children. These public expressions of a feeling of exclusion may be the result of a process that, as Leonore Davidoff has described, began in the nineteenth century with a change in the way society and the law regarded parents' rights and relations to their children.⁴⁵ In previous centuries, fathers were assumed to have absolute authority over the family, but this began to change "as women, children and other dependents found new ways to resist or bypass them."⁴⁶ Indeed, as

John Tosh has demonstrated, the nineteenth-century father's absolute authority in the household was under threat, both symbolically and in practice.⁴⁷

As the nineteenth century progressed, mothers came to be seen as best suited to raising children and so fathers' "significance as parents was correspondingly diminished."⁴⁸ For example, Elizabeth Sandford wrote in 1839 that for the growing child, the mother "is the best guardian and instructress" and Sarah Ellis stated in 1843 that fathers lacked "the nicety and tact to manage the minute affairs of domestic life, and especially those of individual feeling."⁴⁹ Both authors imply that fathers lack the right qualities for their children's education and emotional growth. In general, "the moral gap between husband and wife was widely acknowledged," leading to the notion that since women were morally superior, they should be the ones in charge of the children.⁵⁰

Thus the nineteenth century witnesses a conflict in the triad of father-mother-child, where mothers are expected to take over the physical, moral, and emotional upbringing of the children. Fathers demanded not only obedience but love and affection from their children, as Gorham and Davidoff and Hall have demonstrated, but were often physically separated from them through the constraints of work.⁵¹ They thus found themselves competing with mothers with access to "a whole range of material and emotional opportunities which men were increasingly denied, whether by choice or by circumstances."⁵² The relationship between child, mother, and father seems to have been open to a number of competing loyalties, leading to potential tensions.

Perhaps within these tensions can be discerned some of the reasons for the narrative of fear. The double message to women that they are solely responsible for taking care of the children but at the same time a potential danger to them could be viewed as a patriarchal response to a feeling of exclusion.

The Rise of the Doctor

Towards the end of the nineteenth century, mothering became increasingly medicalized. In the United States in particular, an idea took hold that just being a mother was not enough to make one fit to raise a child. The intensely sentimentalized view of mothers that had prevailed before was replaced by a demonization, and was later followed by a declaration of the mother as incompetent in rearing her

own children.⁵³ Similarly, at the beginning of the twentieth century, UK mothers were on the one hand told that mothering was a skill any woman could easily attain, whilst they at the same time were blamed for not doing it correctly; any physical or mental problems encountered by their children were “attributed to inadequate mothering.”⁵⁴

The process of discrediting women in general and mothers in particular began much earlier, however. It can be traced back at least as far as the man midwife making his way into the early modern birthing room.⁵⁵ Early modern advice books often reject what are presented as the ill-advised habits of midwives, female relatives, and neighbors in terms of infant feeding, clothing, and treatment of illnesses.⁵⁶ This continues into the eighteenth century, for example in William Cadogan’s 1757 text, which is intended “to convince most Nurses, Aunts, Grandmothers, &c. how much they have hitherto been in the wrong, what mischief is done to Children, and what multitudes are destroyed or spoiled.”⁵⁷ Early modern and eighteenth-century doctors go to great lengths to convince prospective mothers that they are in no way equipped to deal with their own pregnancies, that other women do not possess the correct knowledge either, and that only a trained physician can make sure that their children survive.

In the nineteenth century, medical doctors increasingly were referred to “on all issues of mental and physical health” and they were advised to focus on married women as a secure source of income.⁵⁸ Towards the middle of the nineteenth century most women contacted a doctor as soon as they suspected pregnancy and women who could afford it had their children delivered by men.⁵⁹ Women were becoming increasingly dependent on doctors’ advice, and the notion of the doctor as the only hope is present in advice books. Infant mortality was indeed high but, as Patricia Branca has pointed out, in many cases doctors could not provide much help beyond general advice.⁶⁰ Yet, despite such limitations, Thomas Graham presses upon his readers that they must “assist the endeavours of [the] physician” and not follow the advice of nurses, who “love to display their own influence, and even boast if they can cheat the doctor.”⁶¹ Indeed “no lying-in woman can neglect the principal directions of her physician but at the risk of her health, perhaps her life.”⁶² Graham’s 1853 text demonstrates the attempts at establishing authority over the pregnant woman and over the nurse, who is not medically qualified to deal with such difficult matters. Although the mother-reader addressed in these texts is constructed as eager to do the right thing, just in need of professional help and assistance, case stories often refer to the foolish and rash mother who will “give way to the first fancy that flits across

her mind, or the first random advice that is offered her."⁶³ Pregnancy and childbirth are presented as complicated procedures that cannot be understood by such women. To try to cope without a physician is to gamble, not only with the child's life, but also the mother's. In short, not only can the mother not be trusted to know herself what is best for her or her child, she should likewise not trust the "random advice" of other laypeople. Instead it is paramount that she follows the advice of her doctor.

A case in point is nursing. Although all medical advice during this period insists that women should breastfeed their own children, the doctors acknowledge that sometimes a wet nurse has to be employed. Since the feeding of the child is so important, the choice of wet nurse is one that must be considered very carefully, and thus must be made at least in consultation with a physician.⁶⁴ Andrew Combe even argues that the choice of wet nurse must have the "sanction" of a doctor, who will examine her thoroughly and make sure that she is healthy.⁶⁵ As with so many other aspects of mothering and childrearing, the writing suggests that it is a question of life or death—choosing the wrong wet nurse may kill the child. Graham relates an instance where an unsuspecting family hires a syphilitic nurse, who then proceeds to infect the infant, and, through the child, the father, the mother, three other children, a maid servant and two clerks. Graham firmly locates the blame for this tragedy with the family who did not "inquir[e] into her character" and suggests that this tragedy could have been avoided if they had only consulted a doctor.⁶⁶ Thus doctors press home, again and again, that it is not safe to make any health-related decisions without their aid.

I suggest, then, that a combination of financial, emotional, and cultural factors combined to create a narrative of fear, the effect of which was, as Branca notes, to make the "Victorian woman seriously question . . . her capabilities to fulfill her most natural of functions—motherhood."⁶⁷ Through the language of the advice books she was given the impression that through her very existence she posed a threat to the health of both her child and herself.

Regulating Mothers

Full-time Mothering

A component of the narrative of fear is the notion that the mother should always be at the child's beck and call and that she must receive

all the fulfillment and enjoyment she requires through the care of her child. The UK child expert Penelope Leach, for example, stresses that all child care should be dictated by the child's needs rather than the mother's.⁶⁸ Indeed, there should be no conflict between the needs of the mother and those of the child, since a mother should derive all necessary fulfillment from "being so much enjoyed and needed."⁶⁹ This focus on the child's needs is often taken as an argument for mothers not working, as when the American doctor T. Berry Brazelton suggests that a "woman's most important role is being at home to mother her small children": women should see "mothering as a goal that is as important as anything they can achieve in the professional life."⁷⁰ If mothers do not stay at home to bond with them during the first year, their children will at best become academic failures, but more probably "they'll become delinquents later and eventually they'll become terrorists," as Brazelton stated in a 1988 television program.⁷¹ A woman should not need to seek confirmation, stimulation, or validation from any other source than her child. If she does, her child will suffer.

The stress on the requirement for mothers to "interpret their child's every demand as an urgent and legitimate need" is also present in the twentieth century, for instance when Benjamin Spock states that mothers have to be able to anticipate every need the baby might have before it arises.⁷² Similarly, John Bowlby warns against "maternal deprivation," which would occur not only if the child is permanently separated from the mother, but also if she is "unable to give him the loving care small children need."⁷³ In the same way, the nineteenth-century mother must know her child's "every cry and what it meant" and act accordingly.⁷⁴

Elizabeth Badinter has suggested that for present-day mothers, "pregnancy signals the end of pleasure, freedom, and the carefree life of non-mothers" and that "the future mother no longer belongs to herself."⁷⁵ Such attitudes were also present in the language employed by nineteenth-century authors, particularly in their attempts at persuading women to breastfeed. In the texts there is an assumption that any reluctance to nurse stems from a selfish desire for amusement outside the home, but, as Pye Henry Chavasse states, the new mother "must make up her mind to forego the so-called pleasures of fashionable life."⁷⁶ For her there will be no "frequenting of balls, of routs, or of parties: a nursing-mother has no business to be at such places"; instead she should "devote herself to her infant and to her household, and she will then experience the greatest happiness this world can afford!"⁷⁷ Thus a mother who desires to leave the house and converse with

other adults is made to feel that she is selfish and vain. Indeed, not placing the child first may even cause it to “sicken, pine and die.”⁷⁸ The claim that mothering produces “the greatest happiness” possible is echoed in the present day in the notion that “mothering is now understood to be a vehicle to personal fulfilment for women” that Charlotte Faircloth has noticed in her interviews with women attached to La Leche League in the United Kingdom and France.⁷⁹

The ban on suspect enjoyment for nineteenth-century mothers includes activities in the home as well. Andrew Combe prohibits “endless novel-reading” and, according to Thomas Bull, a mother should “make up her mind exclusively to devote herself to the duties of a nurse, and give up all engagement that would interfere with her health.”⁸⁰ For these authors, there is no excuse for a woman to leave the home—apart from exercise for the child’s benefit—or to engage in any activity that is not child-centered. Books should not be read for enjoyment but for edification, and any activity undertaken should be for the good of the child or not undertaken at all.

It is taken as self-evident that breastfeeding is an emotionally fulfilling activity, and that no good mother would voluntarily choose to abstain from this “delightful duty” that “no earthly pleasure of the fond mother can equal.”⁸¹ The apparent paradox that some women wish to abstain from such “earthly pleasure” is never addressed. This discourse is very similar to that of present-day advocates of breastfeeding, such as La Leche League, and proponents of attachment parenting, such as Dr. William Sears. In both instances, it is stressed that breastfeeding, so-called baby wearing, and co-sleeping are wonderful experiences that will bring parents and children together in a close bond, and any perceived difficulties have simply to be borne patiently. Not feeling this way is to not care about the child enough, and to be a selfish mother, which in turn may damage the child’s emotional development.

There are, of course, other voices that state that it is perfectly permissible for women not to undertake full-time mothering and, for example, work outside the home. The UK website *Mental Healthy*, for instance, suggests that the way to avoid the “danger of depression for ‘Super Mum,’” that is, the working mother who tries to “do it all,” is by “simply admitting” that this is not possible and instead letting “some things slide.”⁸² In short, women are warned that although it is perfectly permissible to work, it may cause depression. Should this happen, however, all they need to do is “simply” admit their shortcomings and fail. What starts out as a reassuring message becomes yet another demand on already frustrated women: to admit that they are failures who tried to do too much.

Always at Fault

Part of the present-day narrative of fear is the notion that mothers alone are responsible for every aspect of their children's physical and mental development.⁸³ This responsibility begins long before the birth of the child: prospective mothers too must make sure that they lead a healthy lifestyle. As the *Daily Mail* points out, expectant mothers "could condemn their offspring to a lifetime of obesity" and mothers who take antidepressants during pregnancy are warned that they may expose their children to a condition that, although very rare, "can lead to heart failure."⁸⁴ On the other hand, as the *Guardian* states, maternal stress during pregnancy may reduce IQ-levels by up to ten points and cause attention deficit problems, and depression during pregnancy may cause lower muscle tone and elevated stress responses in newborn children, suggesting that leaving emotional problems untreated is not a viable option.⁸⁵

In these texts, women are told that it is their fault if children suffer. Both their indulgence and their over-anxiety may ruin their children's health, "condemn" them to a lifetime of suffering, or stunt their intellectual growth. Nineteenth-century women were told the same thing, but the stakes were even higher. As Branca notes, motherly "mis-management of the child" was assumed to be the cause for the century's high infant mortality.⁸⁶ This mismanagement also extended to the mother's own emotional control. Combe maintains that the way a child develops is "a legible transcript of the mother's condition and feelings during pregnancy."⁸⁷ Thus a mother's shortcomings, or "guilt" as Combe calls it, are writ large on her child, for the world to see.⁸⁸ Mothers who fail to conduct themselves properly during pregnancy, who become nervous, agitated, angry, or scared, will give birth to nervous and deformed children, possibly with "convulsive or epileptic disease."⁸⁹ Other authors maintain that a mother's unchecked emotions can actually cause miscarriages.⁹⁰ In short, if a woman does not stay calm and serene at all times, she is likely to cripple or kill her child.

Having given birth does not mean that the twenty-first-century mother can relax the policing of her emotions. A recurring question on online discussion fora for mothers is whether stress hormones may be passed on to the nursing infant and what effects that might have. Research seems to suggest that the stress hormone cortisol transfers through breast milk, and may result in heightened fear responses in infants.⁹¹ Nineteenth-century doctors also argue that strong emotions such as grief, anxiety, or fear have a direct effect on the milk, but the consequences they describe are much more serious. As C. H. F. Routh

writes in the *Lancet*, it is a well-known fact that children who are nursed by mothers who have been upset will suffer “diarrhoea, convulsions, atrophy, and even death.”⁹² Indeed, all the authors surveyed in this article agree that strong emotions, including “sudden joy,” will cause the children acute suffering and pain, if not death.⁹³ The emphasis on the control of emotions in these texts is striking. Again and again, the authors stress how important it is for the mothers to keep themselves and their emotions in check. If they do not, their children will suffer stomach upsets, fever, or worse. The mother is to remain composed at all times. To persuade her to do that, the authors relate a number of cautionary tales underscoring how dangerous her mind can be to the infant. One such tale, first published by Dr. Friedrich August von Ammon in his book *Die ersten Mutterpflichten und die erste Kindespflege* [Early maternal duties and early childcare], later repeated by Andrew Combe and Thomas Graham as well as William Carpenter, is that of a woman who nurses her child after having been involved in a knife fight. As Carpenter points out, by nursing her child, she has “sealed its fate”: after feeding, the child “sank dead upon its mother’s bosom.”⁹⁴ The implication is clear—by breastfeeding whilst agitated, the woman has killed her own child. But Carpenter is not satisfied with just one cautionary tale. He continues with two more, which should “serve as a salutary warning to mothers, not to indulge in the exciting or depressing passions.”⁹⁵ In the one, the mother is thinking of a close friend, whose child has died from hydrocephaly; in the other, a mother who has lost several of her children to what seems a congenital disease worries that her new infant, although seemingly healthy, might also die. In both cases the children die shortly after having been breastfed. It is noteworthy that Carpenter uses the term “indulge” in reference to these so-called passions, as if the women are choosing to wallow in unsuitable emotions, on par with Combe’s “endless novel reading.” Rather than expressing sympathy for the woman who has lost several children, he chides her for worrying about the one she has left, and bluntly states that through this worrying she causes its death.

Carpenter devotes perhaps more space than any other author to discussions of the damaging effects emotions will have on the fetus and the infant, but all the authors discussed here bring them up. The repeated admonitions that mothers must refrain from becoming upset seem almost obsessive. What is lacking, however, is any advice for mothers on how to achieve this calm, or suggestions that help might be had. The burden lies solely on the mother to remain composed at all costs, no matter what she is subjected to. If she lets herself become upset, the fault is hers, as in Carpenter’s narrative of the wife of a

drunken and brutal husband.⁹⁶ Her fear of him causes her milk to go bad and the infant suffers from indigestion. The problem, as Carpenter presents it, is the wife's inability to control her emotions, rather than the husband's violent behavior. According to the authors of these advice books, the mother must accept her situation with equanimity no matter what difficulties she might face, and never complain, regardless of how difficult her situation might become.

Present-day texts, even though they also suggest that women's emotions, in the form of hormones in the bloodstream, can cause problems for their children, do at least in some cases suggest that the pregnant women should be given help and support by partners, friends and relations.⁹⁷ The present-day mother is not left quite as alone as the nineteenth-century one.

Conclusion

As Rebecca Kukla has noted, mothering is a "test one can never pass but is always at risk of failing."⁹⁸ Much of present-day advice given to mothers echoes that of the nineteenth-century authors: a mother must give up all thoughts of herself and devote all her time and energy to the child, and everything, from minor setbacks to major illnesses, are her fault.⁹⁹ If she does not do everything exactly right, the child will suffer. The difference is that the present-day child runs the risk of obesity, depression, reduced IQ, and similar ailments, whereas the nineteenth-century child might die. The fact that infant mortality has been greatly reduced has not led to a reduction in the blame of mothers. The stories told are the same, attempting to make sure that mothers are kept under control. Yet the sheer number of competing channels for advice, which Thomson et al. view as a potential problem, may also afford pregnant women and new mothers more sites and greater opportunities to resist the narrative of fear.

NOTES

1. Narain, "Killed by a Kiss."
2. Carpenter, *Principles of Human Physiology*, 476.
3. Hardyment, *Dream Babies*, 283.
4. Smyth, *The Demands of Motherhood*, 6.
5. Hays, *The Cultural Contradictions of Motherhood*, x.
6. Douglas and Michaels, *The Mommy Myth*, 4-5. The original "Momism" was coined by Philip Wylie in his 1945 book *Generation of Vipers*, referring to suf-

focusing, domineering mothers. For an analysis of the term and how it came to be understood, see Rebecca Jo Plant, *Mom: The Transformation of Motherhood*.

7. For a discussion of how mothers are expected to subordinate their own needs to that of the child's, see Markens et al., "Feeding the Fetus."

8. Erhenreich and English, *For Her Own Good*, 202.

9. Smyth, *The Demands of Motherhood*, 51, 43.

10. Winnicott, quoted in Doane and Hodge, *From Klein to Kristeva*, 25.

11. Kantor, "Memo to Nanny"; Kukla, "Measuring Mothering," 78–79.

12. Bull, *Hints to Mother*, 139. Original emphasis.

13. *Ibid.*, 139.

14. Thomas et al., *Making Modern Mothers*, 133.

15. Davis, *Modern Motherhood*, 137.

16. Winnicott, quoted in Davis, 120.

17. Davis, *Modern Motherhood*, 137.

18. Gorham, *The Victorian Girl*, 67.

19. Branca, *Silent Sisterhood*, 99.

20. Gorham, *The Victorian Girl*, 66.

21. Branca, *Silent Sisterhood*, 76–77.

22. See Åström, "'Sucking the Corrupte Mylke.'"

23. Buchan, *Advice to Mothers*, 12.

24. Routh, "On the Selection of Wet Nurses," 581.

25. Davidoff and Hall, *Family Fortunes*.

26. Yeo, "The Creation of 'Motherhood,'" 5.

27. *Ibid.*, 5.

28. Marland, *Dangerous Motherhood*, 6.

29. Shuttleworth, "Demonic Mothers," 32.

30. Dyhouse, *Girls Growing Up*, 91.

31. Faircloth, *Militant Lactivism*, 15.

32. Davis, *Modern Motherhood*, 122, 112.

33. Davidoff, *Worlds Between*, 74; Gorham, *The Victorian Girl*, 11.

34. Davidoff and Hall, *Family Fortunes*, 155; Francus, *Monstrous Motherhood*, 1.

35. Davidoff, *Worlds Between*, 106; Dyhouse, *Girls Growing Up*, 79.

36. Davidoff, *Worlds Between*, 74.

37. Frankus, *Monstrous Motherhood*, 3–4.

38. Gorham, *The Victorian Girl*, 8, 11.

39. Davidoff, *Worlds Between*, 74.

40. Tosh, *A Man's Place*, 5.

41. Gorham, *The Victorian Girl*, 65.

42. Hays, *Cultural Contradictions*, x.

43. Faircloth, *Militant Lactivism*, 21, 22, 30.

44. Ross, "Father's Rights Breached."

45. Davidoff et al., *The Family Story*, 142, 145.

46. Davidoff et al., *The Family Story*, 136.

47. Tosh, *A Man's Place*, 93.

48. *Ibid.*, 47.

49. *Ibid.*, 91.

50. *Ibid.*, 44.

51. Gorham, *The Victorian Girl*, 38–39; Davidoff and Hall, *Family Fortunes*, 329–35; Dyhouse, *Girls Growing Up*, 4.

52. Davidoff et al., *The Family Story*, 154.

53. See, for example, Apple, *Mothers and Medicine*; Apple, *Perfect Motherhood*; Doane and Hodges, *From Klein to Kristeva*; Plant, *Mom: The Transformation of Motherhood*.

54. Davis, *Modern Motherhood*, 57, 113.

55. Eccles, *Obstetrics and Gynaecology*, 87.

56. See, for example, Guillemeau, *Nursing of Children*; and Wolveridge, *Speculum Matricis*.
57. Cadogan, *An Essay Upon Nursing*, 5.
58. Davidoff and Hall, *Family Fortunes*, 113.
59. Branca, *Silent Sisterhood*, 81; Marland, *Dangerous Motherhood*, 17.
60. Branca, *Silent Sisterhood*.
61. Graham, *On the Management of Disorders*, 111.
62. *Ibid.*
63. Combe, *The Management of Infancy*, 102.
64. See, for example, Weatherly, *The Young Wife's Own Book*, 87; and Bull, *Hints to Mothers*, 284.
65. Combe, *The Management of Infancy*, 141.
66. Graham, *On the Management and Disorders of Infancy*, 191.
67. Branca, *Silent Sisterhood*, 76.
68. Davis, *Modern Motherhood*, 134.
69. Eyer, *Motherguilt*, 5.
70. *Ibid.*
71. Quoted in Badinter, *The Conflict*, 48.
72. Ehrenreich and English, *For Her Own Good*, xv; Douglas and Michaels, *The Mommy Myth*, 18.
73. Bowlby, *Child Care*, 14. It is noteworthy that Bowlby also points out the dangers of motherly interest: she may display an "unconsciously rejecting attitude underlying a loving one" or present "an excessive demand for love and reassurance," both of which would be harmful to the child (14).
74. Branca, *Silent Sisterhood*, 109.
75. Badinter, *The Conflict*, 67.
76. Chavasse, *Advice to a Wife*, 180.
77. *Ibid.*, 195.
78. Bull, *Hints to Mothers*, 262.
79. Faircloth, *Militant Lactivism*, 3.
80. Combe, *The Management of Infancy*, 26; Bull, *Hints to Mothers*, 261.
81. Graham, *On the Management of and Disorders of Infancy*, 125, 161. The only dissenting voice I have found, even amongst books written by mothers rather than doctors, is that of Mrs. Beeton, who refers to the period of breastfeeding as "privation and penance" rather than rapture, and who sees no reason why mothers should not go dancing or to the theater. She even advocates the use of supplementary food from an early age, so that the mother has the "liberty to go out for business or pleasure" (*Beeton's Book of Household Management*, 1036, 1038–39).
82. Lockhart, "The Dangers of Depression for 'Super Mum.'"
83. Douglas and Michaels, *The Mommy Myth*; Hays, *The Cultural Contradiction*; Eyer, *Motherguilt*; Markens et al., "Feeding the Fetus"; Wall, "Moral Constructions of Motherhood."
84. Macrae, "Eating for Two in Pregnancy"; Hope, "Taking Prozac."
85. Ward, "Mother's Stress"; Reynolds, "Pregnancy Depression."
86. Branca, *Silent Sisterhood*, 99.
87. Combe, *The Management of Infancy*, 22.
88. *Ibid.*, 22.
89. *Ibid.*, 19.
90. Buchan, *Advice to Mothers*; Graham, *On the Management and Disorders of Infancy*, 70–71.
91. Glynn et al., "Postnatal Maternal Cortisol Levels."
92. Routh, "On the Selection of Wet Nurses," 581.
93. Chavasse, *Advice to a Wife*, 192.
94. Carpenter, *Principles of Human Physiology*, 476.

95. *Ibid.*, 477.
96. *Ibid.*, 476.
97. Ward, "Mother's Stress."
98. Kukla, "Measuring Mothering," 79.
99. Present-day textbooks, magazines, and websites do often, at least nominally, include fathers, but fathers are generally lauded for simply taking part, for giving support. Mothers are expected to take most of the responsibility, and so all the blame is also theirs.

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