

marginalized voices it presents. Motherhood issues are examined from the perspectives of mothers: academics, teachers, and foster mothers. Those who are not mothers provide an outsider's perspective: adolescent and grown daughters, and the legal and medical establishments. Of particular interest are chapters dealing with those whose stories have not been, or are not often told. A lesbian mother reflects on her daughter's coming to terms with her "different" family. A researcher describes the dynamic between mothers and daughters in families with a disabled parent. A filmmaker reclaims her historical roots by telling the stories of black mothers in their Nova Scotia communities. Another researcher recounts black women's experiences of motherhood to counter the

### **Mourning the Dreams: How Parents Create Meaning from Miscarriage, Stillbirth and Early Infant Death**

Claudia Malacrida

Edmonton: International Institute for Qualitative Methodology Press, 1998.

#### **Reviewed by Sharon M. Abbey**

Having experienced the perinatal deaths of two of her own babies, Claudia Malacrida's recent book *Mourning the Dreams: How Parents Create Meaning from Miscarriage, Stillbirth and Early Infant Death* examines how other parents create sense or meaning out of the deaths of their pre- and at-term infants by interviewing 25 white middle-class Canadian parents who had suffered similar losses. Malacrida speculates that the untimely death of perinatal babies has traditionally been regarded as a topic better left unexplored because it is intrinsically tied up with the sacred cows of both motherhood and death and also because it has ambiguous connections to contested issues of abortion and choice. By uncovering many of these silenced stories, this book is intended to "illuminate the complexity and profundity of perinatal loss" (Malacrida, 1998: 1) as well as to help others gain some perspective of their own loss as they deal with their feelings of isolation and inappropriateness.

Acknowledging that there is some ambiguity about how to name perinatal death, Malacrida uses the term to include miscarriage within the first trimester, pregnancy loss, stillbirth and death of a new-born infant. She is critical of medical definitions that refer to infant loss prior to 20 weeks of pregnancy as "fetal wastage" or "spontaneous abortion." Regardless of the duration of the pregnancy, she argues, such a loss is experienced as a death to be mourned and profoundly changes the lives of family members forever. For the mothers, in

particular, it is also a death that occurs within them and their bodies become the sites of a terrible trauma. As these women attempt to heal emotionally they must also cope with physical changes their bodies are undergoing as well as intense feelings of emptiness. Not only do they lose a child, they physically participated in that loss.

As such, Malacrida points out that perinatal loss meets all the criteria of trauma - an unexpected and irreversible event or profound shock that threatens one's sense of identity and induces feelings of blame or guilt. Citing the work of Kenneth Doka's (1987, 1989) and his notion of "disenfranchised grief," Malacrida pays particular attention to the consensual grieving rules imposed by Western society that are intended to negate and delegitimize grief feelings. Paradoxically, she argues that tendencies to silence and ignore perinatal loss actually complicate and intensify feelings of grief and by compounding them with feelings of shame, isolation and a sense of alienation from traditional sources of solace such as rituals, compensatory benefits and even the right to compassion, time or privacy. She concludes that the silence and ambivalence surrounding issues related to perinatal loss, results in a lack of information, sensitivity and appropriate resources. Even worse, since Western culture places a high value on stoicism and self-reliance, mothers are not encouraged to talk about their fears of never producing healthy children, their loss of innocence, their sense of inadequacy for letting others down, their blame about not being able to protect their unborn child, their guilt for being self-absorbed, their anger at the medical profession for not being taken seriously or their regret for not taking time to grieve properly. In fact, the need to perform rituals that confirm the loss or that attempt some semblance of respectful care and protection for a dead child are often deemed dangerous, strange or pathological.

Malacrida's work relies heavily on Therese Rando's (1992) description of grief as "the process of experiencing the psychological, behavioral, social and physical reactions to the perception of loss" (11). She devotes a chapter to each of these aspects of the process. Psychologically, she emphasizes that the assumptions inherent in becoming a mother contribute significantly to her grief. The relationship between the mother and the child-to-be is "highly charged and has a great deal to do with [her] sense of self" (Malacrida, 1998: 36). Malacrida points out that a mother's ability to successfully complete grief work relates more to interpretations of "role-loss" than to "object-loss." In other words, how strongly does she feel the loss of her dreams and opportunities to play out her ideal of a 'good' mother, to live up to the hopes and expectations of significant others and to prove her worth through motherhood? Being perceived as a failure or feeling betrayed by her own body can set up barriers to healthy recovery.

Socially, Malacrida draws attention to the silence of bureaucratic institutions and legal systems surrounding perinatal loss. For example, there are no birth or death certificates issued and no insurance claims to process. These babies are given no status, no legitimacy. Moreover, many participants in her

study were even critical of family members, friends and workplace colleagues for simply failing “to understand that any support was required” (Malacrida, 1998: 64). Their intolerance for persistent sadness inferred that mothers undervalued their living children or that these feelings of bereavement were, in fact, under the grieving mother’s control. Malacrida claims that there is a stigma to losing a baby and mothers are ultimately held accountable.

From the physical perspective, Malacrida is critical of the negative effects of psychopharmacological agents who sedate women and induce emotional numbness that “often works to hamper women’s ability to be fully present at the only opportunity they will have to know and care for their child” (84). Normal postpartum symptoms such as lactation, bleeding and flat stomachs are also painful reminders of their loss. Drawing from her own experiences, Malacrida captures the powerful sense of this loss when she emphatically points out that, “The physical intimacy a pregnant woman shares with her child, beginning long before birth, binds her to that child in a way that is simply, physically impossible for another human to share. In this way, her physical connection to the dead child sets her apart from everyone else, even those who share the loss” (Malacrida, 1998: 89).

Using Rando’s six ‘R’ stages in “complicated mourning,” Malacrida then offers strategies, which she refers to as “postmodern creativity,” to deal effectively with perinatal loss: recognizing the loss, reacting to the separation, re-experiencing, relinquishing, readjusting, and reinvesting. Malacrida believes that those who are most adaptive in their grief resolution “are able to go beyond the traditional norms of perinatal mourning that society imposes on them” (Malacrida, 1998: 94). She also points out that hospitals play a crucial role in providing direction and time in order to accommodate the baby as an individual, to honour and acknowledge its short life and to encourage the mother to claim her own legitimate feelings and needs. The insensitive “these things happen” mentality of medical practitioners is no longer acceptable. Some of the healing strategies Malacrida advocates involve reevaluating one’s sense of self, reframing grief as a triumph, understanding that vulnerability has its own rewards and appreciating new-found resourcefulness and assertiveness with authority figures. She offers hope for developing a new way of being that reflects a changed relationship and belief in oneself and claims that her participants “rebirthed themselves as a by-product of the ‘failed’ births of their children” (Malacrida, 1998: 117).

In the last chapter, Malacrida offers suggestions for further work in this field and also addresses the limitations of her study. As a feminist scholar, I would recommend this book as an exemplary model of qualitative research which might serve as a useful prototype for graduate students or forms the basis for further studies related to culture, class or health policy issues as well as to the social construction of motherhood. I am sure that many readers who can identify with experiences of perinatal loss will feel inspired to confront their own pain, anger and helplessness and use this book as a vehicle in their own

healing journey toward a stronger sense of legitimacy. Other readers will gain a deeper appreciation for an aspect of maternal experience that is still largely marginalized and silenced. Although Malacrida herself felt empowered and healed by conducting this research, she wanted to assure herself that her participants felt some of these positive benefits as well. To this end, she reports on a follow-up survey at the end of the book that validates her claim that others also gained new insight into their loss and its effects and that their participation in the study had been helpful. By dissecting the social, psychological and physiological interplays in perinatal grief, complicated mourning, and postmodern creativity, Malacrida confronts questions that are seldom asked and a type of death that is seldom validated.

## **Lesbians Raising Sons**

Jess Wells, Ed.  
Los Angeles: Alyson Books, 1997

### **Reviewed by Mary F. Brewer**

This anthology, according to the editor Jess Wells, shows how the “current baby boom among lesbians ... is challenging concepts and constraints of the family and, perhaps most important, raising men in a completely new way” (ix). It is divided into three sections, addressing the hybrid identity of lesbian families: how typically they transgress borders not only of sex and gender, but also race and class; the relation between living-out new models of family life and constructing new (self)images of lesbians and lesbian community; and the way in which the inherent sexism and homophobia within the legal system and society at large continues to victimize lesbian parents and their children.

The central theme within this collection rests on the various strategies employed by lesbian mothers to raise healthy, happy sons—boys who will have access to their full range of emotions and who will grow up to behave in ways that do not support systems of oppression — within the context of a society that denigrates women and homosexuals.

Rather than attempt to review all the articles, all of which document and provide valuable insights into lesbian’s parenting skills and the wider impact lesbians raising sons may have on traditional gender roles in society, I shall attempt to look at how some of the above themes are addressed throughout. Most contributors follow a similar format of giving some history of their own experiences raising sons. Many of the lesbian mothers admit to some fear, even in some cases loathing, at the thought of raising a ‘little patriarch,’ and most also