# Chapter 1: Introduction

## 1.1 The Beginning

As I sit today writing this first chapter, I am aware of my age and the extensive length of time between giving birth to Toni, my first child, in 1970, and today. I do not remember the details of forty plus years ago but some snapshots of scenes are inscribed in my memory as if they happened yesterday: the words used, the attitudes and even the moments when the unspoken, pregnant pause left their mark. Hampl (2000, p. 29), whose expertise is in writing memoir, tells us that we remember most clearly images of value, stored memories often with feelings attached. When those memories arise, by identifying them, re-living the feeling, viewing the image and by writing and re-writing, we are able to construct meaning about past events in our lives. We remember times of suffering and as Hampl says: 'Pain has strong arms.' The act of writing, as well as making sense of the senseless also aids in finding other recollections. It is the process itself that gathers momentum and remembering enables me to re-visit my young mother-self, re-living and writing my 'messy and emotional' history (Damousi, 2002, p. 111).

My three children had short lives. They died in 1971, 1983 and 2005 of unrelated causes. Toni was diagnosed with leukaemia when she was nine years old and died four years later. Rodney was born in 1971 with congenital heart defects and died when he was just fourteen weeks old. Derek was a healthy young man of 32 years when he was killed in a light plane crash in 2005.

This thesis is an autoethnography. It is my personal story of mothering my children within the Australian culture from the 1970s to the present day. At the core of this work are three stories (chapters 4, 5 & 6), which are my reflections on mothering and the lives and deaths of each of my children. These three chapters are written for publication. By merging academic research with the personal, I have drawn on the threads of my memories, my journals,

correspondence and scholarly literature in the hope of creating a worthwhile and meaningful thesis that will resonate with an audience.

I enrolled in a Research Masters hoping to be guided, challenged and kept on track by supervisors. My first task was to undertake the prerequisite units prior to beginning my thesis. During the last of these units, I was severely challenged by failing my research methods assignment. A couple of weeks later I came across the lecturer concerned in a huge lecture hall at the end of a presentation we were both attending. I sat down next to her while the audience shuffled their way to the exits. I introduced myself and she instantly knew who I was though we had never met (I was studying on-line). Without a pause she launched an attack on my project: 'Why do you think anyone would be interested in you?' she said. 'You're not … Bill Gates' wife! Everyone has a black box that they keep the lid on. It should be kept down here,' she said, pointing to under the seat. This bizarre tirade was delivered in the staccato speech of one whose English is a second language. The words stung as if shot from a machine gun. She ignored the silent tears streaming down my face.

I am ashamed to say that I went away and sulked for six months. When I eventually realized no one was going to rescue me, and finding that I would have to repeat the whole unit, I made a few changes to my essay, submitted it and received a distinction from the new lecturer now coordinating this research methods unit.

The attack on my highly personal research project inadvertently did me a favour. Part of me wondered whether, like Sparkes, (2002, p. 212) what I was doing was an 'academic wank', in other words 'a form of public masturbation'. After all, what use was my work to the larger world? My need was to write my children and myself into existence. It felt like something I had to do. I knew it would be therapeutic – like taking off and discarding the old, dark clothes and emerging fresh and softly coloured. As to whether my stories relate to others in any way, the only way to tell was to write them and see. I am not alone in my fear that my work may be suspect. Gray (cited in Sparkes, 2002, p. 214) says he hears voices saying; 'This work is narcissistic, and self indulgent, and you are embarrassing yourself through melodramatic, emotional, self exposure.'

With a sigh of relief, I remember that feminists have long been saying that the 'personal' is 'political'. Damousi (2002, p. 112) argues we need to fill the gaps in Australian history to reveal stories where 'states of injury' were perpetuated by individuals, the state, governments and the nation. She explains why:

> To ignore the impact of such oppressions on psychic life is not only to deny the crucial role of the 'personal' in driving progressive politics, but perhaps more significantly, to do so is to perpetuate the repression, silence and obliteration of traumatic memory, and those who experienced it from our histories.

Damousi's work resonates with my experience. I immediately associate 'states of injury' with the lack of compassionate care and the disregard for my primal, maternal connections to Rodney perpetuated by health professionals in the 1970s. Less specific injury occurred in everyday life when at times it became apparent that I was not following societal rules about when grieving was appropriate and when I should have 'moved on'. I am also bruised by my exclusion from mothers' proud conversations about their children and grandchildren. Responding to their stories by mentioning my dead children is to drop an embarrassing, silencing clanger into the discussion. 'States of injury' have varied in intensity with the passage of time. Experiencing the illness and deaths of my children in three different decades I have felt less injured and most supported by the society of 2005, though even today there is an expectation to blend in, be compliant, be silent and keep grief private.

## 1.2 The Process.

My initial focus was loss and grief. It is a subject I know a lot about. Although Kübler-Ross's highly influential first book, *On Death and Dying* was written in 1969, the impact of her foray into the neglected field of death and dying did not occur until after her visit to Australia in the early 1970s (Jalland, 2006). Prior to Kübler- Ross' influence, stoicism, left over from the two world wars forced the bereaved to suppress their grief at least in public. Then after the wars, a culture of 'death denial' developed as a result of improved medical intervention. Many fatal conditions were now curable. Doctors increasingly saw the death of their patient as a failure, and 'dying' became a subject to avoid.

Rodney lived and died prior to the influence of grief theorists or a time when women's voices had any influence on the medically dominated field of the care of babies and their mothers. Babies were thought replaceable and maternal grief was not considered significant (Thompson, 2007a).

I was reading Kübler-Ross' (1969) first book, when Toni was dying in 1983. Then Kübler-Ross was not writing about grief but about the stages of dying. My expectation was that Toni would proceed down the path that was described and that I would recognize the stages and would be prepared. Possibly anxiety and depression had knocked out my ability to process any higher order thoughts such as knowing from my nursing experience that not everyone slipped peacefully into a gentle death. Toni did not progress through stages, nor did she die peacefully. I was angry at my own naivety, and I was angry at Kübler-Ross, wondering how many patients she omitted from her observational studies because they did not match her theories.

By the time of Derek's sudden death in 2005 many more theories of loss and grief had emerged (such as Klass, 2006; Neimeyer, Baldwin & Gillies, 2006; Stroebe & Schut, 1999; Worden, 2002).

The concept of 'continuing bonds' was possibly the most fundamentally different from what had come before. All previous theories advocated detaching from the

dead loved one. Klass, Silverman and Nickman (1996) argued that continuing the relationship is a healthy and healing response to loss. The theory that continuing a relationship with the dead is therapeutic is liberating as it gave me permission to shed my feeling of shame that I had failed 'grieving 101' by my inability to leave my children behind and move on with my life. Accepting that I have continuing bonds with my children has allowed me to bring them out of the darkness by writing their story.

So my first plan for my Masters was to challenge the grief theories that had silenced and shamed me into withdrawing into silence. First of all, I amassed a mountain of papers on grief, looked at biographies of loss, gathered historians and feminist's papers on attitudes to death since World War 2 and ended up with a substantial Literature Review. I had too much 'stuff''. I thought I could write two parallel stories: one academic, about how the theories of grief developed and influenced public attitudes since the 1970s; and the other as a counterpoint, my personal story of loss.

Autoethnography really appealed as a method as it is the study of the self within the cultural context (Ellis, 2004). The methods are outlined in chapter 2. The years before the mid 1970s are now remembered as a time lacking in compassion. Although the sexual revolution changed people's attitudes towards sex out of wedlock, single pregnant girls were coerced into giving up their 'illegitimate' babies for adoption. There were no government benefits for unwed or separated mothers. Aboriginal children continued to be 'stolen' and stillborn babies were often buried in unmarked communal graves within hospital grounds without their parent's knowledge. Government policy promoted inhumane and authoritarian attitudes throughout Australia (Damousi, 2002). It was within this context that my daughter, Toni, was born (in 1970) after a hasty marriage, and Rodney was born and died a year later in 1971. Although Derek's death occurred within a later culture, the accumulated trauma and grief of Rodney's and Toni's deaths marred our lives as a family, influencing my mothering and having repercussions for Derek's life.

## 1.3 Creating the Research Question

After my pre-requisite units I was convinced that autoethnography was the method I should use. My then supervisors told me that they were not suitably versed in autoethnography to help me. They suggested Dr Yoni Luxford.

It was obvious on first meeting with Yoni that I wasn't about to become one of her Masters by Research students unless I made the right turns through her maze of questions. I had no idea what answers would benefit my cause so there was no choice other than giving her a truthful account of my story.

After listening for some time, Yoni pointed out that the answer to the question of whether or not grief theories were helpful in assisting me through difficult times is, obviously, 'NO'. End of story. Was I going on a long, familiar and painful journey to find out what I already knew?

' You know' she said, 'you are talking about the deaths of your three children and not once have you mentioned being a mother…' I did not hear the rest of the sentence. I was too busy panicking. Oh, damn! I had long since abandoned the world of mothers. It was not a coincidence that most of my friends didn't have kids or if they did they did not talk about them. 'Mothering' was buried under piles of angst, guilt, regret and failure. Why would I go there?

Then a flash of joy and hope surprised me. Maybe it wasn't all about doom and gloom. This was the turning point. Momentarily, I was immersed in the profound love I had for my three beautiful children. Yoni noticed the change in mood and from that moment we were on our way. Up till then, my voice when talking about the children was flat. I felt a failure at mothering. This shift in mood, tapping into the love I had for my children, felt like an escape route from my awful stories. Shining the light on them, I instantly knew my stories didn't have to be totally dark. The key was to shift the focus from grief and loss and find other ways to enter the past. At the core of my being I wanted my children remembered and my experience of mothering understood. I knew that talking about my dead children was a conversation stopper and I wanted some way of

bringing my children out into the light and now, I hoped, I had found a way. I began thinking about being a mother.

## 1.4 Motherhood

I was an accidental mother. My first and second babies were unplanned and by following professional advice my third, Derek, was a 'replacement' child for Rodney who had died in infancy. I loved them all.

I remember my first memory of thinking about being a mother because I was shocked. My mother was kneeling on the floor pinning up a new dress that she had made me. 'And you'll be a mother one day,' she says. I was perhaps 13 at the time. I hated that dress – it was a striped, sack like dress and so unlike what girls my age were wearing. I was tall, skinny and knock kneed – and, like the dress, was completely shapeless. Nothing I felt in that dress, on that day, made me feel I might be a mother one day.

Motherhood happened to me. I was unexpectedly pregnant and hurriedly married at the age of 21. I managed to complete my nursing training before the pregnancy became too obvious. When Dorothy, a colleague, asked me if I was pregnant, I flatly denied the suggestion. (I learned later that she was pregnant). Only my closest friends knew and they were sworn to secrecy. I was determined to complete my nursing training.

I was intent on doing the right thing when pregnant. I felt that I knew the baby girl who was growing within me. I called her Toni from the very beginning, though there was no way of knowing back then that she was a girl. She was my secret joy. I felt protective of her, conscious of eating well and regularly attended the maternity clinic. Bill was accepting and supportive. We set up home together as best we could on our limited incomes. Looking at photos now, I realize how young we were. We were shy when out in public, conscious of people's stares that seemed to say 'Now there's a shotgun wedding!' Despite the negative, 'Why didn't you control yourselves?' disgust that some of the family immersed us in, we were proud, looked people in the eye and defied anyone to put us down.

My pride reshaped into feeling powerful with Toni's birth. More powerful than I had ever felt. Wow! I was a mother. We were parents to this most precious,

beautiful little being. How could we not be changed? I wanted to do this right and be the best mother possible. Who wouldn't? When we sat quietly, Toni and I, with her satiated with my milk, all was well with the world. When she cried, my breasts would leak with a steady stream of drenching milk. Our bond was assured.

When I look back at my young-mother-self nursing Toni, I feel an overwhelming tenderness towards her. I cry. I want to protect her as she protected Toni. She was a good mother. It is sad that her youth, sensitivity and naivety took such a battering in the years that followed. Now, I am sorry that we, as a family, were all caught up in the calamity of events. I loved my children. I want now to hold them, be held by them. The emptiness remains.

Mothering became central to my research question:

> *How does writing myself out of the dark shadows of my three children's deaths, reclaiming my identity as a mother and recalling my children's lives add to the body of knowledge of motherhood and maternal bereavement?*

# Chapter 2: Method

## 2.1 Autoethnography

The definition that best satisfies my understanding of autoethnography is provided by Ellis (2004, p.37). She says:

> Autoethnography refers to writing about the personal and its relationship to culture. First they look outwards through an ethnographic wide angled lens, focusing outwards on social and cultural aspects of their personal experience; then they look inwards, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations.

Personal, first person accounts in academia, as Richardson's (2000) influential article explains, are as far left of science as you can get and may, to some, look like a 'soft' research option. I know now that it requires hard work. Because it is closer to art, autoethnography requires aesthetic, well-written stories. That means writing and re-writing until the truth is revealed and the story is readable. Revealing, exposing myself, my weaknesses as well as my strengths, can be threatening. I run the risk of some or maybe all readers being critical of my mothering. No doubt, people already label me 'the woman whose children died'. I have constantly wrestled with the idea that I might be bringing too much attention to myself.

Anderson (2006) is critical of what is called 'evocative auto ethnography', or ethnography which evokes the emotions of the reader. Within this medium, the goal of the author is to succeed in having the reader immersed in the story, comparing their own experiences or pondering how the story would play out in their own lives. Anderson believes that autoethnography should be analytical in the way that the social sciences typically analyse data and it should be possible to make generalisations from findings. From the data of one, when the researcher is the sole object of the researched, he argues, there can be little connection to the social sciences.

Anderson (2006) identifies Ellis (2004) and Ellis and Bochner (2000) as two of the best known of the evocative autoethnographers. I found Ellis's (1983) story of the death of her brother in a plane crash inspirational and the way in which it was written empowering and liberating. Through *'Ethnographic I'* (Ellis, 2004), which is a novel not only *about* autoethnography but *is* an autoethnography, she answers student's questions and reflects on how 'to do' autoethnography.

There is value in the personal story and I agree with Ellis that generalisations are made, albeit in a different way to analytical science. People read autoethnography through the lens of their own lives. They associate with the writing through having had similar experiences or imagining themselves within the scenes described and deciding on the credibility, or truthfulness of the story told, and imagine how they may have acted within the events of the story.

Jones, Adam and Ellis (2013, p. 22-24) justify the use of autoethnography as a valid research method for several reasons:

- Often there is no other way to illuminate the relationship between experience and culture.
- Telling personal stories is a means of making visible phenomena not accessible by other means.
- Autoethnographies open up new topics or new ways of perceiving experience that makes a valid contribution to research.
- The relevant research of others is important to autoethnographers as they attempt to find meaning from experience.
- Writing reflexive personal stories requires being vulnerable calling attention to the vulnerabilities of others who may be enduring their experience in silence., and lastly:
- Autoethnographers seek a relationship with the reader. They hope that the reader can associate with the experiences of the writer and interpret events through their own humanity.

In Stacey's (cited in Holman & Jones, 2013: p.25) words: 'Let it be you who takes what experience tells and makes it into something yours.'

I also find Poulos's (2006) autoethnography inspiring. He identifies the silence when taboo subjects act as the catalyst to the shadows and darkness that haunt his family after the deaths of several family members. His story is hopeful in that Poulos concludes it by introducing and encouraging the telling of stories of those no longer living and creating light in the shadow. The difference between Poulos's work and Ellis's story of her brother's death is that Poulos changes

voices in his article from that of his 12-year-old boy self, to his adult self and then to his academic self. The academic voice pulls explanations for his experience from the literature of psychiatry and philosophy. Poulos (2006) refers to Richardson's (2000) and Ellis' (2004) criteria for 'good' autoethnography in his writing.

Neither Richardson (2000) nor Ellis (2004) believe that *all* personal writing is of value and assert that certain criteria must be met to justify the term 'autoethnography'. These criteria include: it must be a literary piece of writing with a beginning, middle and an end; it must be aesthetically pleasing (in other words a work of art); it must be reflexive and true to the lived experience; it must be consciously ethical and it must make a contribution to society.

These criteria make excellent guidelines to analyse other's work and to direct my own writing.

## 2.2 Ethics

The underlying principle of ethics is to do no harm (Ellis, 2004). When the researcher and the researched are the one person it is reasonable to ask about ethical practice in autoethnography. Roth (2009) asserts that ethics is about our relations with others. He says: 'Even the most narcissistic piece of writing that we might imagine already implies the Other.' It is merely by the act of using language we are moving beyond the 'self'.

People who emerge in my story appear in relation to me. Only key people are named such as my husband, John; my ex-husband, Bill; my friend, Carole; my academic supervisors; and my son's partner, Beth. Others are possibly traceable by their relationship to me: a university lecturer; perhaps a hairdresser; and my family doctor of the 1970s. My story covers more than four decades. I would not know where to start to trace some of the people (to ask their permission for their inclusion) who have an incidental role in my story.

I have not changed any names, as where possible I have asked those present for permission to use their names. I have not included surnames. I acknowledge that one person I could not avoid being critical of was my mother. It was not possible to talk about the major theme within my stories, 'mothering', without exploring

where I had come from and how I was mothered. My mother and I developed a good relationship by the time she died in 2003 aged 87 years although most of my life we lacked a positive connection. I acknowledge as well that my stories reveal my 'truth' and others, for example, both of my siblings, may tell a different story (Ellis, 2004).

I sought my ex-husband Bill's permission for the inclusion of his role in my stories. His response was: 'Sue, no objection at all. All the best with your publications.' Carole, a close friend who appears in Toni's story, also gave me her blessings: 'I'm very happy for you to use my name in your paper and would love to have a read. Do keep in touch and let me know how it goes.' (I have sent her a copy of the relevant paper). John, my present husband, continues to give me his ongoing support, reads my work and has no objection to appearing in my writing. Many people remain deliberately unnamed and would be difficult for anyone to recognize with the passage of time.

The most vulnerable person within the research is the author. Tamas (2008) tries to 'right' the trauma in her discussion of ethics. She points out that trauma involves a chaos of feelings and thoughts that we necessarily have to prioritise when we are writing. Making choices and ordering messy thoughts is an ethical enterprise requiring consciousness and care. She relates the story of writing and performing a play in which she casts her husband in a 'bad' part. Her paper is an 'alert' to autoethnographers that because we write about our personal lives, our story is inseparable from the life we live. By telling her 'truth' and presenting her husband in a bad light, Tamas risks her marriage. She and her husband separate a month after the play's production. Tamas alerts me to be mindful of how I present others. The repercussions for her are life changing. To avoid any negative consequences of offending the people who appear in my writing, I have been watchful and wary of how they are portrayed.

Both Ellis (2004) and Poulos (2008) argue for the greater good outweighing the harm it may do. Poulos (2006) describes the harmful effect of family secrets. Secrets cannot be contained forever, he says, and exposing them removes the shadows and darkness the family may have endured for a lifetime. Here the greater good – the family are freed from their past - is opposed to the potential

harm to individuals of publicly exposing family secrets. There are benefits for the reader too, of course, who may have their own moment of epiphany on reading of others experience.

Ethics committee approval prior to writing autoethnography is unlikely to cover any ethical issues the project may raise. Writing as method (Richardson, 2000) uses the process of writing and re-writing as a means of uncovering the 'truth' of personal stories. Thus, the 'who' 'what' and 'why' of the autoethnography may not be apparent before it is completed. Retrospective consent seems unwarranted as there are no 'participants' as such and any risk in defaming others is minimal.

Few university ethics committees have specific guidelines to autoethnography. The University of British Columbia's (n.d., para 5.7) guidelines on research ethics include a common sense approach to autoethnography.

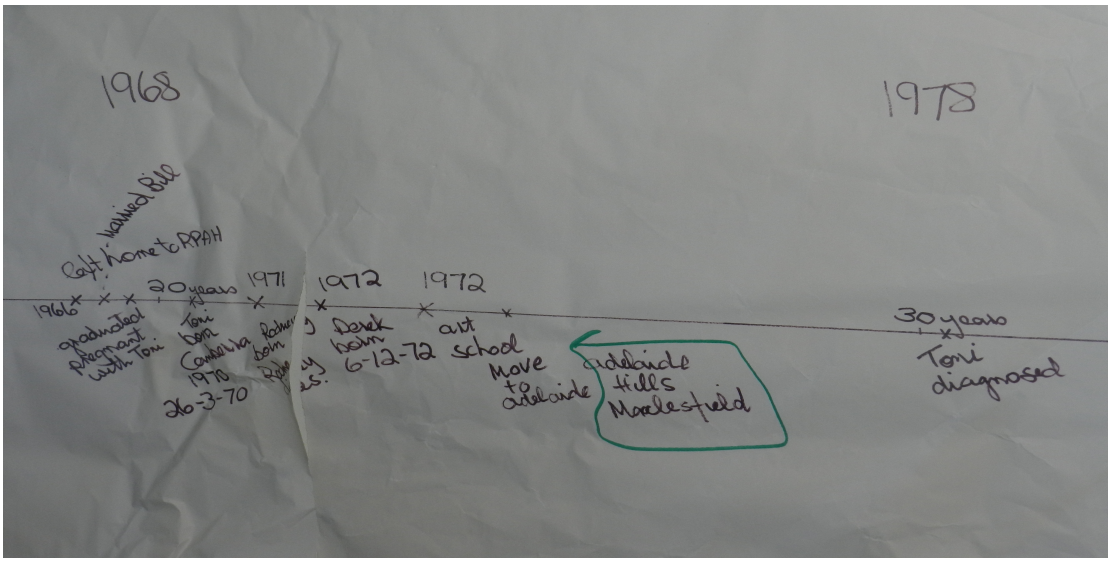
> If there are no other people interviewed or named (or whose identity can be otherwise ascertained) in the narrative, and it draws purely on retrospective reflection, ethical review is not required. However, if you are interviewing other people or engaging in prospective data collection at a particular field site (i.e. your study leans heavily on ethnographic as well as auto-biographical approaches), research ethics approval is required.

The greater good, I am hoping for is to increase the knowledge of the experience of maternal bereavement and childlessness. Personally, I would like the world to meet and remember my children. I know the therapeutic value of ordering my experiences has been, in Poulos' (2013, p. 476) words, 'a lifeline'. This 'good' far outweighs any minimal risks of hurting others.

## 2.3 Data and what it is.

Finding a place to start this journey came from the ideas of archives. Yoni proposed an organic process and suggested lots of jobs for me to do. I was following directions blind, trusting that there was a purpose to undertaking my curious list of tasks. First was the time line in the hallway. This was a work in progress, dating births, deaths and events both important and mundane from my life on many sheets of butcher's paper. I was terrified that a visitor to the house would want to use the loo and would see exposed before them my whole life. This task was onerous as linked to happy dates like births and a marriage were

the sad dates of deaths and divorce. It all looked too tragic but did put events into a factual perspective. Those death dates reminded me of my failure as a mother to raise my three children to adulthood and here they were in pen for all to see. Within some of the detail though, there were great memories of living in the Adelaide Hills with Bill and our young family and naively attempting to become self –sufficient; and many, many years later, with my second husband, John and I moving to the far south coast and giving up our frantic Canberra lives.




A decade in my Timeline.

Yoni talked to me about the need to appreciate the challenges of being an autoethnographic researcher, that it required me to be witness, observer and interrogator of my life that while it may be a therapeutic process, it is foremost a scholarly process. From her practice background as midwife and women's health clinician, she urged me to have regular contact with a counsellor. Although I was to take one step away from my life and take on the role of researcher (this was not really separate from my life as a mother) support was essential for those difficult times when memories were overwhelming or when I simply felt emotionally stuck.

More pleasurable than the time line, was collecting all the bits and pieces from my children's lives that had been saved. The task: make an archive box for each

child and make an inventory of all the items. Initially I felt tentative, a little anxious about opening the linen cupboard door and gathering things I had saved from the top and bottom shelves. I amassed the pile on the floor of my study and closed the door.

Next day, I spent the day alone at home, sitting on the floor, enjoying the memories locked into these objects. I read my children's stories, especially enjoying one of Derek's where he wrote of feeling so small when I was cross with him, that he escaped down the plughole in the laundry and how we all cheered when he finally re-appeared from the end of the pipe. By the time the day was over, I was glowing with joy and wanted to tell my friends what a lovely time I had spent with my children.

Derek had died when he was 32 years old in a light plane crash in 2005. Having lived the longest and being the most recent child to die meant that his box was overflowing. Toni had died from leukaemia when she was 13 in 1983 after four years of treatment and her box contained lots of paintings and letters mainly written when she was ill. There were school reports on both of them. Toni's teachers commented that she was always 'conscientious and helpful – a delight to have in the class.' Derek's reports changed after Toni's diagnosis from being 'a quiet steady (though untidy) worker' to 'Derek could do much better, he has difficulty applying himself and is often a disruptive force in the classroom.'

Rodney, my second child, died in 1971 some 14 weeks after his birth. In his box there was nothing except a little Baptism certificate. He was the only one of my children to be baptized. As a woman of the times in a Christian country, I had been influenced by the religious belief that unbaptized children did not go to heaven. I had always been conscious that I had nothing else of Rodney's. Yoni

suggested that I at least order a birth certificate. The process of attaining a birth certificate is described elsewhere but the upshot was that I was blocked by bureaucracy. It seemed everything to do with Rodney both during his life and after his death was bound by others. 'Ownership' and the primacy of my rights as his mother became the theme of Rodney's story. It seemed that, at least initially, it was the health professionals who set the rules (both implicit and explicit) like 'don't touch him'. They made me feel that they owned him, I was irrelevant to him.

Other data consisted of my bits of journal scribbling. I have always been a spasmodic journal writer and when Toni was sick I wrote very regularly to a close girlfriend. I kept some copies of these letters and they became the basis of an assignment in Women's Studies in 1986, three years after her death. I continued to write in my journal during my research writing, finding that forgotten memories continued to be unearthed once I began the process.

Another task was to contact friends from the past and ask them about my mothering and their recollections of the children. One was a friend who lived upstairs from me and had her first child about the same time as Toni was born in 1970. We hadn't met for some thirty years, so lunch together had been quite enlightening. I emailed one of Derek's past girlfriends who lives in England with her family. Her reply was surprisingly uplifting. I felt so much guilt about being a 'bad' mother, I thought that I would be found lacking and the actual anxiety that accompanied re-connecting with people from the past was terrifying. Of course, no-one replied with, 'Yes, you were a dreadful mother' but I read their words with caution, like reading a reference. What had they left out? What were they not saying?

## 2.4 The use of mementos.

To avoid the familiar and shadowy path to immersion into death and grief and to choose to begin my journey with memories from life, I selected one item from each of the three children's memory boxes to act as a catalyst to my story telling.

There was no choice with Rodney as his box only contained his Baptism certificate. In many ways, Rodney's story is about the 'lack of': lack of

acknowledgement or recognition as if he was at best a secret and at worst, insignificant. The rules were imposed by a culture where I was supposed to forget him rather than collect mementos and remember. It was not until the 1980s that health professionals actively assisted women in collecting and documenting evidence that they had indeed had a child.

In Toni's box, I selected her drawing of Willie the cat. She loved Willie and her drawing was of a recognizable pose of one of his cat stretches. In Derek's box the choice was immediately obvious. It was a stuffed doll named Maria who he bonded with as a small child and who was still in his possession when he was killed.

I now had my method, my data and my mementos. I was writing every day, reading old journals and it was becoming clearer how to progress from here. I was writing and re-writing layers of story using the mementos as a catalyst to taking me into the children's lives while attempting not to fall into the abyss of death.

# Chapter 3: Researching the literature

My stories led me into areas where I needed to seek out the answer to questions raised. 'Motherhood' is central to my story. Once I had dealt with my resistance to anything to do with mothering, I found, in particular, the feminist literature interesting and validating. For Toni's story, I wanted to know about 'mother and daughter' relationships and Rodney's life raised issues of capturing the culture of the 1970s in relation to infant deaths and maternal care. Related to culture, are the 'feeling rules' – subtle societal rules that are unseen until trespassed. I realize now that unknowingly breaking the rules that surround how one grieves had a bewildering and detrimental effect on my wellbeing. I also researched (as read above) the use of mementoes as a means of eliciting stories as seen in the 'methods' part of this thesis.

## 3.1 Artefacts, 'Things' or Mementos

Ethnographers have long known the value of 'things' as a catalyst for story telling. Hoskins (1998) found that interviewing the Kodi people in Suma, Indonesia, was awkward and unproductive until she discovered that some objects held personal and often historical value. Sometimes ordinary household objects became entwined with a person's life and were imbued with great significance. From these objects, people spoke indirectly about their lives, themselves and their history. Hoskins argues that within our consumer driven society objects are less subjective as we own so many 'things' that hold little connection with us as they have been mass-produced by strangers.

Derek's doll, Maria, was not mass-produced but made by me, with lots of love, from odds and ends of salvaged materials. I gave her to Derek when he was a baby and his bonding with her during the first few years of his life made her what I thought of as a 'sacred' object that must be treasured. After many years stored in a cardboard box, Maria takes on the 'sacred object' status again but in a

new role. When she was returned to me after Derek's death, I was delighted that she had not been thrown away. She represented Derek and in the awful aftermath of his death, I drew comfort from having her near. I held her to my heart as I tossed and turned in bed, searching for her the moment I woke. Apparently, I am not alone; Gibson (2004) found in her study that the bereaved often used 'transitional objects' to deal with their loss. The object mediated between the hollow emptiness of death and the pseudo presence of the loved one. Winnicott (1971) introduced the term 'transitional object' to refer to the object (often a teddy bear or blanket) babies become attached to when negotiating the world of 'self/other'. They learn that their mother is not part of themselves but a separate entity. The object serves the purpose of allaying their anxiety when their mother has left the room. The fact that Maria was Derek's transitional object seems to add to the poignancy of my need for her after his death.

Sociologist Wade (2004), uses personal memorabilia to access a window into the individual's life and history. Believing that biographical interviews are often invasive, she finds that the use of an object or photos provides an avenue for rich reminiscences. She argues that through objects and photos, it is possible to break through the interviewee's public face to access the richness of private memories.

Riches and Dawson (1998), working with bereaved parents, assert that photographs and other mementos provide a powerful means of accessing stories of the child's life. Parents talking about their child's life rather than his/her death are momentarily escaping from the anguish and pain of grief, allowing them a period of 'restoration'. The theory that 'oscillating' between experiencing the pain of grief and being able to attend to other aspects of life was established by Stroebe and Schut, (1999, p. 199) as a therapeutic process for the bereaved in their journey in regaining equilibrium.

I am aware of parallels here between my own shift from writing about the grief of my children's deaths and writing from their lives. Within my mind the switch was instantaneous, like being hit by lightning, a sudden shift in my consciousness about how I had been thinking about my children and myself. It marked my re-claiming of my primal role of mother although, within our culture, through the

death of my children, I am seen as a 'non-mother' and I initially rejected my identity as a mother. Within this joyful epiphany an essential part of myself was regained, reclaimed and put back together. I realized that I had been stuck in sad, negative ways of seeing my children, children in general and mothering for a very long time. The use of mementos was allowing me an important access into their lives and my life as their mother.

Although the objects (Toni's drawing of our cat and Rodney's Baptism certificate) hold less connection for me than Derek's Maria, perhaps because I could not hold them against me, they are still valuable as a means of entering stories. After all, Toni loved both the cat and drawing and I can imagine her sitting as she often did, immersed in her craft. Rodney's certificate is a sad reminder of the lack of compassion of the era of his birth and death, when mothers were not expected to bond with their sick infants.

The three objects helped me weave my way into the story of each child's life. There were many tangled threads along the way and much undoing and re-writing ensued under the watchful eye of my supervisors, until we were satisfied that my writing told truthful and credible stories. Meanwhile, when nerves were raw, writing my journal and contacting my therapist were essential means of maintaining my equilibrium.

## 3.2 Motherhood literature

By the measure of at least three theories of motherhood, I have failed. Bowlby, whose seminal work on attachment theory continues to have influence today, asserts: 'the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment' (cited in Bretherton, 1992, p.85). Chodorow (2007) launched her career in 1978 with her critique of Freud's analysis of the maturation of girls. She argued that the way that we mother is influenced by the kind of mothering we received from our mothers. Whereas boys disconnect from their mothers, girls maintain a connection for life. This mother/daughter relationship can be affirming, ambivalent or simply negative but nevertheless will remain significant to women throughout their lives. The

philosopher, Ruddick (1983, p.213) articulated the practice of motherhood from what she observed as a 'distinctive way of thinking'. This 'thinking' arises from social practice and 'consists in establishing criteria for determining failure and success.' She asserts that the primary role of a mother is to preserve the life of her child.

Of course, I read these theories through the lens of my life and my shortcomings are obvious. With the subject of attachment theory, I know that I was absent emotionally to my children as I dealt with the crises of Rodney's and Toni's illnesses and deaths. At times, grief turned me into a mechanical mother, providing care empty of warmth and love. My ambivalence about mothering, compounded by isolation, loneliness and boredom also took its toll on my ability to nurture. Rodney was physically separated from me for weeks of his short life while he was in mother-unfriendly hospital wards. Bowlby (Ainsworth & Bowlby, 1991) warns that babies separated from their mothers firstly protest loudly but if not united will become severely distressed and finally give up and detach, becoming emotionless. I think of my last image of Rodney, a long incision down his tiny white chest and eyes like saucers with fear and pain. Unsurprisingly, Bowlby asserts that babies distressed by pain or fear especially need their mothers. He observed mother to baby, skin to skin contact appeared even more important than food to baby's attachment. Rodney had a few weeks of his life when he was 'allowed' home where the love and nurturing flowed. Ainsworth (Ainsworth & Bowlby, 1991, p. 338), in her studies paralleling Bowlby's, observed that 'Mothers who fairly consistently responded promptly to infant crying early on had infants who by the end of the first year cried relatively little and were securely attached.' She believed that intensive early mothering makes for easier, happier babies later. My mother would have vehemently disagreed with her statement: 'Timely and appropriate close body contact does not "spoil" babies.'

Bowlby's work has caused much debate within feminist circles. If babies need their mother 24/7, the implications for women who work or even seek their own fulfilment outside of the family is obvious.

My mother believed that babies should only be picked up every four hours for feeds regardless of crying and that mothers should commence potty training before the age of 6 weeks. She tried to instil the rules she had learned in her daughters' minds, thankfully, without success. I never got to ask her how she managed her own feelings when she observed her distressed babies.

Chodorow (2007) believes that the desire and ability to mother is reproduced within the mother/daughter relationship. Girls, along with their connectedness to their mothers, learn empathy and develop a preoccupation with issues of relationship, while boys develop their ability to act in the wider world of productivity. Chodorow views the maturation period of both sexes as preparation for role specific behaviour as adults. Thus, the reproduction of mothering is a deeply cultural practice instilled in girls by their mothers (Donovan, 1984). Chodorow's theory means that those of us who did not receive 'good' mothering are doomed by our history to ever becoming 'good' mothers ourselves.

Ruddick (1983, p.215) describes three 'demands' (or social imperatives) that govern maternal practice: 'preservation', 'growth' and 'acceptability'. Preservation is about being responsible for the child's life from foetus through to adulthood. Growth includes guiding the physical, intellectual and emotional development the child undertakes to become an adult. 'Acceptability' refers to the shaping of the child, so that he/she is acceptable to the mother and society. Central to these three demands is love and attention.

According to Ruddick (p.215), 'a mother typically considers herself and is considered by others, to be responsible for the maintenance of the life of her child'. The basis of Ruddick's maternal ethic is the reverential respect for the preservation of life that she believes is intrinsic to the thinking of all women. Like Chodorow, she believes that maternal thinking (which is moulded within a patriarchal society) is confined almost exclusively to women because we are daughters, taught, loved and nurtured by mothers. I was unable to preserve the life of any of my children, failed again!

An especially influential second wave feminist on motherhood of second wave feminists in the mid 70s, was the lyrical poet and writer, Rich (1986). She

powerfully illuminated the pitfalls of motherhood, exposing the difficulties inherent in living a fulfilling life as a mother within the structure of our patriarchal society. Motherhood, the institution that determines the experience of mothering, she said, has disempowered women by removing them from the sphere of public life, narrowing their possibilities and isolating them in their homes. Rich (1986, p. x) reports in her foreword written ten years after the first publication of *Of Woman Born*, that she is criticized for sharing her own experience intermingled with research and theory. She replies that it is the writing of the 'absentee author' with no grounding in the personal that worries her.

Bowlby was the epitome of the absentee author (as a father and husband) (L. Ross, 2014, p.76). Bowlby was away from home ensconced in writing his theories while his wife, Ursula, was struggling at home with caring for their first born, Mary Hamilton. As a woman in a privileged position in society, she could afford help that would be the envy of the modern mother. Regardless, her letters to her absent husband reveal ambivalence to the role of motherhood. While acknowledging her joy, connectedness and love for her daughter, she often expressed her frustration. In one of many examples, she wrote 'Often I long for the time before M.H. came, when I was free and could go out whenever I liked, … Now all the time I have to subordinate my own desires, and you have no idea of the degree of self-discipline this entails. I've never had to do it before in my life.' Meanwhile, Bowlby was promoting the satisfaction and ease with which mothers fulfilled their role providing care for their babies 24 hours a day. Ursula Bowlby's letters provide a timeless and classless, grass roots account of mothering that was obviously ignored and discounted by her husband.

Attachment theory has drawn its critics. Feminists have critiqued Bowlby's theories on the grounds that he has totally ignored the impact of other factors in a baby's life. The children he studied were situated in institutions and were not merely deprived of maternal care but of social interaction in general. Birns (1999) also points out that further studies have shown that children deprived of one to one care early in life may, after they have returned to their mothers, be more demanding at school but perform equally with their peers in all criteria by the age of eight. Factors not considered by Bowlby include innate personality at

birth, socioeconomic conditions, educational attributes of parents and adequacy of health care. Obviously, while, for babies, close, warm, consistent relationships are ideal, there is no evidence that this must be provided exclusively by the mother. Children are now thought to be more resilient than Bowlby imagined.

Like Ellen Ross (1995, p. 398), I needed to understand my experience from a woman's perspective so I sought feminist literature that fully recognizes 'the practice of mothering in its varied circumstances - how it is done day by day, its particular skills, its pleasures, and its sometimes great costs.' After the death of Ross' six year old son, she is unsatisfied with absentee authors such as Ruddick. However, after searching a mountain of literature she is heartened by the evidence that 'mothers of all kinds' are claiming their 'public identity' where, of course, they rightly belong (p.413).

I find myself turning to the narratives of women whose children have died to learn what is similar and different in my stories compared to theirs. Nowhere do I find stories of a mother losing all of her children. It is unusual but although unimaginable to most, it must happen. Why are these voices silent?

In Terry's (2012, p.365) autoethnography on grieving the death of her adult daughter she describes a tumultuous period of trying to come to terms with her changed life and all the questions her loss raises. She lyrically describes a journey that, she notes, has no relation to the stages of popular grief theories. The power of her article lies in the way Terry intersperses her story with the research of others, critiquing their concepts as she goes. She concludes her journey with what she aptly coins, 'arriving at the new normal'.

The SANDS (Stillbirth and Neonatal Death Support, 2008) book, *Our Babies Have Died,* contains many stories of women experiencing the death of their babies. Each story is moving and unique. Combined they reveal radical shifts in medical and societal attitudes to baby deaths. Annette Spence's baby, Jessica, died fifteen years prior to the writing of her story. She was removed from the theatre after Annette's caesarean section. She never saw her baby. In contrast, Hewitt's, (2008) more recent experience of baby death is handled by relatives and health professionals in a completely different way. Photos, plaster casts of feet and hands and other mementoes for a memory box are made while family members

and friends are introduced to the new baby. Her loss was acknowledged in a way that was not possible in the medically dominated era before women's voices were heard and when the death of babies was thought insignificant. It was a time when women and their families were meant to 'get on with it' and have another baby. There was not a professional or public language for talking about death, let alone the death of one's children. I am pleased and yet envious that times have changed. No doubt nothing can change the pain of loss but as Spence (2008, p. 15) says: 'Memory has a cruel way of embedding every detail of such an event into your very soul, and every detail of the actions and the words of those who surrounded you.' May tragic events not be complicated by callous unthinking people creating 'cruel' memories in the future.

Thompson (2007a, p. 83, 2007b, 2010), in analysing the oral histories of older women whose babies had died, maps the 'radical shift in attitudes towards grief, women's health care and women's bodies in the 1970s and early 1980s in Australia.' Thompson's research involved placing an advertisement in a local paper asking women who had experienced a stillborn or neonatal death between 1941 and 2000 to volunteer for her study.

Bobel (2014), a feminist academic, writes poignantly of the death of her daughter on a school excursion. Her story begins with her irritability with her surviving child whose sense of control has been severely damaged by the loss of her sister. This child attempts to control her life by micro controlling what food she will eat. This is a powerful story that is made vivid by its detailed description of the author's thoughts and actions and its raw honesty. The ripple effect or rather the tsunami that engulfs the family after the death of a child is rarely discussed within the literature and can, like in Bobel's story, emerge in many unexpected ways. The genre of creative non-fiction, arising out of the study of journalism, is like autoethnography, in that it is situated in the culture of lived experience and brings to light aspects of motherhood that would not otherwise be understood.

Returning to Rich's, 'ovarian work' (O'Reilly, 2010, p. 17) on the disempowerment of mothers within the patriarchal society, believes more than 30 years later, mothers are still exhausted, guilt ridden, lonely, anxious and bored and little has changed. The institution of motherhood, she argues, is

unchangeable while 'gender essentialism' defines male and female roles. She notes that within the 21st century, a 'gendered schism converged to construct mothering as *essentially* and naturally the identity and purpose of women…' (her emphasis). O'Reilly (2010, p. 22) cites Douglas and Michaels (2007) on the 'new momism':

> [T]he insistence that no woman is truly complete or fulfilled unless she has kids, that women remain the best primary caretakers of children, and to be a remotely decent mother, a woman should devote her entire physical, psychological, emotional, intellectual being, 24/7, to her children. The new momism is a highly romanticized view of motherhood in which the standards for success are impossible to meet.

Perhaps we have gone full circle and Bowlby's theories have become more powerful today than when they were written.

## 3.3 Mothers and daughters

When Rich (1986, p. 225) was writing *Of Women Born,* first published in 1976,she said that the 'cathexis between mother and daughter was the great untold story'. Since then many have taken up the challenge attempting to fill the void. Rich says that because the relationship between mothers and daughters is defined within a patriarchal society, mothers can pass on their own frustration and self-denial to their daughters. Mothers who believe in themselves, 'who struggle to make liveable space around them' are delivering to their daughters a world of possibilities.

Even now I find the relationship with my mother hard to decipher. She frequently told my siblings that she had given up a lot to have us and that we should be eternally grateful. My relationship was ambivalent at best, frustrated by the lack of intimacy and warmth. Although I grew apart from her and escaped as soon as I could, the pull back to her was often acute. Perhaps I was forever hopeful of getting the love and recognition that I yearned for. It is of interest that when she needed care, it was me who brought her home and nursed her for the last eighteen months of her life. Despite the tensions and frustrations, it proved to be a precious time as she finally talked freely about what had shaped her. Better than never but much too late.

Bernstein (2004, p. 623) normalizes the 'self versus mother' and 'the self with mother' dichotomy by explaining that 'the woman's endless struggles with her mother can be viewed as an avenue of exploration leading to an ever richer understanding of herself, of her mother, and of her internal conflicts. When it comes to the struggle for young women to become autonomous Lowinski (2000, p. 232) points out that a mother will:

> remember the child she bore in the very cells of her body. What mother is not wildly subjective about her offspring, driven by a passionate core connection that is the psychological ghost of her pregnancy, her birth giving, her breast milk letting down when her baby cried? What mother does not remember being a daughter and the fierce fight to establish her separateness.

It is only now, I feel like I am beginning to understand my mother's ties to me and my tie to my children. It is embodied motherhood where every cell of the mother's body holds the memory of the children and makes separating from them so difficult. A mother who is coerced into giving her child up for adoption says:

> A mother whose child has been stolen does not only remember in her mind, she remembers with every fibre of her being (Charlotte Smith, cited in Committee Hansard, 20-4-2011, p. 118).

## 3.4 Insights from Sociology of Emotion

I first came across this area of sociology at a graduates' study day. After hearing me present a brief overview of my work, a fellow researcher wrote on a piece of paper the name of Arlie Hochschild, saying that I may find her writing interesting and useful. I took a brief glimpse at her work and instantly recognized its significance. Hochschild's (1979) work builds on Freud's early work on biological and instinctive imperatives and Goffman's interaction theory. Hoshchild (p. 552) says that from the vantage point of emotion management, rules seem to govern how people try or try not to feel in ways 'appropriate to the situation'. On the one hand there are social factors that affect what people feel and on the other social factors affect what people think and do about what they feel. Emotions, explains Jansz and Timmers (2002, p. 87), are like the body's 'burglar alarm', they signify a significant occurrence and demand attention.

Feelings of unease or 'dissonance' are likely to arise if a person's identity is under threat. To protect identity an uneasy individual may fake an emotion that they do not feel.

The basic premise of the sociology of emotion is that feelings often require management in order to be socially acceptable. This may or may not be a conscious process. Culturally, the 'actor' abides by 'feeling rules' and therefore has the need to squash down emotions in order to act in a way deemed appropriate. Besides squashing down emotions, what people actually feel can be socially influenced and what they choose to do about a feeling is mediated within their knowledge of the constraints of culture (Hochschild; 1979, pp. 551-552).

The sociology of emotions presented a way of understanding the cultural aspects of grief. Grieving rules, according to Harris (2009-2010, p. 245) include not only who is identified as bereaved and thus has permission to grieve, the length of time a person should grieve, but also how grief should be expressed. In 1971 it was considered inappropriate to grieve for Rodney. Although he lived for 14 weeks, his manifest congenital heart defects left him imperfect and his death unsurprising. I imagine that others thought that I did not 'know' Rodney or had not bonded and that his death was for the best. After all he could be 'replaced'. I was not identified as having permission to grieve his death.

With regard to my losses, the attitudes and beliefs about how one should grieve compounded my experiences. People's responses to Rodney's death in 1971 now seem extreme. They included: A General Practitioner, for whom I held great respect, saying 'do not bond with this child', 'do not travel to Sydney to see him', 'forget about him' and 'you can always have another baby'. Of course, he was trying to protect me by using the 'wisdom' of the time to guide me away from experiencing grief. Even in the 'death denying' culture of the seventies (Jalland, 2006) my mother's work colleagues were surprised when she returned to work immediately after Rodney's funeral. From that day onwards, no one ever spoke his name. It was as if Rodney had never existed. The 'feeling rules' seem to have been that 'this is not something to feel anything about.' Doka (1999) calls grief that cannot be expressed, or will not be supported by others 'disenfranchised'. There are many different ways in which disenfranchised grief is manifest. This

gives a name to my unease when my adult son's partner (of two years) told me 'not to compete' and took over the planning of his funeral. I felt like a distant relative and not entitled to a significant role. Doka states that when anyone grieves for longer than thought appropriate they will not be supported and their grief is also censured and disenfranchised.

The culture was different when Derek died in 2005. We, my present husband and I, had been living in a small rural community for around 18 months. I was surprised by the courage of people who did not know us well, who paid their respects and offered us their condolences. After three months though, our back fence neighbour, a 'salt of the earth', older woman, asked, 'Are you over it now?' There was something about the naiveté of the question that disallowed me taking offense. Instead, I admired her courage in asking. To me it was a much better thing to ask rather than avoid the subject as the vast majority of people did. I did not ever return to my hairdresser who epitomized the inability of many to know how to respond to a mother whose child had died. While I was waiting for a trim, she asked, 'Was that your son in the paper?' (a story about his plane crash). 'Yes', I said. She turned away from me, looked out of the window onto the highway and said, 'There's a lot of boats'. It was true, there were lots of cars towing boats. She returned to her client without another word. I sat, feeling like an alien, trying to compose myself.

Having three children die stigmatizes me and affects my identity. Unlike someone with an amputated leg, it is an invisible stigma (Goffman, 1963, p. 74). Goffman argues that 'because of the great rewards in being considered normal, almost all persons who are in a position to *pass* will do so on some occasion by intent.' Of course, people who do not know me do not usually know of my history. I can never be sure, however, who knows and who does not know. Gossip is rife within the small community in which I live. A man up the road is always described to others as the man whose son drowned in the lagoon. I imagine I am seen as the woman whose three children died. (What did she do wrong?) The desire to pass as Goffman's 'normal', however, is qualified by my wish to honour my children. There is, for me, an imperative not to betray my children by denying their existence or denying my identity as their mother. They may be dead but I am still their mother.

For postgraduate students there was an expectation to present our work at study days. When I reflected on my anxiety about presenting my work, I realised that exposing the fact that three of my children had died to a group of virtual strangers led me to worry about what they might think of me. Prior to the presentation, one of my unspoken expectations was that people would be polite but no one would want to talk to me once they knew my story. I would be alienated and left alone in the crowd. I thought another possible response was people feeling sorry for me and I would be pressured into feeling the helplessness of the victim. Equally frightening was the threat of being upheld as some sort of hero for having survived these dreadful losses.

Thankfully, after my presentation people were warm and accepting and none of my fears materialised. It was the huge sense of relief that alerted me to the amount of trauma wrapped up in previous experiences of being honest about who I am.