



4-1-1996

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Recommended Citation

Ashurst-McGee, Angela (1996) “But Then Face to Face”: Women's Issues, Mormon Culture, and Doctrine in Eight Pregnancy Narratives,” *BYU Studies Quarterly*. Vol. 36 : Iss. 2 , Article 7.

Available at: <https://scholarsarchive.byu.edu/byusq/vol36/iss2/7>

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“But Then Face to Face”: Women’s Issues, Mormon Culture, and Doctrine in Eight Pregnancy Narratives

For a Mormon woman, pregnancy can augment her agency, build charity, and transcend stereotypes. Sharing her narrative can help her organize and own her experience.

Angela Ashurst-McGee

Hoping to uncover information about my past and future, I interviewed eight Mormon women about their pregnancies, asking them questions about everything from their relationship with their unborn babies to their fears about labor.¹ The women, aged twenty-two to seventy, were people I had met at BYU or were from my extended family. Within the first few minutes of each interview, we would delve into the intimate and essential issues of the woman’s story, suggesting not only that she felt at ease, but also that she had already sorted through her experiences and crafted sophisticated narratives. My questions only clarified and expanded her multifaceted narrative, releasing stories that already existed.

After each interview, I was emotionally drained, overwhelmed by the power of what I had heard. My nights filled with dreams of my future pregnancies. I spent my days mourning for the babies that disappeared when I woke up. Part of the impact of these narratives stems from their dazzling complexity. The women described how pregnancy both strengthened their ties to their husbands and demonstrated their essential differences from their husbands. They explained how the experience of pregnancy focused their attention outward, on another individual, while it simultaneously focused their attention inward, toward their own bodies. They expressed social pride and notoriety while admitting embarrassment.

But from these complex, and sometimes paradoxical, strands of the narratives emerged a striking pattern of empowerment. I discovered that pregnancy strengthens the women I talked to, contributing to their feeling of personal power to confidently make decisions and choose from a wide range of options. This empowerment is enhanced by fundamental issues of Mormonism, feminism, and folklore, issues that emerge from these pregnancy narratives. The LDS belief that pregnancy creates eternal, spiritual relationships and follows the example of divine motherhood elevates a pregnant woman above stereotypes of the unfulfilled, depressed housewife. Feminism encourages women to use their agency. Conversely, pregnancy confirms some feminist theory by demonstrating women's agency and unique ethics.

Telling the narratives of their pregnancies provides women a forum to organize and reclaim the significance, beauty, and power of their experiences. As folklorists say, the experience is enhanced by the telling of it. Furthermore, pregnancy narratives can empower the women and men who hear or read them. The narratives can prepare others for the future and reduce fear of the unknown. These functions of pregnancy discourse that I discovered last year are particularly poignant to me now as I enter the last weeks of my own first pregnancy.

Sharing Pregnancy Narratives

I am the oldest of six children and know that I tended my younger siblings while my mother endured months of morning sickness with each of her pregnancies. Yet I do not have one memory of her morning sickness. My youngest sister was born when I was twelve years old—certainly old enough for me to have been aware of what I now know was a very difficult pregnancy for my mother. Yet I have only two snippets of memory: she needed a step stool to climb into our Volkswagen van, and once after a long summer road trip, her feet were swollen. Thus, although I lived with my mother during forty-five months of her pregnancies, much of what I learned in my interviews with pregnant women was still a surprise to me.

Similarly, Elaine, a woman who began raising her five children in the late 1960s, told me that her first pregnancy held many surprises for her. Her mother's stoicism when pregnant had prevented Elaine from learning about the basic experience of pregnancy. In conversations, I have heard many women complain that their mothers never talked to them about pregnancy. They listed the things they had not been told and therefore did not know. Although these mothers had probably shared parts of their pregnancy experiences with their husbands, peers, or mothers, they had not shared their experiences with their daughters. Today, books and classes on the medical and physical phenomenon of pregnancy are widely available, but such treatments cannot capture the full scope of the pregnancy experience. The teacher of the Lamaze class my husband and I attended marveled that after she recounted the averages and patterns of labor and delivery, class members still burst with questions about her own experiences in childbirth.

This yearning for personal information becomes obvious when I tell people I have collected some Mormon women's pregnancy narratives. Some people seem flatly unimpressed by the project, but others respond by gasping, "Oh, how interesting! You've got to show me your drafts!" Many of these are young, newly married women. These women stand at the cusp of the experiences of pregnancy, childbearing, and motherhood. And while many of them look forward to these experiences, they also feel timid and naive. Although the number of sociological and experiential treatments of pregnancy seems to be increasing, many women seem hungry for the information I learned from the interviews: Did the women like being pregnant? How bad are mood swings? What is it like to feel the baby kick?

Young women often long to hear the narratives of experienced mothers. They long for frank evaluations of successes and trials to guide them through their upcoming experiences and reveal parallels between themselves and their mentors. Basic information about physical and emotional events of pregnancy helps them overcome fear of the unknown. They are empowered by hearing narratives that model pregnancy as a beautiful, loving, agency-investing experience. But because pregnancy also includes

the intimate, the private, and the biological, it can be difficult to talk about outside of mothers' peer groups. Nevertheless, shared pregnancy narratives can serve a potent function for those who hear or read them.

The importance of these narratives as shared stories was demonstrated to me personally when, eight months after completing the interviews, I found myself pregnant. My husband and I were both shaken to tears by the news. Pregnancy had suddenly and irreversibly leapt from the subject of my research and from my expectation for the vague future into the concrete reality of now and the rest of my life. The pregnancy immediately asserted itself in a dozen small, physical changes that confirmed that now, everything was different.

As we struggled to internalize the news, we used the pregnancy narratives I had collected to illuminate the unknown. Although I had just spent several months transcribing, thinking about, and writing about the eight interviews, I was surprised at how much information I had overlooked or forgotten. Those first few weeks, I leafed through the transcriptions looking for information and experience to match my own. I hadn't before realized the significance of Sally's statement that she slept up to twelve hours a night. I quickly felt the impact of such a schedule and felt reassured that my voracious appetite for sleep was not laziness, but a pregnancy experience that other women shared. I found myself vocalizing my experience with nearly verbatim quotes from the interviews: As Mark and I watched the store-bought pregnancy test develop, I used Sally's words, "Do you see a pink line?" In the days that followed, I used Tina's words, "I cannot eat enough!" As odd things have happened throughout my pregnancy, I find reassurance from those women who can tell me, "Oh yeah, that happened to me. Isn't it weird? But you get over it."

Pregnancy narratives became even more significant to my husband, Mark, as we entered pregnancy. Mark read the interviews cover to cover, and even though he had long been aware of their content, this reading—motivated, no doubt, by the awing reality of his wife's pregnancy—yielded epiphanies for him. He was able to define his ideal role as a partner and supporter to a pregnant

woman by evaluating the needs and wants the women expressed in their interviews.

For example, Mark was struck by Elaine's statement that she felt more social respect from Mormons and non-Mormons alike when mothering ceased to be her full-time job and she entered the wage-earning work force. Mark noticed the same bias in his opinions of women he knew. He then vowed to respect mothers who mother full time as well as back-to-work mothers. He also admitted that it was easier for him to relate to what the women said about their physical pregnancy—exercise, diet, fetal growth—than what they said about their emotional pregnancy. He realized his focus on the baby had superseded concern for the mother. He concluded, "So I want you to always tell me how you *feel* about the baby." Several times, reading the interviews prompted comments like, "Now I see it from your side—which is different."

I feel grateful that these interviews helped Mark recognize what, to me, constitutes a major role of any partner to a pregnant woman. While husbands certainly have a valid and rich emotional life as they prepare for the birth of a child, the bulk of the pregnancy experience happens in the mind and body of the pregnant woman. Much of a husband's role is to recognize and support the woman's view of these events.

Pregnancy narratives can also benefit the women who tell them. According to folklorists, humans tell stories in order to impose order and significance on the chaotic array of life's experiences. William A. Wilson, one of Mormonism's premier folklorists, writes, "Storytellers themselves recount their narratives . . . to satisfy their own ends and meet their own needs."² He cites Neil Postman: "A story provides a structure for our perceptions; only through stories do facts assume any meaning whatsoever."³

Pregnancy produces a huge spectrum of physical, emotional, and social changes, yet our culture contains few settings where women can perform, or tell, the narratives of their experiences with pregnancy. Women do share pregnancy experiences in small groups of friends but rarely go beyond that restricted stage.⁴ And even in small peer groups, women rarely relate comprehensive narratives that would organize their experiences.

I began each interview by asking the limited question, "Tell me about when you discovered you were pregnant the first time." Yet several women responded with a long speech that described each of their pregnancies in succession and summarized their experiences. Although my next questions covered relatively basic issues such as emotional changes, social relationships, and labor, several women told me they had never thought about some of the issues I raised, indicating that while the narratives were already formed, they had not been shared or critiqued by others.

All the women seemed to enjoy our conversation. Most thanked me for interviewing them. Perhaps they were grateful for an opportunity to talk about, and thus organize and give significance to, an overwhelmingly varied and life-changing experience. The women certainly weren't telling their stories for my benefit alone, but rather for themselves or for their children (although children apparently feel their mothers rarely share such narratives with them).

In addition to organizing experience, forming narratives also allows the teller to own the experience. As women create their narratives, they choose the way their experience will be portrayed. While at the time, pregnancy may have felt like a long, hot summer of involuntary nausea and exhaustion, in their narratives the women portray themselves as independent agents and actors. While at the time, anxiety and worry may have been chief components of pregnancy, in their narratives the women describe themselves as confident decision makers. Throughout the interviews, I was overwhelmed by the women's strength as they nonchalantly described overcoming physical trials and opposition.

For example, when I asked Suzanne, a mother of six, about the worst parts of pregnancy, she shared this experience:

I took Kent and Beth to the dollar movie to see *Return to Oz*, and I was like eight months pregnant. And Kent got scared and jumped on me, and between the weight of the baby and a five-year-old on my lap . . . my hemorrhoids just exploded. And so then I had to go get them tied off. They wouldn't give me any medication because I was pregnant. So I read in twenty-four hours Lincoln's [biography]. . . . I sat in the bathtub for twenty-four hours and ran hot water.

But in her next paragraph, Suzanne asserts, "I just had really good pregnancies. I remember standing in front of the mirror pregnant with Joe and just admiring this expecting body, just so absolutely thrilled that I was growing a child." She balances the negative with statements that portray her as joyfully and actively creating. Crafting narratives allows the women to select and emphasize the details that portray the experience as they choose to remember it and that describe them as the women would like to be.

The value of sharing pregnancy narratives comes from their benefit to both storyteller and audience. While I feel confident of pregnancy theory's valid place in academic discourses like folklore, feminist theory, and Mormon studies, I believe its essential value comes from helping people navigate their lives. Although my pregnancy narratives project had its origin in academia, it was motivated by personal questions about my physical origins, my religion, and my future as a child of God, woman, wife, and mother.

Pregnancy and Mormon Culture and Doctrine

One of the most interesting issues the interviews explore is the complex relationship between a woman's experiences and decisions about pregnancy and her perception of Mormon culture and of her role as a Mormon woman. In the context of this article, Mormon culture describes a wide array of historical and social phenomena experienced by middle-class members of the Church in the United States. Most of these phenomena are not official components of the LDS Church, but rather are the result of personal and cultural interpretation.

Most of the women I talked to emphasized the positive impact of LDS doctrine and culture on their pregnancies. However, two of the women I talked to, women in middle-age speaking with the benefit of hindsight, said they felt Mormon culture exerted some pressure upon their private choices. One of these women was Elaine, whom I visited on a Friday night at her home. Although three of her five children have left home, Elaine continued to mother throughout our interview—as, interestingly, did all of the women I talked to. Elaine's husband periodically stuck his

head in the door to ask questions about a daughter who was having a slumber party downstairs, a son who had just had his wisdom teeth removed, and a son who was making wedding plans.

Much of Elaine's narrative focused on the loving, joyous relationship she has with her children. She told me, "I don't think when you're pregnant the first time that you have any concept—even though you love people and you love your husband—you have no concept of that feeling of love that comes to you when you finally have the baby."

Elaine told me that in the 1960s she rushed her decision to have children because of the pressures she felt. On a social level, almost every woman in her married student ward either had children or was pregnant. All of the women in her ward quit school once they became pregnant. On a more direct level, ward members questioned her each Sunday, always expecting her to announce she was pregnant. When she had been married for six months and still wasn't pregnant, Elaine "cried every month when I would have my period" and "read every book on infertility."

Elaine also used her perception of Mormon doctrine to fashion her pregnancy into a biblical "gift" that she bestowed on her husband. She was embarrassed to admit to me that she rushed into pregnancy partially to fulfill what she perceived as her obligation to give her husband sons. Elaine never indicates that her husband expected sons or shared her feelings about a biblical gift. But as a "traditional" person in a ward comprised of "all young marrieds with little babies or trying to get pregnant," she felt "it was a status . . . that I had to be a mother as soon as I could—for his sake."

While Elaine recognizes that she chose to respond to her own perception of these elements of 1960s Mormon culture and while she willingly remains active in the Church, she still interprets the past pressures to start a family as an influence she dislikes in retrospect: "It also was very much the Mormon ideal. I'm sure your parents understand it. I think kids really don't know what we came out of. Because it was a definite idea that we all accepted and didn't think anything of. . . . I bought right into it."

Elaine says that her ideas about the roles of husbands and wives and her perception of Mormonism have changed since her children were born. If she could do it all again, she says now that

she would wait longer to start her family and she would complete her master's degree before or during her first pregnancies.

Once Elaine's children were born, she found she was a "nester" who loved to curl up at home with her babies. But as her children grew older and she returned to school and work outside the home, she found that her status in the eyes of ward members increased. She concludes:

We pay lip service to motherhood being the most important role a woman can play in the Church, but we don't believe it. It's really too bad. We should put our money where our mouths are! . . . I just know that the whole time there was just a little change in attitude among people who professed motherhood the most important.

Lola was the most direct in blaming her perception of Mormonism for "advocating" certain decisions. I visited Lola on the same night I talked to Elaine. As we talked, she helped her two youngest daughters, now teenagers, choose what to wear and get out the door on their Friday-night dates. Several years ago, Lola had ended a "really terrible" marriage to a man who "was not a kind person." She has now returned to college.

The essential motif of Lola's narrative is her belief that some aspects of Mormon culture reinforced her feelings that her only acceptable option was to remain married and continue having children: "In a way, in the Mormon culture it's just something you do. And if you don't do it, you're a failure." Each time she became pregnant, she felt that her range of choices and her ability to leave her emotionally damaging marriage were reduced: "With every pregnancy, the feelings of being trapped went way, way up. . . . 'I can't get out of this.'" Like Elaine, Lola sees the ward sisters as the main conduit of these pressures: "The men assume this is what you do. Like, 'I go to work; you get pregnant.' But the women tend to be the ones that carry that message. . . . I've never had a bishop say anything about how many children I should have. Although I think I meet their expectation."

Both Elaine's and Lola's critiques indicate that Mormon culture's emphasis on large families started early in marriage can be constrictive. Although Elaine and Lola do not regret having children, they do regret what they perceive as an unduly strong influence on that decision. However, neither of these women denies

that she made her own childbearing choices or that she chose to participate in the culture she criticizes.

Although their experiences are valid and may reveal some flaws in perceived Mormon cultural constructs, Elaine and Lola do share some significant characteristics. Both their narratives look back on childbearing experiences that began in the 1960s. Both women have returned to school, where they are enjoying a humanities education that includes women's studies. Both consider themselves to have grown more liberal and less traditional through time.

Lola and Elaine's complaints, though significant, are a faint strand in the total collection of these narratives. Much more vivid are the descriptions of Mormon doctrine and culture supporting and enriching positive pregnancy experiences. Elaine herself says Mormon doctrine enhanced motherhood by adding a celestial element, by providing both a model in Heavenly Mother and the expectation of eternal families. Tina, a mother in her twenties who was pregnant with her first son while finishing her undergraduate degree, says Mormon doctrine enhanced her pregnancy by helping her understand her unborn baby. During her pregnancy, Tina says that all she knew about him specifically was "he hiccuped a lot." But "of course I'm Mormon. So you know, I think about, Okay, he's a spirit from Heavenly Father, and he's come down to get a body."

Ruth, a mother of five, grandmother of twenty-four, and great-grandmother of one, was converted when her children were young to the LDS Church largely in response to the doctrine of eternal families. She now devotes much time and expertise to developing her own family history and helping others research theirs. One of the main themes of her narrative is the contribution Mormon doctrine has made to her family: "We thought we had a pretty great, well put-together family, and we could never have dreamed what a great difference the gospel would make." When I asked Ruth what differences she notices between her pregnancies and her daughters' pregnancies, she said, "My girls have the added blessing of the gospel in their lives. They know that Heavenly Father has given them this ability to create life and that these little spirits have elected to come to earth. To come to their families." Ruth, Tina, and Elaine seem to agree that by providing information



Denise D. Mongie with her daughter Lydia Mongie. Photographed by Anne Smoot, a prize-winning photography major at Brigham Young University.

about the origin and purpose of pregnancy, by putting pregnancy in the divine context of the plan of salvation, Mormon doctrine enhances the experience.

More than any other of the women, Suzanne expresses gratitude for Mormon cultural and doctrinal influence on her pregnancies. She thanks Mormon culture for supporting her in decisions she believed in fiercely. Throughout her child-rearing years, Suzanne has taught and attended school. Now, with half of her children still at home, Suzanne is working as a middle-school counselor and completing a doctoral degree in family counseling. Although Suzanne has interspersed full-time mothering with large doses of wage-earning and school, she summarizes her life with “it’s like I waited my whole life to have babies.” “I didn’t play with dolls or anything [as a girl]; it was just like I was going to wait for the real event.”

This emotion informs much of her narrative. Yet throughout her childbearing years, colleagues, doctors, and bosses all tried to discourage her from having six children. In response to these social pressures, while she did have the large family she desired, she had her children later and further apart than she wanted. She concludes, “I didn’t do it on my agenda.”

Amidst opposition, Suzanne thanks Mormon doctrine for raising motherhood from what she calls the stereotype of “Dependent, Devalued, and Depressed” to a “sacred,” “eternal relationship.” She cites the gospel as one force she used to support her decision to prioritize family over career: “I think without my feeling of who I was as a child of God and a mother, if I were to take the world view of it, I probably would have struggled a lot more being a full-time homemaker.” She describes consciously immersing herself in Mormon culture and surrounding herself with Mormon friends to “protect” herself from the pain of people who tried to discourage her from fulfilling her cherished role as a mother.

Mormon culture and doctrine helped Suzanne fulfill her goals in two ways: First, it supported her in her childbearing decisions when others discouraged her. Second, it helped her guard against discouragement during her periods of full-time mothering. Because of her strong emphasis on pregnancy and mothering

(which aligns her with cultural expectations), Mormonism became her refuge.

Ruth and Michelle also found that conforming to Mormon motherhood brings joy and gratification. Modeling the counsel of David O. McKay and other Church leaders, Ruth and Michelle locate success in the home. While Michelle is now a full-time administrative assistant whose youngest child is eleven, she spent almost twenty years as a full-time homemaker. Throughout those years, parenting produced feelings of gratification and success:

Although we didn't necessarily always feel success in our career or financial goals or whatever, we did feel like successful parents, like we were producing children that were normal—and better than normal a lot of times—and that we knew what we were doing with them. It was like there was job satisfaction in our parenting for the most part.

Fittingly then, Michelle also expressed the strongest feelings of social gratification from pregnancy: "I always felt kind of special when I was pregnant. I was never embarrassed. . . . It has a certain amount of recognition that comes with it—usually positive recognition." As they consciously followed Mormon ideals, Michelle and her husband created a rewarding parenting experience. Michelle's pregnancies fit into this context and became a source of success and pride. Michelle's narrative repeatedly inverts the model of the unfulfilled housewife.

Ruth also finds gratification and success in the family. Although she is now entering her seventies, she attributes her positive self-image to her father, who "continually told us how wonderful we were." She says, "I was skinny as a rail, wore horn-rimmed glasses, and was very shy. He made me think I was beautiful." She uses a similar contrastive rhetorical pattern to describe how her own family transformed her: "I couldn't carry a tune in a basket with a lid on it. Any plant that is impossible to kill, just takes me a little longer. . . . but I raised a family of righteous, upstanding children. Mothering is my success."

Her feelings of success come not from simply raising children, but from modeling her family according to Church standards: "Other ambitions can never be as fulfilling as raising children who turn out well." "There is no joy in this world that can compare to the pure joy of knowing that in every one of our homes the gospel

is taught.” Her “report card” shows high marks because her children are aligned with the principles of Mormon doctrine.

In the past few months, I have joined this group of women for whom Mormon doctrine enhances pregnancy. For me, the doctrines about the origin of souls and the eternal future of families justify my feelings about pregnancy and motherhood. The baby’s divinely modeled body has functioned correctly through the billions of operations involved in creating even a tiny embryo. The eight-month-old fetus the baby has now become responds to my touch—already a significant member of my eternal family. Mormon doctrine adds to this natural wonder, creating my belief that this child is a gift from Heavenly Parents. I have come to understand the other women’s deep feelings about the beauty and love that are part of pregnancy; our common belief in Mormon doctrine helps explain why we share these feelings.

Perhaps the women who praised Mormon cultural and doctrinal influences on pregnancy are simply the women who conformed to Mormon culture and ideals most closely. Sally, Tina, and I will have had our first child in our early twenties; each of the older women I interviewed have had five or more children. Nevertheless, all the women but Lola perceived Mormonism’s influence as positive.

Although my sample is not representative,⁵ I think Mormon doctrine fuels a powerful cultural drive to create loving families. Some of the women complained when this cultural drive became too strong, but they also found that it reinforced their choice to have children. The women used their perception of Mormon doctrine and culture. In this way, they used Mormonism as a source for empowerment.

Feminism and Pregnancy

The term *feminism* is a catchall for a large and varied group of philosophies and perspectives. I believe many aspects of feminism can be used constructively by Mormon women; other parts of the coagulation known as feminism can be perceived as being in opposition to motherhood. Partly because of the LDS Church’s

doctrinal emphasis on the family, some Mormons express valid concern about feminism's effects on the family.

Several women I talked to, perhaps in response to this tension, prioritized pregnancy by denigrating feminism. But their narratives reveal that studies of pregnancy can do much to further some of feminism's goals. As the women described pregnancy, they exemplified basic tenets of feminism and contributed to developing feminist theory. Pregnancy became a platform on which they demonstrated their ability to control their experience by choosing among many options. And even as they expressed pregnancy's precedence over feminism or any other interest, the women modeled maternal ethics, an important feminist concept, by their primary commitment to their unborn children.

Seven of the eight women I interviewed used a rhetoric of choice and control, affirming their right and ability to make decisions about pregnancy and mothering—specifically, the decision to be pregnant and enjoy mothering.⁶ Suzanne, who perhaps would not normally use such strong language, said of her last pregnancy, "But by —, I was going to have this baby":

I don't want to be hassled. I know I'm forty. I've made this decision. I know I have a one-in-hundred chance of having a [Down's Syndrome] child. . . . This kid is going to be ours no matter what the circumstances are, and I don't want to be hassled.

As Sally put it, "I just kind of laugh and smile. Because it *is* beautiful and it *is* nice, and you shouldn't have to justify wanting a baby."

By asserting their ability to choose among options and follow through on that choice, the women affirmed one of feminism's most basic goals. Suzanne insisted on six children. Tina decided to finish school during her pregnancy. Ruth and Michelle continued having children despite difficult financial circumstances. Sally overrode political and feminist pressure to enjoy her pregnancy. Women overruled the suggestions of friends, family, and political vogue to fulfill a goal they considered top priority. In this way, pregnancy augmented some underpinning ideas of feminism by providing a forum where the women asserted their power. Regardless of how she chose to structure her pregnancy (several children, a few children, schooling, wage work, full-time homemaking), each woman made and defended her personal choice.

But while each woman defended her choices, the younger women (Tina, Sally, and Leslie) did not mention the cultural control that the other women did. They seemed to feel much more comfortable with their decisions to have children and didn't feel pressured by Mormon culture or any other force. They also felt much more comfortable choosing the circumstances in which to have and rear children. Sally is doing wage work full time and plans to start teaching part time after the baby is born. Leslie is staying home with her daughter. Tina is completing her student teaching while her sister watches the baby. Elaine, Lola, and Suzanne expressed admiration for younger mothers who choose when and how to have babies and who finish school, share parenting responsibilities with their husbands, and mix parenting with outside interests.

Perhaps the pressures that Lola and Elaine felt are waning today. I think Sally and Tina's comfort with their autonomy and choice can be attributed in part to feminism. These young women are enjoying the fruits of the labors of feminists and others who have demanded that women's gamut of choices be widened.

Perhaps the most striking (and fortunate) difference I noticed between women of different age-groups is the treatment they received at the doctor's office and hospital. Several women suffered from insensitive health-care providers and now-outdated procedures such as routine enemas and shaving. When Ruth complained of heartburn, her doctor responded, "It's all in your head." He told her women wanted to nurse their babies only to "feed their own ego."

Having children twenty years later, Elaine also complained about insensitive doctors. During her last labor when she complained, "I'm too old for this," Elaine's doctor told her, "I tried to tell you to get an abortion." He "cursed" at her when she resisted having her arms strapped down during labor. He explained the straps were to prevent her from touching the "sterile field"—her own body. When Elaine hemorrhaged after her first labor, the nurse looked at the blood on the floor and scolded her for making a mess.

Suzanne's obstetrician asked her four times if she planned on having her tubes tied. Suzanne finally responded, "You know, I don't know if you're not writing this on the chart or if you're not reading the charts, but you know, this is the fourth time you've

asked me. Please indicate and let's be clear about the fact that I am not through having children." Elaine also had a doctor who pushed the issue of having her tubes tied. Elaine says that childbirth is such an emotionally charged and loving time that "to be surrounded by unloving things is disgusting."

Although I have heard women in their twenties describe similar problems with their health-care providers, particularly during complicated deliveries, knowing the circumstances of these women has made me grateful to be pregnant and give birth today. Today's pregnancy and labor trends encourage pregnant women to choose among many options. Women can prepare for childbirth experiences that range from giving birth in the home attended by a lay midwife to delivering in the hospital with the help of obstetricians, anesthesiologists, and high-technology medical equipment. Husbands have the option of participating significantly in pregnancy by attending doctors' appointments and becoming educated labor coaches.

My husband and I have chosen to see certified nurse-midwives and become trained in the Bradley and Lamaze methods and unmedicated labor. We have decided that our baby will be born in a hospital and that Mark and I will stay with the baby once he is born. We are continually grateful for the nurturing and attentive care we receive from the midwives, all of whom are mothers themselves.

Sally, Tina, and Leslie, also in their twenties, describe positive experiences managing the physical and medical aspects of pregnancy. Tina and Leslie hardly mention their doctors and de-emphasize the pain of labor. Tina says, "I remember laying there on the table going, 'This isn't that bad.'" Sally sees a group of certified nurse-midwives and seems to enjoy it. She expresses a feeling of control over the situation. She concludes, "So the more I'm learning, the more I'm realizing there's a lot of ways to have a baby, and there's a lot of things that can be right for different people." Again, choice and empowerment are central issues. While some women asserted and fought for choice, the younger women seem to be enjoying it more freely.

Sally, my youngest informant, felt the strongest tension between pregnancy and feminism. I talked to Sally when she was just entering the second trimester of her first pregnancy. She and

her husband, Fred, both consider themselves to be active feminists. In their one and one-half years of marriage, they have each worked, studied, and pursued outside interests while striving to contribute equally to their marriage. In that time, Sally has graduated from BYU. Much of Sally's narrative reveals the concerns of a woman crossing a significant life boundary. Although Sally and Fred have settled into a comfortable and happy relationship, pregnancy has introduced many new issues into their marriage. Sally is working to negotiate the relationship between these new circumstances and her feminist values:

That's where it's really hard for me to think about feminism and women's issues and things like that in cases like this. Because they are issues that I never thought that I would face so soon. And then I got pregnant, and then here it is now in my face. And there are times I think he'll [Fred] never know what I'm talking about. He'll never know what it's like to have that baby inside you and what it's like to carry that baby for so long and to think about that baby and read about that baby. And I've put so much research into it and so much time and energy into thinking about it and reading about it and asking questions to people and things like that.

Well, when it finally comes down to it and we have that baby, I feel like I'm going to be more aware of the needs of that baby than he will. And that's where I start to think maybe a woman does know more about raising children. But then that contradicts what I've been trying to learn about equal rights and men can father and men can do this. I don't know. I don't have that one answered.

Sally enjoys the way pregnancy cements her relationship with Fred: "I think of Fred as family now, and I didn't used to. . . . That's kind of exciting to me. Having a family. Connecting with Fred more." However, she also believes that pregnancy reinforces gender stereotypes she wants to avoid. And for her, these stereotypes originate in the body:

I feel it's the most important thing in my whole life, and I would give up anything for that baby. And I know that already. And that's so weird that I would know that already, but I would. And so I think because you make that commitment in the first place to have it in your body and commit that time and energy and know you're putting up, giving up your body. Because it's kind of weird and alien. Something's inside you, just feeding off of you, and you're like, "Okay."

Although Fred supports Sally in her pregnancy, Sally fears he will never attain the intimacy with the baby that her physical closeness ensures. Pregnancy produces undeniable physical changes that cement their differences and seem to suggest that Sally may be better prepared to be her child's primary caretaker. She bristles uncomfortably at the possibility that in some ways pregnancy and feminism are incompatible: "I sound a little frustrated. Maybe I didn't realize I had kind of aggressive feelings about it, because in a lot of other areas Fred and I are really trying to be equal."⁷

Sally seems to resolve this conflict between feminism and motherhood by locating herself apolitically. She realigns her values to prioritize pregnancy: "And for Fred and I, it's a total commitment. It's something we really want, and I'm not willing to sacrifice having a baby for money or schooling or anything like that." As her pregnancy progresses, Sally reacts less to outside forces and creates a new ethics of femininity and motherhood:

I would say it really connects you to a larger purpose. I think it really makes you feel like a lot of things that you bowed yourself down with don't become as important anymore. I mean, you don't have time to fight over everything and to be so concerned about the last article that was written in this paper because of what they could have thought and d'da-d'da-d'da—when you have a baby to play with, and you have things to *do*.

I like that change because it makes you focus on different things. And I like that. . . . We need to get some focus. And I go home and look at . . . my brother and sister-in-law. . . . They have diapers to change and babies to play with and dishes to wash and things like that. And sometimes that can be very important to make that change in your life—at least for me. It makes you really realize what's important, because they have a family. They have love. And there's nothing more important to me than that.

Sally has overturned her priorities. Changing diapers and playing with the baby have become more important than intellectual dialogue and academic discussion.

Suzanne also describes herself as forging new values when her pregnancies violated what was politically correct. She was fired from a teaching job when her superiors learned she was pregnant. Everyone, "even the sweet librarian," expressed shock and even disapproval as her family grew: "'68, '69 was real big ZPG,

zero population growth. . . . And I said I wanted six kids, and it was just like, ‘You don’t do that anymore. How irresponsible.’ Like I was not a responsible person.” Although in other spheres Suzanne may conform with contemporary ideologies, her commitment to mothering usurped other priorities.

As Suzanne and Sally prioritize pregnancy over social demands, they confirm the theory of Julia Kristeva and other feminist theorists that through maternity women create and model a system of ethics. Moral ethics require us to respond altruistically and charitably to other people, to make the leap from concern about ourselves to concern about others. As Levinas explains, “I am responsible for the Other without waiting for reciprocity, were I to die for it.”⁸ Similarly, motherhood firmly connects a woman with another individual, the child. Kristeva writes that “maternity is a bridge between singularity and ethics” because the single woman becomes two and “the woman gains the chance to form that relationship with the symbolic and ethic Other.”⁹ Other feminists have written that women’s experiences with housekeeping and childrearing contribute to a feminine epistemology and a resultant feminine moral vision.¹⁰

Pregnancy aptly illustrates the development of this maternal ethics. Pregnancy epitomizes what Jacques Lacan calls the Imaginary Order, the time when an infant blissfully believes it is one with its mother. As Suzanne says, pregnancy allows unparalleled union with mother and child:

It’s a real sweet [experience], I loved it when I’d first feel life. . . . Sleeping was just terrible, but it was like after you have this baby, there’s this huge void, not having that baby within you. You carry that baby, you carry it, it’s just like it’s there, it’s yours, and when it’s exterior, I really go through this kind of a real separation.

In this case, neither mother nor child perceives differentiation between their identities. Although Kristeva writes that “the start of love” happens with “the arrival of the child” rather than during pregnancy, the women I interviewed indicate that during pregnancy this “imaginary” state of essential union between mother and child establishes a loving and ethical relationship. This relationship then continues beyond the arrival of the child.

Especially as it progresses, pregnancy bridges singularity and ethics. The baby is part of the mother, but also an Other who grows and increasingly asserts its individuality and Other-ness. Michelle describes the developing personality of her unborn babies: "It's this particular individual that is now growing inside of me." "And it was very distinct; it was [the baby's] pattern. . . . It wasn't like this was just a fetus—it was Jennifer!" As a pregnant woman recognizes the baby's individuality while providing for its needs, sometimes before her own, pregnancy models ethics: "I would give up anything for that baby. And I know that already." While pregnancy emphasizes the separateness of men and women and therefore conflicts with some aspects of feminism, the very biological facts that produce difference also affirm feminism and mother-ethics. Not surprisingly, all eight women bore powerful and touching testimonies of this strong love that developed during pregnancy. The women's strong affirmations of joy and love stand out from all other strands of the narratives to inspire me and haunt my dreams.

While Lola does believe that some of her pregnancies were damaging experiences for her, she calls her relationships with her last three daughters "the most wonderful relationships in my life." She says that even when her relationship with her husband was terribly dysfunctional, she loved the opportunity to bond in giving and loving ways with her babies: "I always wanted it [pregnancy] because it was the only really healthy relationship." While pregnancy was one symptom of her troubled marriage, it also produced some of the salve of those years. As she says, "There were a lot more compensations than disadvantages."

Elaine describes unqualified devotion and pure enjoyment of her children. She idealizes the times when her husband was in graduate school and she could nest in the house all day with her babies: "I loved curling up in my house with my children and just being with them. I got a great big rocking chair that I could sit in and, eventually, hold the baby and put the other one beside me. And we would read and read and read." When she was expecting her second boy, she worried that she would never be able to love him as much as her first; after he was born, she "felt guilt for the first one's sake because I loved the second one so much."

Although, given a second chance, she may have made different decisions about the timing of her pregnancies, she reveled in her children once they were born.

Michelle, the forty-two-year-old mother of six, described her love for her unborn babies in terms of looking forward to their birth:

The moment that baby is born, that's what you want. You just want it in your arms so strongly, and that's because of the affection and the emotion that has developed. . . . You sometimes have that feeling where you want to hold somebody else's baby, but it's not the same thing at all as the feeling that you have when you want to hold a baby that's been a part of you, been created by you.

In one of the most beautiful moments of the interviews, Michelle stretched out her arms, then brought her hands to rest on her chest, describing the moment just after the baby is born: "It's them just bringing the baby up and laying it down on your chest. . . . That's the beautiful, most wonderful moment."

Suzanne teared throughout her story as she affirmed again and again how much she loves pregnancy and motherhood: "I like being pregnant. I like knowing I'm pregnant. It was a great sorrow to me to have my last child"; "it's like you're falling in love with this child while you're pregnant." "So every pregnancy was wanted and expected and, I would say, almost magical. . . . Kind of a sacred excitement." Sally seemed almost surprised by her powerful emotions for her baby, "I feel it's the most important thing in my whole life." Her narrative was interrupted as she looked forward to her baby being born: "When you see your own baby and when you—oh my gosh, I'm going to cry."

Ruth, perhaps concerned that I had no children at the time, affirmed repeatedly the unique joy of bearing your own child:

My heart goes out to the women who want children so desperately and don't seem to be able to bear children. There are women who are very, very successful in their careers but who would toss it all away in a minute for the chance to rock their own babies in a rocking chair.

If Ruth was trying to bolster my commitment to motherhood, she was successful. While I recognized the beauty of these sentiments when I conducted the interviews, as I now anticipate the birth of my child, I find these words describe some of the most tender and

deep-set feelings I have ever experienced. I am, like Sally, almost surprised at the intense emotions that well up when I think about the baby and anticipate his birth.

Before I became pregnant, I aspired to Paul's charity. I thought Paul's statement "For now we see through a glass, darkly; but then face to face" (1 Cor. 13:12) meant that in our unperfected state our outlook on the world is like a mirror¹¹—we see only ourselves—but in our perfected state, we will (as Levinas describes) look out and see others, face to face. I thought that by devoting myself to full-time service to the poor, needy, and orphaned—and therefore postponing having children—I could burn that virtue into my head to carry with me as a model for the rest of my life. My pregnancy stopped all plans for service in exotic lands, but it revealed a more meaningful understanding of charity.

I have enjoyed carrying this child with me, having him with me always, feeling his body grow and his personality develop. I like knowing that we are linked in that what I do affects him (my eating habits, moods, and positions) and what he does affects me (his moods, positions, and periods of energy or lethargy). I describe my pregnancy as easy even though I'm sure that if this array of physical challenges and emotional upheavals were inflicted on me for any other reason than the development and welfare of my baby, I would think the whole ordeal excruciating and torturous. I can't even fear or dread the pain of labor since I know it will yield his birth.

This closeness reveals a glimpse of true charity. My outlook on the world includes not just myself, but the baby also. While throughout pregnancy I continue to pursue my own projects, interests, and whims and while the baby sucks my energy and kicks apparently without regard for my comfort or well-being, I hardly differentiate between my needs and his. I find myself naturally suffering long, envying not, seeking not my own, not being easily provoked, bearing and enduring all things—in regard to the baby (see 1 Cor. 13:4–7). Now this is the lifetime model that has been burned into my head. Having tasted the sweetness of charity, how can I extend this feeling to even the most casual of acquaintances?

Conclusion

Pregnancy, Mormon doctrine and culture, and true feminist values can work together. The tensions some feel from this triumvirate come from the growth of a fertile relationship. Mormon doctrine affirms the magnificence and eternal significance of the God-modeled family that pregnancy begins. Feminist theory highlights the agency and moral ethics that Mormon doctrine asserts and pregnancy demonstrates. Pregnancy actively and vividly acts out basic tenets of Mormon doctrine and feminism, namely, agency and strong love.

Mormons share a culture that values families, motherhood, and recording our experience for our own and our posterity's benefit. Contemporary women benefit from some of the influences of feminism, which also encourages us to learn about and value the experiences of women. Collecting women's narratives of pregnancy has convinced me of the powerful value of such stories. The narratives reinforced my knowledge that pregnancy is a spiritually beautiful, personally powerful, academically valid, and socially important experience.

The narratives can benefit many groups of people. Sharing their narratives helps mothers organize and think through their experience. Hearing such narratives can provide practical advice and preparation to mothers- and fathers-to-be. Including such experiential information in academic feminist discourse can support and expand developing pregnancy/maternal theory.

My emotions these days seem dominated by discomfort about my torpedo belly, swollen face, and stretched ligaments, and I sometimes feel overwhelmed by the idea that when this baby is born *I* will be the mother. But my own pregnancy narrative is one of accepting God's will, tasting charity, approaching an eternal family, and becoming a strong and fulfilled woman as defined by feminism and the gospel.

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NOTES

¹Although I transcribed only seven interviews, I refer briefly to Leslie, whose interview I did not transcribe. The seven transcriptions and an earlier draft of this paper are found in "Great with Child: Pregnancy Narratives by Mormon Women" (honors thesis, BYU, 1994) at the Harold B. Lee Library, Brigham Young University. Unless otherwise specified, all citations are from this thesis. *Elaine* has a different name in the thesis.

Although my questions varied somewhat, I asked each woman some version of the following: What did you worry about and look forward to during your pregnancies? What were your favorite and least favorite aspects of pregnancy? What emotional experiences marked your pregnancies? How did you feel about your unborn children? How did religion impact your pregnancies? How did you feel as you anticipated labor?

²William A. Wilson, "The Study of Mormon Folklore: An Uncertain Mirror for Truth," *Dialogue: A Journal of Mormon Thought* 22 (winter 1989): 97.

³William A. Wilson, "In Praise of Ourselves: Stories to Tell," *BYU Studies* 30 (winter 1990): 7.

⁴Suzanne admits that she doesn't talk about her pregnancy experiences in some settings because she fears lack of understanding or even opposition.

⁵My sample is restricted to a few people I know, and I did not interview any single mothers or women without children.

⁶While the term *choice* is often used to advocate legalized abortion, the term emphasizes women's agency, or right to choose. This same concept—important in Mormon theology—can be affirmed by pregnancy, the opposite of abortion.

⁷Perhaps this response affirms the value of sharing pregnancy narratives. Sally complains that her husband remains distant from her pregnancy experience, yet she became a student of pregnancy only when she became pregnant herself. She wonders, "If he was suddenly having a baby, would I feel like it was his thing?" Similarly, my husband (despite my repeated urgings) never read all the interviews until my own pregnancy. Apparently, pregnancy is discussed only when experience makes it necessary. How would Sally's feelings differ if she and Fred had discussed pregnancy together from the beginning the way they discuss sharing chores? Perhaps like any issue in marriage where the couple wants to be equal and in harmony, pregnancy requires work and advance planning.

⁸Emmanuel Levinas, *Ethics and Infinity: Conversations with Philippe Nemo*, trans. Richard A. Cohen (Pittsburgh: Duquesne, 1985), 98.

⁹Julia Kristeva, "A New Type of Intellectual: The Dissident," *The Kristeva Reader*, ed. Toril Moi (New York: Columbia University Press, 1986), 297. For more on Kristeva and maternity, see her "Stabat Mater," *The Kristeva Reader*, 161-86; *Histoires d'amour* (Paris: Denoel, 1983); "Women's Time," *SIGNS* 7 (autumn 1981): 20-36.

In "A New Type of Intellectual," Kristeva writes:

Real female innovation (in whatever social field) will only come about when maternity, female creation and the link between them are better understood. But for that to happen we must . . . begin the work of specific and detailed analysis which will take us beyond romantic melodrama and beyond complacency. (298)

I agree that a more sophisticated theory of maternity is an important and incumbent step for feminism, yet I question Kristeva's approach to the issue. Her writings, including those on maternity, are highly theoretical and so difficult to read that they are inaccessible and therefore unhelpful to the vast majority of women. I believe that useful pregnancy and maternal discourse should begin with women's own portrayals and analyses of their experiences. Women's own narratives can provide material for "specific and detailed analysis" without "melodrama" or "complacency."

¹⁰See Josephine Donovan, "The New Feminist Moral Vision," in *Feminist Theory: The Intellectual Traditions of American Feminism* (New York: Continuum, 1992), 171-86; Sara Ruddick, *Maternal Thinking: Towards a Politics of Peace* (Boston: Beacon, 1989); Kathryn Allen Rabuzzi, *The Sacred and the Feminine: Toward a Theology of Housework* (New York: Seabury, 1982); Eva Feder Kittay and Diana T. Meyers, eds. *Women and Moral Theory* (Totowa, N.J.: Rowman and Littlefield), 1987.

¹¹See James Strong, *The Exhaustive Concordance of the Bible* (Nashville: Abingdon, 1890), "Main Concordance," 391, "Key Word Comparison," 192; "Greek Dictionary of the New Testament," 33.