

"DOING OUR BEST":

AGENCY, IDENTITY, AND MORALITY IN PARENTAL
NARRATIVES AND UNDERSTANDINGS OF CHILDREN'S BODIES

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ABSTRACT

"Doing Our Best":
Agency, Identity and Morality in Parental Narratives
and Understandings of their Children's Bodies

Megan Myfanwy Davies-Ostrom

In this thesis I explore the intersection of parents, bodies, and society in North American culture. I attempt to examine the processes by which individuals make meaning at a local level within the context of larger social discourses and cultural narratives. To do so, I use voices, interpretations, and personal narratives collected through my interviews and conversations with parents in Peterborough, Ontario, to demonstrate how individual parents interact and negotiate with available discourses to form understandings of their children's bodies and well-being. I show how these understandings and the parental choices based on them are both (a) varied and personally contextual, and (b) a site for the articulation of parental identity and morality. I argue that despite the coercive and potentially defining natures of cultural narratives and discourses, individuals are agents in the creation of their own identities, and that the meanings given to their own lives by the subjects of anthropological research are valid, valuable, and informative to the discipline. Finally, I demonstrate that the endeavour of pursuing anthropological research 'at home' raises methodological and theoretical questions useful to research elsewhere and to the discipline at large.

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INTRODUCTION

This thesis examines the intersection of parents, bodies, and society in North American culture. Before I say anything else of my research or work, I wish to put forward a scene from the opening act of William Shakespeare's A Midsummer Night's Dream. In this passage, Egeus, a noble and a father, comes before the Duke of Athens to complain that his daughter, Hermia, has refused to marry Demetrius, the man he has chosen for her:

And, my gracious Duke,
Be it so she will not here before your Grace
Consent to marry with Demetrius,
I beg the ancient privilege of Athens:
As she is mine, I may dispose of her:
Which shall be either to this gentleman,
Or to her death, according to our law
Immediately provided in that Case.

(I,ii,39-45)

In response, the Duke turns to Hermia:

What say you, Hermia? Be advis'd, fair maid.
To you your father should be as a god;
One that compos'd your beauties; yea, and one
To whom you are but as a form in wax,
By him imprinted, and within his power,
To leave the figure, or disfigure it.

(I,ii,46-51)

At first glance, the issue in these lines seems to be the control of Hermia's body; that "form in wax" over whose fate her father demands his rightful say. The real matter at stake, however, is not Hermia's body, but the social relationships it is perceived to mediate: between Hermia and her father, between Hermia and the

man she has chosen against her father's wishes, and between her father and Demetrius.

The discourse being put forward, and mocked, by Shakespeare here is one of pre-determination, parental ownership and parental privilege. Recast in light of a twenty-first century interpretation, this scene is more likely to be read as a debate over personal autonomy and individualism: as sudden subjects of twenty-first century Western social research, Egeus and Hermia would likely be seen to be in conflict not over law, property and alliance, but over agency, responsibility and self. In both readings however, bodies (particularly women's bodies), as they are perceived and understood, are a site at which people create and understand social relationships. In its first interpretation, Hermia's dilemma evokes Levi Strauss' The Elementary Structures of Kinship (1969) and the idea of the exchange of women as a route to social alliance (Strauss 1969, cited in Rubin 1975:173); while in its second, the relationships being negotiated through Hermia and Egeus's perceptions of her body were those of kinship, connection and autonomy.

I begin my examination with this scene, fictional though it is, because I wish to make two points about the body as a subject for anthropological research. First and foremost, I wish to emphasize the contextuality of how the body is understood. The body in A Midsummer Night's Dream is very different from the body that

exists today, not perhaps in its physicality, but in its sociality and experientiality; it had different social meaning and presumably offered a very different interpretation of life. I would argue, furthermore, that just as one cannot suppose a continuity of bodily meaning and experience between Shakespearean England and twenty-first century Canada, one cannot suppose such a continuity within Canada or the twenty-first century. My investigation of parents, society, and the body has its roots in the idea that the nature of body and bodily experience are not things that can be taken for granted; indeed this concept of the contextuality of bodily experience is the point from which I begin my questioning. It is an amalgamation of two ideas that I feel are important to an anthropology of the body and that have been intrinsic to my research: (a) bodies - both our own, and the bodies of others - are an aspect of the human condition that are experiential and that we can only know through our perceptions and understandings of them, and (b) those perceptions are, as I have already suggested, not only historically, socially, and culturally specific, but they are personally specific as well. I will return to these ideas in greater detail in later chapters; for now, suffice it to say that they provided the backdrop against which my research questions were formed. When I use the word "body" in this context I am referring not to a physical entity, but to a conceptual locus constituted through culture, experience, and understanding. In this sense, the

term takes on a somewhat 'gestalt' meaning, that is, it represents the idea of a configuration or organized whole whose qualities are different from those of its individual parts (Bullock et al. 1988: 359). In looking at bodies in this fashion, I am responding to recent trends in anthropology to recognize the body as social, which leads me to my next point.

Secondly, I wish to touch briefly on how the body has been studied in anthropological writing. As a student of anthropology, I am a product of my times, as are the questions I ask. My focus on how the body is understood flows almost directly from the experiential, agency-oriented trends that have become prevalent in the last ten to twenty years of anthropological writing, and from a recent drive in medical anthropology to "make the body social" (Lock 1993a:135) and see it as "the most immediate, the proximate terrain where social truths and social contradictions are played out, as well as a locus of personal and social resistance, creativity, and struggle" (Lock and Scheper-Hughes 1987: 31). This focus has led me to see what the available literature leaves empty, and to ask questions that will give voice to some of those silences. Aside from a few wonderful ethnographic examples¹, most of the

¹ "Make-up in Everyday Life" (1994), by Natalie Beausoliel, Body, Self and Society: The view from Fiji (1995) by Anne E. Becker, Encounters with Aging: Mythologies of Menopause in Japan and North America (1993b) by Margaret Lock, and "The Sweetness of Fat: Health, Procreation and Sociability in Rural Jamaica" (1994) by Elisa J. Sobo are just a few good examples of ethnographic approaches to the body.

material available from the social sciences that looks at the body approaches its examination as a 'textual analysis', reading from popular media representations a vast number of pervasive (and more often than not conflicting) cultural narratives concerning the body.² These narratives - for example, the body as an unfinished site of personal maintenance (Treneman 1998; Nichter and Nichter 1991) - and their ability to influence self-perception become the subject of analysis.

As beneficial and enlightening as these approaches may be in revealing the subtle and not so subtle narratives that surround the body in North American society, their focus on social context fails to address individual experience and negotiation. These deficiencies can be addressed by adopting a more practice-oriented position³. This is an endeavour that lends itself to be framed by certain initial questions: How do individuals engage with these

² For some examples of these textual approaches to the body, look for the works of Brumberg(1988), and Crook(1991,1992), and also the popular writings on female body image or eating disorders, such as the work of Chernin (1982,1985), or Poulton(1998).

³ By practice, I am referring to both the term as coined by Pierre Bourdieu in Outline of a Theory of Practice(1977), as a means to account for the processes of individual action by looking at "...the internalization of externality and the externalization of internality..." (Bourdieu 1977:72), and to Sherry Ortner's co-option of the same as a means to describe the recent anthropological trend of looking at human action (1994). Both call for research that accounts for not only the larger relations of power, but the roles that change, resistance, personal agency, and simple human action - "fluidity and necessary improvisation" (Jenkins 1992:71) - play in those relations.

discourses and narratives? How do they experience them? Do they resist, negotiate, or even ignore the pervasive tales Western society tells itself about the body? How do these experiences play out in their daily lives?

In addressing these questions I hope to test the boundaries of both textual analysis and traditional interpretive anthropology, by showing that my informants a) have their own interpretations of cultural narratives that differ from those of academics, and b) that these interpretations are as much the product of reflexivity and of the research process as are my own. It is inappropriate and unproductive for academics to assume that they are the only ones who are aware of, and who interpret, the cultural narratives that surround us on a daily basis. It is also counterproductive to assume that there is any definitive interpretation out there for academics to find. As Graham Watson explains, just as the researcher is involved in the process of interpretation, so is the research subject. The "native [is not] an expert on his culture who knows what he is up to and who unproblematically recounts that to the researcher....The native, as much as the ethnographer, is in the business of constituting meaning"(Watson 1992:89). Allowing that we are all involved in the process of constituting meaning, I intend to walk the middle ground as far as voice, and give space to both my own interpretations and those of my informants as I examine how they understand and negotiate these messages. To return to the

Shakespearean quote I began with, my question would be two-fold: both "What does it all mean?" and, to Egeus, "What does it all mean to you?"

These are not, by any means, simple questions, and in looking for answers, I knew I would have to narrow my field of inquiry. I chose to speak with parents in a mid-sized Ontario city about how they understood the bodies and well-being of their children. Parents take in and negotiate messages and narratives about their children's bodies on a daily, if not hourly basis, and just as Egeus' understandings of his child's body were a product of both (Shakespeare's) time and personal interpretations, so were those of the parents with whom I spoke. This paper will bring forward the voices of the parents who chose to talk to me, allowing them to articulate what their children's bodies meant to them and frame in their own words their understandings of the discourses and narratives that surround the body and parenting in North America.

In terms of my academic interpretations of the material presented below, I wish to draw forward two themes, both of which address the body as socially, rather than physically constituted. In the first, I return to the idea of the body as a personally-specific, experiential aspect of our lives, mediating and mediated by social relations. My informants represented a small sample of North American parents who appear, on the surface, to have a great deal in common with each other and to share many of the philosophies

that guide their parenting choices. I will demonstrate how, in contrast, their understandings of their children's bodies and the choices they made based on these understandings were the products of very personally situated and meaningful interpretations.

For my second theme, I turn in part to a recent trend in feminist anthropology that examines the body as a site for the understanding and mediation of ideas of kinship and connection. Located mostly in current work on reproductive technology (Rayna Rapp, 1997), surrogacy (Helen Ragone, 1997; Elizabeth F. S. Roberts, 1998), adoption (Judith Model, 1999) and the abortion debate (Faye Ginsburg, 1997), this approach looks at how, among other things, images, descriptions, and understandings of bodies are used, both consciously and unconsciously, to articulate social relationships, social roles, connections, and kinship. As with Hermia and Egeus, the issue at stake is not really the body, but what it stands for - what it mediates.

Margaret K. Nelson's work on the experiences of family day care providers (1990) is a good example of this approach as she focuses on how the day-care providers in her sample constructed and understood their relationships towards the children they looked after in terms of the care they invested in the well-being of those children. They were 'like mothers' because of the physical and emotional care they provided, and yet 'not mothers' in that they restrained from cuddling and holding the children as much as they

would their own. For Nelson's informants, the social role of mother was mediated and constructed through their understandings of, and interactions with, the bodies of their charges.

Similarly, this paper will look at how parents' understandings of their children's bodies play into their experiences of everyday life, and at how those understandings in turn serve as a site at which to articulate and construct roles, identities, and morality. Once again, the focus is not on the body as a physical entity but on what it can and does stand for socially. In looking at the body as both a) something that is experiential and understood in personally specific ways and b) a site for the construction of personal identity, my focus is on meanings, and the processes of their creation.

I will begin, in Chapter One, with an introduction to both my field site - Peterborough, Ontario - and the parents with whom I spoke. As well as touching briefly on some of my experiences working in this setting, I will outline the methodology I employed, and develop more of the theoretical concerns that guided my research.

In the second chapter, I will outline the history of the idea of the child, childhood and parenting, finishing with a brief look at the social and cultural context (and dominant ideals) of

parenting in twentieth century North America.⁴ This overview is intended to situate our common-sense understandings of the child as a separate physical and social category within their historical context, and demonstrate the historical and social contextuality of how young bodies are experienced and understood in North America today.

In Chapter Three, I will move on to look in depth at my informants' understandings of the bodies of their children, focussing specifically on their articulation of the ideas of exploration and negotiation as part of the process of making meaning. I will address briefly the ideas of constraint and empowerment as they relate to current academic writing on parenting and specifically on mothering. In this context, the voices of the parents with whom I spoke rise in (contradictory, complex, conscious, and multi-vocal) contrast to common academic interpretations of stay-home, full-time mothers as the dupes of a controlling patriarchal system and victims of the "politics of blame" (Ladd-Taylor and Umansky 1995).

The fourth chapter will continue in the tone of Chapter Three, examining my informants' understandings of the ideas of temporality

⁴ North America is very diverse, and I feel that it is important to note that the discourses and narrative of parenting I will relate here, although presented by media and popular culture, represent the ideas of only a small (mostly white middle/upper-class) portion of the population.

and risk as they relate to children's bodies. In this chapter we see how understandings of children's bodies can be both variable and relational (i.e., a site for the construction of social identity), as parents make choices based on their own interpretations and define the responsibility of their own parental role in relation to their perceptions of their children's bodies as unfinished and at risk. I will explore parents' perceptions of their responsibility to their children's well-being as being temporally located and dictated, and look also at how parents locate risk spatially as well as temporally upon the bodies of their children.

Finally, in Chapter Five, I will examine narratives, self-construction, and parenting as moral practice. This chapter returns to the idea of the body-as-understood as a site for the construction of social roles, identity, and morality. I will look at how the reciprocal, conversational context of my interviews acted as a backdrop against which mutual participation (both theirs and mine) allowed my informants to create themselves as parents (through their relationships to their children's bodies) and as moral actors (through their narratives of parenting).

CHAPTER ONE
PETERBOROUGH: FIELDWORK, METHODOLOGY
AND PARENTS

There are discussions within recent anthropological literature about the effectiveness of doing field work on, as it were, one's 'own turf', and I wish to address these considerations and position myself with regards to them from the outset. Laura Nader and others point out that it may be difficult for anthropologists to question the basic assumptions that form their taken-for-granted perceptions of their own society (Altorki 1988:55; Nader 1997:723). It has also been argued that the distinctions such as 'insider/outsider' or 'us/them' are both fabrications and limitations in ethnographic inquiry. John Comaroff, who sees such distinctions as part of a colonialist mentality, has pushed ardently for a relocation of anthropological inquiry:

Save the assertions of our own culture, in short assertions that have long justified the colonial impulse, there is no great gulf between "tradition" and modernity... We [need to] regard our own world as a problem, a proper site for ethnographic inquiry... (Comaroff 1992:6)

Thus, North America is both a problematic site for research and a valid one. To this, I have two responses. Primarily, I chose to base my research in my own society, and in my own town, because I agree fully with the endeavour to dislocate anthropological inquiry from its place in the hierarchy of time and space that has, in the past, separated researcher from subject. Secondly, I feel that

ethnographic methodology, and specifically working with a goal to elicit personal narrative and experience, functions to defamiliarize the research setting and material. Differences of interpretation between informant and anthropologist that may be missed in questionnaires and standardized interviews are brought to the forefront in narratives and open conversations as participants (both anthropologist and informant) question and respond to each other's words. My own experiences in the field demonstrate, as I will illustrate in a moment, how a focus on individual narrative and understanding can show an anthropologist exactly how much they *don't* know about 'their own' culture.

Individuals within 'a culture' may share some aspects of their understandings of that culture, but a vast array of factors - class, education, religion, gender, and social role being only a few - ensures that their experiences and interpretations of life will be very different. Even knowing this, I approached last summer's fieldwork confident in the knowledge that there would be some basic assumptions that my informants and I would certainly share. I was both correct and quite mistaken. My informants and I do have the same cultural background and there were some basic understandings that we *did* share. We all assumed the notion of individualism, and no one felt that the state at large should raise children (as, for example, in Kibbutz in Israel), nor did any of us feel that other children were the appropriate care-takers for babies (as, I shall

demonstrate in the conclusion, the Samoans do). These shared assumptions, however, did not mean that we necessarily shared any further interpretations or understandings. It was somewhat naive - although an understandable mistake, I would argue - to believe that what is commonly referred to as 'common sense' actually pertains to understandings shared by *all* (or any) members of society. I will expand on two points to illustrate the questions this raises.

My first misconception was to think that my informants and I would share a fundamental understanding of what a body was. Any amount of reading on the subject of the body and society - anthropological sources or otherwise - creates the impression that Western society as a whole takes its understandings of embodiment from Descartes' epistemological theories. Much of Western scientific (and academic) thought is heavily informed by this understanding and, although most contemporary examinations of the body and embodiment, such as those of Lock and Schepers-Hughes (1987), Strathern (1996), and others, refute the validity of the Cartesian separation of the mind and body into "distinct" and isolate categories (Descartes 1993:78) the assumption still seems to be that this epistemological framework guides how the general population sees the body.

'This isn't how academia thinks it actually works', they argue, 'but this is how society in general sees it'. Anne Balsamo's work in "On the Cutting Edge" (1996) provides a good example of

this. She proposes that new imaging technologies in the medical industry have allowed the body to become conceptually divided into isolate pieces, and that this divisible body is more easily worked upon through cosmetic surgery. Her work is intriguing, and I am not disputing her conclusions at all. I simply wish to ask: does it stand to reason that one theorist's reading of 'the text' equates the reading and experiences of the rest of society as well? Do this theorist's interpretations of a divisible body indicate a general understanding and perception of the same? The answer: no. In fact, my informants consistently expressed an understanding of the body that was anything but divisive. Although they used the terms 'mind' and 'body' - the English language provides us with no others⁵ - they spoke consistently of an inter-relational system of well-being that combined mind/body/soul into something much more holistic.

The Cartesian dichotomy of mind and body guides many bio-medical, psychological, and medicalized-anthropological assumptions about embodiment, and is in turn the subject of study for those who do the anthropology of medicine (such as Margaret Lock and Nancy Scheper-Hughes), but despite its importance in theory, we cannot assume its importance as such in everyday life. This is not to make light of the work of those who argue against a dichotomy of mind and

⁵There are words, such as "psychosomatic" (Lock and Scheper-Hughes 1987:8) which are awkward hybrids and don't fully represent the holism my informants were attempting to describe.

body. Anthropologists of medicine have demonstrated that people do 'medicalize distress' - are encouraged, often by medical professionals, to experience 'physical' discomfort in relation to 'social' or 'emotional' problems - and that there are solid connections where much of biomedicine sees separation. What I am saying is that despite the validity in this, we cannot assume that our informants understand their own experiences in the same way a doctor (or anthropologist) might expect them to. My research demonstrates that my informants understood illness during social upheaval not as proof of a tenuous connection between a divided mind and body but as a normal function of a holistic self.

My second misperception lay in my assumption that my informants and I (being members of the same society, living in the same town) would give precedence to the same narratives and discourses about the body, share the same 'common-sense' understandings; after all, the entire idea behind 'common-sense' is that it is shared by those who exist in common; i.e., similar, circumstances. It would be nice to be able to say that once again, it was solely my reading that led me astray but, in this case, I let my own experiences of embodiment shape my expectations about what I would find. Over the last few years I have noticed an increased prevalence of magazines and news stories featuring both admonitions to stem the tide of North American corpulence, and warnings about the growing dangers of negative body image, weight obsession and

eating disorders. I need only pass a news stand or grocery store checkout to find another batch of stories whose titles begin to run together into a litany of "Let her fat-burning secrets make you slim too!" (Woman's World 1999:April), "Girls can learn to love their bodies!" (Chatelaine 1998:March), "SUMMER BODY COUNTDOWN: 30-Day plan to burn fat fast, lose flab and boost confidence" (Self 1999:April), and "Stop the Anorexia Obsession" (Glamour 1999:February). One headline, in bold large type beside the picture of a bone-thin girl proclaimed that "At America's colleges, tens of thousands of young women are risking their health and their lives in a desperate desire to be thin. Here is a look at the crisis, and at the chilling personal stories of four who are battling back" (People 1999:April 12).

These headlines caught my attention. Perhaps this was because I myself have, at times, been less than happy with my body, or perhaps it was because the sheer quantity of the literature dealing with these issues led me to believe that this had to be a major concern. A great deal of the work done in anthropology and cultural studies that juxtaposes the body, society, and children, also focuses on these issues⁶. I was convinced that body image and the

⁶ The works of Susan Bordo (1990) Sandra Freidman (1997), Steven Levenkron (1978) and Mark and Mimi Nichter (1991) all examine the prevalence and conditions of adolescence weight-obsession, as do those of Chernin and Poulton, already cited. In addition, there is a body of (mostly) autobiographical literature that can only be called a 'recovery' genre. For a few examples, see the work of

ever duelling threats of eating disorders and obesity would be foremost on the mind of every parent. Once again, I was pleasantly surprised. A great deal of my initial questioning attempted to see how parents would negotiate these issues, but as I spoke with more and more parents for whom this was not a cause of worry, I began to realize that my informants and I didn't share our perceptions. The awareness of these issues as concerns was there, but not in the ways I had expected, and certainly not as urgently. For many parents their concerns were very personally contextual - that is to say, reliant on both the age, gender and disposition of their children, and on their own experiences in life. For example, one woman who did express concern described it in relation to her struggles with her own weight and the hope that her child would never experience the same. Many of my informants explained that they didn't worry about body image or weight so much in comparison to other things that were more immediate to their children's age, such as teething, toilet training, or inoculations. Even those with children in their adolescence and early adulthood felt that issues such as peer pressure, drugs, smoking, and overall health were much more pressing. Weight concern, if mentioned at all, usually entered the conversation as a conditional afterthought; something they would worry about only if the situation were different, or if I asked

Dunbar (1986), Hornbacker (1998), Liu (1979), or Miller (1991).

about it.⁷

The examples I have outlined here draw into question both the unified and "uncritical" (Bray 1996:413) audience assumed by a textual approach to studying the body, as well as the entire notion of 'common sense'. Much of the work of anthropology lies in looking at, and sometimes behind, the 'common sense' understandings members of cultures hold about the world, but what does it say about our endeavours when 'common sense' ceases to be common at all? As ethnographers, we need to question the nature of shared knowledge and realize that the ideas of "emic" and "etic" can come into play within one culture, one community. An informant's meanings may be strange to an anthropologist, but we need to realize that they may be strange to his/her next door neighbour as well - membership (a perception of shared identity?) does not necessitate or ensure shared understandings or interpretations.⁸ This both problematizes

It should be noted here that the majority of the parents with whom I spoke had male children: 26 of 32 children were boys. Although many of my informants stressed the belief that they would treat children of either gender similarly, I feel that body-image may have played more of a role in parental concern had more of my informants had girls.

Both Phyllis Pease Chock, in her article "Irony and Ethnography: On Cultural Analysis of one's own Culture" (1986), and Faye Ginsburg, in her book Contested Lives: The Abortion Debate in an American Community (1989), draw similar conclusions after conducting fieldwork in North America. Despite sharing many aspects of class and background with the people she worked with, Chock talks about "miss[ing]" (Chock 1986:89) her informants' meanings and irony due to her own "cultural expectation of straight talk" (Chock 1986:89), while Ginsburg looks at personal interpretation, pointing

and broadens the scope of ethnographic inquiry. It leaves us with the realizations that: (a) our informants can only relate *their* understandings of their society⁹; and (b) that we can and should problematize our own turf: far from being a risk to the anthropological method, home must be seen as a definitely *good* place for research, in that no interpretations or understandings will be 'common' to everyone.

As James Clifford argues, ethnography and experience can only ever be "partial" (Clifford 1986:25), and my informants' experiences were necessarily different from, and thus somewhat unfamiliar to, my own taken-for-granted experience of Western society.

Fieldwork and Methodology

I conducted my research for this project in the city of Peterborough, Ontario, in the summer of 1999. Located in southern Ontario, on the Otonabee river, Peterborough is close enough to Toronto (a two hour drive) to have access to all the resources of a major centre, yet far enough away to be considered 'Cottage Country' and to enjoy a reasonable influx of summer visitors to replace the transient student population. Local industry is centred

out that women on both sides of the abortion debate had a great deal in common and could not be predictably categorized.

⁹Or, as Graham Watson puts it "All we (or anybody else) can offer is interpretations; this is so whether we are dealing with other cultures or with our own" (Watson 1992:88)

around the Quaker Oats factory (which, on some days, fills the air for blocks with the smell of pop-corn) on Hunter St. in the downtown core, and the General Electric factory a little further south, as well as a number of smaller businesses, and the support, maintenance, and academic staffing for Sir Sandford Fleming College and Trent University.

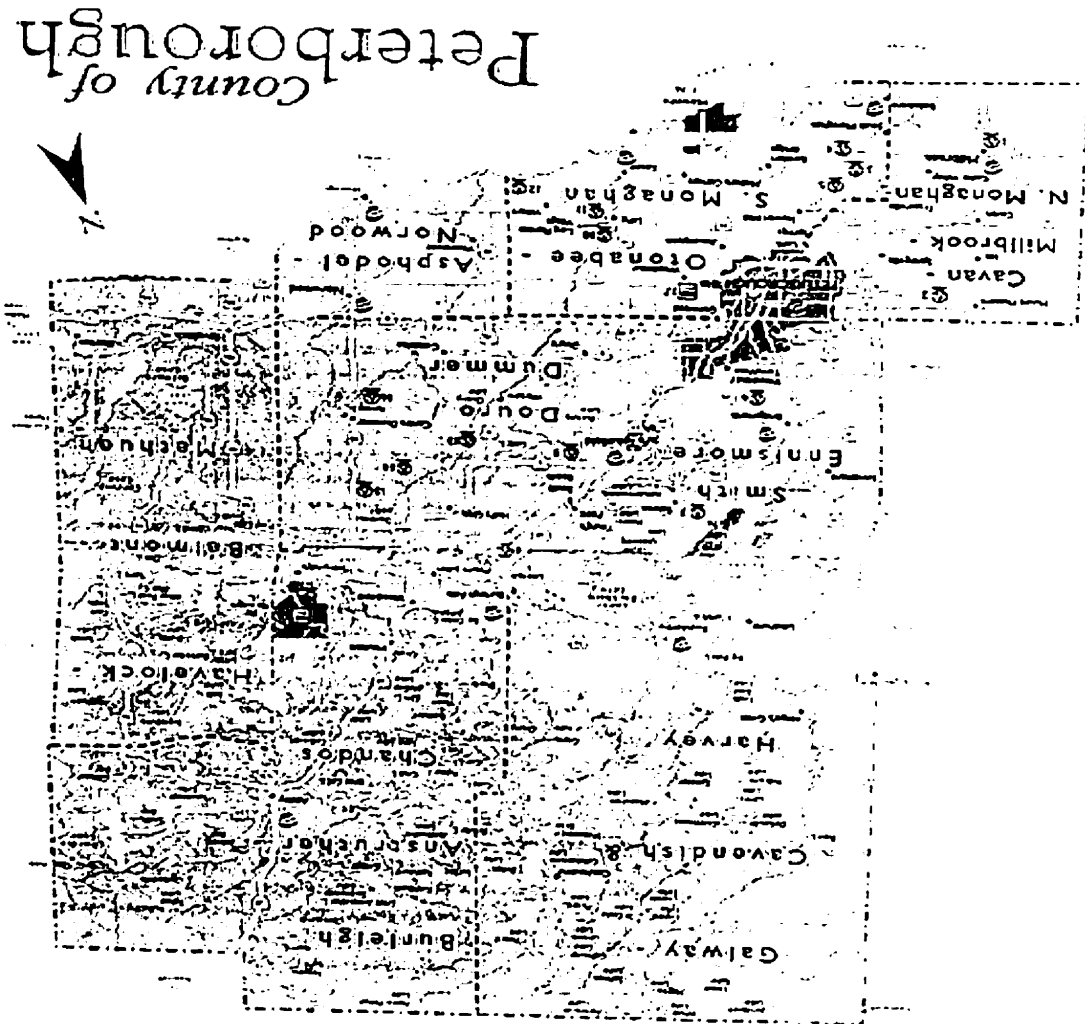


Fig. 1 Peterborough County (Kawartha Lakes Tourism)

The population of Peterborough county as a whole, which includes some smaller outlying communities, is estimated at 103,000, while the municipality of Peterborough itself accounts for 71,387 (Census Agglomeration 1999:51,548). According to the 1999 Peterborough Profile, commissioned by the Peterborough Social Planning Council (1999:2/1) most of Peterborough's inhabitants are of British ancestry, although Aboriginal-, French-, Asian-, Dutch-, Caribbean-, and Polish-derived populations, as well as a few others, do make up a substantial part of the demographic. This seems consistent with my experience, for although the student population adds some ethnic diversity to the town for large portions of the year, Peterborough is relatively homogeneous in comparison with larger centres such as Toronto or Ottawa. Economically, the inhabitants of Peterborough span a wide spectrum, although the predominance of blue-collar industry (General Electric and Quaker Oats) has led to a relatively low per-capita average income at \$28,942, with an average family income of \$51,845 (Statistics Canada 1999:1046).

My impressions of Peterborough are irrevocably shaped by the experience of having been a student there for almost six years, but, as part of a mostly seasonal population, staying on for the summer was a relatively novel experience. During the fall and winter months, the influx of Trent students fills the town with a seemingly disproportionate number of young adults, and the businesses that

cater to this student demographic give Peterborough the feel and amenities of a city much larger in size. The downtown core, centred around a pair of one-way streets that run North/South, is an assortment of low-cost clothing and food outlets, coffee shops, ethnic and artsy restaurants, pubs, bars, and upscale gift stores. Catering to students of varying means, year-round occupants, and a summer tourism market gives Peterborough a diversity that made it, for me, a very appealing place to live and work.

I conducted most of my fieldwork in the city core of Peterborough, although I did do some interviews by mail and e-mail with a few informants who lived up to three hours away. Using my downtown apartment as a base of operations, I relied on public transportation, bicycle trails and my own feet for most of my transportation over the summer, borrowing my father's car as a last resort to conduct interviews in some of the outlying communities such as Lakefield, Young's Point and Burleigh Falls.

Ideally, I would have liked to carry out my research through long-term participant observation¹⁰, but from the outset this obviously was not feasible for a number of reasons, most notably the time constraints of the project. Instead, I chose to use a methodologically eclectic mix of surveys, long informal interviews

¹⁰ By this I mean active and continual involvement in informants' daily lives over a long period of time. Ideally this would include participation in, and observation of, social functions and family life.

and casual participation in parenting organizations.

I began the summer with the distribution of surveys and flyers throughout the city, intending to draw my informants for longer, more in-depth interviews from the contacts these created. Voluntary participation, instead of random selection or statistical sampling, would give me informants who were interested in the topics I wanted to discuss and who would be willing to participate in the longer interview process. Although contacting informants took a great deal more effort than I had originally expected, volunteerism as the major method of participation remained the rule. Save for a very few, the parents with whom I spoke contacted me, volunteered their participation upon hearing of my project, or were referred by mutual acquaintances who knew of my research. This self-selection process led to a sample of people who are, I admit, not at all representative of the majority of parents in Peterborough or in North American society in terms of both education level (which was uniformly high) and parenting choices. As I will discuss in greater detail in Chapter Five, volunteering to participate in my project plays a role in how these parents conceptualize themselves and their relationships to their children's well-being. Allowing my informants to select themselves created a hermeneutic circle through which some of my informants created and re-created their parental identities *through* their participation in my research.

To begin my research, I posted flyers around the city on

public poster boards, in community centres and in public spaces such as the library, university, and malls, briefly explaining my project and inviting interested parents to contact me. I also contacted a number of day-care centres and obtained permission to put flyers in each child's cubbyhole or locker, to be taken home to their parents. In addition to this, I left surveys at institutions such as the YMCA (Young Mens Christian Organization - essentially a family gym and health club used by both men and women) which also included an invitation to contact me should parents wish to discuss in more detail the issues I addressed. I hoped to use the surveys, which asked general questions regarding parents' views of health and well-being as a starting point for more open-ended, in-depth interviews with those who responded.

By midway through the summer, I was very disheartened and frustrated. My enthusiasm and patience had been worn down not only by the incredible heat wave that hit all of southern Ontario, but also by the lack of response my posters and surveys had generated. My only contact had been with Lisa¹¹, who offered to participate when I asked if I could put a flyer up at her place of employment. Most of the flyers I had posted were covered within days by advertisements or had been torn down, while my surveys had simply disappeared. For lack of options, I decided to change tactics and

¹¹ All names used in the text are pseudonyms to ensure the anonymity of my informants.

broaden my horizons. I replaced the flyers around town and contacted other organizations, such as the Kingswood Community Centre and the Women's Health Centre, obtaining permission to leave surveys in these locations. I also arranged to leave surveys at a wider variety of establishments, such as hairdressers and the YMCA Women's Health Club. In addition to these measures, I also decided that I needed to be a little more aggressive in my approach. I chose a few public forums - the Peterborough beach at Little Lake and a craft show - as potential field sites and forced myself to overcome my trepidation about approaching strangers with my questions. This was the most difficult part of the entire summer for me, as I am usually quite shy, but it was well worth the effort. Although I received some negative responses, I also met people who were quite willing to talk with me. A number of the contacts I made in this manner were with people who later participated in interviews via mail and e-mail; an older woman whose son and granddaughters were visiting from Quebec urged me to pull up a lawn chair and chat right there on the beach while the two girls roughhoused in the water.

Also, I began frequenting Peterborough's Parental Resource and Family Enrichment centres, taking note of what social services and organizations were available for parents and, whenever possible, contacting and speaking with the coordinators of various programs. This initiative gave me the opportunity not only to meet with and

speak to individuals involved in these programs but also, in one case, to actually organize an entire meeting of a local fathers' group around the topic of my research. I also followed up a lead that my mother-in-law had given me, and called the local leader of the La Leche League International (LLL), a woman named Kay. The LLL is an international, non-profit organization that focuses on providing support, counselling and a friendly environment for women who are interested in breast-feeding their children. In addition to bimonthly meetings, the League offers a lending library and 24-hours-a-day phone counselling for mothers with questions or difficulties surrounding breast-feeding and mothering (Handbook of Community Services 1997-98:236). Kay was both enthusiastic and supportive. Once I had explained my project, she suggested that I attend the next League meeting where she would introduce me to people she was sure would be interested in participating.

From this point onward, my fieldwork became much more rewarding and productive. I received a number of responses to my flyers, and set up additional interviews with mothers and fathers whom I met through the LLL. I also began receiving completed surveys, although no one who filled out a survey contacted me for further conversation.

The surveys I used in the initial stages of my research asked a set of straightforward questions meant to ascertain three main points: a) what concerned parents the most about their children's

physical well-being¹², b) where parents receive most of their information about physical well-being, and c) what strategies they employ to address their concerns.

The survey questions were as follows:

Survey¹³

- 1) *Do you have concerns about your children's physical well-being? Please rate your concern on a scale from 1-10, with 1 representing no current concern, and 10 representing a great deal of concern.*

- 2) *What aspects of their physical well-being are you specifically concerned about?*
Health / Weight / Fitness / Nutrition / Exercise / Complexion
Other

- 3) *Do you feel that anything in particular (food, drugs, ideals, habits, practices, peer-pressure) is a risk to your children's physical well-being?*

- 4) *Do you and your children discuss issues of physical well-being or your concerns?*

- 5) *Do you ever disagree with your children about these subjects?*

¹² When I drafted the surveys and had them printed, I was still fashioning my inquiry under the assumptions I spoke of above, that is that my informants would see mind and body as divisible entities and that their major concerns would be with their children's weight and/or body image. Thus, most of the questions ask about physical well-being.

¹³ I am aware of the limitations that surveys pose to anthropological inquiry. As standardized and set questions, surveys do not allow for the exchange, participation and dialogue that lies at the heart of the ethnographic method. I used surveys only to begin my research - as a jumping-off point for longer, more open-ended conversations and interviews.

- 6) Do you encourage your children to participate in physical activity?
- 7) If yes, why, and what activities are your children currently involved in?
- 8) If no, what are the reasons?
Health / Time / Finances / Child's lack of interest / Other.
- 9) Do you and your children ever disagree about choice of physical activity? Why?
- 10) Do you and your children participate in physical activity together? If yes, when and why?
- 11) If no, what are the reasons?
No time / Schedule conflicts / Finances / Lack of shared interests / Child's lack of interest / Other
- 12) From where do you receive most of your information about physical well-being?
News / Documentaries / Commercials / Magazines / Movies
Books / Other
- 13) Would you ever consider encouraging your child to diet?
- 14) What is your age?
- 15) What is your current occupation?
- 16) How many children do you have?
- 17) What is (are) the sex(es) and age(s) of your child (or children)?

In contrast to the surveys, I conducted the interviews in a very open-ended, casual fashion, letting my informants guide the flow of the discussion. Although I did have a set of basic questions around which I based my questioning, I took my lead from what each parent emphasized, following up in greater depth on topics

that were important to them and skipping over or covering only briefly questions that they did not see as having a bearing on their lives. Through this manner of inquiry, I hoped to let my informants' meanings and understanding, rather than my own, come to the fore and shape the course of the investigation. The basic skeleton of my interview format is as follows, but in each actual conversation (excluding, of course, the interview conducted via mail) questions were added, changed or skipped as the discussion evolved.

Interview and Mail Questions

- 1) Tell me (in general) about your child's well being.
 - What do you consider part of a child's well-being? (Physical, mental, emotional, all three?)
 - How old are your children, are they male or female?

- 2) Do you have any concerns about your child's well-being?
 - What are these concerns?
 - Try to recall when you first became aware of these concerns:
 - How and where did you first find out about them? (For example :from your parents, from tv, from reading...)
 - How did you feel?

- 3) How does your family deal with these concerns?
 - Do you have any parenting strategies to deal with them?

- 4) Where does most of your information about well-being, children, and/or parenting come from? (For example: books, your parents, tv, your doctor, friends, magazines, advertisements)
 - How, when, and where do you come into contact with these sources of information?
 - How do you make use of these sources of information?
 - What are your opinions of these sources of information?
 - Do you trust them?

- 5) Do you feel that there are bad sources of information about well-being, children and/or parenting?
 - What are they?
 - Why, in your opinion, are they less reliable than other sources?
 - How do you feel about and react to these bad sources of information?
- 6) Do you try to incorporate information you receive from outside sources into your parenting strategies? If so, how?
- 7) How do you feel about some of the issues that are really popular in the Media right now? For example... Health care / education / dieting / eating disorders / physical fitness / body image...
- 8) Do you feel that you are responsible for the physical well-being of your child. Do you feel that you can effect change on your child's body through parental intervention of some sort? If so, how, and in what circumstances? If no, why not?
- 9) Please describe a time when you felt something you read, heard, or saw on tv had a large impact on your views about your child's health. What was it? How did you react? How do you feel this effected your parenting?

In some of the later interviews, I added a final question to follow up on the direction some of the earlier interviews had taken:

- 10) Was becoming a parent a conscious decision for you? What does being a parent (mother/father, stay-home mother/father) mean to you?

Interviews were often carried out in local coffee shops or, in many cases, at my informants' homes, and tape-recorded with the permission of those involved.

Informants, Friends, and Teachers: The parents with whom I spoke:

From the outset of this project, I have had some qualms about attempting to place my informants into categories, despite the fact that divisions quite obviously exist. My discomfort lies in the fact that it has always been my intention to examine the parents' understandings of their children's bodies and how these understandings play into the daily lived experience of parenting. Regardless of the differences in their parenting styles, they all shared the opinion that they were doing *their best*, and doing *what* was best for their children. For me to group them in any way regarding parenting style or philosophical approach to child-rearing would be to come dangerously close to making a judgement, which is not the purpose of my project. That said, I still find it necessary, and useful at times, to distinguish between various attributes my informants presented. This is not a straight-forward operation of simply lumping individuals into groups; the categories blend and overlap as parents who share one aspect of their parenting styles often differ in opinion about another. Instead of trying to form finite and stable groupings I will use one chart, listing various details of parenting style next to each informant. In this way, parents who shared a single aspect of their parenting style can be looked at as a 'group' for the purpose of analysis, without ever losing sight of their differences and the internal diversity of that 'category'.

Table 1: Research Informants

Name	Sex	Marital Status	Age and Sex of Children	Stay-Home Parent (2)	Breast-feeding (3)	Family Bed (4)	Alternative Health Choices (5)	Self as Unusual (6)
Bethany	F	Married	Boy, age 1	Yes	Yes	No	'Natural' and 'Traditional'	No
Rebecca	F	Separated	Boys, ages 5,8,10	Yes	Yes	Yes	'Holistic'	No
Dana (1)	F	Live-in Partner	Boys, ages 2,5	Yes	Yes	Yes	Shiatsu and Homoeopathy	No
Joanne (1)	F	Live in Partner	Boys, ages 2,5	Yes	Yes	Yes	Shiatsu and Homoeopathy	No
Ashley	F	Single	Boy, age 2 ½	No	Yes	No	Macrobiotic diet	No
Paul	M	Married	Girl, age 6 Boys, ages 4,3	Part-time	Yes	No	Chiropractic	No
Denise	F	Married	Boy, age 22 months	Yes	Yes	Yes	Homoeopathy	Yes
Lori (1)	F	Married	Girl, age 28 months	Yes	Yes	Yes	'Natural'	Yes
Aeron (1)	M	Married	Girl, age 28 months	Mother stays home	Yes	Yes	'Natural'	Yes
Peter	M	Married	Boys, ages 7,11,15	Yes	Yes	Yes	?	Yes
Jeff	M	Married	Boys, ages 4, 8 months	No	Yes	?	?	Yes
Sam	M	Married	Boy, age 10 months	Part-time	Yes	?	?	Yes
Tom	M	Married	Girl, age 3	Mother stays home	Yes	Yes	Vegan diet	Yes
Shannon	F	Single	No Children				'Natural'	Yes
Monica	F	Married	Boys, ages 19,21	Yes	?	?	Homoeopathy and 'Natural'	No
Lisa	F	Single	Boy, age 8	No	?	?	No	No
Sylvia (1)	F	Married	Boys, ages 15,17	No	?	?	Proper food combination	No
Bob (1)	M	Married	Boys, ages 15,17	No	?	?	?	No
Erica	F	Married	Boy, age 7	No	Yes	?	No	No
Michael	M	Separated	Girls, ages 12,15	No	?	?	?	No

- 1) Dana and Joanne, Aeron and Lori, and Bob and Sylvia were couples raising children together. With these couples, both partners participated in the interviews, either simultaneously or separately.
- 2) Stay-home parent -Did this parent stay home with their children (as opposed to using day-care services or a babysitter on a regular basis)?
- 3) Breastfeeding - Did this parent breastfeed or support the breastfeeding of her/his children?
- 4) Family Bed - Did this parent share her/his bed with young children as a conscious parenting choice?
- 5) Alternative health choices - Which, if any, alternative health care methods did this parent employ with her/his children?
- 6) Self as unusual - Did this parent state that she/he felt that she/he differed from 'the norm' in her/his parenting choices?

As the chart shows, twenty individuals - twelve women and eight men - chose to talk with me at length. Interviews conducted in person ranged in length from twenty minutes to 8 hours, while one, conducted by mail with Monica, constituted twenty-two pages of written data. All of my informants save Shannon were parents¹⁴, whose children ranged in age from ten months to twenty-one years. Although financially their resources varied a great deal, all of the parents who chose to speak with me had college or undergraduate university education or were in the process of furthering their

¹⁴ Shannon, whose ideas I will come back to in a later chapter, wanted to participate specifically because she had consciously chosen not to bear children of her own. She felt that her reasons for making this choice were similar to some of the reasons others cited for having children, and were directly related to the ways in which she understood her own body.

education¹⁵.

This chart cannot begin to show the complexity and variation of my informants' approaches to child-rearing and to their understandings of their children's bodies. My purpose is both to provide a very basic summary of the individuals I worked with and to show the difficulties of trying to confine the reality of lived experience to categories or definitions. As the chart demonstrates, although there are some things that were frequently mentioned, the way these elements are distributed from person-to-person and family-to-family makes for as much internal diversity within any given 'group' as there is without. There are correlations - such as the ones between breast feeding, stay-home parenting, and the family bed - but they do not, by any means, account for everyone's choices.

Roles and Realities

Just as the roles a person plays affect their understandings of the world around them, the roles a researcher plays affects the work she does. Conducting fieldwork in my own town left me to negotiate a complex interplay between roles of researcher, student,

¹⁵ Because I have chosen to focus on a self-selected sample, I will not attempt to compare, or to draw any wide-reaching conclusions, about the role parental education plays in parental understandings of children's bodies. I will note, however, that those who chose to participate were unanimously well educated or in the process of pursuing institutional or self-directed post-secondary education.

fiancée, friend, and daughter that might have been simpler had I gone to some place where I was unquestionably a stranger and an anthropologist. My relationships with my informants gave me even more roles to play, as I became for them both academic/authority and protégée/mother-to-be. I was younger than all of the men and women I spoke to, yet I held an academic position usually accorded respect. My informants, in turn, treated me as both a bearer of knowledge and as someone who - in approaching the roles of marriage and motherhood herself - could be taught and guided. This was expressed best by Bethany, as we spoke about birth and the prospect of my motherhood a few years down the road.

*Bethany - All of that [big stuff in your life] just fades into insignificance when you birth someone...
I'm actually almost envious of people like yourself,
who still have yet to go through that first birth...*

*Megan - And hope, hoping that its going to be a good
experience...*

*Bethany - It'll be amazing. And I mean this is coming from
someone who started having a home birth and ended up
having a C-section. You know what? Once that
child's outside of you, it doesn't matter.*

These roles cannot help but affect the way I understand the information my informants have shared with me. As I argued above, experience and understanding are partial and relative things, and everything, including academic work, is shaped by the context of its creation. Although I have done everything that I can to represent as faithfully as possible my informants' understandings of their

children's bodies, this paper is a product of both their understandings and my own - their experiences filtered through my roles as student, anthropologist, and potential mother-to-be.¹⁶

¹⁶ Anne Meneley makes a similar point in her article "Analogies and Resonances in the process of Ethnographic Understandings" (1998). Meneley explores her relationship with her informant Magda and the similarities this woman held to her own mother. Through this exploration, she is able to examine the "ways in which anthropological understanding is engendered through analogies with an ethnographer's experiential knowledge" (Meneley 1998:202).

CHAPTER TWO
HISTORICAL PERSPECTIVES ON CHILDHOOD AND THE CULTURAL
CONTEXT OF PARENTING IN NORTH AMERICA

Children, and the idea of childhood, hold a place of great esteem and value in contemporary Anglo-American society. Despite the actual variety of lived experience, Western popular culture encourages us to essentialize, romanticize, and fictionalize our childhoods into a golden, innocent past. At the same time many also locate the roots of all our vulnerabilities, frailties, and problems within these same few years. Young bodies are seen as being home to both indomitable resilience and spirit on one hand, and incredible fragility on the other.

It is an important part of any academic investigation to understand that the typologies and understandings we employ are a product of both our time and our culture. The ideas of the "child" as a category of personhood, of childhood as a stage of life, and of parenting as a defined role, are no exception - they are a product of the conditions that gave rise to Western, twentieth century thought. As Rex and Wendy Stainton Rogers (1992) argue, there is no "childhood [as a] 'thing' that can be known and defined objectively" (1992:5), there are only stories; a "multiplicity of texts on the young" (1992:7), that are products of very particular times, places, and points of view. In this chapter, I will tell some of those stories, and demonstrate how the concepts of 'the

child' and 'parenting' in Western culture have changed over time, and have come to hold the meanings and significance we now give them. When situated within the broader contexts of their historical specificity, our understandings of the young, of young bodies, and of parents' role towards them, seem much more arbitrary.

Understandings in the Past

As I have already stated, the understandings of childhood and parenting that are now common in Western society are the product of specific movements in history and thought. Children have not always been perceived as they are now, nor have parents always held the responsibility that they do now. Rather, these things have developed over time in concert with prevailing changes in philosophy, ideology, and technology. Every aspect of how adults understand and react to young bodies is historically, culturally, and, as we shall see in later chapters, personally specific.

Studies of the history of childhood in Western society often start with the Middle Ages. It has been argued that before the 1600s, the concept of the 'child' had no real place at all in Western understandings of young bodies. Philippe Aries, writer of the somewhat infamous Centuries of Childhood (1962), is often interpreted as having put forward the assertion that before that time, there was no conceptual difference at all between older and younger bodies (Cunningham 1995:30). The roots of this

interpretation lie in the following statement from the conclusion to Centuries of Childhood:

In medieval society the idea of childhood did not exist; this is not to suggest that children were neglected, forsaken or despised. The idea of childhood is not to be confused with affection for children; it corresponds to an awareness of the particular nature of childhood, that particular nature which distinguishes the child from the adult, even the young adult. In medieval society this awareness was lacking. That is why, as soon as the child could live without the constant solicitude of his mother, his nanny or his cradle-rocker, he belonged to adult society. (Aries 1962:128)

Many historians of childhood and medievalists felt that Aries was arguing for a medieval society that placed no value at all on young people, and there is a great deal of literature about the role of childhood in the middle ages aimed solely at proving him wrong (Cunningham 1995:32). Despite agreeing with those who felt that Aries was mistaken, Hugh Cunningham, in Children and Childhood in Western Society Since 1500 (1995), does allow that Aries may have been misinterpreted by those who aimed to discredit his work. What Aries was truly arguing, Cunningham explains, was not that there was no distinction between children and adults, but that, until the 1600s and later, there was no real "sentiment", or "sense of a feeling about childhood" (Cunningham 1995:30-31). Looking back to the quote from Aries' own text, it becomes clear that he is not arguing for a lack of value, care, or role for children but, rather, for a lack of sentimental value, for a lack of the idea of children

as a completely and essentially separate kind of person. It is this idea of a 'sentiment' of children that I wish to pursue, as the roots of modern Anglo-American views of childhood and parenting can be found in its development.

Both Aries and his detractors look to the 1600s for the beginnings of a sentimentalized idea of childhood. Before this period, children were inducted into adult society through participation in that society. Education was accomplished through apprenticeship and fostering that sent young people out to other families or to crafts-people to learn trades (Aries 1962:367-368). Thus, "...transmission from one generation to the next was ensured by the everyday participation of children in adult life...[and] children learned the art of living from everyday contact" (Aries 1962:368). This created an environment in which young people were quickly separated from their parents, and in which the family, Aries argues, "was a moral and social, rather than sentimental, reality" (Aries 1962:368). Children played a productive role in the family unit, but they did not function as its core or purpose, as the acts of "giving birth and giving nurture were often incompatible for demographic and economic reasons as well as cultural ones" (Gillis 1997:153). The role of parent was not synonymous with care or responsibility.

Political, social, and ideological changes between the 1500-1800s, such as the Renaissance, the Enlightenment and literary

Romanticism began to give children a different and separate role in Western society. New ideas of what it was to be a child began to place education and children in the natal home rather than in society at large, and a sentimentality of the family and of the child began to form. Aries explains that

The substitution of school for apprenticeship
...reflects a rapprochement between parents and
children, between the concept of the family and the
concept of childhood...The family centred itself on
the child. (Aries 1962:369)

Cunningham continues on this thought, arguing that this transition was marked by

...a heightened sense of the importance of childhood which manifested itself in a variety of ways: in a belief in the importance of early education; in a concern for the salvation of the child's soul; in a growing interest in the way children learn; and in the sense that children were messengers of God, and that childhood was therefore the best time of life. (Cunningham 1995:41)

Rather than seen as younger, weaker adults, children began to be seen as something essentially different, something possessing a unique nature entirely their own. A "sentiment" about children began to develop. From a twentieth-century perspective, looking back over the past four hundred years, one can see that the development of this 'feeling about children' is fluid and contextual, and has taken many forms. Following the tides of political and philosophical thought, this sentiment has grown and changed, and children have been seen to possess a great number of

unique natures. Children have, since the Middle Ages, been seen as innately evil and corruptible¹⁷, innately innocent and pure¹⁸, as creatures that are natural and that develop naturally¹⁹, and as Freud's unconscious source of adult personality and disorder (James, Jenks and Prout (1998:12-20).

The idea of a family centred around these unique beings became a sentimental ideal, and obligated the development of an idea of parents as also possessing and requiring unique qualities. As Gillis argues,

The meanings of motherhood and fatherhood are never stable or transparent but forever contested and changing. Whatever may be universal about the biology

¹⁷ A belief that finds its "mythological foundation in the doctrine of Adamic original sin" (James, Jenks and Prout 1998: 10), this view of children can be found in 16th and 17th century protestant understandings of children. Children were understood to be innately evil from birth and, without stern parental intervention, destined to face eternal damnation (Cunningham 1995:48, Stainton Rogers 1992: 27). "Left to themselves, children will turn out bad" (Cunningham 1995:48).

¹⁸ The idea of the uncorrupted pure child is best seen in the works of the Romantics such as Blake, Wordsworth and Rousseau and in other common portrayals of childhood in the 18th and 19th centuries. This theme continues into early twentieth century and 'modern' understandings of childhood (Stainton Rogers 1992: 27). For example, the poem "Stolen Child" by W.B. Yeats contrasts childhood innocence to the "weeping" of the world;

Come away oh human child
To the waters and the wild
With a Faery hand in hand
For the world's more full of weeping
Than you can understand. (Yeats)

¹⁹ Simply look to the field of developmental psychology to find evidence of this view (James, Jenks and Prout 1998:17-19).

of conception, pregnancy, and birth, maternity has no predetermined relationship to motherhood, and paternity no fixed relation to fatherhood... (Gillis 1997:153)

Locating the child as a separate category of personhood within the nuclear family began to equate parenthood with nurture in ways that were "historically unprecedented by the standards of the Western world" (Gillis 1997:153). These ideas of parenthood were as diverse and variable as the ideas of the child. Each understanding of childhood and the nature of children required a different sort of parent, and so while the 'evil child' necessitated a strict parent and "the rod of discipline" (Proverbs 22:15, cited in Cunningham 1995:48) to ensure its salvation, the innocent child needed to be protected and sheltered from the corruptions of the world, and the naturally developing child needed to be ranked and measured to assess its progress against 'natural' norms and standards (James, Jenks and Prout 1998:14-18).

Thus, the roles that parents have played towards their children have differed as greatly as Western understandings of childhood itself, and follow trends in both philosophic thought, as shown above, and technology. This, in combination with 'the child' as the focus for growing public, academic and political interest led in 1900 to the dawning of what many have called both "the century of the child" (Kay 1900, cited in Cunningham 1995: 163), and "the age of the experts" (Cunningham 1995:163). Growing faith in the powers of science and an intense social and academic interest in

'the child' (both products of the social forces such as the Renaissance discussed above) created, in early twentieth century Western society a situation in which an expanding class of scientific and medical experts took it upon themselves to oversee the well-being of the next generations. Children were a matter of great social concern and science was seen as the best way to approach the 'issue' (if you will excuse the pun).

The belief that science held the key to a better childhood for children was at its height in the late nineteenth and first half of the twentieth centuries. Science, it was believed, could improve life chances for children...could measure the intelligence of children, could tell mothers how to rear children, and could provide guidance for children whose development or behaviour did not conform to standard norms.

(Cunningham 1995: 165)

Not only was there a 'sentiment' of childhood as something unique and special, but it was now thought that science, medicine and the latest in technological intervention was necessary to ensure that children meet their full potential. Parents, whose roles were always defined by current understanding of children, began to relate to their children through the mediation of experts and scientific advice.

Narratives and Discourse in the Present: The Cultural Context of Parenting in North America

Modern Anglo-American understandings of children, children's bodies, and parenting developed from the understandings that came before them. Although each way of perceiving and understanding

children's bodies is culturally, historically, and (as I will argue later) personally specific and unique, each understanding is without a doubt heavily influenced and shaped by its antecedents. Remnants of the past understandings touched upon above can be seen in current perceptions of children, children's bodies, and parenting. We (members of Anglo-American society) carry with us in our understandings of children's bodies and the role of parents, the remains of the innocent child, the naturally developing child, the Freudian child, the expertly mediated child, and the "potential victim" child. These form the foundation of the understandings that are held today.

Textual analysis is, as I mentioned in the introduction, useful as a means to expose some of the stories, both conscious and unconscious, that societies tell themselves about the world around them. Beyond that it has its limitations, but for the purpose of looking at modern narratives and understandings of childhood, it functions as a place to start. A great deal has been written on childhood and parenting from this perspective and, looking at these works, I will briefly outline some of the prevailing narratives associated with and informing ideas of children's bodies in twentieth century North America. These are the multiple and varied stories of the young that permeate our culture and with which my informants engaged in a myriad of ways.

First, however, I feel it is important to emphasize that these

discourses and the resulting expectations of parenting in North America are irrefutably gendered. Despite popular discourses of equality in both the private and public spheres, the bulk of parental responsibility and parental blame still falls to women (Caplan 1991; Faludi 1992).²⁰ As Paula Caplan explains in her article "Mother-Blaming", "...in our society it is acceptable to blame mom" (Caplan 1991:127). The gendered nature of parental responsibility and expectation in North America forms a large part of the context in which individual parents are bearing and raising children. As such, although it does not figure strongly in my own work, it needs to be dealt within any academic consideration of parenting as a role. I will touch on these issues as they arise in the following discourses, and return in more detail to how these gendered power relations have played into my informants' lives in the section on 'Constraint and Empowerment' in the next chapter.

Parental Responsibility

The first and perhaps most obvious of Anglo-American ideas of childhood and children's bodies is that parents are responsible for the health and well-being of their children. The beginnings of this responsibility can be seen in the shifts of the 16th and 17th

²⁰ On the other hand it is important to note that, the bulk of the expectation to 'provide', ie., for financial support, still falls to men (Rubin 1992[1976]).

centuries that cast the child as a member of the natal family and education as a function of the home, and in the 18th, 19th, and early 20th century understandings of the child as an innocent and naturally developing creature. As James, Jenks, and Prout point out, the twentieth-century legacy of the concept of the child as innocent is that:

as parents and educators we are contracted to bring up our children in such a manner that their state of pristine innocence remains unspoilt by the violence and ugliness that surrounds them...what we also note being instilled here is the notion of responsibility.

(James, Jenks, and Prout 1997: 14)

This parental responsibility, grown out of the gradual sentimentalization of childhood as a separate category and idealization of the natal family as the source of education and nurture, leaves twentieth century Anglo-American parents with a lot to do. To them fall the social obligations to monitor, control, and guide every activity and experience of their children's lives until they become adults in their own right. Mothers, specifically, are the ones upon whose shoulders this responsibility is usually placed, despite the fact that in many dual-income families mothers are working as many paid hours as their partners²¹. One need only glance at the cover of any parenting magazine to realize how

²¹ The proverbial "double load" (Greenglass 1985, cited in Caplan 1991:129) means that many working women are responsible for both their paid employment and most of the child-tending duties in the home.

pervasive the expectations of parental responsibility are. Parents are advised and entreated to "Raise a Caring, Grateful Child" (Parenting, Nov 1999), learn how to "Fight...Fever the Right Way" (Child, Oct 1999), beware of "Top Hazards you Must Keep out of Reach" (Child, March 2000), and "Everyday Products that Could Poison your Child" (Parents, Oct 1999), while providing constant education and stimulation through encouraging "Fun Crafts, Cards and Treats to make Together" (Parents, Feb 2000) and realizing that "Kids need Fairy Tales" (Child, Jan 2000). Parents, particularly mothers are expected to always do their best, to teach, protect, discipline, and comfort their children, regardless of what other factors play a role in their lives²².

Part of this narrative of parental responsibility is the discourse of parental blame, particularly mother-blame (Caplan 1998). As parents are seen to be fully responsible for the well-being of their children, any deviation from 'normality' or 'wellness'²³ casts parents as "bad" parents - a heavy moral

²²Despite titles that indicate a non-gender-specific parental audience, these magazines, and the messages they transmit, are aimed almost solely at mothers. Articles that focus on adult content are usually about things such as pre-natal exercises, or relaxation therapy for mothers, while all the advertisements they contain (that are not for children's products) are for make-up and women's clothing. The target audience is definitely female.

²³ Whatever standard of such is being applied by those making the judgement, whether it be a paediatrician's idea of proper height and weight or an irate grandmother's idea of proper behaviour...

invective. The very act of bearing children becomes tied into social narratives of the responsibility to bear children, as women come to understand that birth creates a "good mother"²⁴ (Lifton 1998:191), while "non-mothers...[are] bad mothers" (May 1998:198) and "infertility...carries a stigma suggesting that women are to blame for their own inability to conceive" (May 1998:217). Intrinsic in the expectation of parental responsibility is the expectation to become parents in the first place. Not having children, by choice or by fate is construed as a failure to meet with cultural norms.²⁵

The discourse of responsibility recognizes no class or 'race' boundaries - it shapes the expectations placed on all North American parents regardless of culture of origin, resources, class, or education. Class does, however, play a role in how these discourses are experienced and acted upon in daily life, as people of different

²⁴ For a brief moment, at least. Although the act of birthing creates a "good mother" through the "natural" bearing of a (healthy) child, that status can be easily lost through failing to meet in some way the growing social expectations fed by the discourse of parental responsibility. As Ellen Lewin (1990,1997) Betty Jean Lifton (1998) and Harriette Marshall (1991) point out, the unwed, teen or lesbian mother risks losing her status as "good" mother almost immediately, trapped between the "bad" mother poles of failure to provide a 'normal' (Marshall 1991:75) nuclear family or (in the case of teen mothers, usually) choosing to put the child up for adoption.

²⁵ I would presume that this is more so for women than for men, but I have no grounds upon which to premise this assumption other than my own (partial) experience of being female in North American society.

classes are likely to hold different interpretations of the body, and of how best to care for the bodies of their children. Bourdieu's theory of physical capital makes this evident, arguing as he does that working classes are more likely to see the body and its maintenance as a means to an end - a tool for the accomplishment of work, labour, or family responsibility. Middle and upper-classes, on the other hand, often see the body as a project, to be altered and controlled (Bourdieu 1984; Shilling 1997:89). The ideals of parental responsibility are shaped by the understandings of the dominant classes (middle and upper) and thus often do not align with lower-class perception of children's bodies.²⁶ Thus, entire segments of the North American population - parents who are black, poor, single, or a combination of all three - are being systematically cast as "bad parents" through their inability to meet, usually for financial reasons, the expectations of white, middle and upper-class Anglo-American parenting (Edin and Lein 1997; Hertz and Ferguson 1996: 254; Swift 1995).

²⁶ I do not deal explicitly with the issues of class in this thesis as my informants were all from middle to upper-class families. Had I had a different sample, I certainly would have encountered more of the discrepancies and conflicts of interpretation described above.

The Unfinished Child

Those who focus on textual analysis of the body in twentieth century Anglo-American society comment that North Americans usually perceive the body to be both malleable and a work in progress, a project, unfinished (Bordo 1990; Brumberg 1997; Lupton and Tulloch 1998; Nichter and Vuckovic 1997). It should come as no surprise that, in a culture where the body is considered an appropriate site for work and where children's bodies are considered the responsibility of their parents, this idea of the body as project would extend to popular Anglo-American understandings of children's bodies as well. As Lupton and Tulloch explain in their article "The Adolescent 'Unfinished Body', Reflexivity and HIV/AIDS risk", "the adolescent body is typically portrayed in a range of texts, from educational theory to the popular media, as unruly, un-contained, uncontrolled and therefore needful of careful monitoring, regulation and instruction" (Lupton and Tulloch 1998:22). Lupton and Tulloch look at how children's bodies are seen as being culturally or socially unfinished - too wild and/or natural to be contained in adult society without supervision and control.

Children are also portrayed as being physically unfinished, and parents are seen as being responsible for ensuring that 'finishing' happens both on schedule and in the best possible way. Premised in the ideas of developmental psychology and in the ideas that children progress through developmental stages, the discourse

of the unfinished child lends a certain urgency to parenting. Parents are encouraged by medical practitioners to make sure their children are within the 'acceptable' height and weight ranges for their age (Stearns 1997:137-146), and cautioned that if certain learning tasks, such as speech or toilet training are not accomplished by a certain point, permanent damage could ensue. In its twenty-first century incarnation, this urgency becomes outright paranoia as the idea of the unfinished child joins forces with modern technology and popularized neurological studies to monitor the child in the womb and trace the development of the human brain.

The fetus is perhaps the ultimate expression of the unfinished child, and it is only recently in Western history that it has played a role in parenting or in understandings of children's bodies. It, like the child, has gradually begun to take on meaning as a category of personhood separate from adults (or other children) and from its mother herself (Dunden 1993; Ginsburg 1997; Petchesky 1997). The advancement of medical and imaging technologies which allow medical experts to detect pregnancy before the woman herself, and to put an image of the unfinished child on a screen for people other than the mother to experience has led to a situation in which the growing obligation for parental (maternal) responsibility towards the unborn

begins to impinge on the rights of the mother.²⁷

Similarly, Madeleine Nash, in her Time magazine article "Fertile Minds" (June 1997), clearly written for a general audience, explains how recent developments in the study of the human brain have shown that children's minds are still developing for the first few years after birth - they are, in essence, unfinished - and that what parents do during those years can have a great effect on the child. Windows - specific, age dependent opportunities - for acquiring proper vision, emotion and language are all keyed to a child's neural development, and, as Nash says, if "deprived of a stimulating environment, a child's brain suffers." These 'insights'

Susan Faludi (Backlash: The Undeclared War against Women 1992), Katha Pollitt ("Fetal Rights: A New Assault on Feminism" 1998) and Barbara Dunden (Disembodying Women: Perspectives on Pregnancy and the Unborn 1993) discuss these issues in their examinations of current trends towards the forcible control of pregnant women to ensure the well-being of their unborn child. These controls take a number of forms but exist predominantly as social sanctions - enforced by doctors, husbands and strangers alike - against pregnant women's engagement in any activity that could be seen as dangerous to her fetus. Women are publicly chastised or even legally prosecuted for smoking, drinking, taking drugs or engaging in dangerous activities while pregnant, and "the image of the vulnerable infant, endangered by its maternal environment unless rescued by altruistic outsiders, has emerged at the conjunction of a number of contemporary US debates" (Lowenhaupt Tsing 1990:283). As Faludi explains, new legislative proposals are now "call[ing] for the prosecution of women whose behaviour during pregnancy [is] deemed negligent to their foetuses" and "...pregnant women [are] increasingly losing battles to exercise their rights of refusal in the obstetrical ward" (Faludi 1992:423-431). This state-enforced social expression of the very gendered discourse of parental responsibility is accompanying/causing the 'humanizing' of the unborn and 'dehumanizing' of the mother.

into neural growth, she goes on to argue, "have profound implications for parents and policy makers" (Nash 1997:49).

The discourse of the "unfinished child" also creates the culturally 'vulnerable' and the biologically 'resilient' child. As they are still developing, children are seen as both particularly vulnerable to social damage from faulty parenting and particularly resilient to natural or physical damage in that scientific research has shown that damaged brain functions can be re-mapped onto unused portions of an injured brain in a child young enough (Newport 1992:109).

The Advice of the Experts vs. the "Natural"

Finally, there are pervasive narratives about what is good for a child, and about who holds the authority to determine the health and well-being of a child. These I categorize as the narratives of 'the experts' and of 'the natural'.

Inherent in twentieth century, Anglo-American understandings of childhood and parenting are the remains of the "century of the child" : discourses that place primacy on expert knowledge of health care providers and child-rearing theorists rather than on the knowledge of the parents. The experts are a phenomenon of roughly the last hundred years and have, since their rise to power in the late 1800s/early 1900s, voiced opinions that are as varied as all the understandings of childhood that came before them. They span

disciplines - from fields of medicine and health care to academic schools of psychology and child development - and their recommendations have ranged from the strict control and disciplinarianism recommended by John Watson's behaviourist school (Riley 1983:23) to the well-known Dr. Spock's 'permissiveness'²⁸. What they have in common is the weight of scientific, professional and academic authority that backs them. As I mentioned earlier, the 'age of the experts' rose out of a growing interest and trust in the superiority of the scientific method, and it is this incredibly pervasive discourse that continues to validate the role of the experts in parenting and understandings of children today. Scientific authority places parents and experts in a power relation where parents are expected to submit, literally and intellectually, to the will of the expert (Findlay and Miller 1994:289-297). In her article "The Social Construction of Motherhood: an Analysis of Childcare and Parenting Manuals" (1991), Harriette Marshall demonstrates how expert advice (which is aimed almost solely at mothers) is constructed so as to invalidate parental (maternal) claims to knowledge. She states that "the first rule made explicit in some manuals is that mothers should look to the experts for guidelines and that the experience passed on by other mothers is not sufficient" (Marshall 1991:73). The cultural narratives that make

²⁸ Although Dr. Spock himself does not see his philosophies as 'permissive' so much as respectful and caring (Spock 1989).

children's bodies both vulnerable and unfinished have made "pregnancy, childbirth, and child rearing...fraught with sacrifices, perils and challenges that women must surmount" (Lowenhaupt Tsing 1990:282), and expert advice has claimed the place of saviour on these dangerous grounds. Whether it is expressed through the multitude of child-rearing manuals that fill the shelves of libraries and bookstores, or through a doctor's dismissal of a parent's concerns, the power of the experts plays a large role in current understandings of childhood and parenting.

In combination with and in contrast to the discourse of 'the expert' is the idea of 'the natural'. Many would argue that this should be set in opposition to the experts, who often argue that parents' instincts are misguided, but many 'experts', such as Jean Liedloff, anthropologist and author of The Continuum Concept, and Dr. Sears, author of Nighttime Parenting (Sears 1985, cited in La Leche league, 1997), use their position of academic authority to promote ideas of "natural parenting". The idea of "nature" or of "natural" also appears frequently in reference to women's roles as nurturers and mothers. Bearing children is often discussed as the "ultimate fulfilment" (Marshall 1991:68) for a woman, and the product of a natural "maternal instinct" (May 1998). In turn, loving, nurturing and caring for children becomes a 'natural' pastime and the product of a 'natural' mother-child bond formed through joint participation in pregnancy and birth. This idea of a

natural/physical bond often makes motherhood problematic for women who have chosen to adopt or who have ambivalent feelings or depression after birth (Brown et al 1994; Marshal 1991; Smith, Surrey, and Watkins 1998). As becomes quite obvious, what 'natural' actually refers to varies widely, but as a modern discourse or understanding of childhood and parenting, I will argue that it entails meanings of attention to bodily rhythms, to bodily functions, and to the idea of an innate bond between mother and child that transcends culture and circumstances. This idea of the 'natural' often also focuses on biological connection (through blood or through breast) between parents and children, and excludes technological and medical intervention in parenting, such as baby-holding devices and immunization. The following quote, from the introduction of the La Leche League handbook, The Womanly Art of Breastfeeding (1997), epitomizes the discourse of 'natural' as it relates to understandings of children, children's bodies, and (maternal) parenting. Brought forward are repeated references to the naturalness of a woman's role and responsibility as birth-mother, nurturer, and caregiver.

The natural power of breastfeeding is one of the greatest wonders of the world. It is about real love. It is about caring and celebrating the wondrous joy of nurturing a new life. It is about enjoying being a woman.

In a world too often dominated by materialism and greed, every act of the natural power of breastfeeding reminds us that there is another way, the natural way, the breastfeeding way. Breastfeeding is about the power

of peace, the power of goodness, and the power of responsibility.

Today, all over the world, women demonstrate this power by choosing to breastfeed. They celebrate this power and joy by helping other mothers who wish to exercise this natural choice.

Breastfeeding a baby - what could be more natural?

(La Leche League International 1997)

In this chapter I have shown that the way children and children's bodies are perceived and understood today is the product of historically and culturally specific patterns and changes in thought and philosophy. What is important to realize here is that although the dominant discourses which guide North American ideals of parenting - parental responsibility, the unfinished child, and the expert/natural approach - grew out of ways of thinking that came before them, there is nothing essential or universal about them, and they are specific to the here-and-now of twentieth century Western thought. For example, the idea of the 'natural' considers the biological functions and innate bonds of parenting as transcending culture, time and circumstance. This discourse, as it is used by groups such as the LLL in the passage above, reifies connections formed through activities such as the bearing or nursing of children. Cultural and historical comparison to practices such as wet-nursing (the hiring of a usually lower class lactating woman to feed the infant of another higher class woman) recasts breastfeeding into the realm of power and exchange, and demonstrates that these 'connections' are culturally and historically specific to Western,

twentieth-century thought. It is very unlikely that the LLL nursing mother today and the wet-nurse of the middle ages - or similarly, anyone who must be a wet-nurse to make their livelihood - share all interpretation of the act of nursing a child.²⁹

In the next chapter I will look at my informants' interpretations and understandings of their children's bodies, demonstrating how they are not only historically and culturally specific, but personally contextual as well.

²⁹ Although I do not develop these themes further in this thesis, more detailed coverage can be found in historical examinations of breast feeding such as Breasts, Bottles, and Babies: A History of Infant Feeding (1986), and Wet Nursing: A History from Antiquity to the Present (1988) by Valerie A. Fildes, or A Social History of Wet Nursing in America: From Breast to Bottle (1996) by Janet Goldon.

CHAPTER THREE
UNDERSTANDING THEIR CHILDREN'S BODIES

Constraint and Empowerment

In "Missing Voices: The Experience of Motherhood" (1994), Brown et. al. point out that one of the major failings in the medical field is that practitioners do not listen to women or validate their knowledge. Both written publications about, and personal interaction with, women confirm that practising clinicians support "the idea that a source of knowledge outside the woman has a higher level of credibility than anything she might say" (Brown et al. 1994:1).

Anthropologists have long been aware of - and indeed involved in studying - the unequal power relations that lead to this silencing of women's voices in clinical settings, and the idea of silent voices has become a complex issue within anthropology itself. The "writing culture" debates of the late 1980s and early 1990s drew anthropological attention to the fact that anthropological texts rarely share authorship with those whose voices they represent (Behar 1993:308; Clifford 1986). Pushes for change in the last ten years have led to a wealth of narrative and multi-vocal ethnography, yet in many cases the voices of academics retain much of the privilege they always have had. Just as Brown et al. argue that doctors need to listen to and believe their patients, I suggest that anthropology needs to experiment further with the balance between

necessary analysis and the equally important need to listen to and believe informants. To turn to Watson's work once again, we cannot assume that our informants straightforwardly and "unproblematically" (Watson 1992:89) tell the truth without some agenda of their own. This assumes that a) there is a truth to tell, which Watson would dispute³⁰, and that anthropological informants have access to it (or want to impart it). Knowing that our informants are as much involved in the process of making meaning as we are, we can assume that what we learn from them is as much a production - created within a certain context for certain reasons - as the text we will create from that knowledge. At the same time, however, the interpretations of experience that are voiced by those with whom we do research should be given as much validity (although not remain unproblematized) as our own theoretical and analytic interpretations.

Feminist interpretations of mothering in twenty-first century North America focus on the gendered power relations that place the onus of parental responsibility, liability, and blame on mothers and that emphasize the innate "naturalness" of the maternal role. An

³⁰ Watson argues that there is no tangible reality separate from the process of interpretation.

We cannot demonstrate "reality" or part of it without employing description or ostension. "Reality" is simply not available independently of these procedures. What we have, and all we have, is not some supposed free-standing reality but merely the accounting procedure that purportedly indicate it. (Watson 1992:82)

anthropology of mothering would be lacking if it did not include an examination of the social context and power relations that shape contemporary experiences. However, it should be acknowledged that some minority and Third World criticisms of white, middle/upper-class feminist literature point out that the topics this literature dwells on have little to do with the experiences of mothers elsewhere, and take issue with the (often implicit) assertion that women who engage positively with dominant narratives are dupes, while those who struggle are the 'powerless victims of patriarchy' (Chodorow and Contratto 1992:195). For example, Barbara Smith in "Towards a Black Feminist Criticism" (1985) points out that "feminists [are] blinded to the implications of any womanhood that is not white womanhood" (Smith 1985:169), while Deborah McDowell (1985) explains that most feminist literature sees "the experiences of white women, particularly white middle-class women, as normative" (McDowell 1985:186). Nancy Scheper-Hughes' ethnographic work on the shanty-towns of Brazil brings these criticisms into sharp focus as she illustrates the lives of mothers whose major concerns, far from dwelling on issues like dehumanization and gendered oppression, are often about how to keep their family fed and alive in a country where 82 percent of child deaths occur within the first year of life (Scheper-Hughes 1994:206).

Likewise, my informants - many of whom are aware, to varying degrees, of the feminist literature on mothering, and who are also,

ironically, for the most part white and middle class, have a range of experiences, interpretations, goals, and values, and would not see themselves as dupes of a hegemonic discourse. Thus, the concerns brought to light by feminist scholars do not represent concerns shared by, or of importance to all mothers, and a great variety of interpretation exists, even within the white middle-class North American populations from which these scholars write.

Meanings are made at a local level, in the daily experiences of those who live, breath, and act in any given context. Parents are no exception, and focussing wholly on the oppressively gendered power relations - as much writing on the subject does - misses the active, complex, often contradictory, and vibrant negotiation that parents, like any social actors, engage in as they make sense of their world. In their examinations of the narratives of young mothers, both Ann Phoenix (1991) and Sharon Thompson (1990) emphasize the ability of their informants to internalize and make meaning out of duality and contradiction. They point out that people are capable of reactions that are contradictory and complex (Thompson 1990:271), and that they "do not simply accept normative assumption...nor use one set of discourses consistently" (Phoenix 1991:100).

It is this recognition of complexity and agency in interpretation that I wish to bring to my research. The men and women I spoke with both negotiated and engaged with the discourses

of the body and of parenthood that they encountered. Negotiation does not necessitate resistance, nor does engagement necessitate compliance. The parents I spoke with articulated interpretations that were complex, fluid, contradictory, and multi-vocal, incorporating aspects from many - seemingly disparate - cultural narratives. For example, many of them felt that mothering was indeed "natural", yet at the same time disagreed with the cultural imperative that motherhood was natural for all women. Many also believed whole-heartedly in the necessity of stay-home mothering, yet saw this as a source of personal power and achievement, not as a role forced on them by a patriarchal system. They found personal strength, empowerment, and freedom where many academic and anthropological examinations may see patriarchal domination, controlling ideology, and constraint.

Bethany, for example, expressed a great deal of anger at the cultural messages that lead mothers to take blame and promote parental guilt over mistakes, yet a few moments later she argued that stay-home parenting is devalued and that no one should reduce it to "just mothering" (Bethany). She feels that staying home with her child is the biggest, most responsible, and most spiritual thing she has ever done, and that these experiences have helped her to know herself better as a person. Her beliefs seem to both resist and subscribe to cultural discourses about what it is to be a parent, yet for her there is no contradiction.

What I am arguing is that, like Phoenix and Thompson's informants, the parents with whom I spoke were capable of complex reactions that "draw on a range of arguments to explain the meanings that [parenthood] held for them..., [were] culled from a variety of discourses currently available" (Phoenix 1991:100), and were personally specific and exceedingly variable. The parents with whom I spoke interacted with the prevailing discourses of children's bodies and made meaning within these discursive domains in ways that were personally contextual and relevant. Specifically, none of my female informants saw themselves as wholly defined by, guided by, or in resistance to a patriarchal system, nor did my male informants see themselves as oppressive. This is not to say that these gendered power relations and ideologies of parenting did not play a role in my informants' lives; I am sure they did, and, certainly, had my sample been larger and included a greater distribution in terms of class, wealth and education, this might have been more readily apparent. It is simply to say that the parents I spoke with did not mention them as controlling factors in their lives³¹, and had very personal, vibrant, and active interpretations of their own that differed a great deal from the ones put forward by many

³¹ Most of my informants had read feminist literature on parenting and motherhood, and were well aware of the arguments put forward. They saw the dominant discourses as having little effect on their lives not because they were not aware of them, but because they were aware of them, and saw them as having little power to determine their actions or interpretations.

theorists. In seeking to give validity to the voices of my informants, it is a combination of their varied interpretations and my own that I seek to put forward in the rest of this paper.

Understanding Their Children's Bodies

When I talk of parents' understanding of children's bodies, I am in fact talking about a number of interrelated concepts. I asked my informants to tell me about their children's bodies, and what follows are the things they related. None of it is easily categorized, and the topics touched upon range from what they understand children's bodies to be, to their perceptions of their own roles as parents in relation to those bodies. I will begin with how my informants felt they came to form their understandings.

Sources of Information and Forming Understandings

A key in many of my informants' understandings of their children's bodies was that they perceived themselves to be active and conscious agents in collecting data and forming those very understandings. Like the women Sharon Thompson (cited above) worked with, my informants felt that they "shape[d] themselves" (Thompson 1990:271), through active involvement with cultural narratives and sources of information pertaining to children's bodies. I will begin by looking at how the parents I spoke with gathered information.

Although the survey with which I began my investigation was of limited use, it did provide a good place for me to start looking at how parents obtained and made use of information about children's well-being. In total, I received 20 completed surveys from parents whose children ranged in age from six months to thirty-seven years. Question twelve on the survey asked parents to indicate from a number of options where they received most of their information about physical well-being. I also provided a space in which people could fill in other sources of information that I had not listed. The results were as follows:

Source of Information	Number of Checks (from 20 surveys)
News	10
Documentaries	7
Commercials	1
Magazines	13
Movies	2
Books	8

Other:

- Education
- Personal Experience
- Work
- Self-Help Industry productions and publications
- Conferences
- Workshops
- Health Unit
- School
- Internet
- Health Care Provider

Those parents who responded to my survey got most of their information about physical well-being from reading magazines and books but made use of other sources to increase their knowledge.

These results are similar to the answers provided by the parents who took part in interviews. Many of my informants felt that they received most of their information concerning their children's well-being and parenting from books, although they too listed a wide variety of other sources, including the internet, health-care providers and, frequently, other parents.

The parents with whom I spoke at length used a wide variety of information-gathering techniques. Some (like Dana, Peter, and Sylvia) researched at length, reading as much as they could find on the subject of children, well-being, and parenting, while others (such as Joanne and Ashley) looked for information about things that were of specific concern to them. Erika recalls getting most of her early information from pamphlets given to her by the Public Health nurse when her son was born, while Denise and Rebecca both received a great deal of information from their contacts with alternative health care providers. Many of my informants used the internet to research topics of interest, especially when they felt they couldn't get the information from more mainstream sources. Joanne, Dana, Peter, and Denise all considered immunization a major source of concern, and used the internet as well as alternative parenting magazines to find information that questioned the dominant medical opinion. For a number of my informants, friends, relatives, and other parents formed both a major source of information and a network of mutual support. Bethany kept in contact and still shared

anecdotes and advice with the women from her pre-natal swim class despite the fact she had recently moved, and Erika relied on her older sister for helpful books on parenting. The mothers and fathers who were associated with the LLL felt that this organization provided a great deal of useful and beneficial information about children's well-being, and often continued to attend (or support attendance, in the case of fathers) after their children were weaned. Finally, a number of my informants felt that they drew much of their insight about parenting (both positive and negative) from their own childhood. Joanne joked that her mother practised "culinary child-abuse" by serving horrible food (e.g., liver pancakes), and that her experiences have prompted her to vow that she would never do this to her own children.

All of my informants felt they played an active role in processing the information that came to them and forming their understandings of their children's bodies and well-being. They certainly did not see themselves as passive enactors of social norms - as is demonstrated by the number of parents who asserted in the interviews that they felt they were different from "usual" parents - perceiving instead a process by which they actively sorted and filtered the information they received, using the best and discarding everything else.

I apply bits and pieces from a lot of sources. It's an amalgamation of ideas. I take what I need from a source, based on what I've gathered. (Denise)

We pick and choose what seems most appropriate to our life-style. A lot of it doesn't apply. You have to take everything with a grain of salt and sort the wheat from the chaff. (Dana)

I read about an issue from as many sources as possible to gain as broad of an impression as I can get. (Monica)

They felt that their understandings of their children's bodies were formed through a constant process of negotiation with the information they received daily from a wide variety of sources. Each fact or theory was tested against their existing knowledge, the knowledge of friends, family, and trusted health-care providers and, finally, against their "intuition" as parents.¹²

My informants' understandings of their children's bodies did hold a great deal in common with many larger and pervasive social discourses of the body discussed in Chapter Two. Ideas such as the body as a site of personal (and parental) responsibility, and the

¹² An interesting paradox is raised by the fact that although these parents saw themselves as active agents in the construction of their own understandings they were also actively involved in trying to shape the understandings and identities of their children (Cath Oberholtzer, personal communication). I choose to address this question by looking at my informants' impressions of their relationships with their own parents. Many of the men and women I spoke with felt that their parents' parenting choices had an influence on their present understandings of children's bodies and on the parenting choices they themselves have made. They felt however, that these influences were subject to the same process of personal negotiation as other pieces of information. Although the issue did not come up in discussion, I assume that they believe, in turn, that their own children will negotiate the influences they are currently exerting.

young body as vulnerable and potentially changeable were elements of Western perceptions of the body that formed part of my informants' understandings of their children's bodies. But, as I argued above, these narratives did not form their understandings totally, nor did they constitute the be-all and end-all of my informants' day-to-day interactions with their children. The greater social narratives did play a role in my informants' understandings of their children's bodies but this role was mitigated by a process of complex and personally situated negotiation. Just as my informants consciously judged, employed, or discarded information they received from other sources, so too did they actively engage with the dominant narratives of the body - interpreting and actualizing them in ways that made sense based on acquired knowledge, education, perception, and personal experience (as will be demonstrated in the case studies at the end of the chapter).

Understandings were the often contradictory composite of cultural narratives and a myriad of other sources of information concerning the body, interpreted and negotiated in personally specific ways and, as new information became available, over time.

Children's Bodies

Although the parents I spoke with had diverse understandings of their children's bodies (based on their own interactions with the

discourses mentioned above and personal experience and interpretations), they all agreed on one key element - that the person is holistic, and that one cannot simply look at the body alone. I began each interview by asking my informants to tell me about their children's well-being. As I have already described, I initially began by asking about children's bodies and physical well-being, but quickly changed my questioning to suit the unexpected direction that my informants' answers were leading. Well-being, for them, was not, something that could be understood by simply talking about the body, nor was the body something that could be looked at in isolation; well-being was "everything", and had to be looked at in this light.

Well-being...that could be anything. Economic...
Physical, emotional, spiritual; they're really all
one. (Joanne)

It's all a whole package, isn't it? (Erika)

Well-being...Happiness? Happiness is well-being.
(Ashley)

Physical well-being can be environment...is also their
sense of worth...they're part of the family...feeling
needed. It also takes in emotional well-being; it's all
connected. (Paul)

My informants' use of the term 'everything' referred to physical, emotional, and mental or spiritual well-being. They usually employed these terms in similar ways. Physical well-being was used to talk about physical health (i.e., presence or absence

of illness), development and growth, and physical fitness, while emotional well-being referred to how their children felt - happy, sad, content, stressed - and mental well-being was used to discuss both mental health (self-esteem, etc.) and intellectual ability and performance. Everyone I spoke with talked about physical and emotional well-being, but some parents substituted spiritual for mental as the third part in their equation for the holistic person. Spirituality, in this context, was used to connote a wide variety of meanings, ranging from the idea of a general, earthy and personal kind of spirituality that suffused every aspect of daily life (Rebecca, Joanne and Dana), to a sense of a higher power (Bethany), to a Christian belief in God (Aeron and Lori).

These elements were, for my informants, interconnected and inseparable - each was effected by, and had effect on, the others. Thus, in viewing their children holistically, the parents I spoke with saw causal connections between such things as happiness and health, diet and temperament, comfort and physical development. For example, Paul explained how sickness can affect his children's emotions, actions, and interactions with each other and their parents:

If you're not healthy and you're not feeling well, you start to act out, and they start hitting each other, and they're whining and wanting attention... (Paul)

Rebecca worried that the emotional strain of her recent separation from her husband could have a negative effect on her sons' overall well-being.

I think over the last year we've sort of focussed more on their emotional well-being, because of the family situation...I personally think that physical problems are directly related to how you are emotionally.

(Rebecca)

Although they used terms such as 'mind' and 'body', or 'physical' and 'mental', when questioned about these distinctions they emphasized the view that a human being was a holistic system.

Another view commonly held among the parents with whom I spoke (and one that could be seen as an almost complete acceptance of the cultural narratives of parental responsibility and the unfinished child), was that they were responsible for their children's bodies (or holistic well-beings), and that, as parents, they had the ability - and, to a certain extent, the right - to effect change on those bodies through parental intervention. This responsibility, as I will explain in the next chapter, was curtailed by an understanding that it diminished over time, but was seen by most of my informants as being complete during the first few years of a child's life.

I am responsible for his well-being.

(Ashley)

Children are utterly helpless - you are responsible for their physical well being...But do I have the right? I have the right to maintain his health. Not to impose health on him.

(Dana and Joanne)

On the level of daily life, these two understandings of children's bodies - as holistic, and as both the responsibility of parents and responsive to parental intervention - in combination with their personal interpretations of a number of other sources of information, led my informants to take actions and make choices that they felt were best suited to their children's well-being and that addressed their parental responsibility to maintain that well-being.

Making Choices and Taking Action

The parents I spoke with shared the understanding that they were responsible for their children's well-being. How they engaged with and acted upon this responsibility in daily life was a function of their personal interpretations of the larger social narratives and other information sources, and is where variability begins to show. Each parent I spoke to made choices and took actions to ensure their children's well-being, and although their understandings of well-being were similar (physical, emotional, mental/spiritual) the things they felt were best suited to maintaining it were quite different. There were, however, similarities in their perceptions of the process of engaging with material and making choices.

The parents I spoke with unanimously felt that although they often took in a vast amount of information, they were very discerning about what they used. They described using information

in bits and pieces, and feeling out what was best for them and their children. Couples often read the same books and had access to the same sources of information. When asked if, or how, they incorporated information into their parenting strategies, these parents responded that they talked about it a great deal first. Both Joanne and Dana, and Aeron and Lori responded that family discussion was the first step in implementing any idea, and that through discussion they could decide what aspects of any particular source might work for them. Parents of older children, such as Bob and Sylvia, and Monica, included their children in these discussions, thus ensuring that new ideas were suited to the whole family.

Speaking to them - with a sense of humour - as much as possible is the only strategy that I feel I can employ because of their age and stage of development.

(Monica)

I talk with them as much as possible. I'm in their face twenty-four hours a day, seven days a week.

(Bob)

My informants experimented with many different parenting styles and strategies³³ and adopted the elements from each that worked the best for them. Those who had experience with multiple

³³ Their experimentation was limited by some of the basic norms and understandings of North America; i.e., they didn't, as I pointed out earlier, allow small children to care for infants as is done in Samoa, but within that culturally defined range there is a great deal of variation and they drew widely from this.

children, either from their own families or interaction with their child's peers, felt that every child was different, and that parents had to learn how to care for each child in a way that was most suited to that child. Making use of information on parenting and children's well-being in daily life was, just like taking in information and forming understandings, a process of constant negotiation from day to day (as children grew and changed) and from child to child. As Lori explains,

I keep finding new information...[my daughter] is constantly changing, and I am constantly having to learn to react to her differently. We talk about [making use of information in parenting strategies] a lot, and use a certain amount of intuition.

Actually making concrete choices about a child's well-being, and taking action to ensure it, is where the parents I interviewed began to differ. Despite looking at and thinking critically about information in similar ways, the final choice of action varied a great deal from parent to parent and family to family. Things that worked for some people were put aside as 'not right for me' by others. For example, while Joanne and Dana agree with the main ideas of both the books Siblings without Rivalry (Faber and Mazlish 1987) and When your Child Drives you Crazy (Lashan 1985), Rebecca found the former quite useful but decided that she did not like the latter and therefore would not make use of it.

To illustrate the variation with which my informants engaged

with information and narratives on a daily level, I will make use of two brief case studies. The couples I have chosen - Lori and Aeron and Dana and Joanne - share some of the basic ideas about what constitutes a child's well-being and how to maintain it, but differ greatly in how they actually go about this on a daily basis.

Lori and Aeron

Lori and Aeron are a married couple who live in Peterborough with their 28-month-old daughter. They believe that they are responsible for her well-being, and that the best way to ensure her well-being is to provide a stable, caring, supportive, safe, and natural environment in which she can grow up. In light of the above, they have made a number of choices and taken courses of action that they felt were the best.

To provide the naturalness that they feel is healthy for their daughter, Lori and Aeron have decided to eschew the use of most chemicals in their household and daily life. During her pregnancy, Lori used no drugs save the doctor-prescribed anti-nausea medication her morning sickness forced her to take. This included cutting out all over-the-counter medications such as cough syrups and painkillers. Instead, Lori made use of natural remedies and painkillers recommended by alternative health care providers which were guaranteed to be safe for her unborn child. In their household, they drink only filtered water and do not use products

such as sun-screen or fluoridated toothpaste that they feel hold potentially dangerous chemicals. Lori breastfeeds their daughter on demand, and will continue to do so until she is ready to wean herself, and, as a family, they try to eat as many foods in the natural state as possible³⁴.

They encourage their daughter to think of physical activity as a fun part of daily life and they keep her dressed neatly and prettily because "appearance influences how people treat her and in turn how she feels about herself."

To provide the comfort, support and stability that they feel is necessary to ensure their daughter's well being, Aeron and Lori have adopted what they call 'attachment parenting', a strategy of parenting that involves meeting a child's needs on demand and being with that child for as much time as possible during the early years of life. They feel that having her parents, especially her mother, available to provide physical comfort, interaction, and constant care is what their daughter needs most at this stage in her life. As part of this parenting strategy, they practise co-family sleeping, and Lori parents full-time while Aeron works to

³⁴ This was the phrase Lori and Aaron used to describe fresh, unprocessed foods. Based on previous conversations and discussion I had with them, I interpreted this to mean that they avoid processed and heavily modified foods such as processed cheese, pre-made lunch foods, boxed or frozen meals etc... Instead they try to eat a diet heavy in fresh (and often raw) fruits and vegetables, along with whole grain carbohydrates such as rice.

financially support the family. Finally, to ensure her safety and happiness, Aeron and Lori have decided to keep her as sheltered as possible from some of the more negative aspects of the world. "We want to keep [our daughter] sheltered from a lot of what happens in the 'real' world to protect her innocence for as long as possible - media, violence, etc;..."(Lori). To do this, they have taken a number of courses of action which include Lori's role as a stay-home parent, their choice to never leave their daughter in the care of other people, and the removal of a television from the home. Currently, they are considering home-schooling as an alternative to public schooling where poor quality and current news reports of shootings and abuse have led them to feel she may be at risk, both intellectually and physically. Finally, Lori and Aeron are themselves religious, and felt that it was important to include an element of spirituality in their daughter's life. Thus they have made simple Christian teachings a part of her day-to-day experiences.

The choices and actions Lori and Aeron have employed are based on their understanding of a responsibility to their child, their perceptions of the nature of her well-being and the best way to maintain it, and their unique interpretations of information, narratives, and personal experience.

Dana and Joanne

Dana and Joanne are a same-sex couple who live in the country about three hours north of Peterborough with their two sons, ages two and five³⁵. They also believe that they are responsible for their children's well being and that the best way for them to accomplish this is to provide a stable, caring, supportive, safe, and natural environment. To this end, they have also made a number of choices and taken courses of action that they felt were best. These choices are personally contextual and meaningful to Dana and Joanne, and differ a great deal from those made by Aeron and Lori.

Dana and Joanne feel that it is best for their children to have the most natural environment possible, and thus they both opted to have home-births with the attendance of a midwife³⁶. In light of

³⁵ Both of Dana and Joanne's children are boys, but in our interviews they stressed the fact that they would have adopted the same active and unrestrictive parenting style regardless of the sex of their children. Studies examining the gendered treatment of children often note that parents are more active and physical with boys than they are with girls (Tomeh 1975:14-17). Having read this material, Joanne and Dana decided before the birth of their children that they would allow children of both sexes access to freedom and physical play.

³⁶ Joanne's home-birth had to be forgone in favour of a c-section because the midwife felt that her son - at that point two weeks late and over ten pounds - was too big for a safe vaginal birth. Had it been possible, Joanne would have chosen a water birth, as she felt this provided the easiest transition from womb to world for a newborn infant.

their own negative experiences with doctors³⁷, they have chosen alternative medicine over allopathic medicine, and they treat their children homeopathically or with shiatsu massage, feeling that these options are less invasive and thus more natural. As Dana explains in a quote cited earlier in the chapter, she feels that she does not have the right to impose health on her son, which is what she feels allopathy tends to do. Naturalistic medicine, on the other hand, allows patients control over their own health by encouraging prevention and holistic well-being. They have also made a conscious decision to forgo immunization with both their children. Based on extensive research, first and second hand narratives from other parents, and personal experiences with negative responses³⁸, they have decided that immunization poses a threat to their children and that, as responsible parents, it is their duty to avoid it.

Both Dana and Joanne breastfeed the children on demand, and, like Lori and Aeron, plan to wean only when the children are ready. Joanne and Dana also feel that having a large property is helpful in providing a natural environment, and they allow their children

³⁷ Joanne states that her distrust of allopathic medicine stems in part (although certainly not wholly) from an experience where the antibiotic she was given after a thyroid operation was so strong that she contracted a yeast infection that lasted a year.

³⁸ As an illustration, Dana relates an experience where an immunization she received before travelling to Germany as a teenager induced an overwhelming compulsion to count vertical objects such as telephone poles and fence posts.

to play (with some supervision) outdoors in their large yard.

For Dana and Joanne, naturalness also means interfering as little as possible with the natural processes of their children's bodies. They do not monitor food or chemical intake as stringently as Lori and Aeron, and stress instead the philosophy of allowing the children to be self-regulating with what and how much they eat. For Joanne, this is a direct response to her own mother's regulation of her food intake as a child. They also attempt to allow their children to be as physically natural as possible. They feel that children are more in tune with their bodies than adults, and they hope that by not curbing their sons' natural movements with overly-strict discipline or too many restrictions, they can forestall the development of self-consciousness. Finally, Dana and Joanne feel that it is natural and best for children to have contact with a wide variety of adults. Thus, their children travel extensively with them and are in constant contact with a number of adults. Discipline and care in this context is shared among many caretakers, and although they are very careful to let only people they know and trust stay with their children, they will, unlike Lori and Aeron, let trusted adults care for their children completely in their absence.

As far as safety is concerned, Dana and Joanne feel that the best way to ensure their sons' well-being is to educate them. They do not believe in sheltering children, rather they attempt to

discuss things with the boys as they come up, educating them as to what is possible and in how to defend themselves. Exposure to television and media violence has been a source of disagreement, but they have compromised on the decision to limit watching-time, and they discuss how they feel about programs with their sons as they watch. That way, Dana explained to me, she could let her son know why certain programs made them uncomfortable, and give him the skills to be critical and make judgements on his own.

Spirituality is also an important element of life for Dana and Joanne, but for them it takes the form of a more 'pagan' spirituality³⁹. To make this a part of their sons' lives they include spirituality in day-to-day conversation in their home. They also keep an altar and say an evening meal-time prayer.

Dana and Joanne based their parenting decisions on their personal interpretations of a wide variety of information and narratives. Personal experience in the form of alternative health education (Dana is a Shiatsu massage therapist and Joanne a registered homeopath) and martial arts training (both have black belts in Karate) have influenced their perceptions of the body, while both feel that their negative experiences with their natal

³⁹ Joanne and Dana did not give a definition or name for their version of spirituality, but described it at various points during the interview as being inspired by both their holistic medical training (shiatsu and homeopathy), and the meditational and spiritual aspects of martial arts, and finally, as holding much in common with Wiccan goddess-oriented worship.

families⁴⁰ shaped the choices they subsequently made with regard to their own children.

Thus it becomes obvious that although parents may share many of their perceptions and basic understandings about their children's bodies and well-being, the way these are actually engaged with and enacted on the level of day-to-day life varies dramatically and is a function of very personal negotiation and experience.

In closing, one other participant provides a final and effective example of variation possible in personal engagement with discourses and the forming of understandings. Shannon, whom I mentioned earlier, believed, as did the rest of my informants, that parents were responsible for the well-being of their children, and that instinct or intuition played a large role in determining what was best for children. Based on these understandings, a variety of other sources of information and her own personal experiences of her body, childhood⁴¹, and interactions with children in adult life⁴², Shannon chose not to have children at all. She feels that the fact

⁴⁰ As I will discuss in more detail in the next chapter, Joanne was sexually abused by her father - an experience which she feels has greatly shaped the choices she has made in relation to her own children. Dana explains that her natal family was emotionally abusive and that, as with Joanne, her wish to not repeat the mistakes of her parents has guided her parenting in many ways.

⁴¹ As just not much fun.

⁴² She feels that up until quite recently children have just not liked her.

that she has a deep aversion to young children (around five and under) and not to older ones is a natural (relating back to the discourse of 'natural' maternal instinct) and trustworthy indication that she is not suited to motherhood, either genetically or emotionally.

Mother nature does things that make sense...so there must be some reason for it. I have no urge to have a kid, so maybe I'm sterile, or maybe I'm missing some of the hormones and the kid wouldn't come out all right.
(Shannon)

As becomes obvious, Shannon is interacting with the same cultural discourses - motherhood as 'natural', 'maternal instinct' as best - but interpreting and acting upon them in very different ways in light of her own personal experiences and perceptions.

In this chapter I have shown that understandings of children and children's bodies are constituted and acted upon in very personally specific and meaningful ways that vary greatly from parent to parent. In the next chapter I will examine my informants' understandings of their children's bodies as both variable (as I demonstrated above) and relational - as a site for the construction of the parental role.

CHAPTER FOUR
RISK AND RESPONSIBILITY IN TIME AND SPACE

Kay opened the discussion at one of the evening LLL meetings by holding up a long, red, knotted cord. "Imagine," she told us, "that this cord is your life, and that each knot represents 10 years. Find yourself on the cord."

I counted the knots silently, - ten or eleven in all - and somewhat sheepishly placed myself only a fraction past the second one. Kay continued. "Now, when you think about what you are doing for your child, think about how much of the cord your baby really needs you for."

She paused to let us consider. The evening meetings, although well attended by women with children of all ages, were aimed specifically at expectant and new mothers. Kay's request invoked for me images of the stories I had heard many of the women around me tell - stories of sleepless nights, painful or even infected breasts and nipples, un-supportive doctors or families, illness, and joy.

After a moment, Kay spoke again, answering her own question. "Not much really. Less than an inch, less than a centimetre, on this whole cord. In your whole life, your baby only needs you for a few years. It goes by so fast."

I saw Kay's demonstration as having two roles, two meanings.

She was reassuring tired mothers that the period of intensive need was short, and that it wouldn't be too long before their burdens lightened, and, in the same breath she was warning us all that those same, short years were of vital importance, and could be easily missed.⁴³

In her articles "Images of Danger: Women's Sources of Information about the Spatial Distribution of Male Violence" (1992) and "The Geography of Women's Fear" (1989), Gill Valentine argues that fear - in this case, women's fear of male sexual violence - is located spatially. Regardless of the actual patterns of violence, perceptions and understandings of risk lead "women [to] feel more at risk in certain places at certain times" (Valentine 1992:22). Valentine's research shows that women formed their perceptions of danger through the complex negotiation of a number of sources - media, personal experiences of space, first- and second-hand accounts, etc. - and that although women are actually more at risk in their own homes and from men they are acquainted with, the social/gendered division of space and popular representations of risk and violence locate danger in public spaces and at the hands

⁴³ This period of responsibility and the process of its gradual release is often not as short or as Kay's story indicates. Many parents with older children, particularly those whose children have made life-choices they disagree with (have become addicted to drugs or involved with illegal activities, for example) struggle with how and when to step back and let their children suffer the consequences of their actions, and the process of negotiating responsibility can go on for years.

of strangers (1992: 26). In response to these understandings, this geography of fear, women develop 'coping strategies' to minimize their perceived risk (Valentine 1989:385, 1992:22, Gordon et al. 1980:S144).

Although these references - Kay's knotted cord and Gill Valentine's geography of women's fear - seem at first to be quite disparate, they both illustrate the way in which individuals map their perceptions and understandings of elements of their lives into the temporal and spatial world they inhabit. The parents I interviewed understood both the risk to their children's bodies, and their own role and responsibilities as parents, as being spatially and temporally located. Briefly, risk was understood to be more prevalent in certain places at certain times, and responsibility and the intense parental role were seen to change and gradually diminish over time. Like Valentine's informants, the parents with whom I spoke formed their perceptions of risk and responsibility through the interpretation and negotiation of a wide variety of different sources of information. In everyday life, these understandings of the spatial and temporal geographies of responsibility and risk were expressed through concerns, worries, rules, and constant negotiation, and were dealt with through the adoption of parental 'coping strategies'. Parents addressed their concerns through a variety of strategies that included specific parenting styles, actions, restriction, rules, and emergency plans. They expressed the

idea that as their children aged, these strategies would have to be negotiated to allow for a diminishment of parental responsibility.

This brings me to the idea that parents' understandings of children's bodies serve as a site for the articulation of social roles. Parenting as a role with specific responsibilities is, in this case, constructed in relation to an understanding of children's bodies as at-risk and as gradually growing up.

Risk and Space: The Geography of Parental Concern

The geography of parental concern is very similar to Valentine's geography of women's fear - located in public spaces and empty, abandoned spaces, with strangers being seen as the most probable cause of threat. This may be because, like women, children are often perceived (accurately enough in our society) as being small, weak, and unable to defend themselves (Gorden et al. 1980:S149; Valentine 1992:24). For those parents whose children were older, concern was still located in public spaces and in connection with people who were not family, but the intensity of parental involvement mediating risk was variable. Worries about peer pressure, alcohol, food, sex, smoking, and drugs were expressed in connection with places outside the home - such as the 'back shed', school, and parties - and with a child's peer group⁴⁴.

⁴⁴ Almost all of the parents I talked with expressed their concern over risk in terms of their children's physical well-being,

For some of the parents I interviewed, such as Lisa, the risk of physical injury dominated their perceptions of risk, and roads and cars represented a major source of concern.

...I walk, instead of riding my bike. I can ride my bike, but I haven't, it's safer to walk than to ride a bike in Peterborough.

That's why [my son] doesn't have a bicycle yet...he's had a bicycle because he's been at a sidewalk bicycle stage, but now that he's eight I'm doing the bicycle debate, because I do not want him riding a bicycle in our neighbourhood... (Lisa)

Lisa's concerns are an expression of her understandings and perceptions of a number of different sources of information. First and foremost in her mind are her own experiences of space. As she explained a bit later, "[my son] got hit by a car when he was walking home from school with an adult last fall...so what would happen if he were on a bicycle?" Her perceptions are added to by first and second-hand narratives of friends and relatives with whom

which seems to be a contradiction of their earlier assertion about the holistic nature of well-being. This can be read in either of two ways (although I personally think it represents a combination of both). Firstly, this can be seen as one of the contradictions inherent in interpretation and the making of meanings. As I discussed earlier, understandings are fluid and fraught with duality and complexity. Perhaps the parents I spoke with understand their children's bodies to be part of a more holistic well-being in theory, but in actuality talked and worried most about the their physical health.

Or secondly, the contradiction could lie not in meaning but in the language used to describe and articulate it. Many of the parents I spoke with felt that harm to any aspect of a child's holistic well-being could have a negative effect on the rest. Implicit then, in descriptions of concern for the physical well-being is concern for the rest.

she talks, and by reports of similar events in the media.

In Peterborough it's almost a pastime - hitting pedestrians. If you read the newspapers...my brother noticed since he moved here...even Jan Arden who was here singing was hit by a car... there's one in there about every other day, somebody's been hit by a car.

(Lisa)

Finally, in the course of her role as parent, Lisa's experience of the public spaces - in this case, the roads - of Peterborough as dangerous is coming into conflict with her perception of eight as being too old for a child to ride a bicycle on the sidewalk. For now, the solution or coping strategy she has negotiated is to remove the temptation and risk by not allowing her son to own a bike at all.

For many of the parents I spoke with, their perceptions of the geography of risk located danger in places where the parents were not, or in situations where a child might be taken or assaulted by a strange adult. Quite a few of my informants worried that their child could be kidnapped, or harmed by another adult. Spatially, these dangers were seen as being present in public spaces, or in the homes of other people such as neighbours, relatives, or care-givers, rather than in the family home. The adults who posed a threat were, for the most part, characterized as strangers or estranged members of the family such as non-custodial parents. Erika, for example, was afraid that her son would be at risk if he were unsupervised in the yard outside her home.

He's seven and I still wouldn't let him play outside by himself...and um, and I think its probably the street we're on...like, we're on [a major street in downtown area with heavy traffic flow] street...and I figure, with all the cars that drive by...that at some point in the course of a week there's got to be one person who might want to take a child...

(Erika)

Similarly, she was anxious about his safety when he was in the care of his grandparents whose perceptions of the geography of risk were different from her own. Although Erika was very upset when her son's grandmother left him sitting outside on their lawn in a stroller as a baby, the grandmother thought of the lawn as a safe place; "...for her," Erika explained, "that was no big deal...times are different."

Erika also worried about her son's safety when he was in school, another public space where children spend a great deal of time. She spoke at length about the arrangements she and her husband had made to ensure that their son was always picked up by someone they considered safe: either one of them, a close friend, or his babysitter. She felt that she needed to make these plans because although schools made arrangements to ensure that children in kindergarten were picked up by the appropriate people, they didn't watch as closely with the older children. "In kindergarten they will check...and there is a list...but in grade one they don't have a checklist. Part of this issue now is you get single parents who have restraining orders against the other parent..." Although

her family was not in this kind of situation, Erika's perception of risk was heightened by stories about abductions from schools. She and her husband set out a number of plans, or 'coping strategies' - who they could call if they would be late picking him up, whose house he could go to if they were not home etc. - through which to ensure their son's safety during that interim period when he was in neither a teacher's nor their own care.

Erika explained that her concerns came from both media sources and her own "imagination", "because you either watch movies...you see things where you can imagine what can happen to children, because you can imagine that yourself, you can imagine what could happen to your child."

Lori and Aeron expressed concerns similar to Erika's with regard to their two-year-old daughter. They were concerned about the risk of her coming to harm at the hands of another adult.

I think it's uh, media...we're bombarded with all sorts of stories about abuse, and you know, parents...its really disturbing when you hear a story like that...and realistically the chances are really quite small, that someone could harm your child, but it's there, you're always thinking about it. We think about it...we never leave her with someone else, not at this time in her life. (Aeron)

Their fears were located both in public spaces, like school, which they mentioned as a concern a few minutes later, and in private spaces where they were not present. Their concerns were formed through interaction with media sources of information and

their thoughts and interpretations of these stories. On the level of daily life, they employ coping strategies to address these concerns, which involve, for the moment, never being away from their daughter. Although they are currently discussing how to deal with these issues when she becomes old enough for school (one of the solutions they are considering is home schooling), at this age they feel it is better and safer for her if at least one of them is always present.

Dana and Joanne also expressed concern that their children would be taken or harmed by adults. For the most part, their fears were located in the crowded, less easily controlled public spaces of the city, rather than in the private, isolated spaces of their own country home and property.

One thing I do worry about is them getting grabbed...if I take them into the city, I've got to be aware that they're blond, blue-eyed boys, and he's still a baby, [youngest] specifically, ...for the baby market...most people don't realize that most kids who disappear, they're not grabbed by [estranged] parents, they're grabbed for the adoption market. (Dana)

Joanne and Dana both said they were aware of abduction as a possible risk before having children, but being mothers made their concerns and fears much more personal. They both read a lot during their pregnancies, and have both taught a number of women's self-defence classes. Dana explained that she became aware of these things as concerns through "a combination of reading and hearing women's stories...I've got a lot of these women's horror stories

stored in my head."

Because they perceived abduction as being a threat to their children (specifically because of their children's appearances) they have made plans for how to deal with it.

I used to have these ideas, about what I would do if someone picked him up on a crowded street and took off with him. I planned out what I would do. The thing is, Joanne and I talked about it, because we imagined...and we basically came up with a game plan...between the two of us, no one would have ever gotten away with either of our kids. One of us is going to high tail it after this person, the other is going to go for the car, go for assistance...security, 911... (Dana)

In the articles I mentioned at the beginning of this chapter, Gill Valentine argues that although the geography of women's fear places risk in public spaces, women are "more at risk at home, and from men they know" (Valentine 1992:23). Similarly, although most of the parents I interviewed expressed concern over public, unsupervised places and strange adults, most child abuse has been shown to take place in a familiar setting, with someone who is known to the child (Evanstark 1988:11; Crewdson 1988:217). As John Crewdson explains in his book on child sexual abuse, there is a "vastly greater danger to children from adults they know - particularly their parents" (Crewdson 1988:217-218).

Only Joanne and Dana expressed an explicit awareness and concern about this in their discussions with me.

I think that's the biggest thing - recognizing that it [parental or family child abuse] is possible. This is where outside threats turn into familiar threats. Because actually...usually the case is within the family." (Dana)

For Dana and Joanne, these concerns grew from a combination of reading, first- and second-hand narratives from women they knew or taught in self-defence, media reports, and personal experience.⁴⁵

On a day-to-day basis, they address these concerns by monitoring their own actions, and trying to teach their children skills they hope will prevent abuse. As Dana expressed above, they feel that awareness of the possibility of abuse is the biggest step, and this awareness allows her to realize when she is getting too angry or upset to deal with the children at any given moment. She and Joanne practise what they jokingly call "tag-team parenting," which allows either parent to call a time-out, leave the room, or go for a walk to cool down if she needs to, while the other parent steps in to care for the children. They feel that this allows them to keep a handle on the frustration that all parents occasionally feel.

⁴⁵ I should note at this point that Joanne was the only one of my informants to recount a childhood experience of abuse - in her case father-daughter incest. I would argue that her and her partner's perceptions/awareness of the family home as a potential source of risk to children is partially due to her own childhood experiences of danger at home and from someone familiar to her. I asked Joanne her opinion of this interpretation as I was writing this chapter, and she felt it was, at least for her, accurate.

In addition to using mechanisms to control their own behaviour, Joanne and Dana try to educate their children in ways that will make them able to protect themselves.

Talking to the boys, ...if anybody goes beyond the line, you say something about it. To the other parent if you have to, to the teacher, to you know...you have permission to say no, and if they don't stop, go to someone else...find someone. (Dana)

Dana says that she feels a bit bad about having to tell their children these things. It is, she explains "the hardest thing to say to a child who's completely innocent and trusting... 'someone might hurt you...'", but quickly adds that "...in that sense, I would rather have an aware child."

In talking to their children, Dana and Joanne try to instill a sense of self-ownership of the body, which they feel will help the children be aware of their rights to defend themselves and draw their own boundaries. Joanne states it quite directly:

If you teach your child that he or she does not own their own body, you may as well put a neon sign over their head that says 'sexually abuse me'. (Joanne)

The parents with whom I spoke mapped their fears and concerns onto the world around them, drawing on, interpreting, and negotiating a variety of sources of information to form their understandings and perceptions of risk. Although most of my informants located risk in public spaces and strange people, each personal 'geography of concern' varied, stressing different

locations and sources of danger based on each parent's personal experiences and understandings of the spaces they moved through.

Time, risk and responsibility

Just as my informants perceived their children's well-being in terms of spatial geography, they also understood aspects of both their children's well-being and their own roles as parents in terms of temporality. One of the main aspects of a Western understanding of children is that they intellectually grow up⁴⁶ - babies gradually become adults and as they do, the role their parents play in their lives (ideally) changes dramatically⁴⁷. The parents I spoke with expressed a constant awareness of the continual change their children were undergoing. This change could be a source of wonder, joy, relief or anxiety for them, and constituted a major element in their understandings of their children's bodies. For many, their parenting strategies were built around accounting for and adapting to the many changes their children could experience in the course

⁴⁶ By this I refer to the commonly held understanding that most children develop more sophisticated mental capacities as they age, progressing from incompetent (incomplete) child to competent (complete) adult. In contrast, the Beng of Africa (to whom I will return in greater depth in the conclusion) understand their children to be born with incredible ability for linguistic comprehension and perception which *decreases* as they age, reaching a normal level as they near adulthood.

⁴⁷ Although, as I pointed out earlier, this shift is rarely as smooth or un-problematic a transition as the ideal would suggest.

of just one day.

It's really, with children, it's *one hour* at a time. In fact, it's really one minute at a time, because in the span of an hour, they go through like, ten different emotions, and you have to keep up with it. (Bethany)

For what it's worth, I have a lot of fun reading the "What to expect" books [⁴⁸], like they have a monthly thing, you know. By this age..17th month or whatever, your child *should* be able to do these things, *probably* will be able to do these things, a little more advanced...*may* be able to do these things, *may possibly* be able to do these things, and *may even possibly* be able to do these things.... So I'm looking, right, and [my birth son] is way ahead verbally...he's just way ahead of himself verbally. (Joanne)

The Temporality of Responsibility

All of the parents I spoke with saw their role as parents as being temporally defined. They felt that they were very much responsible for their children's well being, as I described in the previous chapter, but they also felt that responsibility was conditional. My informants perceived both their responsibility to provide and care for their children, and their ability or right to be a major influence in those children's lives as contingent on the age of their children and as changing over time.

⁴⁸ What to Expect: When you are Expecting (1991), What to Expect: The First Year (1989), and What to Expect: The Toddler Years (1994), by Arlene Eisenbuerg, Heidi E. Murkoff and Sandee E. Hathaway. This very popular series of parental guides offers month by month advice, suggestions and recommendations that correspond to each stage of prenatal or postnatal developments, depending on the book.

I think that [your responsibility for your child] depends on the age...you go from total and complete and utter responsibility at birth to little or no responsibility in adulthood, and it's this gradual shift.
(Joanne)

What was meant by 'responsibility' was quite diverse - each parent had a different interpretation - but all of the parents I spoke with agreed that their right to exert it diminished over time⁴⁹. Denise felt that although she was not responsible for the elements of her son's well being that were genetically determined, she was responsible for building upon what nature had provided, and had, for the time being, "the need or right [of parental intervention] over anything [she] could control."

...Part of it's genetic...a portion that I don't have any control over...but yeah, there is a lot I think I am responsible for. I'm not responsible for when he starts talking, but whether or not he continues with it. I'm responsible to give him the best environment possible to make sure he keeps on growing, and expanding...
(Denise)

Sylvia, on the other hand, spoke the most emphatically about her responsibility to learn the correct parenting skills and improve her parenting over time.

⁴⁹ Even the idea of parental responsibility is, of course, also culturally specific. As I have mentioned before and will return to in the conclusion, who is seen as being appropriately responsible for children varies greatly from culture to culture.

My whole philosophy is...we need tools as parents. We need tools, we need skills. And society too shouldn't expect parents to give this stuff, because a lot of them weren't given it themselves...Parenting is the toughest job you'll ever do...but it's easier if you have the skills. (Sylvia)

To this end, she reads as many parenting books as she can find, attends classes and watches videos on parenting techniques available through the public library and the Peterborough Resource Centre - a drop in centre with a loaning library of books, videos and toys for parents and children.⁵⁰ Although her sons are now 15 and 17, she feels it is her responsibility to continue to learn new skills and improve her parenting style.

All of the parents I spoke with expressed a need to be aware of and to foster their children's growing independence, not only by gradually "letting go" of both responsibility and control, but by providing their children with the skills and resources to handle the personal independence and responsibility they were gaining.

For Joanne and Dana, this meant giving their boys the tools to

⁵⁰ She specifically recommended Liberated Parents, Liberated Children: Your Guide to a Happier Family (1974), How to Talk so Kids will Listen and Listen so kids will Talk (1980) and Siblings without Rivalry (1987), all written by Adele Faber and Elaine Mazlish. All of these books emphasize the need for parents to respect and take seriously both their children's and their own emotions, as well as providing guidelines, specific examples and personal anecdotes to help deal with parenting difficulties. The video she spoke most frequently about was "Kids are Worth It!" (1995) by a woman named Barbara Coloroso. She felt this video provided skills that were so fundamentally important to parenting that it should be provided to women for free as soon as they had given birth.

make good decisions - instilling in them a "crap-detector" as they jokingly called it. For Bob and Sylvia, it meant trying to teach their children how to think, not what to think, and letting them know that their parents had confidence in their abilities to work through problems. Paul, speaking of his three young children, also stressed his responsibility to teach them the skills to negotiate their own battles. Lisa was quite aware that she wouldn't always have control over her son's habits, and explained to me that she was trying to teach him to eat healthily and to exercise every day, while Aeron and Lori were attempting to give their daughter a good background for her future life by limiting what she was exposed to during her youth:

We want her to be exposed to children who are being taught to treat others with respect, who themselves are parented in a manner that is compatible with the values we wish to instil in her;...We want [our daughter] to learn to be a kind person, sensitive to others' needs for their sakes and hers. I guess we want her to be a happy person, but we also want her to be a "good" person.

Each of the parents I spoke with talked about the process of letting go of their parental responsibility as something that was gradual, and differed from child to child and from day to day. They engaged in constant negotiation with social expectations of growing independence, their children's needs and moods, and their own perceptions of each child's readiness. Many of my informants felt that as a parent, you had to both respect your child's needs and

trust your own instincts. As Joanne explained:

...you have to feel it out...like how much responsibility can you give them for their own well being...you want to gradually hand it to them in little doses and pull back when you need to.

The Temporality of Risk

I found that just as the parents I spoke with mapped their concern for their children onto a spatial landscape, they mapped their fears temporally as well. This temporality of risk is a function of the idea that children's bodies are unfinished, and is fundamental to a modern Western understanding of young bodies, as I described in Chapter Two. As scientific models of neural and psycho-social development become publicly available through magazine articles like Nash's "Fertile Minds" (1997) they gradually become incorporated, in part or in whole, into parents' understandings of their own children's bodies. Many of my informants agreed, to some degree, with discourses about their children's bodies that are rooted in Western perceptions of scientific fact, such as prenatal vulnerability and risk (Dunden 1993), environmental influence on the developing mind (Nash 1997; Karr-Morse and Wiley 1997), and the linguistic "critical period" (O'Grady and Dobrovolsky 1996:463)⁵¹.

⁵¹ By referring to these theories as discourses, I am not in any way making a judgment about their validity. I use the term discourse because I feel that these understandings of young and prenatal bodies are part of a larger set of understandings that predominate Western perceptions of the body in general. They are part of our cultural narratives - and therefore discourses of the

My informant's understandings of their children's bodies included interpretations of these discourses, and many of them saw their children as unfinished, or still developing, and thus as vulnerable to risks - whether they be chemical, emotional or physical - that wouldn't be of concern to an adult. Although almost all of my informants saw risk as temporally located in their children (i.e., saw their children as being more at risk in the early years and at increasingly less risk as they aged), the areas they expressed the greatest concern over varied greatly from person-to-person, as did the day-to-day coping strategies they employed to deal with them.

For both Lori and Bethany, the prenatal safety of their children was an area about which they spoke at length. Both women believed that any chemicals, medications or drugs they themselves consumed or were exposed to during their pregnancies could adversely affect their children, and thus both were deeply concerned for their babies' health when they were forced to take medication for debilitating morning sickness. Their fears - that their children would be physically or mentally affected by the medication - were not realised, but when Bethany's son was late to begin walking⁵²,

body.

⁵² At the time of our interview, Bethany, her partner and her son had recently moved from Toronto to Peterborough and her son had begun to walk. She theorized (half-jokingly?) that her son had just been waiting for a nicer place to do his walking.

she was terrified that her use of medication has somehow harmed him⁵³. In contrast, many of my other informants (even those whose children were in the same age range) did not bring up the subject of prenatal health when asked about their specific concerns, and those who did choose to address their concerns in a different manner. Dana and Joanne for example chose to work with a midwife whose services included regular prenatal checkups.

After birth, many of the parents I spoke with felt that the first five or so years of their children's lives were the most important and vulnerable. Although prenatal and genetic problems were no longer a concern, my informants felt that during this 'critical period' their children were still developing, and thus were still vulnerable. These were the years in which they were most likely to be developmentally harmed, either by illness or lack of stimulation, and most likely to learn the social and personal skills that would shape their adult lives. Each of the parents I spoke with had personal and specific concerns temporally situated within

⁵³ This fear is an expression of the cultural narratives (discussed in Chapter Two) of prenatal risk that put the responsibility for caution on the pregnant woman, and not on the father. My informants agreed with the prevailing discourse of maternal responsibility in that they did feel it was their duty to monitor their own behaviour during pregnancy, but they did not find this self-surveillance restrictive. Although deviation from their self-imposed regimes caused a great deal of guilt for both women, Bethany later questioned the usefulness of such guilt, and both women expressed feelings of personal pride and accomplishment at having followed the paths they chose.

a 'critical period' and each attempted to deal with these concerns in a different way.

Nutrition and feeding were of major concern to most of the parents I spoke with, but their specific approaches to these issues varied a great deal, depending on the information they made use of and the personal understandings they had formed. The mothers and fathers who were involved in the LLL and the Father's Group felt unanimously that breast-feeding was the best way to ensure their children's developing well-being. They felt that breast milk provided the best nutrition, as well as natural immunities, and that the close, skin-on-skin contact engendered by breastfeeding helped make happy, well-socialized children. Joanne and Dana, who chose to breastfeed their children but were not involved with the League also felt that breast milk was nutritionally superior but stressed self-regulation as the most important factor in their children's nutritional health. Joanne felt that her own mother's control of her diet was responsible for many of her problems with food as an adult and wanted her sons to learn how to gauge their own appetites.

Some of the parents I spoke to had incorporated anthropological sources into their understandings of their children.

Drawing on the work of writers such as Margaret Mead (1928), Aeron and Lori and Dana and Joanne felt that their children would grow into happier, more well adjusted people if their needs, especially the needs for food and comfort, were met on demand and they were

allowed to be in contact with their parents whenever it was possible. They cited anthropologist Jean Liedloff's The Continuum Concept (1975) as an example of a guide to healthy parenting.⁵⁴

Sleeping arrangements were also an area of concern to which most of my informants made reference. Eight of the parents believed in having their children sleep in the same bed as themselves until the children decided to move to a bed of their own, arguing not only that close contact was both reassuring and comforting to the children but that it facilitated breast-feeding and reduced the risk of SIDS (Sudden Infant Death Syndrome)⁵⁵. In contrast, Bethany (who

⁵⁴ Liedloff's book, written in the late sixties and early seventies is definitely a product of its times and acts as a direct rebuttal of the 'let them cry it out' parenting strategies of the fifties. She argues that each and every person is born with an innate sense called 'the continuum' which, when followed provides a natural sense of human needs, especially those of the infant for maternal warmth and touch, food and self preservation. A person whose continuum is followed - i.e., whose demands and needs are met when they arise - will be happy and contented in childhood and throughout life.

⁵⁵ Although they stressed the safety precautions necessary for a family bed - firm mattress, no cracks or rails in which a baby could get caught, and no parental ingestion of drugs or alcohol prior to sleep - they felt that on the whole co-family sleeping was fundamental to their children's health. Available literature on the subject - The Family Bed by Tine Thevenin (1987) and The Womanly Art of Breast Feeding (1997) - supports these arguments.

I believe that in most cases SIDS is a sleep disorder, primarily a disorder of arousal and breathing control during sleep. All the elements of natural mothering, especially breastfeeding and sharing sleep, benefit the infants's breathing control and increase awareness between mother and infant so that their arousability is increased and the risk of SIDS is decreased. (Dr. William Sears (1995), cited in The Womanly Art of

also breastfed her son) felt that by bringing him into their bed when he was young, she and her husband had disturbed their son's natural sleep rhythms and caused a lot of his sleeping problems. She came to this conclusion through conversation with other mothers, reading, and personal experience dealing with her son.

Many of the parents I spoke with felt that the best way to address the vulnerabilities of the first five years was to have one parent home with the children as a full-time parent. This is based on an extension of the cultural narrative of a 'natural bond' between mother and child, expressed through the premise that both mothers and babies will be happier and healthier if they are together during the early years of life (Cahill 1983). The ways in which parents actually understood and acted upon this discourse however, were very different. Of the parents I spoke with, seven mothers and two fathers were full-time at-home parents at some point during their children's younger years, but many of the others found ways to ensure that their children were always in the care of someone they trusted to stand in for them during those early years. Lisa, Erika and Sandra found that work made the ideal of staying home impossible. Instead, they each made arrangements to share child-care with trusted babysitters, ex-husbands, other parents or friends. Others, such as Dana and Joanne, and Bethany and her

husband, took turns at staying home to accommodate the work schedules of both.

Some of my informants' understandings of the idea of the mother-child bond and stay-home parenting allowed for fathers, partners or trusted others to take the role of care-taker, while some saw only mothers as capable of meeting that need. Lori and Aeron felt whole heartedly that children needed their mothers, and advocated for what they called 'attachment parenting', which I described in the previous chapter. They believed that, at least for the first few years of her life, their daughter would be healthier and happier if Lori was home with her to meet her needs for comfort, food, entertainment and mental stimulation.

Finally, some parents addressed issues - such as potty-training and weaning - that carry explicit social expectations. The cultural narrative of the child as "unfinished" stresses the responsibility of parents to encourage that finishing, specifically with regards to bodily functions and intellectual development. Erika, Lori and Aeron, and Joanne and Dana all spoke of receiving criticism from outside sources (teachers, strangers, or their own parents) but felt that rush and undue haste could harm their children. They chose to resist what they saw as a cultural tendency to rush children because, although they felt that certain things, such a potty-training or learning to read, needed to be accomplished

at a certain point during the first 3-5 years, their own reading⁵⁶ and experiences had led them to believe that pushing a child to accomplish them before he or she was ready could do more harm than good. They felt that to ensure their children the best mental and emotional development, they needed to put aside their own expectations and schedules and go at the pace their children set.⁵⁷

This temporality of risk and vulnerability was, in some cases, a cause of great concern, but it could also be a source of relief. As Kay's demonstration with the cord (at the beginning of the chapter) was meant to illustrate, a perception of vulnerability as temporally situated gives parents a tangible end to look forward to. Although their children are incredibly vulnerable when they are young, those years of intense need are very short. For many parents, this temporality gave them the means to pace their parenting - to only worry about things as they needed to - and thus control their anxiety level. Although they took each risk very

⁵⁶ Specifically, books such as The Continuum Concept (mentioned earlier) focus on alternatives to schedules and rigid time-tables in parenting.

⁵⁷ Letting their children regulate the schedule for things like weaning, potty-training, and learning didn't mean that the parents I spoke with didn't have problems and struggles with these issues, as Joanne and Dana's struggle to help their eldest son potty-train illustrates (he is now five and although he is quite able to stay dry when unclothed he has, as of our last conversation, just recently managed to make it through the day dry while clothed). Despite difficulties, however, these parents felt that self-regulation was much better for their children emotionally.

seriously, they perceived these early concerns as stages which would be short-lived:

...you become aware of things sort of as they come up...You don't think about the dangers facing a walking baby when he's not crawling yet." (Joanne)

It's so neat that what can be the major concern at the beginning can become nothing at all later...I know it will pass" (Bethany)

My informants understood their children's bodies to be at risk, and that risk to be mediated by both time and place. Children were seen to be in more danger when they were young, and when they were in public spaces, with people who were not their parents, despite the fact that perceived risk and actual risk are not the same, and statistics show that children are at more risk in 'private', with parents and people they know. This disjuncture between perception and 'reality' can be undoubtedly linked in part to the Western conceptual location of morality in the home and family. In seeing their homes as moral (good, safe) spaces, my informants necessitated the location of the threat of danger and/or violence outside the home, in amoral, public spaces. A good home could not, for most of my informants, be a home where danger was at all possible. In contrast, those of my informants who recognized that home could indeed be dangerous spoke about how they monitored their own actions to ensure a safe (good, moral) space. In the next chapter I will look in more depth at the idea of morality, through examining how understandings of children's bodies

were used by my informants as a site at which to construct themselves as moral actors and good parents.

CHAPTER FIVE
IDENTITY, MORALITY AND NARRATIVE

I ran into Lori at a La Leche League meeting a few days after having spoken at length with her and Aeron. She motioned for me to join her and handed me a folded piece of paper from her bag, explaining briefly, "We had some more ideas after you left."

The paper she gave me was filled with things she and Aeron had thought of after our interview, things that were important to them and of which they wanted me to be aware. It closed as follows:

That's all! Parenting is the most challenging and rewarding endeavour we've ever undertaken, and we're just beginning. Consider the parents with one small child and a lot of big ideas.

For me, this thoughtful letter demonstrates some of the interesting things happening on a more subtle level during my fieldwork. To put it simply, my interviews provided a framework in which parents could both examine their parenting reflexively and construct themselves as *good* parents through narrative and participation.

I will begin with the simpler of these two thoughts, the idea that my interviews provided a situation in which the parents I spoke with could examine their parenting reflexively. I have argued throughout this paper that the parents I spoke with are both conscious and active interpreters of information and reflexive agents in their parenting choices. That said, I still feel that the interview setting of my fieldwork provided a unique outlet for

verbal reflexivity. I gave parents my undivided attention for as many minutes or hours as they had words to fill, and asked open questions that could be answered in personally meaningful ways. Despite the stereotypes that cast parents as always talking about their children, I doubt that everyday life often provides a chance for uninterrupted personal narration and thought. Certainly, many of the people I spoke with felt that this had been a rewarding and intellectually provocative experience. Many of the men and women I had continuing contact with told me they had enjoyed talking about parenting in this way, and that it had made them think about things differently. Shannon actually commented on this feeling during our interview:

This is a good conversation, I like it. [Laughs] This has now sort of given me another little connection here. I say you've got to connect those things [mind/body, health, environment], but I don't actually think I've said it in a sentence to myself before, I don't think. That your environment is your health. (Shannon)

Nancy Scheper-Hughes and Barbara Myerhoff (whose ethnographic work in Ireland and a Jewish Ghetto in California respectively can also be considered work 'at home') both also spoke of their informants' reflexive experiences of research. Scheper-Hughes talks about reflexivity in the most recent preface to her book, Saints, Scholars and Schizophrenics: Mental Illness in Rural Ireland. In this preface she discusses her informants' reactions to the publication of her work and how, through being the subjects

of anthropological research and experiencing the opportunity/curse of seeing themselves differently, many of them have "...not been the same since..." (Scheper-Hughes 1982:vii) Similarly, Barbara Myerhoff's informants in Number Our Days felt that they learned about themselves through the research process. As one elderly woman explains:

When I first heard about this group, I thought to myself, "What can I learn?"..."Well, I have nothing to say," I think. But I start to say it and I find something. The memories come up in me like lava. So I felt I enriched myself.

(Rachel, cited in Myerhoff 1979:38-39)

What I provided the people I spoke with was an opportunity to just sit down and talk about the things that were important to them, and in some cases, as with Lori and Aeron, this chance for uninterrupted personal reflexivity led to later thoughts, ideas or revelation prompted by the things we had spoken about. What I find most interesting is that some of my informants then chose to contact me to relay these further thoughts. This brings me to the second, and more complex element of this discussion: the idea that, through participation, the parents I spoke with actually constructed themselves as 'good parents'.

In the introduction to Crafting Selves: Power, Gender, and Discourses of Identity in a Japanese Workplace, Dorinne K. Kondo explains that her experience with the Japanese language has shown her that "a human being is always and inevitably involved in a

multiplicity of social relationships. Boundaries between self and other are fluid and constantly changing, depending on context and on the social positioning people adopt in particular situations" (Kondo 1990:31). In response, she attempts to address these "shifting, complex individual identities" (Kondo 1990:9) in her work. What Kondo emphasizes, and what is of most importance to my point here, is that identity is not fixed or stable, but is rather multiple, contextual, shifting, and repeatedly constructed and reconstructed as social situations, roles and audiences change.

The obvious question follows naturally: "If identity is not fixed, then how is it constructed?" The answer, according to many writers, is through narrative (Ezzy 1998:249; Kerby 1991:1; Ricoeur 1985:247). In semiotic terminology, narrative refers to "something narrated - i.e., told or written - such as an account, a story, a tale and even a scientific theory" (Danesi 1993:128). Interviews such as the ones I used in my fieldwork can certainly be seen as narratives, and have been analyzed as such in studies like Cynthia Mathieson and Cecily Barrie's "Probing the Prime Narrative: Illness, Interviewing, and Identity" (1998) and Sharon Croft's "Creating Locals Through Storytelling: an ethnography of a group home for men with Mental Retardation" (1999).

Narration is a form of representation; in the case of interviews, it is a representation of the self. Not only does narrative represent, but it often comes to "stand for" (Kerby

1991:53) that which it relates. As Paul Ricoeur argues:

Our own existence cannot be separated from the account we give of ourselves. It is in telling our own stories that we give ourselves an identity. (Ricoeur 1985, cited in Kerby 1991: 40)

In telling stories of themselves, people construct and reconstruct their identities - identities that are, as Kondo argues, shifting, complex, and multiple. Interviews, as narratives, function in a similar fashion. In talking with an interviewer, people select elements to craft into a narrative that presents/creates a certain identity. Mathieson and Barrie argue that in the process of an interview, "narrators actively construct who they are by what they tell us in the interview, what they emphasize as significant, and how they emphasize it" (Mathieson and Barrie 1998:587). This narrative self-construction is a dialectic, conversational process; one in which both interviewer and interviewee are involved (Croft 1999:330; Mathieson and Barrie 1998:583). Linguistic turn-taking, the social roles of all participants, and the topic of discussion all shape how a narrative unfolds and what aspects of a life are recounted. An interviewer, by being both a participant in the conversation and a touchstone against which the narrator can cast him/her self, actively shapes - simply by being present, questioning and listening - the story being told.

In addition, we suggest that narratives located in research interviews require narrators and listeners...Participants in research studies jointly construct their stories with the interviewer. These stories originate in discourse that is spoken into a context. The resulting narrative emerges from a constant interplay of speaker and listener, intentional and unintentional turn-taking in conversation, and whatever expectations are brought in to the interview situation. (Mathieson and Barrie 1998:583)

The context of each narrative will shape its content, form and course, so that people construct themselves anew for different audiences and in response to different situations⁵⁸.

Not only do individuals construct an identity for the benefit of the researcher, they construct an identity for themselves. Narration provides the means through which "the self is given content, is delineated and embodied" (Kerby 1991:1), and is "the

What this means, in terms of my own research, is that I must be explicitly aware that the things my informants related to me were quite likely edited to some degree for my benefit. It is very unlikely that someone would gladly tell me about things they perceive to be their faults (although Dana and Joanne related their ambivalence about spanking, and Erika talked about how confused and inadequate she sometimes felt when her son was young). Had I intended to compare parents reported behaviours to their actual parenting, then this kind of selective self-construction would have been a concern to me, but this was never my objective. In looking at parents' understandings and how they use those understandings as a means to articulate their own role as parents', I am looking at perception, not actions - and I have no intentions of trying to separate any 'truth' about that perception from the process of its creation.

The fact that people construct themselves in a certain light for a researcher (or that we in turn construct them as we write) is endemic to all anthropological research and it does not mean that the things they tell us (or that the things we write) are false - it simply gives us another insight into how meaning is made.

vehicle for making sense of...a life"(Mathieson and Barrie 1998:393). The narrative construction of self is a means through which people can make sense of their own actions both to others and to themselves.

In "The Past Imperfect" (1996) Michael Lambeck argues that:

Remembering comprises contextually situated assertions of continuity on the part of subjects and claims about the significance of past experiences. Such tacit assertions and claims, based as much on cumulative wisdom and moral vision as on individual interest, form a kind of moral practice. (Lambeck 1996:248)

Although he posits a fluid categorical distinction between narrative and memory, *per se*, memory is often (only) represented in narrative form. As I am speaking about how the self is experienced, and have already argued that it is experienced through personal narrative, I will conflate the two somewhat here. Lambeck's point is that [narrated] memory is a way of asserting significance - or rightness - from within the social norms of morality and correctness in any given system. Narrative is informed by both the *individual interest* - personal experiences and goals of the narrator - and the *cumulative wisdom and moral vision* - ideas of rightness, morality and good action - of the social context in which it is told. It is moral practice in that the narrator validates his or her past actions through reference to culturally contextual discourses of

what it is to be a good person⁹⁹.

Thus, through narration of selected elements of their lives, people create and recreate their own identities and construct themselves as moral actors, not only for their audiences but for themselves.

To return to the quote and questions I began with, the interview form of my research provided an opportunity in which this very self-construction could occur. I, in listening and questioning, provided both the audience and touchstone against which the parents with whom I spoke could create themselves in the role of *good parents*. Their tellings gave them a forum in which to make sense of their own actions, to justify the *significance* of their past choices in relation to both their personal goals and the social norms and expectations of parenting in Western society (the ideas that children's well-being is their parents' responsibility and that all parents try to 'do what is best' for their children).

For some of the parents I spoke with, the very act of participating in my research was part of this process of identity construction. Through narration, their understandings of their

⁹⁹ What it is to be a good person is socially and sometimes even individually contextual, and varies greatly from culture to culture. Although I will only look at morality as it relates to parenting in Western culture, there are ethnographic works available that examine the concept of morality in more detail. For examples of moral personhood in very different cultural contexts look at the work of Micheal Lambeck (1996) on memory and morality in Mayott, or Anne Meneley (1996) on Yemeni moral practice.

children's bodies became a site at which they could construct their identities as moral actors.

As I explained in Chapter One, many of the people I spoke with were, through education and/or involvement with alternative parenting groups, different from the majority of parents in Peterborough. Those who actively spoke of themselves as different⁶⁰ often cited participation in parenting workshops as a major symbol of this distinction, and saw, in turn, participation in my research as a similar sort of endeavour. As Sylvia explained to me at the beginning of our first meeting, she felt that her role as a part-time children's aid social worker, and her interest in parenting courses and videos, made responding to my flyer the "sort of thing she would do." "I saw your flyer in the Library and something just told me to call you" (Sylvia). Thus, for some, the very act of participation was a way to construct themselves as good parents, as they personally perceived participation to be the sort of thing that good, concerned parents would do.

The parents who sought me out after our interviews to relate their further thoughts were, therefore, doing so because the very act of telling let them reaffirm their identities and/or construct themselves again as moral persons. Lori and Aeron wanted me to "Consider the parents with one small child and a lot of big ideas"

⁶⁰ See Table 1 in Chapter One for these individuals.

because this was how they wanted to construct and consider themselves.

Narrative Identity, Morality, and Choices of Health Care

The narrative, moral construction of self was a part of every conversation I took part in, every interaction between me and my informants, and there is no way I can do justice to every example. I will, therefore, focus on the topic about which almost everyone I spoke with became the most passionate and enthusiastic. The choice of health care for a child is a very hard and morally loaded decision for parents to make in North America today. Competing medical systems publicly question the competence and efficacy of their rivals and all claim to provide the best care. Parents, who are seen to be morally obligated to choose what is best for their children, are faced with a number of alternatives, all of which usually have something horrible to say about the others. How do you choose what is best for your child when there is no public consensus aside from the fact that you *must* choose what is best? How do you justify the choices you have made when there are so many alternatives and no one can agree? Although the biomedical system often assumes an ideal, rational patient - dubbed "health man" by Sharon Hepburn (Hepburn 1986:66) - whose actions are designed to produce a positive treatment outcome, the reality is that most people's health care choices are guided by a number of things, such

as "emotion, taste and habit" (Hepburn 1986:67). The parents I spoke with justified their health-care choices (made on the basis of emotion, taste and personal experience) and recreated themselves as good, moral parents (as having done what was best for their children) through their conversations with me.

Most of the parents I spoke with favoured 'alternative' medical care. By 'alternative' I refer to naturopathic, chiropractic, and homeopathic fields of care, as well as medical systems derived from other cultural contexts such as Traditional Chinese Medicine, acupuncture, shiatsu and other forms of massage therapy. I have chosen the word 'alternative' to consciously represent the views the parents expressed. They did not see these medical choices as working in tandem with traditional Western allopathic system. In many cases they saw them as being oppositional or diametrically opposed. This, they explained, was not due to any real incompatibility but to the lack of understanding, education, or willingness to change on the part of allopathic practitioners. Denise explained that she would like to see the two medical communities (alternative and allopathic) working together, because "we need antibiotics, but we also need the other stuff" (Denise), but she doesn't foresee this happening in the near future⁶¹.

⁶¹ The word community as used here by Denise is an important part of looking at alternative medicine in that it highlights the

The parents I spoke with made these health-care choices based on the wish to do what they felt was best for their children, and they all felt that the alternative medical community offered something to them personally that the allopathic community had failed to provide. Many, like Dana and Joanne, Paul, and Rebecca, saw the alternative community offering a holistic approach - an ability to look at the whole being - that allopathic treatment lacked, while others explained that alternative practitioners were more supportive of their choices to breastfeed or practise co-family sleeping. A number of parents emphasized the focus on preventative treatment favoured by alternative care-givers, in comparison to the allopathic method of simply treating the symptoms.

Whatever their reasons, the parents I worked with used our discussions as a forum through which to make sense of and justify their choices and construct themselves as moral actors who do what is best for their children. To demonstrate this, I will look at two of the more passionate and detailed narratives in greater depth.

multiplicity of the field. 'Alternative' encompasses a huge variety of practitioners and fields that are a 'community' only in that they are somehow in conceptual opposition to the allopathic 'community'. Within that frame, they are incredibly diverse.

It is also interesting to note that although members of the 'alternative' health community define themselves in opposition to allopathic medicine, they often use the same standards or criteria to define health (Cath Oberholtzer, personal communication). For example, even in alternative health care settings, a child's weight, height, and progression along a developmental time-frame are still seen as indicators of health and proper growth.

Monica, who wrote a mail-in response to my questions, is the mother of two sons, ages 19 and 21. She and her husband felt that doing what was best for their children involved providing the most natural environment possible, and to that end, they chose to home-school both children. This portion of her narrative, which took up at least a quarter of her response, explains and justifies her anger at the allopathic medical system and her choice to rely on alternative health-care providers.

Monica's Narrative

Most of the information about physical well-being I have acquired from books and magazines which I pick up at 'whole food' or 'natural food' stores. I read about an issue from as many sources as possible to gain as broad of an impression as I can get. I also talk to friends and I consult our homeopathic doctor from time to time. I trust my homeopathic doctor ultimately to confirm my intuition around what I've read.

I definitely feel there are bad sources of information about physical well-being. Doctors - who financially could benefit from frightening a parent into unnecessary surgery or treatment - are in my opinion, the worst. As young parents we were frightened by doctors on a few occasions and had we not checked into alternative approaches we would have actually endangered our children's lives.

On one occasion a paediatrician to whom we were sent when we

inquired about a slightly protruding navel in our first infant's first few months of life - scheduled him immediately for surgery for a hernia.

We spoke to a number of people about this and learned that taping a penny over the navel would hold it in until natural development would take place! Within two weeks this technique worked beautifully - no anaesthesia, no cuts, no trauma, no antibiotics.

On another occasion we were pressured with fear tactics to immunize our first baby. After one series we began our relationship with our homeopath who advised us not to continue and promptly antidoted the effect of the first shot.

Neither of our sons had any childhood diseases and have had remarkable immunity. It is also important to state that they also were not exposed to the daily onslaught of germs that children get in a typical school setting. While all the children around us succumbed to flues and colds all winter long - ours remained free from these viruses. If they did develop symptoms - we treated them promptly with biochemically prepared tissue salts (cell food), homeopathic (very rarely) and vitamins A, C and Zinc.

On yet another occasion much later on in our first son's life (14 yrs of age) he punctured his skin with a pitch fork. We treated him homeopathically with ledum (homeopathic tetanus) and golden seal. Since it happened in our neighbour's barn - our paranoid

neighbour insisted that he be taken to the hospital for a tetanus shot. Under her pressure we conceded. Within the next month lumps formed in his lymph nodes on the back of his knee and under his arm in the armpit. Our homeopathic doctor antidote[d] the effect of the tetanus with a homeopathic remedy and vitamins A, C, E and Zinc. Promptly the lumps disappeared. He explained to us that since our child had never had any foreign substances injected into his body - and had never even had antibiotics of any sort that his body was rejecting the tetanus vaccine and he simply aided the process.⁶²

I want to also write about the dental profession as it relates to health and well being. Both our sons turned sixteen without ever having had regular dental check-ups. Our oldest son had one pin-sized filling for a cavity (which we did with porcelain) It cost \$300.00 for some unknown reason!

Our youngest son had only one check-up in his life. He was on a holiday at his Grandma's in the states. She had a dental appointment and took him along. He was six years old - curious and fearless. Somehow the dentist did a check-up on him - and found a

⁶² My interpretation of Monica's meaning is that she feels their homeopathic doctor aided their son's body in the rejection of the foreign substance (the tetanus vaccine) through his treatments. This interpretation is supported by literature in medical anthropology that describes homeopathic philosophy:

All healing is from within, and the physician is supposed to stimulate the self-healing power of the organism with his remedy...The organism always possesses some healing capacity; by his correct prescription the physician starts it on the path to cure. (Coulter 1984:67)

tiny cavity - in a baby tooth that was next to come out. He filled it with amalgam on the spot! We were appalled that this happened. He (the dentist) insisted that this was a permanent tooth and Grandma believed him (she also paid the bill). Two months later - it fell out - on schedule and that was his only cavity during his whole childhood!

Our oldest son on a visit to a dentist to have a check-up was diagnosed as needing all new crowns on his molars because he otherwise would have lost them to rapid decay because of their soft condition. This was going to cost us at least \$3000.00 which we could not afford - so we did nothing about it. He is now 21 - with no cavities - other than the pin-prick cavity (which we had filled with porcelain).

As you can imagine and feel I have lost trust in these so called professional [~~'pigs'~~, crossed out] 'caregivers'.

Through this narrative, which makes sense of her experiences with the allopathic medical system and justifies her choices to pursue alternative health care, Monica constructs herself to be a moral actor - a good parent. To do this, she structures her narrative in such a way that repeated references to her son's continued good health are set in opposition to statements about a doctor's incompetence or poor judgement. In the first case she narrates, she emphasizes that the doctor's readiness to perform

surgery could have actually harmed her child, while her choice of a simple and non-invasive alternative made him well. She highlights the monetary conflicts of interest that she feels are inherent in the medical system and contrasts these with parental intuition and knowledge - her's and her husband's abilities to know and judge their children's health unbiased by the lure of payment. Finally, Monica uses her narrative to demonstrate that while doctors privilege their own knowledge over that of parents, it is parents who really know best. She uses these examples and smaller narratives to justify her choice to abandon allopathic care in favour of other methods, and to prove (to both me and herself) that the choices she made were the right ones in that they provided what was best for her children.

Denise, who felt that her 22-month-old son had suffered a great deal at the hands of the allopathic medical community, used the beginning of our interview to talk about their experiences and the choices they had prompted her to make. In the following transcription of our conversation Denise's lines are marked by her name and 'Megan' indicates my interjections and questions.

Denise's Narrative

Megan - Most of the questions are really pretty general. The first one that I usually start out with is just the idea of just tell me in general about your child's well being...how you perceive it.

Denise - He has lots of allergies, even though I'm breastfeeding. From what my homeopath says that he has a weakened immune system...so that when if he gets a cold it always goes further than a cold.....

There was about 8 months where he as getting sick a lot. He was in daycare while I was working, and he was getting sick. In 8 months of work, I took off 6 weeks, because he was so sick.

So... I think..part of that's because he was given formula while he was really young.⁶³

⁶³ Denise told me at a later point in the interview that her birth experience left her unable to advocate for herself in the hospital environment or enforce her choices. Her son was given formula feedings shortly after birth against her wishes.

In this instance Denise creates meaning in the context of two discourses that she sees as oppositional: the LLL discourse of 'breast-is-best' and the allopathic-medical discourse of supplementation and formula feeding. Her own interaction with the 'alternative' medical community and pre-natal reading led her to choose breastfeeding before the birth of her child and the negative experiences with the medical community and her son's health that she relates here confirm (for her) the validity of the choices she made.

Megan - Is that what you were talking about in the [LLL] meeting?

Denise - Yeah, in the hospital he was given formula when he shouldn't have been. Uh..I wasn't given a chance to breastfeed him right away.

so... so yeah, that's his health.

Its a bit better now, we've been working on it.

And, we actually, in um the medical community, it was just to give him drugs.

They wanted to put tubes in his ears, for his ear infections, and I don't think that's worth it.

Megan - That's pretty invasive surgery for someone that young.

Denise - Yeah. He had a lot of food allergies too... The doctor I had up here wasn't supportive of breastfeeding.

I won't go back to him.

I worked hard to,...like I believe in breastmilk and he knew nothing about it.

He kept on telling me "feed him formula, give him formula"

So... I have not found a doctor...there's just no way.

Yeah, so there was lack of support. There is a lack of

support from the medical community for breastfeeding, which I think would have helped his allergies from the beginning.⁶⁴

Once he was sick and we had to battle it, all they wanted to do was give him drugs...

...there was no preventative approach, that really annoyed me.

Hmmm. What else annoyed me...

He had a lot of food allergies and the doctors wouldn't believe me, because he was allergic to rice, which is unheard of.

And then finally, we went back to Montreal and got help from [word unclear]⁶⁵. I got support for the fact that he was allergic to rice and had all these allergies.

Megan - Most baby food are all rice...

Denise - Exactly.

Yeah, so I was pretty disillusioned by the medical

⁶⁴ Denise elaborated on the problems she had with breastfeeding later on in the interview. She worked with a lactation consultant, used breast-shields to correct inverted nipples and eventually made use of acupuncture treatments to enable her to breastfeed her son.

⁶⁵ At this point I would assume she was making reference to her naturopathic and homeopathic care-providers in Montreal, who she refers to at other points in the interview.

community.

Uh, yeah, I was pretty annoyed, because you can't...that kind of battle.

There is a lot that went on, that I didn't find out... I had a lot problem with rashes with him, which is just from food allergies. And the incredible pain he was in was just unbearable.

And one weekend he was on fire all weekend and he was miserable and the doctor's attitude was "Oh he'll survive."

You know? And... just not enough compassion for the child in the medical community.

Yeah, so it's just not right, what's going on in Western fields [of medicine].

So how is his health now? Much better.

He has a bit of cold now but it hasn't turned into anything, where in the past it would have.

But I've had him on homeopathic stuff because I just wasn't getting any preventative from the medical community.

Megan - Where did you find out about the homeopathic?

Denise - Well I had a homeopath in Montreal. But she literally

you know, goes through...asks the questions on how your body is.

And I went to her to get pregnant actually.

And I took him to her.

Denise uses her narrative to voice her frustration with the allopathic medical community and contrast their lack of respect for her dilemmas with the concerned care given by her alternative health-care providers. She repeatedly makes reference to the ways in which her own knowledge of her son's well-being was dismissed by doctors (in the case of the allergies and the fever) and validated by alternative care providers. Furthermore, she describes how her wishes were outright ignored at the hospital during her birth (when her son was formula-fed against her will), and how this has actually harmed her son's well-being.

For Denise, care should be compassionate, and so she relates in her narrative cases in which doctors lacked compassion and suggested treating her very young son with invasive drugs and procedures. The tubes for ear infections provide a good example. Formula fed babies are more likely to suffer from ear infection than breastfed babies (La Leche League International 1997:319) yet her allopathic doctor repeatedly pressured her to formula feed her son while also suggesting a relatively invasive procedure to deal with his ear infections. She contrasts these with descriptions of

preventative treatments, such as homeopathy and breastfeeding, that would address her son's underlying health problems rather than simply treat the symptoms.

Through narrating these experiences, Denise creates herself as a moral actor and good parent by showing how her choice of alternative health care has improved her son's well-being.

These narratives demonstrate the process of narrative, moral self-construction that flowed through my research, and show how, for the parents I spoke with, identity, morality, and self were fluidly interconnected with (a) their understandings of their children's bodies, (b) their roles as parents and the choices they made in relation to those understandings, and (c) their narration of these parenting choices to audiences such as myself.

CONCLUSION

As I have already argued, understandings of children's bodies and parental roles are historically and culturally contextual. As natural as these things may seem to 'natives' of any given time or place, they are based not on any human universals but on culturally constituted understandings of the world-at-large. The arbitrary nature of North American understandings of children's bodies and parenting becomes evident when they are compared to those of other cultures.

For example, in her infamous work, Coming of Age in Samoa (1928), Margaret Mead demonstrates the fundamental differences between Samoan and North American understandings of children and their appropriate care. The North American ideal of the nuclear family as the primary unit of both kinship and production places the responsibility of childcare within the home. Children are understood to be unfinished and at-risk, and adults, particularly parents, are understood to be best able to care for them.

In Samoa at the time of Mead's research, on the other hand, kinship and production was located in flexible, extended households, and childcare was seen as the responsibility of those least able to contribute to other household tasks: other children. While older, stronger members of the household did the more labour-intensive work such as fishing and farming, babies and toddlers were cared for by

young girls and boys between the ages of seven and fourteen⁶⁶. This age range, when youngsters were old enough to "[have] all the essential avoidances well enough by heart to be trusted with the care of a younger child" (Mead 1928:26), but not "...old and robust enough to work on the plantations and carry foodstuffs down to the village" (Mead 1928:28) became the appropriate age for caring for younger children. Young girls and boys accomplished these tasks by carrying their infant relatives around on their hips and backs during the day and keeping their charges quiet and out from underfoot. Early childhood education in Samoa was, therefore, a process of learning what to do and what to avoid, reinforced by having to impress the same on someone even younger (Mead 1928).

Alma Gottlieb also demonstrates the contextuality of understandings of children's bodies in her work with the Beng of Africa (1998). The Beng world consists of the here-and-now and an 'afterlife' called *wrugbe*. Far from being seen as permanent, death sends a soul to *wrugbe*, from where, after some time, it will be reborn as a human once again. In *wrugbe*, souls live full lives with parents, kin, friends and lovers of their own. Even when they are reincarnated as humans in the here-and-now, they continue to have kin-ties and connections to their lives there. This world-view,

⁶⁶ Childcare was the responsibility of children of both sexes until the age of eight or nine, when young boys gave up their charges in exchange for new tasks, such as fishing.

Gottlieb explains, plays a major role in the daily lives of Beng babies and their parents.

Wrugbe is seen as the place where souls the world-over go after death and as such is multi-cultural and multi-lingual. In order to function, its inhabitants are able to understand all utterances, and this ability continues for a time after rebirth. Thus, in contrast to North American understandings of the child as unfinished and pre-verbal, Beng infants understand more than their parents ever could. As Gottlieb elaborates: "having only recently emerged from *wrugbe*, where everyone understands every language, Beng newborns have full comprehension not only of Beng, but of every language spoken on this earth" (Gottlieb 1998:128). As they leave *wrugbe* behind and emerge fully into this world - a gradual process that takes a few years - Beng children gradually lose this linguistic ability until they speak and understand only the languages they hear every day. On a daily basis, this means that 'babbling' is actively encouraged and that adults speak directly and frequently to babies of all ages.

Similarly, Beng infants are seen to maintain contact with their kin in *wrugbe*, who continue to take an interest in the child's life as they emerge into the here-and-now. An infant's *wrugbe* parents may instruct it to cry in order to make its desires known (since it has yet to figure out how to speak only one language) and Beng mothers are encouraged to take their children to diviners to

figure out what they want. Once these *wrugbe*-inspired wishes are met, the child will be content.

You should go to a diviner to find out what the baby wants, then go and buy that thing for the child... Infants choose these desires to copy the objects they liked back in *wrugbe*: usually jewellery, money or cowries. In any case, once the parents of this life discover the babies' desires, they should do all they can to indulge them.

(Kouakou Ba [Informant], cited in Gottlieb 1998:127)

While North American perceptions of linear time and the finality of death (or the afterlife) create understandings of children's bodies as growing-up or progressing from 'incomplete' infancy to 'complete' adulthood, the Beng understand their children to be fully functional individuals who had lives of their own previous to birth. Parenting in this situation is not so much about raising an unfinished child as it is about helping another person to make a smooth emergence from *wrugbe* into the here-and-now (Gottlieb 1998).

My point here is that understandings of children and children's bodies are culturally constructed and that this cultural construction, as demonstrated by the Samoans and the Beng, takes place within larger cultural understandings of the world. This is certainly true of the parents with whom I spoke.

My informants were all well-educated, white, middle-class individuals living in and around Peterborough, Ontario. They certainly all formed their understandings of their children's bodies

within the context of the larger cultural narratives that surround the body and parenting in North America. But - and here again are the points I wish to make with this thesis - far from being wholly culturally prescribed and defining, those understandings were (a) varied, within larger cultural patterns, and (b) a site for the construction and articulation of social roles, morality, and personal identity.

Now I would like to return to some general methodological and theoretical issues raised by research 'at home'.

During my career as a student of anthropology, I have felt a persistent tension between the discipline's objectives to both give validity to our informants' voices and critically examine the contexts from which these voices arise. How does one negotiate the treacherous path between individual perceptions and the subtle relations of power that (from an academic perspective) may very well make that individual an agent of his/her own oppression? This is a general problematic, one that has long been of issue to all the social sciences, and can be expressed in some of the basic dualities that have both guided and been the subject of study: free-will vs. determinism, agency vs. structure, and individual vs. society⁶⁷.

⁶⁷ This is a tension that the social sciences in general and anthropology in particular have been trying to negotiate for a while, as Sherry B. Ortner points out in "Theory in Anthropology since the Sixties" (1994). Many anthropological approaches over the past forty years can be criticized, she explains, in that they did not account for human action within the systems they studied. In

This is a tension that exists in my own work, as various voices in the discipline raise questions that ask us to consider the discourses of motherhood as universally oppressive. By focussing on my informants' interpretations of their lives and on the power, joy, and identity they take from parenting, I choose my own place in this problematic - a place from which I can acknowledge my informants' understandings and look also to the social context that shapes these understandings. I choose to see my route not as a dismissal of critical analysis and context but as a focus on extreme locality - on the ability of individuals to negotiate and make meaning in personal ways within discursive systems. This position opens up some theoretical and methodological considerations and questions that are of interest to the debate and to the discipline in general.

First, it offers an opportunity to examine the variety, agency, and diversity that is possible at a local level, as I have demonstrated throughout this thesis. Despite their apparent similarities of class, education, and culture, the men and women I spoke with formed understandings and made choices that were guided by "emotion, taste and habit" (Hepburn 1986:67), and that were personally contextual and meaningful.

this article she puts forward the "practice" approach (a concept co-opted, as I have already pointed out [pg 5], from Bourdieu's attempt to bridge the very same gap) as a means by which the discipline could accommodate for the role of human beings in cultural contexts.

Secondly, dwelling on that variety, this position allows us to question the very nature of the concept of 'common sense' as it is currently employed - in that the personal specificity of understanding and interpretation at a local level ensures that even neighbours will differ in their understandings and that no interpretation is 'common' - and through this, it offers us a place from which to question the entire problematic of 'structure vs. agency' at-large. The questions of 'structure vs. agency' and 'individual vs. society' are studied precisely because we, as the products of Western thought, assume that there are individuals and that they are *capable* of agency. This is in-and-of itself a 'common sense' understanding and if we have proven that 'common sense' is not really common at all, then it stands to reason that these understandings (agency and the individual) are the products of interpretation and that they are not universally shared⁶⁸.

This leads to the final consideration this position can raise, which is that, precisely because of the last two points, it invites us to explore 'home' as a very good place for anthropological research because, in addition to being variable

⁶⁸ Some current works in Asian and Indian Ethnography address these questions, arguing that some of the binary oppositions that structure Western social science, such as 'individual vs. society', and 'nature vs. law', do not match or adequately describe many elements of South Asian society where 'individuals' are not seen to exist and bodies are 'encoded' with inherent morality (Marriott and Inden 1977)

enough to be unfamiliar to any researcher, research at home allows us to look at the "common sense" assumptions that underlie social science in general, at home or abroad.

Returning to the general problematic I spoke of earlier - that of negotiating both individual voices and larger power relations in my work - I found that Linda Alcoff's essay "Cultural Feminism versus Post-Structuralism: The Identity Crisis in Feminist Theory" (1994) provides a useful theoretical tool. In her paper, Alcoff is attempting to frame a new approach to the problematic formulation of the concept of 'women' in feminist theory⁶⁹. Her own contribution to the discussion is what is of interest to me here, and constitutes a theory she calls "positionality" (Alcoff 1994). Briefly, Alcoff's concept of positionality is as follows:

- (a) Subjective identities exist relative to a constantly changing network of historically and culturally determined social forces, institutions, and ideologies, and in relation to other individuals (Alcoff 1994:116-117).

⁶⁹ Problematic, she explains, because "women" as a category is both a necessary point of departure for feminist theory and a term that is heavily laden with the values and meanings of the existing (male dominated) ideology.

- (b) The individual is not a passive entity receiving identity from these external forces, but is an active and participating agent who "actively contributes to the context within which her position can be delineated".

(Alcoff 1994:117)

And finally,

- (c) The positions in which people find themselves can be "actively utilized as a location for the construction of meaning, a place from where meaning can be discovered."

(Alcoff 1994:117)

Loosely summarized, the idea of positionality frames the ways in which individuals negotiate within the socially constructed realities that surround them and actively work to position themselves in ways that are personally meaningful.

The men and women I worked with on this project interacted with the discourses of the body and of parenting available in North America and actively made meaning within them in ways that were varied and personally meaningful - as Alcoff's idea of positionality describes. Although their understandings of their children's bodies were certainly shaped by the "constantly shifting context" (Alcoff 1994:116) of North American cultural discourse, they were also agents in the construction of their own positions within those discourses. As I demonstrated in Chapters Three and Four, cultural narratives such as 'the unfinished child' and 'the child at risk'

served as the basis for my informants' understandings of their children's bodies, but these understandings, and the actions taken in response to them, varied. Other sources of information (such as doctors, books, magazines, and other parents), involvement with groups that supported specific understandings of the body (such as the 'holistic person' in 'alternative medicine'), and personal experience all played a role in how parents came to understand their children's bodies. Finally, the parents with whom I worked used their understandings of their children's bodies as a site for the articulation of identity and morality in (a) their relational role as parents, and (b) the construction of themselves as moral actors.

In closing, I wish to return to my informants' voices. During our interview, Bethany spoke about how divisive understandings of children's bodies and parenting philosophies could be. She explained that some parents feel that their understandings, their parenting choices are the only good ones⁷⁰, and that this righteousness is damaging. Her response to these divisions summarizes my arguments in this paper eloquently and it is with her words I will rest:

You're basically trying to nurture your child in what you feel is the best way to do it...

[Parenting] is doing the same job in different ways.

(Bethany)

⁷⁰ This sentiment arose in her discussion of why, although she breastfeeds, she has chosen not to be part of the LLL, who she feels are dismissive of parents who choose to formula feed their children.

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