



CHAPTER I

HOW MANY EXPERTS DOES IT TAKE TO RAISE A CHILD?

Mothering and the Quest for Certainty



Jacob, my first son, was born on a hot day late in July 2000. He had a rough birth; only after a few days in the NICU were we able to bring him home. Perhaps it was the difficulties he endured during his entry into the world outside my womb that made him seem especially fragile and I so incompetent to care for him. But I don't think this is the whole story. Another part of the story must be told, for, as a new mother, I felt, as I suspect most new mothers feel, completely inadequate to take care of a baby. The data to suggest that I didn't

know what I was doing were all around me; I couldn't help Jacob stop crying and I was having trouble successfully nursing him. Beyond these routine difficulties, for several days I admired the lovely olive-toned skin I thought Jacob inherited from his father; soon the doctor announced that Jacob was jaundiced and needed light therapy. Who knew? Not me.

While I came to my mothering gig without so much as ten hours babysitting in my entire life, what I did have was a solid doctoral-level education in philosophical and sociological pragmatism *à la* John Dewey. As someone who had spent a lot of time in school, I had developed a way

of approaching new problems that worked exceptionally well in an academic setting: read everything. Knowing that I was approaching motherhood with very few practical skills and even less actual experience, I did what I knew best. I read everything. So it's not surprising that just a few days after getting Jacob home I exclaimed, "I need a theory!" when confronted with the problem of whether to pick Jacob up when he started crying (my instinct) or whether to let him "cry it out" (as some of the books I had read suggested).

Thus began my "quest for certainty" in motherhood and mothering. In seeing these choices (between cuddling him and allowing him to cry it out) as separate and distinct, I had already fallen victim to the faulty thinking that Dewey maintained was predicated on the illusion of a separation between knowledge and belief. Informed by his lifelong attempt to heal Cartesian dichotomies (between, for example, mind and body, emotion and reason, and subject and object) that he believed ran thinking off into a ditch, Dewey critiqued such a "quest" as centered on a false dichotomy between knowledge and belief. In separating knowledge (in this case, the "expert" advice found in some parenting/mothering books) from my extant, albeit budding beliefs about mothering (in this case, babies should be comforted), I had conceived of mothering in a bifurcated way. There was, on the one hand, "right mothering," confirmed by book advice; on the other, there was "possibly wrong mothering," ruled by instinct. Such a segregation of knowledge from belief, Dewey wrote, led to the idea that knowledge was more certain, universal, and thus better than belief, which was cast as uncertain and provisional. Instead, Dewey saw both knowledge and belief as forms of partial truths, that when put together could productively inform knowledge in action.

As an acolyte of Dewey's, I was and still am drawn to such thinking: let's use all the tools we have – knowledge, beliefs, experience, intuition – to figure out the most fitting, appropriate, and thoughtful solutions to the problems we face. After all, if they are worth our effort to try to solve, we might as well hit them with everything we've got. In my work as an academic I applied this type of thinking to theoretical and real problems found in schools. I felt confident using this approach in my professional life. But, for reasons that escaped me at the time, the situation was different in my mothering life. In the face of mothering, I developed a new response: "I know, I know – but I need answers because the stakes are so high!" I thought to myself over and over. As Dewey maintains in the first sentence of *The Quest for Certainty*, "man [*sic*] who lives in a world of hazards is compelled to seek for security."¹ Nothing exemplifies my



notion of hazards better than my first few months as a new mother. The stakes as I saw them were enormous; if I mothered him badly, Jacob might be hurt psychologically, physically, mentally, cognitively, emotionally, and any number of other ways. Even in my sleep-deprived ride on the emotional rollercoaster of new motherhood, I could clearly see, maybe *too* clearly, the risks omnipresent in my world. I needed security, I needed it fast, and I attempted to find it in strictly following the step-wise advice offered in the books I had gathered.

While my move toward “expert” texts was lodged in a need for security, few of them discussed my need for an integrated response to mothering. More often, these texts broke my holistic question of “how do I care for this baby?” into smaller, discrete topics, characterized as “problems”: sleep problems, eating problems, issues of cognitive development, and the like. My need for security was confounded by a growing sense that *my* actions, as Jacob’s mother, were most essential to his health and happiness. Through a detailed analysis of the language and rhetoric found in popular parenting texts of the 1980s, Harriett Marshall found that such emphasis on the actions of mothers (as opposed to other important caregivers to young children) is very common.² Marshall asserts that in focusing almost exclusively on the actions of mothers, often omitting the work of others, these texts cement in mothers the crucial and, more importantly, sole responsibility for a child’s “normal development” toward being a “well-adjusted individual.”³ In my own case, two outcomes emerged from this situation: (1) in many cases I elevated these texts as sources of authority over my own judgment and (2) I got the message that it was all on me. Taking these outcomes in tandem, it is no surprise that I came to believe that to manage the stress of this situation, I’d better continue consulting these texts because the stakes were so high, which, of course, led to more stress about following the books’ prescriptions accurately.

Dewey suggested that many problems grow out of thinking that segregates knowledge from belief, particularly in the context of social problems. Confronted by the vast uncertainty of new mothering, mothers may be more likely to turn to “expert” texts for guidance, guides which are ubiquitous in American culture.⁴ In relying on “expert” knowledge and seeing it as validated and more influential than her own experience and beliefs, a new mother can sense enormous alienation from her own actions and her developing identity as a mother. This outcome is especially likely given that, as we will see, being a “modern mother” is framed in such texts as seeking out and adhering to the advice of physicians, psychologists, and other “experts.” Confounding the new mother’s need for



support is the fact that in reinforcing their authority, some of these texts fail to mention that other women, family members, neighbors, or other mothers, can be sources of local expert knowledge. Thus, for the modern mother, nearly exclusive adherence to the texts and the “expert” advice is not only required, but turning to this advice and away from other possible sources of information is advocated. In following such a path, a peculiar, although predictable form of isolation results, segregating the new mother’s instincts and what she believes, intuitively, or feels to be good care for her child (her beliefs) from that which she “knows” from the mothering books (her knowledge). The argument here is this: singular reliance on texts for developing a personal and integrated theory of mothering leaves one vulnerable to its ontological opposite: alienation. Action which is “right” but unattached to a more coherent and evolving theory of mothering – a system of mothering – will likely leave the mother feeling like someone employing the techniques of mothering without being a mother.

Finding Answers to Mothering Questions

I’m walking through a parking lot with Jacob at 5 months old, in a front pack on my chest. For once, he is quiet; normally he is crying or fussing in some way. As I’m walking past the building that houses my university office, I feel a sense of lost competence that I remembered in my professional role. Another competing feeling immediately enters my head: there’s nothing in my past that has prepared me for the decisions I may have to make about how to care for Jacob in the next five minutes. He might need a diaper change (I’m nowhere near a restroom with a changing table – is there even a changing table anywhere on campus?); he might need to be fed (I’m nowhere near a quiet place where I can nurse and not offend the easily offended); he might start crying without known cause, as he is wont to do (I’m standing where we will be easily heard, as we’re surrounded by office windows). While I felt incredibly insecure as a new mother, what I didn’t know at the time was that my security would hardly be found in the use of expert parenting texts. Indeed, the use of these texts exacerbated and intensified my insecurities. Even my reliance on such texts felt, in many ways, like a personal failure. What kind of mother has to rely on a textbook to teach her how to get her baby to sleep, much less, eat?

Little did I know that the idea of following “expert” advice in mothering, the age of “scientific motherhood,”⁵ began in the mid-nineteenth



century, predicated on the idea of “add science to love and be ‘a perfect mother.’”⁶ Childcare was “medicalized” by (mostly male) physicians whose advice, aided by the printing press and growing literacy rates, ushered in the notion that women needed professional medical and scientific instruction in mothering.⁷ These texts offered extensive explanation and detailed instructions on the most routine of mothering duties, including bathing, feeding, and clothing newborns and infants, as well as information on more scientific topics such as disease prevention. On the heels of significant medical advances such as a vaccine for diphtheria and the discovery of bacteria, doctors asserted that improving infant mortality rates required that mothers mother according to their advice. As one physician wrote in 1887: “How many mothers undertake the responsible management of children without previous instruction, or without forethought; they undertake it as though it may be learned either by intuition, by instinct, or by affection.”⁸ Unlike earlier mothering texts, such as those by women’s education advocate Catherine Beecher, which supported the centrality of mothers and their local family’s knowledge in childcare coupled with advancing gains in science and the medical establishment, texts written by doctors urged women to follow their lead and to deny or ignore their own judgment gained from personal experience and local practices. Abraham Jacobi, largely credited as the father of modern pediatrics, popularized his version of childcare with a pamphlet distributed to mothers in the poorer sections of New York City in the 1860s. According to Rima Apple, Jacobi “extolled the role of the medical practitioner” by reminding women that their doctors, not their neighbors, should be their guides.⁹ Apple asserts that contemporary women have found unique ways to draw important information from science, medicine, and other “experts,” together with their developing personal sense of mothering, and are generally resistant to the heavy-handed advice of “experts.” She argues that cooperation between mothers and experts should be our goal today, and that while the balance of power between mothers and physicians is not yet equal, both parties should work toward making it so. In so doing, Apple advances a pragmatic approach to motherhood reminiscent of Dewey’s call for intelligent inquiry, an approach that considers beliefs, knowledge, and experience to have important bearing on the understanding of and possible responses to social issues such as those found in parenting. And yet, while well schooled in Dewey’s approach, in these early months of mothering it seemed inconceivable to me that better solutions to the issues I had in caring for Jacob could be found in the intermingling of “expert” advice and my own inclinations. In retrospect,



it wasn't science or the actual message of these "expert" texts, *per se*, that was so disconcerting to me as a new mother: it was more the delivery of the message. These texts, much like ads promising quick weight loss, sent the message that properly following this plan would result in a blissful state of infant and maternal happiness in the form of a good sleeper, a voracious eater, and an overall contented and cheerful baby. Failure to apply the technique wholly and correctly would, it was implied, result in inadequate outcomes. Moreover, and most damning to my confidence as a mother, inadequate outcomes were evidence of a failure to apply the technique wholly, consistently, and correctly. That's how I knew I was failing at getting Jacob to sleep, eat, be calm, etc. In fact, Marshall's review of contemporary parenting texts finds that while these guides often include the rhetoric of "flexibility," they also reinforce certain "rules" that a good, modern mother should follow: "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."¹⁰ I recall being drawn to a biomedical model during pregnancy, when my body felt like a human petri dish. I was extremely curious about what was happening to me physiologically, and relied on several texts that described in great detail the growth of the baby, as well as the hormonal and physical changes my body was undergoing. I also wanted the "certainty" that the biomedical model offered when Jacob was in the NICU following his difficult birth. It became hard to give up that "certainty" when he was ready for home care because I'd grown accustomed to the dichotomy of the "right" care vs. "good" care. Indeed, in the biomedical model, they are one and the same. Problematic, too, was that very rarely did these "expert" texts emphasize that *this is a human being we're dealing with here*, perhaps the least predictable and most idiosyncratic entity on the planet. Thus, when Jacob slept as the book technique suggested he would after following the step-wise procedure, I took it to mean two things: (1) I was applying the technique correctly, wholly, and consistently, and (2) Jacob was a good boy and no longer had a sleep "problem." When Jacob didn't sleep, I read just the opposite message. I had failed him and in the process, he failed me. There were times we were just miserable together.

This cycle of "technique-response-infrequent success/failure" continued in nearly every realm of our lives together. In particular, I had a lot of difficulty nursing Jacob in those early months, but remained committed to doing so. One morning in an act of support, my husband suggested that I call a friend of mine. She had a year-old baby and had also experienced similar difficulty in nursing. Through my tears I told him



"I can't call her, I just can't." I was embarrassed to call. I really believed that by following the expert advice I was doing the best that I could and that lay people probably would have little to add. I continued to consult my "expert" guides on nursing, holding tight to the notion that if I just did it right and followed the plan, then I'd be able to get the nursing to work. I continued to work in isolation until my doctor became worried that Jacob was developing acid reflux and would have to start on a course of medication. At this point, I knew I had to get more help and I warmed to the idea that there might be other wisdom out there to help me with my nursing challenges *and* that I needed human support in making this work, support beyond that which a text could provide.

Finally, I met with my local La Leche League gals. Mothers themselves, with a combined total of hundreds of years experience in parenting not only infants but older children too, these women were a godsend. Exemplary of the Catherine Beecher-style of mothering advice, these women brought together scientific knowledge on child development and nutrition with experiential advice gained from raising hundreds of babies by a multitude of mothers. They had techniques, too, just as the "expert" texts did, but they also sent this message: "If this technique doesn't work, you just haven't found what works for you and your baby. Keep trying."

This message is key to a Deweyan approach to intelligent inquiry. Dewey believed that the best solutions to social problems included all people implicated in the problem. Working with a 5-month-old is probably a bit different from what Dewey had in mind, but nonetheless, the approach to problem-solving still works, in part because it requires continual feedback to monitor the unanticipated side effects of selected solutions and requires that everyone invested in the work of the solution be part of the planning. This system was built on the notion of reframing the dichotomy between knowledge and belief that is so frequently found in scientific "expert" knowledge and exemplified by the early pediatric texts on mothering toward the notion of knowledge in action.

Both/And Not Either/Or

There are good reasons for science (particularly medical science) to focus on the production of valid claims about the relationships between variables, and not attend to the relative importance of beliefs. Experimental science works on principles of isolation; the most certain way of saying



that something is correlated with a particular outcome is to isolate the other potential variables that might interfere. Because science is predicated on the notion of testing relationships among variables, isolation is a key component of such important work. The capacity for experimental science to demonstrate such correlations between variables (for example, smoking cigarettes is highly correlated with lung cancer) makes it powerful and important. Yet in the context of good mothering, there are few correlations between actions and outcomes that are really this concrete (one example is the relationship between shaking a newborn baby and brain injury). An apt example of a scientific “rule” that really is more of a set of preferences can be found in the advice on toilet training. According to Apple, early in the twentieth century doctors advised mothers to train their children at a few months of age. By the time of Dr. Spock in the mid-twentieth century, a much more permissive, “when the child is ready” approach to toilet training was taking hold and widely practiced by mothers. Indeed, the power of medical, scientific information coupled with strong rhetoric that modern mothers, *good modern mothers*, follow this advice and not the advice of lesser authorities, creates the likely elevation of this information to a potentially over-inflated status. Considering such information as a “rule” disregards the fact that the context in which this information will be put into action contains far more variables, many of which will be completely unknown and unaccounted for in the controlled nature of experimental science. The situation of the home, of the relationship between baby and parents, not to mention other family members, are all critical elements of the environment in which the scientific advice will be used. Dewey was sensitive to the situatedness of social problems, and thus advocated for an approach that tested responses to issues in the context in which they would be used in order to inform future action. The actions of the mother, father, child, and other family members, and their collective experiences, combine to form important information for future decision making. In fact, viewing mothering from a pragmatic point of view, one would see the home as the mother’s laboratory, the place where she gains experience, and thus knowledge, about what works for her in the context of her family situation. Textbooks are a poor substitute for this experience; and experience, as Dewey maintains, is not separate from knowledge but another avenue for knowledge construction. In *Democracy and Education*, Dewey writes of a child who is learning to fly a kite as an example of how experience is a form of knowledge. Dewey asserts that working with the kite teaches the child, not because it relates directly to the principles of



aerodynamics or other axioms of physics, but because it is a form of action. This action, when coupled with more conventional forms of knowledge, expands the person's capacity for intelligent inquiry by using all the forms of knowledge available: information, beliefs, experience, intuition. As Dewey explains, "senses are avenues of knowledge not because external facts are somehow 'conveyed' to the brain, but because they are *used* in doing something with a purpose. The qualities of seen and touched things have a bearing on what is done, and are alertly perceived; they have a meaning."¹¹ What I'm coming to realize now, as a mother of three (nine, seven, and four), and having successfully (which is not to say perfectly) mothered them in their infancy, is that I needed *both* "experts" and the support for the developing sense of myself as a mother that the La Leche League ladies offered me. I needed to know how the early substance from my breasts, which didn't look like milk at all, actually was so packed with nutrients that it made sense to pump and feed it to Jacob even though he was in the NICU and doing so was quite difficult. I needed to know that whole milk is best for my baby until age two because the fully-fatted variety supports brain development. I needed to know that honey is dangerous to the newborn baby because of the risk of botulism in a system that hasn't developed much immunity yet. Okay – some expert testimony is helpful. But in an age when individual mobility means that many, many new mothers live away from their families, from their sources of local knowledge and a network of people who can support their growing sense of identity as "mother and . . .," it is profoundly anti-pragmatic to rely primarily on external, "expert" texts that claim a position of singular authority without also considering the relationship between the advice, the theory of mothering, and the actions both underwrite.

Toward a Pragmatic Approach to Mothering

While I sadly came to mothering the first time with woefully little related experience, I did come to mothering with many beliefs about what good mothers do. Mothers nurse their babies and do not use formula. Mothers bathe their babies every day. Mothers knit blankets for their babies. Mothers are with their babies all the time. In my experiences mothering my daughter and second son as infants, every one of these "rules" was broken. My husband was also able to get me to



reconsider the rigidity of these rules for Jacob, but only after revealing to me that these “rules” were an albatross and were preventing me and Jacob from being at peace with one another.

The “expert” texts I read didn’t convey these rules; I brought this set of beliefs with me from somewhere. Thus, it’s not the texts alone that are the problem. It’s their authoritative tone and subtle assertion of exclusive authority, combined with the anxious reader’s tendency to bring preconceived rules and standards to her assessment of herself as a mother. I now see that I, with my preconceived notions of what a good mother does and doesn’t do, needed texts that would encourage me to reflect on the various “rules” about infant care that I brought to the situation; that canned the rhetoric of “this is the best information available”; that admitted their contribution to the experience (sometimes the ordeal) of mothering wouldn’t be independently sufficient and thereby suggested that working with this information in the company of others might be helpful. In short, I needed the texts to promote a pragmatic approach to mothering that acknowledged my perceived need for certainty, remained supportive in managing the intense ambiguity of first-time mothering (indeed, perhaps every-time mothering), and didn’t over-promise like a weight loss ad. The issue of nursing is particularly emblematic here. I had never ever seen anyone nurse a baby before I began nursing Jacob. My mother bottle-fed my brother and me on the “expert” advice of a physician who suggested that bottle-fed children were better sleepers, so my mother had no personal experience with nursing either. I imagine that other mothers are in this same boat. Of course, a breastfeeding class would probably have been useful; there were none offered in my area, and Jacob arrived three weeks early anyway, allowing us to attend only half of the infant care classes we signed up for. In the absence of all this experience, I substituted book knowledge and found myself floundering. I know now that I would have benefited from simply attending some La Leche League meetings, surrounded by mothers nursing their babies, in order to see what the range of “good care” looks like, to see the different positions, to see a successful latch on, to see, in other words, *what the experience of nursing looks like*. I might have had the same difficulties with nursing, to be sure, but what I would have had is some additional experiential information that could have helped to inform the “expert” texts I relied on.

The nursing example is especially apt in part because, before one has a baby to care for, one knows intellectually that it will be challenging and difficult at times. But it is hard to imagine and hard to conceive of just how much pressure one will feel in caring for this very delicate (yet hardy, too)



newborn life completely reliant on others for everything. The commitment to nursing is particularly important because, in addition to clothing, cleaning, and nurturing, the mother is then also ultimately completely and solely responsible for the nourishment of the child. Oh, and there's no fluid meter indicating when the baby is full and when the baby is empty, nor is there similar equipment for the breasts! Sure, sure – watching the outputs (that is, dirty diapers) offers a window into the inputs. I know. But watching the outputs can be equally as baffling and stressful to a new mom. How much urine is sufficient? And, my word, how many colors can a bowel movement be?! When the pressure of knowing that even when it comes to feeding *it's all on you*, being instructed to count and evaluate dirty diapers isn't very reassuring.

A pragmatic view of mothering incorporates all forms of knowledge, experience, and beliefs together. It encourages the new mother to consider her unconscious beliefs about mothering, and to examine their usefulness to her, her baby, and the family, and the extent to which they are or are not conducive to the wellbeing of this set. This view seeks out experiences with others as important sources of knowledge that can both teach the new mother some techniques as well as offer the support necessary to develop an identity as a “mother and” A pragmatic view suggests to mothers that they are in an interaction with the texts they read, and that critical and open wondering about the authority of the text is important. Perhaps most of all, pragmatic mothering echoes a good friend's words to me during these early months: “Sue Ellen, there are probably a few really bad ways of parenting that most of us would agree on, but there are many, many good ways of parenting that just look different from one another.”¹²

NOTES

- 1 John Dewey, *The Quest for Certainty: A Study of the Relation of Knowledge and Action* (New York: Balch, 1929).
- 2 Harriett Marshall, “The Social Construction of Motherhood” in Ann Phoenix, Anne Woollett, and Eva Lloyd (eds.) *Motherhood: Meanings, Practices and Ideologies* (London: Sage, 1991).
- 3 Ibid., p. 83. Interestingly, Marshall has also found that there is a regulatory function of pregnancy texts on shaping the person who is “fit to reproduce.” (See Harriett Marshall and Anne Woollett, “Fit to Reproduce? The Regulatory Role of Pregnancy Texts,” *Feminism and Psychology* 10, 3 (2000): 351–66.) Additionally, fathers are often cast as sidekicks to mothers, according



- to Jane Sunderland, "Baby Entertainer, Bumbling Assistant and Line Manager: Discourses of Fatherhood in Parentcraft Texts," *Discourse and Society* 11, 2 (2000): 249–74.
- 4 Type "parenting" into Google and 78 million hits result; "mothering" results in 3.3 million hits; "motherhood" renders 10.6 million hits.
 - 5 Rima D. Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick: Rutgers University Press, 2006).
 - 6 Ibid., p. 2.
 - 7 Ibid.
 - 8 Ibid., p. 17.
 - 9 Ibid., p. 15.
 - 10 Marshall, "The Social Construction of Motherhood," p. 73.
 - 11 John Dewey, *Democracy and Education* (New York: Free Press, 1916), p. 142.
 - 12 My enduring gratitude to Suzanne Wiltgen for this and many other important thoughts on parenting.

