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Milkmother Memoir

Introduction

Let women's experience serve as a fresh revelatory source.

Grace Jantzen, *Becoming Divine* 253

At the age of thirty, I, too, became a mother.

From then on, stories of pregnant, birthing and breastfeeding women flooded my days, told by the mothers of young children whose company I kept, and by the patients I saw in my work as an Australian general practitioner. But on my bookshelves at home, an imaginative silence about the transfigurative maternal body prevailed. I had access to a weighty genre of non-fiction self-help written by "experts," but why, I wondered, was there so little literary writing available that was "concerned with the subject, the mother as site of her proceedings" (Kristeva 237)? In the twenty-two years since my daughter's birth, fiction and creative non-fiction by women writing as mothers and daughters have flourished internationally. But there are still relatively few Australian women writers who have dared to foreground the body of the reproductive female, and to defy an entrenched cultural prejudice against writing frankly about the transfigurative maternal body. World-wide, women writers are only just beginning to contest the belief that stories of a woman's embodied experience in pregnancy, birth, breastfeeding, and while caring for small children, are tedious and peripheral.

This essay argues that the new subgenre of the milkmother memoir is a powerful strategy for the demedicalisation of the transfigurative maternal body, and for the elaboration of the milkmother in a new feminine imaginary. With the term "transfigurative maternal body," I refer to the female body which is becoming, or has recently become, two bodies. In using

the word “medicalisation,” I refer to a particular set of largely unconscious values and assumptions employed by my own profession as we relate to mothers, and which mothers internalise in their relationship with their own bodies.

Maternity is inevitably and profoundly embedded in cultural practices and understandings of gender and the body. As corporeal theorists have argued for the past two decades, all knowledge about the body, including the so-called “objective” knowledge of science and medicine, is value-laden, and determined by historical, sociocultural and political discourse. Access to high quality medical care protects women and babies from death and illness, and is a fundamental human right not yet attained in many parts of the world, including indisadvantaged populations in Australia.¹ Yet early on in my career as a GP, it became clear to me that *unnecessary* medicalisation of a mother’s body has the potential to impact negatively on a mother’s self-representation and well-being, causing distress and incurring unnecessary and expensive interventions. Ensuring that every mother and baby receives good medical care when required is our fundamental concern. But even wealthy countries such as mine increasingly confront limits to their health budgets, and public debate about the costs and potential negative outcomes of unnecessary medicalisation has emerged.

In the midst of my own sometimes terrifying, often tumultuous and exhausting early experiences of maternity, I coined the term “milkmother” to denote the pregnant, birthing, and physiologically or metaphorically lactating woman.² Invention of the term “milkmother,” and using evolutionary biology to justify the choice of milk as metaphor for this phase in childbearing, is far from a moralistic prescription for “the natural” or a revival of essentialism. As the Australian corporeal theorist Alison Bartlett argues in *Breastwork*, her pioneering study of breastfeeding, even concepts of “the natural,” commonly employed by breastfeeding advocates, are political ideologies, shaped by histories and cultures (789). Instead, agreeing with Bartlett, I suggest that “the milkmother” is a particular way of performing mothering, significant because of its differences to the way mothering is performed with older children. Breastfeeding, for example, can be framed as just one of many ways of performing the milkmother; formula feeding is another.

The metaphor of “milk” in “milkmother,” then, reminds us of the kind of maternal performance that is demanded by the developmental dependence of children up to three or four years of age, with their need for constant monitoring and interaction, for feeding, bathing, cleaning, carrying, rocking, picking up, putting down, entertaining, nappy changes, toilet training, and for facilitation of play and adventure even as safety is ensured. These tasks

are physically demanding, extraordinarily time-intensive, and usually specific to the care of very young children. The milkmother has a set of biopsychosocial needs that are different to those of the mother of older children, and in the absence of a separate category by which to refer to this unique stage in many women's lives, it becomes difficult to articulate her special needs, for example in the workplace, and to advocate for her. And a milkmother, as I was learning myself, is in biological transition, from the pre-maternal years into a lifelong state of maternity; her physiological transfiguration is accompanied by a profound psychological rite of passage.

I also use the term "feminine imaginary," borrowed from translations of the work of French post-structuralist philosophers. In English, the word "feminine" has typically connoted conventional and socially acceptable expressions of femaleness. The *Macquarie Dictionary* defines "feminine" as "1. pertaining to a woman. 2. weak; gentle. 3. effeminate." This essay invests the word "feminine" with a different, and much more powerful, meaning. Hélène Cixous writes in her 1975 manifesto, "The Laugh of the Medusa": "A feminine text cannot fail to be more than subversive. It is volcanic; as it is written it brings about an upheaval of the old property crust, carrier of masculine investments; there's no other way" (258). For Cixous, and for this essay, asserting the feminine is a feminist act. A feminine imaginary would contain images of the valorised woman in all her life-stages; it would include representations of men; and it would include representations of diverse racial and sexual orientations and life-choices, including the choice not to have children. However, this essay focuses on representations of the milkmother in Australian women's memoir, and how they contribute to a feminine imaginary.

In this essay I also discuss the process of writing "Bone Mother: a memoir in milk," a milkmother memoir telling the story of my own vulnerable body, as well as the disguised stories of my patients. "Bone Mother" was a shared winner of the 2009 Queensland Premiers Literary Awards (Emerging Author) and remains unpublished as yet, for reasons I discuss later. Because "Bone Mother" offers a gendered, insider's critique of medical representations of the pregnant, birthing and (literally or metaphorically) breastfeeding body, located at the intersection of the personal and professional, it illustrates the subversive potential of this new subgenre. I examine the relative under-representation of the milkmother in Australian women's writing, looking more closely at the way the small number of milkmother memoirs that have emerged here in recent years, including Susan Johnson's *A Better Woman*, take steps to demedicalise the gestating, birthing and metaphorically or literally lactating body.

In this essay, as in my life, I move between discourses. Though each discourse is in fact complex, contested from within and without, and constantly dynamic, I will simplify my positioning in the following way. Professionally, I write and work in three discourses: the medical or scientific discourse, with its masculinist and positivist conventions concerning knowledge and the body; the discourse of feminist and corporeal theory, that interrogates ideas of female knowledge and of the female body; and popular discourse, by which my patients and I speak about their personal knowledge of their bodies. I speak these three discourses due to my particular professional and personal positioning, and the tone of my essay—and my life—may seem uneven as a result. Yet none of these discourses adequately describe my own experience in my encounters with patients or in my personal life; in order to try to do this, I have written a memoir. At first I called the various drafts of “Bone Mother” fiction, and looked to other Australian writers’ representations of the milkmother in fiction, noting both the relative paucity, their subversiveness, and, wherever I could find it, the milkmother’s jouissance. Finally, I realised that memoir is the genre most suited to my emergent voice, and drew courage from the few other Australian milkmother memoirists that I could find.

Out of the three discourses, out of the complex influences of each, out of their dynamic inter-relationship over time; through the research, writing and re-writing of this and other essays; and through the intermittent drafts and shifting genre of “Bone Mother” over many years, my own synthesis emerged, in my own embodied, uneven, vulnerable voice.

The medicalised milkmother

I am completely overwhelmed. Overwhelmed by fear and bewilderment. No one ever warned me it would be like this.

Fiona Place, “Apocalypse Now” 61

An assumption that the maternal body is untrustworthy and inadequate to the task of reproduction profoundly shapes medical practice during pregnancy, birth, and the first weeks and months postpartum. A doctor’s necessary vigilance, our necessary readiness for catastrophe, blurs into a pervasive belief that the gestating, birthing and lactating body is unruly, capricious, and dangerous. I have participated in my profession’s struggle to contain

its anxiety about the maternal body. I have participated in our tendency to represent her in a medicalised language heavily reliant upon metaphors of machinery, electrical circuitry, and engineering.

Beginning in childhood, women learn from the stories they hear that their bodies are unfit to meet the frightening physiological or psychological demands of this time of life. This in turn promotes a woman's mistrust of her own bodily function, and she, too, becomes anxious and afraid. Her imagination is a biological event: the immune, neuroendocrine and neuromuscular systems of the body alter in response to imagined disasters and associated emotions, mediated by a host of hormones, neurotransmitters, and immune factors. These physiological effects of fear and anxiety, and unnecessary and intrusive medical practices that interfere with normal physiological processes, trigger costly cascades of preventable technological or pharmaceutical intervention. It is not surprising then, that the milkmothers I see in my work often imagine their body throughout pregnancy, childbirth and the early years of childraising to be unreliable, unpleasant, and "not enough." Throughout my twenty-five years in general practice, "not enough" has dominated the narratives of my pregnant, birthing, and breastfeeding patients: I wasn't dilating, the baby was too big for my pelvis, I didn't have enough milk, nothing I do can settle him. If the popular discourses, the narratives of women, are alive with the belief that the maternal and infant bodies are incompetent or inadequate or unable to be relied upon, a belief mostly based upon physiological misconceptions and medicalised representations, that belief becomes a self-fulfilling prophecy.

In the texts of Western philosophy, psychoanalytic theory, and literature, as Michelle Boulous Walker observes, "the maternal body occupies the site of a radical silence" (1). We find "readable absences," which in their absence speak to systemic denial (2). Our cultural imaginary, despite the extraordinary complexity of contemporary western societies and the relative autonomy and equality that contemporary western women enjoy, remains fundamentally masculinist, dominated by stories and images of heroic quests for power and status; of war and of conquest; and of the female body as object for the satisfaction of the masculine gaze. Our cultural imaginary offers us representation of the pregnant, birthing, and (physiologically or metaphorically) breastfeeding woman in just one main figure, the Virgin Mary, ideal of purity and devotion. But the Virgin is the mother without a body. In the representations of her that have come to us over the past one thousand years, she has no sexual desire, no morning sickness, no screams in childbirth, no lochia. She has no engorgement, or difficulty attaching the baby to the breast, no sleep-deprivation, no

resentment. She has an ethereal beauty, and is asexual, since she is—as in the “Litany of Loreto”—“Mother most pure, Mother most chaste, Mother inviolate, Mother undefiled.” She is the product of a patriarchal imaginary: acted upon, not an agency of movement or flux. I see images of her, young eyes downcast, head slightly inclined, and imagine her anxiety and depression. She is the Mater Dolorosa, Our Lady of Sorrows. The Virgin Mary—the most dominant archetype in the history of Western civilisations, as Kristeva reminds us in her groundbreaking essay, “Stabat Mater”—is necessarily cleaned up, with her body hidden so that she herself remains pure.

We lack a mythopoeic story for the extraordinary bodily transformation of pregnancy, birth, and breastfeeding. We lack empowered and empowering narratives about this rite of passage. Even in the twenty-first century, the milkmother has little in the way of a feminine imaginary to guide her through the physical and emotional ordeal that is associated with her transformation, her initiation. This means that her rite of passage becomes, as feminist scholar of religion Grace Jantzen argues, if not completely impossible, “at least fraught with ambiguity and partiality” (128). In my consulting room, new mothers frequently repeat the words of author Fiona Place, as she writes of her experience of childbirth: “I am completely overwhelmed. Overwhelmed by fear and bewilderment. No one ever warned me it would be like this” (61). Women flee their bodies psychologically, and disown or even fail to identify their somatic experience. Why would we not be afraid?

The relative absence of empowered images of the milkmother in the cultural imaginary has allowed the medical profession to co-opt the way she is represented. As Janemaree Maher writes, “the healthy body in pregnancy is, in our culture, primarily defined through medical knowledge” (“Rethinking” 146). The masculinist imaginary then inscribes itself into the milkmother’s body. We need only look as far as the Australian corporeal theorists, including Bartlett and Elisabeth Grosz, to find the argument that the milkmother’s body remains colonized by the discourses of biology and medicine, with tangible if unintended effects on the patient’s body. These theorists remind us that for all its life-saving, health-improving power and technologies, the biomedical discourse is just one narrative among many about the body. They contend that doctors and public health advocates adhere to biomedical advocacy scripts as if these were the only legitimate way to communicate knowledge; and that medical advice oversimplifies bodies, which are complex sites of histories, cultures and structures of knowledge. They contend that biomedical scripts are delivered within an asymmetric power

relationship, which is stripped of subjectivity and imagination, and unaware of the way evidence itself is constructed by political and sociocultural contexts.

“Bone Mother” aims to confront these problems, by exploring my experiences both as a doctor who is consulted by milkmothers, and as a milkmother who seeks help from the medical institution.

“Bone Mother,” then, can be understood as a counter-narrative, which disrupts traditional scripts about the body of the pregnant, birthing and literally or metaphorically breastfeeding woman. It is a reflexive exploration or autoethnography in memoir, by a doctor who is, in the writing, also a milkmother. My positioning complicates oppositional discourses of female agency versus medicalisation of the female reproductive body, so that “Bone Mother,” when published, may be considered “volatile” (to use Grosz’s term—unpredictable, unstable, with boundaries that are difficult discern, therefore dangerous) by my colleagues. However, as physician Rita Charon writes, “only sophisticated narrative powers will lead to the conversations that society needs to have about its medical system” (1900). “Bone Mother” attempts such a conversation with respect to the reproductive maternal body: it aims to bring, by virtue of its genre, a new, more complicated, more subjective, disruptive and self-aware positioning of the doctor in relation to her own body and society. It aims to radically expand notions of what constitutes legitimate inquiry by a doctor, and in particular, inquiry by a doctor concerning the pregnant, birthing, and metaphorically or literally breastfeeding woman.³

The rise of memoir

The words are being spoken now, are being written down, the taboos are being broken, the masks of motherhood are cracking through.

Adrienne Rich, *Of Woman Born* 25

Virginia Woolf was working on her groundbreaking memoir, “A Sketch of the Past,” in 1941, just four months prior to her suicide. When she presented this account, which included a description of her sexual abuse at the hands of her half-brother, to her Bloomsbury friends, she was met with a terrible silence. “Only autobiography is literature,” Woolf claims, predating the trend to narrative non-fiction in women’s writing by forty years. “Novels are what we peel off, and come at last to the core, which is only you and me” (Nicolson 142).

Sixty years later, the memoir has flowered into a remarkably popular and lively genre internationally, and is dominant in Australian women's creative non-fiction. It is longer than the essay, stylistically flexible, and, unlike conventional concepts of autobiography, interested in the meaning of ordinary, often marginalized, lives.

With the advent of second wave feminism from the 1970s, Australian women's fiction did begin referring to the mother's body, but wrote her as subject in order to subvert the dominant sentimentalisation of motherhood. For example, dark, rapacious mothers feature prominently in Elizabeth Jolley's fiction, but the milkmother, the body of the pregnant, birthing and breastfeeding mother, appears much more rarely. The subjective milkmother body is still a last frontier in Australian fiction: there is only a handful of novels in which she is foregrounded.⁴ In 1996, Sue Woolfe complained to Bartlett: "there are no stories about us. . . . I don't mean, how to mother, I mean the imaginative experience of mothering" (Bartlett *Jamming* 236).

However, from 1996 onwards, the reading public had its first taste of Australian mothers writing about themselves in creative non-fiction as subjects. Introducing *Motherlove*, her edited collection of short stories about mothering, Debra Adelaide writes of her contributors' shared belief "that at the heart of the birth experience lies the ineffable: *that there is no word for it,*" and how these writers "wrestled with words to describe the indescribable" (5). Also that year, Stephanie Holt and Maryanne Lynch edited *Motherlode*, a collection of poems and stories about mothering. In the opening segment, her text interwoven with lyrical sequences about her experience of childbirth, Marion Campbell reflects on the difficulty of writing: "If a mother tries to speak out, as herself, people are embarrassed. They say she is making a spectacle of herself" (1). The following year, Susan Maushart declared in *The Mask of Mothering* that a conspiracy of silence surrounded mothering in Australia, and Adelaide's second collection of short stories written by Australian women about mothering was published.

Bone Mother: a memoir in milk .

"Bone Mother" is concerned with the reclamation of the interior authority of a mother's body.⁵

As a young mother, I began to keep the notes that eventually became “Bone Mother: a memoir in milk.” I knew that many new mothers struggled with loneliness, isolation and shame, yet there was a serious lack of representations of the milkmother in women’s fiction and creative non-fiction. I also knew that Australian women had very low expectations that anyone would be interested in their experiences as milkmother (Maushart 339). In “Bone Mother,” I was determined to write the detailed subjective physicality of pregnancy, abortion, birth, lactation, and the raising of small children. I didn’t have the time to create a narrative more distant from myself, but made meaning of those long, often tedious days caring for my little daughter and son by imagining that my story might someday have value for others. The journal writing gave my life meaning beyond the exhaustion and invisibility of caring for small children. I remained confident that the experience of becoming a mother was no more or less able to be expressed in words than female sexual desire, or mystical revelation, if only a woman could find the time (or the money that bought time) to put words to paper. Many years later I read Cixous’ “The Laugh of the Medusa,” and realised that I, too, had been trying to write in “white ink,” “that good mother’s milk” (251).

As my children grew older and I had more time to create a structured narrative, I wrote my story as fiction. I began to think that perhaps my work had lost any claim to autobiographical accuracy, and I knew from various literary scandals that readers are intolerant of inaccuracies when a work is marketed as a “true story.” Yet the manuscript drew from my journals, and addressed real events and intimate physical and emotional truths.

By 2009, I referred to “Bone Mother” as “fictional memoir,” influenced by Australian writer Drusilla Modjeska’s decision to call *Poppy*, a story about her mother’s life, a “fictional biography.” My problem of genre mirrored a broader trend in the evolution of Australian women’s writing from the 1980s. Women writers experimented with genre as they claimed their private, radical truths in the public domain, blurring the boundaries between fiction and non-fiction. Finally, from the 1990s, women not only found the courage to reach their own reality in fiction, but also to claim their transgressive, generative bodies in the public domain unmediated by fiction. Helen Buss, in *Repossessing the World: Reading Memoirs by Contemporary Women*, claims that memoir is the ideal genre for bringing women’s highly relational lives into the public domain. Each woman’s personal counter-narrative re-claims

silenced or distorted histories in our society. In 2010, I found the courage to re-write “Bone Mother” as memoir.

Thomas Larson, in *The Memoir and the Memoirist*, argues that memoir deals inevitably with relationship. Memoir is, in his view, defined by its focus on the emotional immediacy of a singular relationship between the memoirist and an event, or a person, or an idea: memoir is characterized by a chosen thematic centre. In “Bone Mother,” and in the subgenre that I call “milkmother memoir” more generally, this thematic centre is the experience of the pregnant and birthing woman, and the metaphorically or literally breastfeeding woman. A milkmother memoir writes the body of the mother, writes of the birth-pain and the lochia and the let-down of milk and the waking in the night to an infant’s cry, it writes the taste and the scent of a child and the mundanely physical acts of care as if they *mattered* to the world.

A professional woman

Memoir offers a mode to repossess ways of knowing the world and the self
that does not divide the heart from the head.

Helen Buss, *Repossessing the World* xxv

Buss argues that contemporary female memoir “make[s] possible through their ‘balancing acts’ the solutions individuals perform to avoid the dichotomies of traditional identity patterns” (63). Memoir allows women to avoid “sacrificial logics,” in which identity must be forged out of the repression or sacrifice of other parts of the personality (Weir). I see women around me striving to succeed as doctors, and caring a great deal about their female patients, without seriously questioning the fundamental masculinist assumptions upon which the profession and its approach to illness, and in particular, women’s health, has been built. I, too, believe with Modjeska that it is “the role and contribution of women as intellectuals and writers to work against splits, for it is often women who are best in a position to understand the consequences of psychic and social fractures.” I, too, believe that the future of humanity depends on this (37). So in writing “Bone Mother,” I wanted to reclaim a feminine

perspective on the practice of medicine from within the practice of medicine, something that has scarcely been attempted as yet.

Buss argues that in memoir, women re-possess “a female identity from male-based disciplines of medicine and psychology, history and literature that had ‘possessed’ femaleness” (xii). I aimed to bring the relational, gendered self to gaze at medical research, at medical practice, and re-vision it. I wanted to perform myself as a woman who challenged the scientification, the medicalisation, of the transfigurative reproductive body, so that other women could gain from my exploration. Milkmother memoir is the genre for this task.

Jouissance

Hero: a man, now also a woman, distinguished by the performance of extraordinarily brave or noble deeds [and] a man, now also a woman, admired and venerated for his or her achievements and noble qualities in a field.

New Shorter Oxford English Dictionary

Emily Martin gathered metaphors for giving birth that appealed to women, in contrast to the often machinery-based, or “not-enough,” language of medical professionals. She found, for example, that women preferred to describe labour as a river or a ripening fruit, and contractions as rushes or bursts of energy (157-58). Such descriptions contrast with the self-fulfilling, “not enough” representations of the pregnant, birthing, or lactating woman in the masculinist imaginary, and contrast with representations of the maternal as abject. Young women have trouble recognising the extraordinary heroism involved in birth and infant care, because heroism remains associated with masculinist definitions, that reference war. As a result, women are frequently unprepared for their own often shocking physical transfiguration.

In the new subgenre of the milkmother memoir, experimentation with a new use of language is inevitable. I felt we lacked a language that names—thatvalorises—the heroism of the transfigurative female body. And I was eager to write of a moist abundance specific to the

body and psyche of the milkmother which is rarely named or celebrated, as another counterweight to the medicalised, “not enough” discourse of my patients. I decided that the particular kind of flourishing specific to the transitional maternal body that I attempt to write in “Bone Mother” is most aptly suggested by the French word, *jouissance*, rich in connotation. Later, I discovered Bartlett’s use of *jouissance*, this “resplendent” term, in her discussion of “milk time:” “I can’t help but think of juice, juice-ance, wet and sticky, tasty, sweet It seems perfect for describing breastmilk” (*Breastwork* 184).

Whilst “pleasure” is the simplest translation, the noun comes from the verb “jouir” that has no exact English equivalent but means something like to enjoy, to have an intensity of feeling that takes one to the edge, or to revel in without fear of the cost. It also means to have an orgasm. The French feminist theorists suggest that *jouissance* is a re-experience of the pre-oedipal physical pleasures of infancy and later sexuality, which are repressed in patriarchal culture (Jones 368). While they extend definitions of sexuality to include a diffuse consciousness that involves every part of a woman’s body, I aim to step beyond considerations of the sexual, to claim a *jouissance* that is specific to the physical transfiguration of maternity: *jouissance* as the flourishing, flowering, and vivification that accompanies the experience of pregnancy, birth, lactation, and tending of small children. *Jouissance*, an embodied fullness of experience, embraces both joy and difficulty. In my use of it, *jouissance* implies a surging fruition, which must inevitably yield to senescence. *Jouissance* is sensual, even in pain. *Jouissance* is soulful, even if unremittingly physical. *Jouissance* is ravishingly moist.

When milkmothers write from their *jouissance*, they represent themselves in ways that challenge phallogocentric discourse. *Jouissance* is a nuanced, complicated, deeply lived celebration of the transformative maternal body, even out of the pains of childbirth, even out of difficulty and exhaustion.

Milkmother memoir as site of internal tension

Larson proposes that memoir is characterized by fertile tensions that operate within a central thematic focus, and which open up opportunity for reflection. The memoirist is able to carry the reader through these tensions because of the feelings of sympathy and compassion—the intimate bond—she establishes with the reader. I consider two kinds of internal tension that characterize the milkmother memoir: tension between the “I-then” and “I-now;” and between

myself and the life I didn't lead (or myself and the baby that didn't live). I also consider milkmother memoir as a site of tension between self and the world.

I-then and I-now

In writing her trailblazing memoir, "A Sketch of the Past," Woolf reflects on the tension between what she calls "I-then" and "I-now," between the rememberer and the remembered self, interconnected but different. This friction in memoir gives rise to nuanced reflection and the making of meaning. Memory is constantly revised, shifting sand even in the writing of it, subject to the alchemy of life experience, personal maturation, other people's recollections, events in the wider world, and personal values.

The relationship between the memoirist and the remembered inevitably evolves as the story is written. This has been particularly evident in my own work, as the writing has spanned twenty years, and the revisions have marked different stages in my own maturation as a woman, as well as generic transformation. Having come to understand the importance of the pull between the rememberer and the remembered, I considered ways to strengthen the tension between "I-now" and "I-then" as I finally re-wrote "Bone Mother" as memoir. I located the "I-now" on an overseas trip shortly after my children had left home, looking back on and reflecting upon "I-then," in my milkmother years.

Buss and Larsen argue that memoir may, in fact, be a therapeutic process. I agree that despite the integrity of my desire to give something to other mothers with young children, my memoir has been, at heart, what Larsen names as "a devotional and therapeutic practice," by which I have inquired into the truth of my life (9). As a young ex-Methodist mother predisposed to silence by devastating internalised voices of judgment, writing to an imagined reading public as I cared for small children became integral to my psychological survival. I wrote "Bone Mother" to save myself. I'd been writing it for no less than seventeen years when I realised that part of the reason I wanted to fictionalize my narrative, lay in my fear of being seen as self-obsessed, or self-indulgent. Memoir sounded less like a work of creativity, I thought, and more like a therapy session. It is a relief to allow that the writing of memoir for personal benefit may also be a legitimate gift to others.

Another important site of internal tension for the memoirist lies between fact and memory, fertile opportunity for reflection and analysis since the memoir can only ever be one version

or variation of what happened. Because I want to maintain the reader's trust, in "Bone Mother" I either discard the magical realism of my fictional draft, or make it clear that certain strange events are imagined. The testing of memory against significant known facts may be revealing of both the memoirist and of those with whom the writer shares her private selves and who remember differently. Importantly however, many women were raised to accommodate immense cultural pressure by allowing the dominant discourse to frame or erase their stories and memories. This may occur, for instance, in those who contested patriarchal paradigms or dysfunctional family dynamics, whose lives have borne the awful wound of a family's negative projections. For these women, claiming memory without justification, apology, or shame, despite the differing constructions of truth by those around them, may be a vital and therapeutic task.

There is also tension in memoir between reflection and the need to tell a good story. The need to "show," then, is in tension with the reflective voice, who "tells." The art of memoir is to braid a compelling story with the narrator's reflection on and analysis of the evolution of that story, in a way that keeps the reader engaged, or even in suspense. The writer wants the reader to keep turning the page, and necessarily draws on techniques of plot, character development, pacing and description. In my own re-write of "Bone Mother," I aimed to strengthen the tension between both the "show" and the "tell," bringing both into sharper focus.

Myself and the life I didn't lead (or myself and the baby who died)

Up until the time I re-wrote "Bone Mother" as memoir, the narrator was named "Genevieve." I wrote in the first person, yet maintained distance by pretending she wasn't me. I heard my motives for the use of this device spoken by a patient of mine, an intelligent, well-groomed woman in her early forties. She was, in effect, apologising to me for her desire to continue with an unplanned pregnancy in very uncertain circumstances. *This is not, she said, the life I planned for myself.* She was afraid that I would misread her, or judge her, though I felt only an understanding and a desire to offer support. But I felt ashamed of "Bone Mother," despite a conviction that women needed intimate, jouissantmilkmother texts. I felt ashamed of my constrained enthusiasm for medical practice. I felt ashamed of the prejudice directed towards me after giving birth, of the way I let my milk run free, of the exhaustion I felt tandem feeding, even as I refused to wean. I felt ashamed of my chaotic emotional life, of my

disastrous first marriage, of my poverty. *This is not the life I planned for myself*. To some extent, in that version, I tried to sanitise my life in the writing of it, so that I would be seen as a real doctor, with something credible to say. If I invoked “Genevieve,” distanced myself, I could pretend the narrator wasn’t me. For Rosamund Dalziel, “the emotion of shame constitutes a driving force in many Australian autobiographies published since 1960” (253). She observes:

Autobiographical confrontation with shame has the potential to open up festering wounds within society, overcoming denial and facilitating healing, tolerance and reconciliation. Shame is deeply embedded in Australian culture and confronting this painful emotion is difficult, individually and socially. (11)

In re-writing “Bone Mother” as memoir, I needed to come to terms with that life I didn’t lead, the stable one, the overtly successful career, the successful marriage. My memoir is re-written in the tug between the life that was, and the life that wasn’t; in the tension between who I am, and who I wanted to be. Re-writing as memoir demanded that I face this with deep compassion for myself.

Related to the theme of “myself and the life I didn’t lead” is another theme specific to milkmother memoir: the theme of “myself and the baby that died.” The first two milkmother memoirs published in Australia both appeared in 1991, both in diary form and about the loss of a baby to Sudden Infant Death Syndrome (known as cot death at the time); neither remain in print. Donna McDonald’s memoir, *Jack’s Story*, blends descriptive narrative, reflection, dreams, and poetry as she tells of her son’s cot death at six months and its effects upon her marriage. On a web-site promoting her other publications as a physiotherapist, Sarah Key discusses *Freddie: A Diary of a Cot Death*, in which she tells the story of her ten week old son’s cot death: “I could hardly bear, for instance, that his lips were wet when I found him but when I wrote it, some of that horror began to fade.” These two heroic women, writing the devastating force of their loss, broke through the silence that shrouded the milkmother’s personal experience in Australian women’s writing.

Another Australian milkmother memoir about the death of a baby, published in 2007, is characterised by a chronological, material realism, and a more popular style. The first part of this memoir, in particular, as Jane Hansen describes her life in the “brutal, blokey world of television” (39) is decidedly colloquial. Hansen lays bare her turbulent emotional and physical experiences as she miscarries, has a stillbirth, and then a very premature baby who

dies after a harrowing eight months. The experiences recounted by this author are by necessity painfully embedded in and defined by the medical. Hansen observes: “Grief over the loss of a child is life-threatening. For weeks I chastised myself for not having the foresight or courage to ‘go with him’” (209). Hansen continues to give voice to her depression and suicidal thoughts after her premature baby’s death, even through the pregnancy and infancy of her first living son. The reader is less able to dismiss Hansen’s ravaging grief as self-indulgent, maternal obsession, because Hansen has already been seen to hold her own in the male-dominated world of war correspondence, facing the regimes of both the Taliban and Saddam Hussein with courage. Her demonstrated worldly competence helps the reader accept that Hansen is neither weak nor maudlin, but a normal woman transfigured body and soul by the birth and death of her babies.

These three brave milkmother memoirs challenge the belief that mothers are unnatural and diseased when their emotional state differs from that homogenous, tightly constrained perinatal state that the masculinist culture calls “normal.”⁶ But it is as if the volcanic thrust of an unspeakable grief is required, in order for a milkmother to make her appearance in an Australian memoir, to break through the taboos into the public domain undisguised. Refusing to be ashamed of the madness of their grief, these three courageous mothers write for their own sake, and for the sake of all of us.

Self and the world

In “Bone Mother,” I aim to explore how roots from my topside world of professional and public life wind down through ravaged, dreaming, interior wildernesses. The memoir is an ideal genre for representations of the milkmother as she performs her multiple, complex, radically relational identities—as she performs her various kinds of work, transcending the limiting oppositional discourse of the “stay-at-home” or “working” mother. Milkmother memoir allows women to avoid the danger of sacrificial logics, in which identity must be forged out of the repression or sacrifice of other parts of the personality. It allows us to explore the ambiguities in the creative, hybrid, dynamic, and adaptive identities we inhabit. This fertile tension between multiple and contradictory selves can be developed, not as a source of crippling anxiety, conflict and guilt, but as a richly textured, empowered, and generative complexity, offering powerful potential for the creation of a new feminine imaginary.

The cognitive dissonance I have struggled with as I inhabit the masculinist paradigm of my own profession (Douglas “The Rise”), and my witness of patients’ struggle with discordance between their lived milkmother experience and the cultural expectations around them, have motivated me to write creatively. Memoir, and therefore the milkmother memoir, is a culturally disruptive practice, a counter-narrative, and as such, is powerfully suited to my task. Fiction veils and protects; memoir carries the power of an identifiable individual willing to bear witness in the public domain; willing to invite the reader’s identification, in the hope that she will help free others from the corrosive effects of loneliness, shame and secrecy.

In “Bone Mother,” I am what Gillian Whitlock calls the “disobedient subject,” who subverts sentimentalized and medicalised representations of herself. I take the culturally intelligible and authorized performance of medical identity, and contest this. In “Bone Mother,” I am the recalcitrant, non-compliant, leaky milkmother body. I draw the reader into my world and my identity, then resist the dominant frames of interpretation, hoping to change the reader’s mind. In Buss’s words, I have found in memoir the perfect medium to embroider my own rebellious discourse (xv).

The ethics of writing in milk

The right of every woman to tell her story—even if she becomes a mother—has been hardwon.⁷ But our stories inevitably intersect and intertwine with the stories of others. To write about oneself is also always to write about others. So how can we tell our story without intruding upon others, without exposing or exploiting them? How can we tell our story without causing distress to those we love?

I was acutely aware, as I wrote my “memoir in milk,” of the absolute need to maintain professional codes of confidentiality: in that, there is no ethical ambivalence. But beyond professional considerations, relational responsibility remains acutely problematic in milkmother writing, and demands wise navigation through the borderlands of fact and fiction, of silence and speaking out. Until now, much of the debate about the ethics of life writing in the media and critical literature has concerned the author’s right to artistic expression—her right to a creative voice—in tension with the reader’s right to veracity. In the past fifteen years, this debate has changed the way memoir is written, so that now writers are careful to

notify the reader when a good story may be incongruent with the facts. Memoir, however, also asks us to consider the rights of those whose stories we tell.

A teenaged child, for example, is unable to give adequately informed and independent consent for use of her story in a parent's memoir, since she is still too young to comprehend the potential implications of publication. The problems of story ownership are even more pronounced in milkmother memoir because of the extreme vulnerability and dependence of young children in the first years of life. How do we write in milk, as Cixous asks of us, and still protect a child's right to privacy? The father is fundamentally important to the child, even when he has not been kind to the mother or responsible in his relationship with his child. To what extent should the mother protect resisting subjects who are identifiable due to their shared relationship with a child? Should the mother abandon her right to tell that part of her story that intersects with an irresponsible father?—who, by virtue of irresponsibility or obdurate unkindness or worse, may have painfully affected much of her life as the child grew up?

For many years I dodged the complex ethical dilemmas that milkmother memoir poses because of my own powerful desire to write and make sense of my life as a younger woman. I came to terms with defamation laws, which protect an individual's right to a positive reputation, when I re-wrote my children's father as an unrecognisable fictional character. Imagination, confabulation, and the deletion of aspects of my experience now disguise him. I put my writing of "Bone Mother" aside for long periods in part because of my concern to protect my children, and to avoid further complications in my relationships with both the children's father and my family of origin. The ethical problems often seemed too hard to solve.

Beyond respect for legal constraints, there are no definite solutions to the ethical problems posed by milkmother memoir. The only certainty is that an ethical writer will make a considered response to the issues. I've formed the view that writing about highly relational lives in a way that protects loved ones' privacies means that there will be some parts of my text that are difficult to discern, some stories that can never be told. Milkmother memoir demands that I abandon any desire for revenge, that I allow the anger to wash away with the years, that I allow parts of my story to be swallowed in silence, perhaps forever. This silence is both an act of self-respect, and of love for the children.

My children enjoyed reading about their younger selves (or at least how I, their mother, perceived their younger selves) on the back of scrap paper when they were growing up. Allowing them to access selected parts of my writing became an extension of my mothering, positively reinforcing their developing sense of self. They felt they must be important to be in print like that, even if only we three read the stories! However, an intention to publish these stories in the public domain challenges my private maternal role as custodian of stories and identity. Willa McDonald discussed the ethical problem of parent memoir as she grappled with her own commissioned memoir concerning her adopted child. In the end, she put her responsibility as mother first, her identity as writer second, and shelved the memoir.

Even as adults, children remain vulnerable to hurt in a conflicted family situation. My daughter, settled permanently in New York, has told me directly and kindly, when I asked if she would like to see it in preparation for publication, that it is my story, not hers, and she wants to wait until she is over thirty before she reads it. My son, studying and playing volleyball in Canada, has gamely said he'd like to read it "one day." He's actually very busy at the moment, he points out. Although they both trust me to be fair, and protective of their interests, they know my story will refer to their father in ways that are likely to be uncomfortable for them, even if he is radically disguised in the text. Both say they are keen to see me publish soon, but have they given me adequate consent? I don't believe so. Can I go ahead anyway? Although they live overseas at the moment, and perhaps would never have to confront the public implications of their mother's writing, I have made, for now, a decision to publish only after they are ready to read it.

Though a milky ink is sometimes hard to read, it is no longer merely a palimpsest. The painful re-writing of "Bone Mother," as I grappled with my concerns about others' shared privacies over many years, has significantly strengthened my story. Using milk as ink offers the writer opportunities for a more complex and imaginative engagement with her lived experience than would otherwise be necessary. As I've worked creatively with the acutely relational substrate of my life in "Bone Mother," writing in milk has demanded of me a sensitive, complicated, and intensely moral intelligence.

The body extreme

Johnson's *A Better Woman*, published in 1999, is a groundbreaking innovation in Australian women's writing, a pioneering example of milkmother memoir. Johnson declares on her website: "I couldn't find any books which told me what it felt like to be a mother," and locates this book as a direct response to the milkmother's silence, a courageous step towards the creation of a feminine imaginary. "I wanted to give a voice to the voiceless, to the thousands and millions of stories of motherhood which had never been told" ("A Better").

In her introduction to *A Better Woman*, Johnson addresses the complex relationship between fact, memory and a good story, stating that her book, "like all books, is composed of half truth and half lie" (xii). She claims her power to withhold. "As the teller of the tale I have revealed only those details I wish you to know." She declares that any self she reveals is inevitably conditional, contingent, and subject to artifice. "Although this book is not fiction, it shares fiction's pruning and shaping and therefore cannot hope to offer you my naked self laid bare." I learnt from Johnson that readers tolerate "fiction's pruning" in memoir if the writer is honest about dishonesty. Her memoir is, nevertheless, a daring foray into her interiority. Johnson warns us that we will receive enough of her truth to be shocked. She throws down a challenge to any sentimentalized, Virginal ideas of motherhood with the audacious words: "Here I stand anyway, your worst nightmare" (xiii).

A Better Woman tells the story of how Johnson's children's births, and an unusual and distressing complication, a recto-vaginal fistula, affected her life. Bad things do happen to maternal bodies sometimes, that cannot be predicted or avoided. She shows us her intimate injury and her medicalisation without shame (or shows us her initial shame and her decision to transcend it), contesting romanticised ideas of perfect childbirth and happy outcomes. Of birth, Johnson says: "I tried to remember a baby was coming but the thought kept escaping me and I kept finding only pain to remember, pain to dwell in, pain that was me. . . . 'I need an epidural,' I shouted, beginning to scream" (30). But most importantly, Johnson lays her experience of illness and injury alongside the bliss, grit and satisfactions of her milk years. The heroism of this refusal to be defined by the abject, the sentimental, or the medical moves the reader. Instead, we admire her enduring jouissance, her indomitable spirit—and the wisdom that emerges out of the poetic physicality of her love for her babies.

Of breastfeeding, Johnson writes: "When he is awake he wants only your arms to hold him, only your milk to swallow, only the smell of your breath" (59). Of the blurring of time: "He lived mainly in a cot by our bed and when I wasn't feeding him I rocked his cradle with one

hand to try and get him to sleep. I would rock until my hand slipped in exhaustion and every time he woke again crying to be fed I was sure I had just that minute finished feeding him” (46). Johnson concludes her writing—her other work—with the relief and astonishment of any mother completing a project, or dealing with illness, or both, at the same time as she cares for small children: “And listen to this: reader, I made it to the end.” Here, she names what has been her central task: the writing of her milkmother story, a professional writer’s performance of work, which has occurred alongside her performance of work as milkmother. In the phrase “I made it to the end,” she addresses us in a pleased tone, reminiscent of Jane Eyre in Charlotte Brontë’s novel: “Reader, I married him” (498). There was no story beyond marriage that Jane, or Brontë, could speak. Now, a hundred and fifty years and half a dozen generations of women later, Johnson not only writes a stunning memoir that speaks herself as milkmother, but writes it at the same time as she cares for young children.

Modjeska observes that Johnson faced significant problems in writing her memoir: “There was an ethical minefield to weave through” (197). These ethical dilemmas are, I contend, the specific problems of any milkmother memoir, and promise a fertile complexity and restraint. Johnson herself deals bluntly with relational ethics: “While I am free to write about myself I am not free to write about my husband or sons.” She does, however, still manage to describe her young family with a writer’s precise eye for detail, at the same time as she conceals individual personalities and identities.

In her discussion of Johnson’s memoir, Modjeska re-iterates the word “extreme,” describing it as an “extraordinarily intimate memoir” (197) that deals with “extreme intimacy of bodily malfunction,” and “extremities of physical disintegration” (198). She recognises Johnson’s writing of the body as an uncommon act, deep and exposing. It’s my privilege to inhabit this intimate world of the extreme body, every working day. Familiarity with the body, and in particular, with the female body, is a gift given to me by a profession that has often caused me to despair. In writing my own manuscript, “Bone Mother,” I find in milkmother memoir a genre that enables me to normalise profound bodily intimacy, so that we can speak of the body of the milkmother without disgust, without anxiety, without shame. I hope the reader will then understand that the milkmother is not “extreme.” Or, if she is, then each of us is extreme in our bodily reality, because our fragile flesh is forever poised on the edge of death, even as we give forth life, and this is ordinary. It’s not that we shouldn’t be afraid, exactly, since bringing new life into this chaotic mortal world is inevitably frightening, but

milkmother memoir teaches us that we can draw strength from another woman's story, that we can celebrate our jouissance and our heroism, and that we are not alone.

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¹ Infants are many times more likely to die in developing countries than in countries like mine; less than one percent of the half a million women who die each year in childbirth are from more developed countries (World Health Organisation). However, the Australian Bureau of Statistics reports that the maternal mortality ratio for Indigenous women in 2003-2005 was almost three times higher than for non-Indigenous women, and in 2006-2010 the Indigenous infant mortality rate was twice that of non-Indigenous infants (Australian Indigenous HealthInfoNet).

² Caring for a disabled child may remain milkmotherwork for the whole of that child's life, and applying this term may help to communicate the particular, often overwhelming, problems these families face. Fathers and other male carers may capably perform the work of the milkmother, but because my own experience is female, and because around the world women are still predominantly responsible for the care of their young children,

this essay limits itself to female experience. (Across cultures, small children have been principally cared for by women, although only rarely exclusively by a mother in the absence of other involved adults or older children.) A woman may become a mother without passing through a milkmother phase, by caring for older children who are not her biological offspring, but she may also become a milkmother by caring for or adopting a child still in his or her milk years. Many women, having once conceived and become a milkmother, identify as mothers for the rest of their lives, regardless of intervening miscarriage, stillbirth or death of a child. Milkmothers are not necessarily heterosexual, and belong to the many diverse cultures and the entire spectrum of class and socioeconomic positioning which characterise human societies.

³ I am currently contracted to write a book about unsettled babies, which aims to make sense of this often distressing problem by applying strategies similar to those I employ in "Bone Mother." In my crying baby book, I tell stories about and reflect upon my experiences as an older woman, a clinician, and a researcher, in order to lay open the evidence.

⁴ These include Sue Woolf's *Leaning into Infinity*, and Amanda Lohrey's *The Philosopher's Doll*.

⁵ Extract from a thesis prospectus that I delivered in 2003 to my fellow students and staff at the University of Queensland, in the School of English, Media Studies and Art History.

⁶ That's not to say that early diagnosis and treatment of perinatal anxiety and depression is not important, because maternal suffering, adverse effects on the infant, and even loss of life can be avoided with appropriate intervention. It's just that we should also be careful not to pathologise unnecessarily, because of the negative effects this may have upon a woman's sense of self and empowerment.

⁷ The capacity to write one's story requires a degree of material comfort and leisure, privileges not available to women in many parts of the world.