
UNIT 1 CULTURE AND THE MATERNAL BODY

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1.1 INTRODUCTION

The concept of the mother is so familiar that you may wonder why you need to study anything about it. After all we have all had mothers and some of you may be mothers yourself. The Oxford dictionary defines the term mother quite simply as ‘a woman in relation to a child or children to whom she has given birth’. The verb mothering refers to the caring and protecting most of a child, but occasionally someone other of the child.

In this unit we will draw upon insights from many of the feminist theories you have already studied to evaluate the two important ideas reflected in the above definition, namely: a) the fact that motherhood is a biological process, and b) the assumption that mothers are essentially caring. As with other issues discussed earlier, we will try to understand the relationship between the social construction of motherhood and the lived experience of mothers. At the same time, our concern will be to tease out the multiple meanings embedded in terms like the ‘maternal’ and the ‘mother’.

1.2 OBJECTIVES

After going through the unit, you will be able to:

- Understand the need for feminist theorizing of the maternal;
- Analyze the representations of the maternal in biomedicine, psychology and psychoanalysis;
- Become familiar with feminist theorizing of motherhood;
- Discuss the idea of the maternal feminine in the Indian context; and
- Understand debates around abortion.

1.3 THE NEED FOR FEMINIST THEORIZING OF THE MATERNAL

There are several reasons why debates around mothering have been a problematic area for feminist theorizing. It may be pertinent to begin a discussion on motherhood and the maternal body by considering some of these.

First, the possibility of pregnancy and childbirth create an inalienable difference between the bodies of men and women. Feminists have been concerned with the nature of this difference. Their reproductive capacities have meant that women are often constructed as closer to nature than men. Philosophy particularly as seen in the West has characteristically described human existence in terms of mind body dualism. Taken together this has resulted in an equation of women with nature and men with the mind. In most societies, the psychological characteristics and social roles associated with women are derived from their capacity for birth. Feminists have grappled with the reality of these associations. Are women truly caring and men assertive and dominating, or are these stereotypes that have been ascribed to women by patriarchy? Moreover if the psychological characteristics of women are biologically determined how can the differences between women across cultures be explained?

You have also read about the centrality of the private / public distinction in feminist analyses. The maternal body is located simultaneously in the private and the public spheres. While maternity and motherhood are experienced by an embodied subjectivity (implying that each mother experiences motherhood as felt and lived through the body; not the natural body of biology but a body that inhabits a particular personal and cultural world, the experiences are structured through social and cultural discourses. Medicine and law determine who can have access to contraceptives and abortions, the practices of childbirth within a society, as well as definitions of maternal and child health. While the capacity to bear children seems to

be the overarching feature that distinguishes men from women, the last century has seen many technological developments that have irrevocably altered this. Feminists too have grappled with the question, sometimes arguing that motherhood is the root of women's oppression while at other times suggesting that the capacity for giving birth is their greatest strength. These are some of the issues we will discuss as we course through this unit.

'The mother' has occupied a particularly privileged position in India both in its centrality as a metaphor for India (*Bharat Mata*) and in being that aspect of womanhood that is venerated within society. In the 1975 blockbuster, *Deewar*, Director, **Yash Chopra**, Amitabh Bachchan asks his upright police officer brother, '*mere paas bangla hai, gaadi hai, paisa hai, tere paas kya hai?*' (I have a bungalow, car, and cash, what do you have?). And pat comes the reply, '*mere paas maa hai.*' (I have a mother). The metaphor of the mother has been particularly significant in India as the imagination of the country as a mother and the ubiquitous presence of the figures of mother goddesses indicates. Feminists in India have pointed to the paradox between the veneration of mothers and the poor status of women in society particularly in relation to the problem of sex selective abortion.

In the remaining sections, we will try to clarify some of these paradoxical issues.

1.4 FEMINIST CONSTRUCTIONS OF MOTHERHOOD

The mother of all second wave feminists, **Simone de Beauvoir** saw women as trapped in their reproductive roles, a position taken to a more radical extreme by **Shulamith Firestone**. In *The Dialectic of Sex* (1970), Firestone argued that the original class distinction was that of sex. Prior to the development of contraceptives women were subjected to the biological processes of their bodies. Women would only be free when they were released from the processes of reproduction and lactation using technology to reject their biological entrapment. Firestone was certain that the choice of motherhood would lose its attractiveness once other alternatives were available. The idealization of motherhood was a patriarchal ploy to keep women in a position of subordination.

Contraceptives meant that women could exercise a modicum of control on reproductive choices. As these choices increased, feminists became increasingly critical of the devaluation of women's' bodies inherent in the rejection of maternity. Feminist poet **Adrienne Rich** provides one way out of the debate by making a distinction between the ideology of motherhood and the experience of mothering. Rich distinguishes between motherhood as: "the potential relationship of any woman to her powers of reproduction and to children and to motherhood as the institution which aims at ensuring

that that potential remains under male control” (Rich, 1976, p. 13). This is the distinction that is usually described as the distinction between mothering, and woman’s own experience, uncontaminated by patriarchy and motherhood— its institutionalized aspects. In an interesting reversal of conventional understanding Rich says, “the mother child relationship is the essential human relationship. In the creation of the patriarchal family, violence is done to this fundamental human unit. It is not simply that women in her full meaning and capacity is domesticatedsafely caged in a single aspect of her being-the maternal- she remains an object of mistrust, suspicion, misogyny in both overt and insidious forms” (Rich, 1976, p.116).

Similarly, **Mary O’Brien**, a midwife by profession, argued that patriarchy is structured around the lesser participation in reproduction available to men. Mary O’Brien agreed that reproduction and motherhood had become sources of oppression for women. The task for women and feminists was to recognize that these also contained the possibilities for her liberation. O’Brien seriously doubted that reproductive technologies that were themselves a product of patriarchal processes could contribute to the liberation of women. Rather, an excessive dependence on technology would strip women of their powers and enhance the alienation of the woman from her own body.

Radical feminist writing on motherhood seems to somersault between the polar opposites discussed above although the debate recurs in various forms elsewhere. Ferguson highlights this polarity by quoting from two major figures of American feminism, as follows:

“Oh baby, come,...Come closer. Eye to eye, soul to soul. Come say hello to your new born mother” (Phyllis Chesler, 1979, p.189).

“I would like to affirm the rejection of motherhood on the grounds that motherhood is dangerous to women....mother is she whose body is used as a resource to reproduce men and the world of men , understood both as the biological children of patriarchy and as the ideas and material goods of patriarchal culture” (Jeffner Allen ,1984,p. 316).

One of the dominant themes that run across radical feminist writing is the positing of an essentially positive femininity which has been distorted by patriarchal control. An interconnected issue concerns the relationship between this biological capacity and the psychological characteristics of women. **Carol Gilligan** (1982) took a position against the then popular theory of morality as a rational process based on logical thinking and justice. In a classic study, she spoke to women who were in the process of deciding whether to seek abortion or go ahead with pregnancy. Gilligan argued that women’s reasoning about moral issues is based on connectedness and relationality. It is sensitive to the context and derived from an ethic of care. The woman deciding about abortion may therefore not think from either the perspective of the rights of the foetus or those of the mother.

Instead she is likely to reason in terms of the care that the infant might require and whether she has the capacity to provide that care. Clearly such thinking would result in varied resolutions to the same moral dilemma.

The possibility of an alternative framework of morality that was gendered in character was both exciting and dangerous. In the beginning of this unit we asked whether psychological characteristics and social roles of the sexes were biologically determined. Gilligan and other feminists such as Sara Ruddick who emphasized 'maternal thinking' seemed to essentialize and decontextualize the voice of the mother, while locating it dangerously close to her biological capacities.

A critique of such essentialist accounts of motherhood and its interrelatedness to other socio-psychological realities was articulated by Marxist and socialist feminists such as **Allison Jaggar** and **Ann Ferguson** who argued against the construction of any universal characterization of gender. While they commend radical feminists for bringing the body into the gender question, they are critical of the neglect of the question of history and class relations.

Marxist feminists explain sexism across cultures as arising from the nature of class divided society. Unlike the radical feminists, Marxists see sexism as a means used by the ruling classes to divide the producing classes. Theorists within these traditions extend their work on unpaid housework to childcare describing both as necessary for the reproduction of labour power. The oversimplification of Marxist feminist theory is partly countered by the socialist feminists who understand oppression as arising out of the twin systems of patriarchy and capitalism. Alison Jaggar (1983) points out that women's biology interacts with the environment in which it lives, and does not yield to similar constructions across time and space. She gives the example of the availability of bottle feeding and the possibilities of an altered definition of motherhood offered by it. In order to fuse various strands of feminism with Marxist theory, Jaggar returns to the concept of alienation used in a gender specific context. Just as the worker is alienated from his products, so is the woman alienated from the three areas in which she most often works: sexuality, motherhood and intellect. Writing specifically of motherhood, Jaggar points to the rather limited choices women exercise over when, how many and by what process she bears her children. Ultimately these processes prevent even the formation of a positive bond and when they do they may often result in the total crippling of the child. Further, she endorses the point made more emphatically by feminists within the psychoanalytic tradition that such alienated mothering prevents the child from recognizing the mother as a person, thereby continuing the cycle of alienated mothering. Jaggar's response to the motherhood question and incorporates both the gender specificity missing in Marxist thought and the space for rather different articulations of this alienation within varied cultural and historical circumstances.

Check Your Progress:

*“Reproduction and motherhood are sources of oppression for women”.
Analyze this statement with an example.*

1.5 MATERNAL REPRESENTATIONS

Let us begin the section by analyzing the representations of mothers in two of the domains that seem to significantly determine the construction of the maternal: Biomedicine and Psychoanalysis. Following this, we will discuss feminist psychoanalysis and motherhood in greater detail before looking specifically at the social construction of motherhood in India.

1.5.1 Biomedicine

As you are aware, the biomedical perspective sees the human body as a complex machine that can be controlled and managed for greater effectiveness. Since the perspective has been central in the understanding of reproduction, biomedicine has significantly altered the lives of mothers.

Perhaps the most significant impact of biomedicine is seen in the management of childbirth. Before the advent of modern medicine it was most often midwives who were the healers in their communities and played a central role in the management of childbirth. With changing conditions of urban life, new perceptions of women, and advancements in medical science, birth became increasingly viewed as a medical problem to be managed by physicians. At the same time, because medical training was restricted to men, women lost their positions as assistants at childbirth, and an event traditionally managed by a community of women became an experience shared primarily by a woman and her doctor.

Box 1.5: Midwife-Universal Reference

The term midwife is used as a generic reference for women who managed childbirth. However this usage hides the differences in the work and social positions of these women. In India, the closest equivalent is the 'dai'. Her role varies from caste to caste and in different regions of India. A 'dai' usually handles process such as the disposal of the placenta, but also had skills to assist in complicated deliveries. Naraindas points out that unlike in the West, the intersection between colonialism and medical science ensured that the transition has been from 'dai' to white women and then Indian women (Naraindas, 2009).

Physicians trained in the specialty of obstetrics and gynecology declared themselves to be the proper caregivers for childbearing women, and the hospital was deemed to be the proper setting for that care. Birth evolved from a physiological event into a medical procedure. According to one of the foremost American authorities of the day, **Dr. Joseph De Lee** said in 1915 that birth was a dangerous process from which few women escaped unscathed, and proper management of this pathological condition required a program of routine medical intervention. De Lee's recommended interventions included anesthesia, episiotomy, and assisted (forceps) which meant that more and more women give birth within hospitals and under the prescriptive gaze of the medical profession. Feminist sociologist **Ann Oakley** (1984) refers to the takeover of pregnancy and childbirth, primarily healthy normal processes of the woman's body, by medicine and technological change as the capturing of the womb.

The powerful discourses of science and medicine have constructed the female body as a universal, stable body that exists beyond differences of time, space and ideology. Many contemporary critiques of science have shown it to be misogynist and racist, even as it espouses the values of objectivity and neutrality. With regard to the maternal, biomedical practices have:

- Brought childbirth into the domain of medicine, and
- Generated a host of reproductive technologies

In the context of the above, many feminists have argued for a return to the processes of natural childbirth. Natural and medicalised childbirth can be thought of as the two official discourses that form the ideologies of childbirth. However the argument that the natural is ideal may also be a feminist fallacy. The presentations of the maternal body simultaneously as natural and as requiring medical intervention suggests that human mothers have been swallowed up by biological explanations and social descriptions (Held, 1993). As in other representations of the maternal, the authentic voices of the mothers, and their experience of pregnancy and childbirth, have been difficult to unravel.

1.5.2 Psychology

A reference to mothers is a frequent occurrence in psychological texts of diverse theoretical persuasions. **John Watson** the behaviorist saw many of the emotional difficulties of children as arising from too much 'mother love'. At another theoretical pole, the evolutionary theorist Bowlby suggested that 'maternal deprivation' was a key factor in the mental health difficulties of infants and children. Although Bowlby was aware that infants can form attachments with other caregivers, he tended to emphasize the role of the mother. In addition to emotional security, psychological research has linked maternal qualities to broader aspects of infant development such as cognitive

and language development, and emotional and social maturity. Some of the terms associated with this stage include 'maternal synchrony' with the child and the use of a form of speech called 'motherese' to facilitate language development.

Clearly, psychology has been instrumental in generating an ideology of motherhood in which the mother is the primary caretaker of the child, the one on whom 'his' (it is usually the male child who is the subject of discussion) well being depends. While the vulnerability of the human infant is an uncontestable fact, psychology has helped in defining the decontextualized 'good mother' without studying the realities of the varied experiences of mothering. The identity issues involved as well as the change in social context that arises out of being a mother were rarely studied in the research which took place until the last few decades. Circumstantial differences were also ignored, as is evident from the use of the homogenous and universal categories of 'the mother' and 'the child'.

Feminist analyses have revealed that psychology has been responsible for widespread mother blaming. Since much of the responsibility for child care is placed on the mother, it follows that she is also responsible for the healthy development of the child. In response to feminist criticism, psychological terminology has changed. The newer discourses tend to employ neutral terms such as parent and care taker. Yet, as psychological expertise increases, mothers are increasingly held responsible for the well being of their children. Differences in the experiences of mothers are often conceptualized within the category of deviant mothers, once again pointing to the universalizing definition of mothers (Burman, 1994). In reality mothers can be young or old, single or living with a partner, heterosexual or not. It is due to mother blaming in psychology that a lesbian, older woman or single woman are represented as if they are inherently incapable of good mothering.

Check Your Progress:

Does the discourse of medicine view maternal body as natural? Give some examples to support your argument.

1.6 FEMINISM, PSYCHOANALYSIS AND MOTHERHOOD

As you have already seen in the unit "Feminism and Psychoanalysis Interrogating Oedipus" (Unit 2, Block 5, MWG 001), the relationship between psychoanalysis and feminism has not been without acrimony. Many second wave feminists rejected psychoanalytic concepts such as 'penis envy' in

girls and the Freudian assertion that anatomy is destiny as fundamentally misogynist. Mitchell (1975) initiated a rapprochement by suggesting that Freudian psychoanalysis be read as a description of the formation of psyche under patriarchy rather than a prescription of it, as earlier feminists had done. Let us begin by looking at psychoanalytic accounts of motherhood.

1.6.1 Psychoanalytic Account of Motherhood

While Psychology constructs the self in largely rational terms, psychoanalytical thought emphasizes the relatively irrational and unconscious aspects of human subjectivity. The second wave of feminist writers including Betty Freidan, Kate Millett, Germaine Greer, and others saw Freudian thought as a misogynistic reflection of patriarchy. However, as we discuss later in this unit, the work of **Juliet Mitchell** (1975), **Nancy Chodorow** (1978), **Luce Irigaray** (1993) and others generated a vital rethinking of the relationship between feminism and psychoanalysis. You will also come across some of these ideas in Unit 3: Body in French Feminist Theory & Psychoanalysis, Block 4 of this course.

Motherhood is one of the central ideas around which contemporary psychoanalysis is constructed. Let us briefly recapitulate Freud's theory of Oedipal development which you have already read about in MWG 001. At birth babies of either sex have a primary attachment to their mothers. Through his/her investment in the breast, the infant internalizes the mother within the self. However the process is disrupted at the Oedipal moment where the infant must learn to be masculine or feminine in its identification. The boy must negate his relationship with the mother to identify with the father and gain access to the world of masculinity. The girl on the other hand must continue in her connection with the mother and give up the desire to acquire masculinity. The Freudian conceptualization leaves space for multiple identifications. Every child is initially bisexual and contains identifications with both the father and the mother. So both men and women have components of masculinity and femininity. The Freudian perspective does provide a frame through which to unravel the gendering of the child. However, the mother is never the subject of analysis in Freud's writing.

This imbalance was corrected somewhat in the 'object relations' tradition which includes the work of **Melanie Klein**, **Donald Winnicott** and a number of other prolific writers. The object relations perspective is particularly significant because it has evoked both intense criticisms because of its singular focus on the significance of the mother, as well as considerable interest within feminist appropriations of psychoanalysis.

Donald Winnicott (1960) assumes a complete entanglement of the mother and infant and argued that "at the earliest stages the infant and maternal care belong to each other and cannot be disentangled" (p. 40).

In this view, the pregnant woman experiences primary maternal preoccupation. She identifies herself with the baby enabling her to achieve an understanding of what the baby needs. This identification lasts for the early part of pregnancy in which it is referred to as holding. Good mothering at this stage must be reliable and sensitive to the inner states of the baby. During this period of merger the infants experience is largely fused with the mother

“The mother knows she must keep alive and allow the baby to feel and hear her aliveness. She knows she must postpone her own impulses until the time when the child is able to use her separate existence in a positive way. She knows she must not leave her child for more minutes, hours, days than the child is able to keep the idea of her alive and friendly” (Winnicott, 1960, p. 71). Once the inner continuity of being has been established the infant starts the process of separation from the mother. Just as much as the earlier phase requires closeness, this one requires of the mother the ability to let go. Theorists of the genre shift the position of the mother from a passive recipient located between the infant and the father to one who is agentic in the development of the child. Moreover despite a degree of idealization of the maternal, they are conscious of the profound feelings of ambivalence and hatred that mothers may feel towards their infants.

At the same time object relations theorists in general and Winnicott in particular shifts the focus from development during the oedipal phase to the pre Oedipal one. Several feminist accounts of the development of gender identity, including the influential works of Chodorow and Benjamin which we will discuss in detail at a later point consider this move to be of immense significance in the understanding of the female psyche. The new assumption here is that the mother-child relationship can be understood without reference to the father. The subjectivity of the daughter is already formed within the dyad of the mother daughter relationship. The daughter does not come to know herself only in her negative identification with the father. Rather she benefits from the continuity between her early relationship with the mother and her identity as a woman.

1.6.2 Nancy Chodorow and the Reproduction of Mothering

The revival of interest in the psychoanalytic tradition after Mitchell was furthered by **Nancy Chodorow's** (*The Reproduction of Mothering*) (1978). In this work Chodorow asks two questions. In an implied critique of mothering as a natural instinct she wonders why women want to have children. The second question concerns how become they mother. In response to the first, she suggests that women neither become mothers because they are biologically destined to do so, nor as a result of consciously taught roles, but in the unconscious internalization of gender relations transferred to the daughter in the process of being mothered.

In order to develop this point, Chodorow focuses on the pre oedipal period. Mothers experience in greater continuity with their daughters than they do with sons. These weaker boundaries between the mother and her daughter imply that the mother and daughter never quite separate. This lack of separation of identities ensures the takeover by the daughter of her mother's role and contributes albeit unconsciously to the reproduction of mothering as well as other aspects of gender ideologies. Chodorow also suggests that this would change if men played a greater role in housework and child care while women sought employment outside the home

Although the reproduction of mothering was welcomed for providing a sociological explanation for the continuity between mothers and daughters, several feminists pointed out that it only addressed maternal practices in white American homes. In addition it seemed to hold maternal practices responsible for the daughter's well being, reiterating the tendency towards mother blaming discussed earlier. A rather different account of mothering may be obtained by reconsidering the issue from the mother's perspective. In the "Fantasy of the Perfect Mother", Chodorow (1980) cites the work of diverse writers including **Nancy Friday**, **Dorothy Dinnerstein**, **Adrienne Rich** and others as showing a common search for a perfect mother. This fantasized perfect mother emerges both in clinical accounts and in fictional representations. There is no reason to assume these fantasies to be either realistic or actualisable. Nevertheless, it is these rather than any other sources that go into the available constructions of motherhood.

Chodorow and others also suggest that in western discourse, motherhood encompasses the contradictory notions of mother as life giver, self sacrificing and forgiving and simultaneously as demonic, smothering, possessive and destructive. This in turn generates an infantile fantasy of the perfect mother who exists somewhere but is not one's own, a fantasy shared by the feminists who write of it. For the infant the mother is precisely that and no more. Within the limited capacities he or she has, there is no space for understanding that she too has needs, wishes, a personal history as well as a network of social relationships, all of which pattern her life.

Such an analysis denies mothers the complexity of their lives, their selfhood, and their agency in creating from institutionalized contexts and experienced feelings. For those engaged in feminist politics, this analysis also points to the need to question the child centered assumptions of contemporary psychology and its percolation to larger cultural processes. Chodorow is emphatic in cautioning about the use of fantasy for informing theoretical and political understanding. The child's understanding of the mother may be quite different from the reality of the interaction between them. Feminists with a psychoanalytic inclination argued that the usefulness of the theory lies in the clues it provides to the way patriarchy gets constructed within the framework of unconscious fantasy. The reading that mothers are to be

blamed for their daughters' problems does not in the final analysis complete the feminist project.

Psychoanalysts have also made significant contributions to reformulating the problem of mother daughter relations within psychoanalytical feminism. Both assume that changing gender arrangements in the sphere of child care can alter the patterning of masculinity and femininity. In **Jessica Benjamin's** (1988) account, the early relationship between mother and child works to make the mother the sole object of desire for the child. The significant task for the mother is to recognize that despite their interconnectedness, the infant is also another who is real in itself. Benjamin assumes that a mother's lack of agency and de-sexualisation prevents her from recognizing the child in a meaningful way. It is the father who represents agency and subjectivity for the child. The girl is however often denied the possibility of a healthy identification with the father either because of patriarchal norms or the father's fear of coming close to the daughter. This prevents a daughter from recognizing that both mother and daughter are desiring beings with their own needs.

Feminist accounts of Chodorow and Benjamin are critical of the readings of mother-daughter relations in terms of connectedness. Jane Flax who also combines feminism with psychoanalysis believes that such accounts are based on the repression of aggressiveness and sexuality of the mother. Flax points out that maternity is not an essence, nor does it encompass within it the entire category of woman. In contrast to these accounts, the work of Lacan influenced feminists present a challenge to psychoanalytic accounts of mothering from within. Let us look at some of these ideas in greater detail next.

1.6.3 Mothering in Lacan Influenced Feminists

You have already come across some of the ideas of **Jacques Lacan** in course MWG-001, Unit 3, Block 4 and Block 5, Unit 2. For Lacan, the speaking subject exists only in language or the symbolic. Language structured in the phallic order represents the repression of the unity of mother and child. The girl child without a penis is particularly alienated from this order. While gender does not pose a biological problem in Lacan's theory, the problematic of the woman's entry into the symbolic is used as the point from which to theorize an alternative possibility for women. Once again, it is the mother daughter relationship which assumes significance.

Luce Irigaray, Hélène Cixous and Julia Kristeva have all challenged Lacanian theory from within the tradition. Together, the three writers have been classified as belonging to the tradition of 'écriture féminine' roughly translatable as 'feminine writing'. In the simplest interpretation of their writing, they seem to use the Lacanian notion of women being outside the

symbolic to speak of the possibility of a feminine language that enables the expression of an alternative consciousness. This language is outside the rational, logical structure of formal male language and allows women to express themselves differently.

You have already read about Irigaray's work in Block 4, Unit 3 of course MWG-001 and you will be reading in the last unit of this Block. Irigaray argues that the female body itself constitutes pluralities, hence can not be reduced to one single organ or identification. Here, she suggests that Western culture is founded on matricide, a taboo on the relationship with the mother. The dominant patriarchal fantasy of the mother is constructed as a closed volume or container that exists under male control. Men fear both the potential openness of the container and the possible fluidity of femininity. Irigaray understands the unavailability of subject positions for women in terms of the structure of language. She is particularly troubled by the non availability of pervasive symbolic representations of the mother daughter relationship in western culture. This unsymbolised relationship hinders women from having an identity that is distinct from the maternal function. Abandoned outside the symbolic, women are left without a means of entering it, they cannot sublimate. The central question as a theorist of change is how to construct non hierarchical relationships such as friendships or sexual relationships between women. Feminist attempts have usually run into problems because they rely on the paradigm of mother daughter relationships to explain all relationships between women.

Irigaray and Cixous locate the problem in the nature of the symbolic. While the boy can resort to available discourses through which to symbolize his loss of the maternal body, the girl is left mourning a lost object. An authentic feminine language is then the only possibility for the emancipation of women. The problem seems to be that there is little possibility of escaping the symbolic which is patriarchal in nature. At the same time their analysis, in the mode of much psychoanalytically informed theorizing, lacks specificity as far as cultural, historical and social processes are concerned. Restructuring the symbolic requires a return to the body; the source of an authentic femininity and this once again generates the critique of essentialism. In contrast to the above, **Julia Kristeva** argues that the symbolic system cannot be transcended. However she does posit in the realm of pre-oidipality a potential to disrupt these systems in the process of becoming a subject.

The maternal body is located between nature and culture. The maternal body with its other within it is a prototype for subjective relations. Maternal functions exist prior to paternal law. At the same time Kristeva argues for a separation between the maternal body and woman. A woman may experience the maternal through adoption, caretaking or sublimation. Similarly a man may experience the maternal function. Kristeva addresses

the problem of motherhood in contemporary society through her notion of abjection. Through abjection or the experience of horror experienced in negotiating separation from the mother, women are reduced to their maternal functions while their own subjecthood requires abjection of maternal desire.

Despite the potential for a critical reflection on maternal subjectivity, psychology and psychoanalysis are based on a construction of motherhood which essentializes, glorifies and simultaneously excludes the mother. A tendency in feminist psychoanalysis to conflate the terms 'daughter' and 'woman' unwittingly replicates the ideology of mother blaming. This move isolates the mother daughter relationship from the surrounding context, glorifies and finally holds the mother responsible for the entire problem of feminine identity. To **Judith Butler** (1990) this seems like a reification of maternal instincts which is placed outside of culture. She wonders if the feminist project is helped by placing maternal desire outside of culture, suggesting instead, a discursive analysis of the power relations that produce the maternal body.

A first step in destabilizing motherhood is to study the socially constructed nature of the practice of mothering. Following this approach, **Evelyn Nakano Glenn, Grace Chang and Linda Rennie Forcey** (1994) define mothering as a "historically and culturally variable relationship in which one person nurtures and cares for another" (Glenn et.al, 1994, p. 256). It is constructed through the action of women and men in specific contexts and takes place in social contexts that include unequal power relations between men and women as well as between various other group identities. The dominant view of mothering is based on the twentieth century model of white American motherhood. Universalizing definitions of motherhood are problematic even where they appear in a feminist frame for they tend to exclude the significant issues faced by other communities. Although the psychological ideology of appropriate mothering finds its origins in the west, it has gained increasing significance in defining policy across the world. Several early analysis of personality development in the Indian context pathologized the joint rearing of children. Similarly, working mothers today experience guilt at reading about the harmful effects of mother absence on the child. **D.A. Segura** (1994) found that the more traditional women in her sample reported less conflict between mothering and work than the modern sample. Obviously contemporary ideologies are not necessarily more liberating for women. This seems to have some relevance to the Indian situation where relatively young women may be using technologically sophisticated devices to preselect the sex of their child. In the next section, let us look more closely at the social construction of motherhood within the specific context of India.

1.7 THE SOCIAL CONSTRUCTION OF THE MATERNAL IN INDIA

1.7.1 Mother Goddesses and the Maternal Feminine

The presence of Hindu metaphors of an active sexual female power (Nair and John, 2000) has sometimes led to the argument that feminism is irrelevant to the lives of women in India. Indic thought contains several conceptual categories including *prakriti*, *devi*, *ardhnarishwar* that signify an alternative cosmology to that available in most monotheistic religions. As Vasudha Dalmiya (2000) has pointed out, Hinduism and folklore make references to many female deities. While the term Goddess exists in monotheistic cultures too, it is significantly different in India. The goddess Kali in particular appears as a terrifying yet beautiful mother (Dalmiya, 2004). In her representation as a naked, disheveled goddess dancing on Siva's prostrate body, she seems remote from the images of the benevolent but passive maternal that populates contemporary imagination. The possibilities inherent in such representations have captured the imagination of feminists particularly as an alternative symbol of woman's agency.

However, the presence of these symbols does not translate into a just society. Moreover these symbols have been used repeatedly for political agendas such as fundamentalism and nationalism that do not remotely serve feminist functions (Dalmiya, 2004). In India the figure of the mother tends to engulf the woman (Dalmiya, 2000). Despite the representation of women as both sexual and maternal, the social construction of the good woman as mother is reflected in the stereotype of the infertile woman as '*banjh*' or barren. Even the figure of the goddess is appropriated within patriarchy to pressurize women into motherhood, particularly giving birth to sons. Yet, they do offer a possibility for feminist resistance and reinterpretation.

Both Sudhir Kakar (1978) and Ashis Nandy (1980) suggest that these images signify a greater association of aggression and power with femininity that results in unconscious rage and powerlessness in men. They account for the misogynist attitudes of men towards women in terms of an unconscious fear. However, they also recognize that this feeds into the reality of oppression in the lived experiences of women that is somewhat mitigated with the birth of a son. Son preference and sex selective abortion are not surprising in this context. Misogynist attitudes have also continued to influence debates around abortion, both in the West and in India. Let us look at some of these debates in section 1.8.

Check Your Progress:

Discuss the interrelationship between the 'good woman' and 'mother' from the perspective of a particular culture.

1.8 ABORTION DEBATES

1.8.1 Feminist Struggles for the Right to Abortion in the West

The debate around abortion is one reflection of the manner in which the reproductive body is simultaneously private and public. An abortion is a procedure that uses medicine or surgery to remove the embryo or fetus and placenta from the uterus. Over several centuries and in different cultures, there is a rich history of women helping each other to abort. Until the late 1800s, women healers in Western Europe and the U.S. provided abortions and trained other women to do so, without legal prohibitions.

In 1803, Britain first passed antiabortion laws. By 1880, most abortions were illegal in the U.S., except those “necessary to save the life of the woman”. But the tradition of women’s right to early abortion was rooted in U.S. society by then; abortionists continued to practice openly with public support, and juries refused to convict them.

Abortion was a dangerous procedure done with crude methods, few antiseptics, and high mortality rates. But this alone cannot explain the attack on abortion. For instance, other risky surgical techniques were considered necessary for people’s health and welfare and were not prohibited. ‘Protecting’ women from the dangers of abortion was actually meant to control them and restrict them to their traditional child-bearing role. Antiabortion legislation was part of an antifeminist backlash to the growing movements for suffrage, voluntary motherhood, and other women’s rights in the 19th century.

In the 1960s, inspired by the civil rights and antiwar movements, women began to fight more actively for their rights. The fast-growing women’s movement took the taboo subjects like abortion to the public domain. On January 22, 1973, the U.S. Supreme Court, in the famous *Roe v. Wade* decision, stated that the “right of privacy...founded in the Fourteenth Amendment’s concept of personal liberty...is broad enough to encompass a woman’s decision whether or not to terminate her pregnancy”. The Court

held that through the end of the first trimester of pregnancy, only a pregnant woman and her doctor has the legal right to make the decision about an abortion. States can restrict second-trimester abortions only in the interest of the woman's safety. Protection of a 'viable fetus' (able to survive outside the womb) is allowed only during the third trimester. If a pregnant woman's life or health is endangered, she cannot be forced to continue the pregnancy.

Though *Roe v. Wade* left a lot of power to doctors and to government, it was an important victory for women. While the decision did not guarantee that women would be able to get abortion when they wanted to, legalization and the growing consciousness of women's needs brought better, safer abortion services. For the women who had access to legal abortions, severe infections, fever, and hemorrhaging from illegal or self-induced abortions became a thing of the past.

When the Supreme Court legalized abortion in 1973, the antiabortion forces, led initially by the Catholic Church hierarchy, began a serious mobilization using a variety of political tactics including pastoral plans, political lobbying, campaigning, public relations, papal encyclicals, and picketing abortion clinics. 'The Church hierarchy does not truly represent the views of U.S. Catholics on this issue or the practice of Catholic women, who have abortions at a rate slightly higher than the national average for all women' (www.feminist.com 2011).

Other religious groups, like the Mormons and some representatives of Jewish orthodoxy, have traditionally opposed abortion. In the 1980s, rapidly growing fundamentalist Christian groups, which overlap with the New Right and 'right-to-life' organizations, were among the most visible boosters of the antiabortion movement. These antiabortion groups talk as if all truly religious and moral people disapprove of abortion. This is not true now and never has been.

1.8.2 Abortion in India

The history of abortion in India has been quite different. The Medical Termination of Pregnancy Act (MTP) (1971) became law in India without much fanfare. The act was pioneered as part of a population limiting exercise with considerable support from the medical establishment. Under the act a woman can legally avail abortion if the pregnancy carries the risk of grave physical injury, endangers her mental health, when pregnancy results from a contraceptive failure or from rape or is likely to result in the birth of a child with physical or mental abnormalities. The MTP Act permits abortion up to 20 weeks of pregnancy and no spousal consent is required.

However, the availability of abortion does not translate directly into reproductive rights for women in India. Millions of abortions are performed by untrained persons in unhygienic conditions putting women under grave

risk. Abortion itself seems less stigmatized in India than in other cultural contexts (Ganantra, 2000), specially when it serves the needs of maintaining family honour. In such a scenario, an older married woman who seeks abortion is likely to be supported by her family, since giving birth would be an indicator of her ongoing sexuality. Paradoxically the more vulnerable adolescent whose sexuality is socially illegitimate is denied access to safe abortions.

In the 1970s it first became possible to evaluate the condition of the fetus with the use of techniques such as amniocentesis and ultrasounds. When prenatal diagnosis first became a part of the Indian reality, feminists pointed out that the techniques aimed to detect foetal abnormalities were also capable of providing information about the sex of the unborn child. Responding to the massive protest generated by the spread of sex selective abortions, the central government passed the prenatal diagnostic techniques act in 1974. The ensuing outcry prompted the central government to legislate the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 regulating the use of ultrasound and amniocentesis and forbidding providers from revealing the sex of the foetus.

Yet, as the 2001 and 2011 Census make evident, the incidence of sex-selective abortion has not come down. The latest 2011 census shows a further increase in the ratio of boys to girls. In over 50 districts of the country, a majority in the northwest and western states, the juvenile (0-6) sex ratio has dipped to alarmingly low levels. Most recent research suggests that sex selective abortions are widely used to plan the most acceptable form of the Indian middle class family, the family with two sons and no daughters.

The participation of women in the process of sex selection tears open the myth of the powerful maternal in the context of contemporary India. Yet it also reveals the specificity of maternal experience to local contexts. Simultaneously it becomes apparent that the maternal, far from being a primarily biological process is deeply embedded in public discourses. Despite the valorization of the woman as mother, she rarely appears as an agentic figure who speaks in her own voice.

Check Your Progress:

The construction of the maternal body is itself a social process. Use examples from any movie, television shows, folk songs, and posters to discuss this idea.

1.9 LET US SUM UP

In this unit we have discussed the theorization of the maternal body from feminist and cultural perspectives. We have seen how the association of women with the maternal body cuts across cultures, yet the construction of the maternal differs across time, discourse and culture. On the contrary, the discourse of biomedicine projects the maternal body as stable, and in need of medical intervention. It can be construed that the constructions of the maternal body are fluid and often contradictory in nature. Motherhood and the maternal body have varied representations in the realms of culture, science, psychoanalysis, and language. The unit has shown that the notion of maternal body has been analyzed within the binaries of nature/culture, biological essentialism/social construction, and there is a need to interrogate such binaries.

1.10 UNIT END QUESTIONS

- 1) Define and explain the notion of maternal body from a feminist perspective.
- 2) Write an essay on feminism, psychoanalysis and motherhood.
- 3) Discuss the construction of motherhood and the body in the discourses of bio-medicine, psychoanalysis and the social.
- 4) Critically analyse the representation of the maternal body in Indian context with special reference to debates on abortion and female foeticide.

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