

The Origins of Mother Blaming: Historical Perspectives on Childhood and Motherhood

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ABSTRACT: This article presents a historical review of society's changed perceptions of the values of childhood from the first century A.D. to the present. Factors that have influenced the responsibilities subsequently placed on the mother because of her "natural and instinctual" abilities are discussed. Until the 20th century, children received little attention from the scientific community. There is now much empirical evidence to guide practitioners in addressing the physical and psychological needs of children. However, assumptions are made by clinicians that the primary, if not critical, responsibility for the child's growth, development, and behavior should be placed on the mother. This can result in mothers being blamed for the behavioral errors and problems of their children.

RÉSUMÉ: Ce travail présente un compte rendu historique des changements de la société dans les valeurs perçues de l'enfance depuis le premier siècle après Jésus-Christ jusqu'à nos jours. Les facteurs qui ont influencé les responsabilités bien évidemment reportées sur la mère à cause de ses aptitudes "naturelles et instinctives" sont examinés. Les enfants faisaient l'objet de bien peu d'attention de la part de la communauté scientifique avant le vingtième siècle. Il existe maintenant de nombreuses données empiriques pour guider les praticiens lorsqu'il s'agit d'aborder les besoins physiques et psychologiques des enfants. Néanmoins, les cliniciens supposent que la responsabilité première, sinon critique, de la croissance, du développement et du comportement de l'enfant, devrait être placée sur la mère. Ainsi, les mères peuvent être tenues responsables des erreurs de comportement et des problèmes de leurs enfants.

RESUMEN: Este estudio presenta puntos de vista históricos sobre los cambios de la sociedad con respecto a los valores concebidos sobre la niñez desde el siglo I° A.C. hasta el presente. Se discuten los factores que han influido en las responsabilidades subsecuentemente fijadas en la madre a causa de sus habilidades naturales e instintivas. Hasta el siglo 20, los niños recibieron poca atención de parte de la comunidad científica. Hay ahora mucha evidencia empírica para guiar a los prácticos a dirigir las necesidades físicas y psicológicas de los niños. Sin embargo, los clínicos han adoptado actitudes de que la responsabilidad primaria, si no la más crítica, por el crecimiento, desarrollo y conducta del niño, debe ser fijada en la madre. Esto puede resultar en que las madres sean culpadas por los errores de conducta y problemas de sus niños.

抄録: この論文は、幼少期の価値を社会がどうとらえてきたかその変化を、1世紀から現在まで、歴史的に概説する。また、『自然で本能的』な能力ゆえに母親に課せられることになった責任に影響を及ぼした要因を考える。20世紀になるまで、児童が科学者達の目を引くことはほとんど無かった。現在では児童の身体的・心理的ニーズに関し臨床家

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を導く経験の所見が沢山ある。しかし、臨床家の間には、児童の成長、発達、行動の、決定的とは言わないまでも中心的責任は母親が取るべきだとする暗黙の前提がある。その結果、児童の問題行動やエラーの責めを母親が負われる事になっている可能性がある。

Health care professionals often perceive mothering as a linear process in which child behavior is a direct outcome of maternal behavior alone. Consequently, the appropriateness of maternal behavior is evaluated on the basis of child behavior, be it normal or aberrant. However, as any mother or insightful practitioner will attest, motherhood is imbedded in an intricate network of internal and external factors including child development, family development, male-female relationships, women's roles in society, and the economic and social climate of the cultural environment. Failure to consider these complexities results in mother blaming, the tendency to accuse mothers for less than positive, enthusiastic attitudes toward child-rearing and to hold mothers entirely accountable for problems with their offsprings' physical and psychological well-being (Badinter, 1981; Caplan & Hall-McCorquodale, 1985; Dally, 1982; Margolis, 1984).

Until this century, children received little attention from the scientific community. Research has created significant improvements in child welfare but has often done so at the expense of mothers. In the literature on attitudes toward pregnancy, postpartum depression, mother-child interaction, infant stimulation, and child behavior, unilateral and unsupported judgments of the cognitive and emotional abilities and responses of mothers are made with ease.

Caplan and Hall-McCorquodale (1985) have documented the significant extent to which the mother-blaming ideology is prevalent in the mental health literature. They emphasize that conclusions of poor or inadequate mothering are often based on subjective impressions rather than on factual information. Chess (1982) further confirms that the blame-the-mother attitude flourishes today in the clinical assessments and diagnoses of physical and behavioral problems of children. She concludes that "simplistic explanations laid at the mother's door are patently superficial excuses for failure to examine the totality of the socio-economic stresses, and personal strengths as well, that may be harnessed for reversal of problems" (Chess, 1982, p. 97). When clinicians give help, it is often done in a didactic, aloof way. The mother who objects to this approach is labeled difficult, and her mothering abilities are questioned.

The purpose of this article is to sketch the major historical origins of mother blaming as they evolved from perceptions of childhood in Western society from the first century A.D. to the present. Also, some of the fluctuating economic, political, and social demands of society at large that influenced these perceptions will be identified. Clearly, the ramifications of changes in each have had significant effects on the others and continue to do so.

FROM CHRISTIANITY TO THE MIDDLE AGES

Lloyd deMause, a psychohistorian, has stated that "the history of childhood is a nightmare from which we have only just begun to awaken. The further back in history one goes, the lower the level in child care, and the more likely children are to be killed, abandoned, beaten, terrorized and sexually abused" (1974, p. 1). DeMause

graphically describes an indifference and complete lack of empathy by society as a whole toward children, particularly prior to the 17th century. Children existed only to serve parental needs and were the vehicle for their parents' psychological projections.

In the grim and brutalizing social conditions of the first millennium of the Christian era, most children died of natural causes, and many of those who did not were killed, abandoned, or sold by their parents (Lyman, 1974). Any "natural" maternal feelings that may have existed in a mother toward her child would have been overshadowed by the basic need for survival.

The value of children and the nurturant role of mothers were advocated in the writings of some notable Romans. For example, Celsus (d. 50) wrote on the topic of pediatric medicine, Galen (d. 201) on the nutritional needs of children, and Orbasius (d. 403) on the benefits of breast milk (Lyman, 1974). Lyman describes the one major influence toward the enlightened perception of children as the rise of Christianity and the belief that all persons, including women and children, had souls. St. Augustine (c. 412/1872), whose influence radiated throughout the Middle Ages, viewed children as educable and relatively guiltless. He strongly opposed child abandonment and abortion through ecclesiastical legislation and also promoted the nurturing-mother ideal as woman's natural role (Augustine, c. 412/1936). Nevertheless, the continued need for legislation forbidding abortions and abandonment reflected the gap between the ideals of the philosophers and the Church and the realities of day-to-day existence (Lyman, 1974).

In the medieval period from the 9th to the 13th centuries, the provision of mother's milk was perceived as critical to survival during infancy (McLaughlin, 1974). A mother who nursed her own children was seen as the ideal mother, one with virtue and piety, who dutifully accepted the burdens and responsibilities and was devoted to the spiritual development of her children. This was the image portrayed in the literature which, as in the past, was often the product of idealist philosophers and celibate monks (McLaughlin, 1974). For example, the highly influential Franciscan, Bartholomaeus Anglicus (c. 1230/1495), in his widely disseminated writings on human development, praised the nursing of one's own children on scientific and emotional grounds. Breast milk was seen to have formative influences that affected the character of the infant as well as his or her physical state (Goodich, 1975). It was important that this provider be of good temperament, intelligent, and of strong character. Thus, the natural mother was seen as the ideal nurse by virtue of the fact that she *was* the natural mother. Poor mothers actually had little choice but to breast-feed their children who managed to survive the environmental hazards of disease, rampant poverty, overcrowding, and physical deprivation. The wealthier, though, chose to use "wet nurses," who were supposedly selected on the basis of favorable character, balanced temperament, and high intelligence; that is, resembling the expected qualities of the natural mother (McLaughlin, 1974).

By the end of the 13th century, increasing numbers of literary works giving advice on the physical, psychological, and spiritual needs of developing children were being written. Whether this advice was sought by parents or was unsolicited is not clear; nor is the extent of its popularity among those actually caring for children. Theoretically, the educated male members of the upper classes had access to this information and the ability to read it at a time when children were just beginning to be valued

(Aries, 1962). Although the upper-class male was unlikely to be caring for the child himself, he could then direct the mother to instruct the nurse or governess in the correct way to rear the child and call them to task accordingly.

During the 15th and 16th centuries, the child's physical welfare assumed increasing importance (Tucker, 1974). For example, in the first English text on the diseases of children, Thomas Phairst (1546) strongly advised mothers to breast-feed their own children, with the physical benefits of breast milk being stressed (Dally, 1982; Illick, 1974). However, the practice of wet-nursing, especially among the middle and upper classes, continued due in part to the procreational and sexual needs of husbands. It was commonly held then, as it is today, that lactation interfered with conception and thus limited the potential number of desired male offspring. In addition, Church law required sexual abstinence during lactation under pain of penance because of the belief that sex spoiled the mother's milk. Thus, as a married woman was the property of her husband, any desire she may have had to breast-feed her children generally gave way to the husband's procreative desires and sexual urges (Ozment, 1983).

Beyond infancy, children were considered as small adults. Tucker (1974) describes childhood as a state to be endured but not enjoyed. Parents were expected to maintain strict discipline and to demand respect and subservience (Ozment, 1983; Stone, 1977). Stone (1977) and Aries (1962) describe children as being treated with emotional indifference and claim that overt affection for them as children generally did not exist. Child-rearing was enmeshed in the daily tasks required to maintain family survival. Once past infancy, the child received input from both parents to learn the skills needed to keep the domestic economy going (Houlbrooke, 1984; Margolis, 1984). A man's wife was expected to carry out her maternal duties according to her husband's wishes but these were secondary to maintaining an effective household, including assisting with the physical labors of her spouse (Houlbrooke, 1984; Ozment, 1983; Stone, 1977).

Thus, by the end of the 16th century, this general indifference toward children sustained the high mortality rate. Children were simply not considered an important part of society. They were being rejected not only by mothers but by fathers as well. Women were too busy doing other things, be it socializing or running the family farm, to devote themselves strictly to child-rearing. In fact, beyond the attention required for the physical needs of infancy, motherhood *per se* was "singularly unidealized, usually disregarded as a subject and at times actually denigrated" (Bloch, 1978, p. 101). A change in this perception was signaled when the mortality rate was increasingly recognized as a detriment to the political and economic welfare of society at large, and the mother's selfish preference for the conveniences of wet-nursing was singled out as the cause (Badinter, 1981). The "natural" or "instinctual" role of the nursing mother emerged as the key to childhood survival and quickly evolved, at least in the minds of its advocates, into a religious duty that would also lead to marital bliss. Thus, the seeds of a motherhood cult had been planted.

THE RECOGNITION OF CHILDHOOD

The 17th century was a turning point in the history of child and family life in terms of the increased importance of the nuclear family unit, the development of affec-

tional bonds among members, and the perception of the mother's role (Aries, 1962; Stone, 1977). The change was clearly marked at the end of the century when John Locke, who was a physician as well as a philosopher, at the request of interested friends wrote a treatise on the proper care and raising of children entitled *Some Thoughts Concerning Education* (1693/1800). Locke viewed the newborn infant as a tabula rasa, building his or her life through experience with a good teacher who stimulates the child's naturally questioning, curious mind. Locke addressed his advice to middle- and upper-class parents, but generally a hired tutor, nurse, or governess was put in charge of implementing his advice under the supervision of the parents (Stone, 1977). Clearly, parents were being called upon to direct more of their attention to their children's development, the mothers being charged with early development of the affections and fathers with later educational needs.

In spite of this advice, extremely high infant mortality and morbidity rates that resulted from the practice of sending infants off to wet nurses persisted, alarming the politically minded upper classes with the possible economic effects of depopulation (Badinter, 1981). Results of more organized methods of census-taking began to reflect these concerns. For example,

in a report to the Queen of Hungary in 1780, the Lieutenant General of Police in Paris estimated that of 21,000 children born in the city each year, 700 were nursed by their mothers, 700 were wet-nursed at home, 2000 or 3000 children of the well-to-do were placed in suburban nursery care, and the remaining 17,000 or so were sent out into the country to be cared for by professional wet-nurses. (Kessen, 1965, p. 30)

The "professional" wet nurse to whom an infant was sent, sometimes within a day of delivery, often had children of her own to nurse and other children as well. Further, she had the housework plus the responsibility of assisting her husband if he were a farmer or tradesman (Badinter, 1981; Hunt, 1970). If she was able to muster any sentimental, let alone empathic, feelings for another new infant after all this and for a salary that was less than the price of a cow (Badinter, 1981), she perhaps should have been considered for sainthood.

The movement to return the infant to his or her "rightful" place, the natural mother's arms, received support from many sources, particularly the Church and state (Stone, 1977). In the 18th century, Jean-Jacques Rousseau was a key proponent of this trend. The novel *Emile* (Rousseau, 1762/1979) had a great impact on French family life, or rather on what the upper and middle classes were led to believe family life should be. For the first time, motherhood was described as an enviable position. It was assumed that a mother would respond to this call to return to nursing her own infants and would derive great pleasure, health, and happiness from doing so. Not only would her child develop an undying attachment to her, but she would have earned the love and highest esteem of her husband, and the family would be a close, loving unit with the optimum outcome of the child as its priority (Badinter, 1981). Breast-feeding, previously perceived as repulsive and aberrant, was now to be interpreted as beautiful if not normal. Husbands would proudly view their spouses' willingness to devote themselves to producing healthy children. Of course, implicit in this approach was the threat that if a mother did not comply, she would be to blame for any lack of good health on the part of her children as well as for any harm to her family's well-being.

With notable dissension from Mary Wollstonecraft (1792/1982), an early feminist of the time who advocated a broad education for women to prepare them for the role of parent, the general belief of the middle and upper classes prevailed that mothering was an innate, instinctual mechanism. This mechanism would be activated at the birth of a child if not before, and, at most, specific directions to the mother from an "expert" in how to care for the child would be acceptable (Stone, 1977). As children more often remained at home to be nursed by their own mothers, closer relationships between parents and children reportedly developed. Previous attitudes toward controlling the child were replaced by those of a more permissive nature, as had been suggested by Rousseau and others.

Eventually, though, this parental permissiveness, with its noticeable increase in outward affection toward children, began to be viewed as excessive pampering and spoiling. "Protests against brutality, indifference and repression, especially by fathers, were now replaced by protests against excessive permissiveness, especially by mothers" (Stone, 1977, p. 438). Meanwhile, for the lower classes, the realities of the Industrial Revolution only exaggerated the exploitation and misery of parents as well as their children, leading to the beginnings of various kinds of child welfare legislation over the succeeding centuries (Pollock, 1983).

THE SCIENCE OF CHILD DEVELOPMENT

The 19th century produced several notable developmentalists whose writings influenced efforts to provide improved physical and psychological health and education of children from all social strata, not just those from the middle and upper classes. They not only discovered in the child a legitimate source of scientific information but also, by implication at least, reaffirmed the "natural" maternal role described by their predecessors and added further to the expectations and responsibilities of being a good mother (Margolis, 1984). By assigning scientific value to the study of childhood, Charles Darwin brought a new dimension to infancy and to the nurturing role of the family, particularly of the mother, in providing for emotional and social stability (Kessen, 1965). From these bases, the field expanded rapidly to explore a variety of theoretical hypotheses about physiological, emotional, and intellectual development (Kessen, 1965; Lomax, 1978).

Freud's theory of psychosexual development left an indelible mark on the theoretical, empirical, and practical foundations of child development. Freud (1925/1955a, 1931/1955b) viewed childhood as a series of inevitable neurotic stages that every child must encounter. However, there were several psychoanalytic developmentalists following him who introduced fuzzy interpretations of Freudian theory that placed the blame for child misbehavior entirely on the parents. From these theorists, at least from the American viewpoint, came "the promise that, if a child's early experiences were pleasurable and if he suffered a minimum of frustration and was given a maximum of encouragement and understanding, he would develop into a well-adjusted person" (Lomax, 1978, p. 64). Mothers in particular were charged with the responsibility to anticipate and identify problems and to cope in an enlightened manner. The perception was that there were no problems that could not

be handled and if the mother was unable to cope, it was due to her own immaturity (Lomax, 1978).

Freudian theory was not widely incorporated into child development advice until the mid-20th century. Its influence in North America was preceded by the behaviorist theories of John Watson, whose goal was the prediction and control of behavior (Watson, 1928). The production of less than ideal citizens was due to nothing less than the inept abilities of parents, particularly mothers, to condition children properly. Based on scant empirical evidence (Lomax, 1978; Stendler, 1950), Watson issued rigid yet easily understood rules for maternal conduct and warned that any mistakes could wreck a child's future. For example, Watson described mother love as "an instrument which may inflict a never healing wound, a wound which may make infancy unhappy, adolescence a nightmare, an instrument which may wreck your adult son or daughter's vocational future and their chances for marital happiness" (1928, p. 87).

Such advice was eagerly noted by the popular magazines, which regularly published articles on how to raise the perfect child (Chafe, 1972; Dally, 1983; Hartmann, 1982). Stendler (1950), in a review of child-rearing practices as advocated in articles in selected issues of *Ladies' Home Journal*, *Woman's Home Companion*, and *Good Housekeeping* from 1890 to 1949, noted that the influence of behaviorism on child-rearing had made tremendous gains in the twenties and continued to grow in popularity in the thirties. Few of these writers addressed the well-being of mothers, who were often burdened with poor housing, large families, low incomes, poor health, inadequate medical care, and drunken husbands (Davis, 1915/1978; Margolis, 1984; Oakley, 1984; Pollock, 1983).

With little sound evidence at their command, self-appointed experts nevertheless raised parents' anxieties with specific and even threatening directions for the care of the child. One questions how many mothers were gullible consumers of this advice that was so blatantly given (Mechling, 1975). Nevertheless, in response to a perceived need for this advice, government agencies prepared and distributed infant care pamphlets based primarily on Watsonian concepts that implicitly encouraged the institution of motherhood. In these pamphlets, nurturing was interpreted as a series of specific do's and don'ts to be carried out by the mother (Lomax, 1977; Margolis, 1984). Further, as Wolfenstein (1953) found in a review of *Infant Care* bulletins issued by the United States Children's Bureau between 1914 and 1951, directives on child-rearing practices were often reversed three or four times over this 37-year period. In other words, advice given to one generation of mothers was often opposite to that given to the previous generation. One would expect that a mother listening to such advice would have her own "natural" self-confidence undermined and thus would find her job even more demanding and emotionally taxing.

By the 1940s, psychoanalytic concepts began to be transmitted in practical "how-to" child-rearing manuals, such as *The Common Sense Book of Baby and Child Care* by Benjamin Spock (1945) and Margaret Ribble's *The Rights of Infants* (1943). Although their day-to-day advice was useful, their approach was definitely directed toward the child's well-being, with the mother as agent whose own needs were interpreted only in relation to those of the child.

The end of World War II brought a baby boom. Mothers who had worked to support the war effort now found themselves at home raising babies and being subjected

to the consumerism of the fifties (Dally, 1983; Friedan, 1963) and to the "religion" or sacredness of the motherhood ideal (Badinter, 1981; Rich, 1986). The North American mother was being told how Mom should look, talk, and behave. Further, in order to keep the postwar economy rising, economists and politicians needed the middle-class mother in the home (Hartmann, 1982; Margolis, 1984). In an echo from the past, the ironic twist to this thrust to put the mother in her rightful place rearing children was that when she did so, she was often labeled as being overprotective and thus the cause of behavioral disturbances in her child. At this time, too, psychologists as a professional group, particularly those in cognitive and developmental psychology, were growing in numbers as were the medical specialties of obstetrics and pediatrics. Also, a large proportion of these professionals were males, used to giving advice, solicited or otherwise (Oakley, 1984). They were perceived as the experts, both by themselves and by the public. Mothers, put into a role demanding perfection with little support but their maternal "instincts" or their motherliness (Benedek, 1949), were vulnerable to the threats of the medical and psychological "boogeypersons."

In 1951, John Bowlby reported to the World Health Organization on his studies of infants reared in an institutionalized environment without a consistent caretaker. He termed their failure to thrive, either emotionally or physically, "maternal deprivation." The absence of mother love was seen as the cause for the depressed effects on these infants. He warned that any separation from the mother, no matter how brief and no matter how skilled the mother, was harmful and was to be avoided. Although Bowlby's conclusions confused the effects of deprivation of a mother's presence with deprivation of consistent care, his declarations were unhesitatingly received by those eager to find a cause for the harmful effects on children.

Although narrow in scope, the concept of early attachment has stimulated the understanding of infant development much more clearly than before. The infant has become an increasingly interesting and acceptable subject for study, as evidenced in the research of Piaget, Spitz, Ainsworth, and others (Rutter, 1972). The works of practitioner-researchers such as Brazelton (1983) and Klaus and Kennell (1982), although originally stressing the same beliefs in 24-hour maternal care, especially in "critical" periods, have recently broadened their perspectives to include and encourage such environmental stimuli as presence of the father and to consider the needs of both parents and how these needs affect those of the child for consistent, reciprocal relationships. Stern's (1985) current theoretical summary of infant development recognizes that the infant is an active partner in mother-infant interactions and encourages a closer exploration of the infant's perspective and responsibility in these contingent relationships. In other words, the infant can no longer be viewed as a "blank slate" (Chess, 1982).

IMPLICATIONS

Mothers have been bearing babies since creation. They have done so in prosperous surroundings and in poverty. They have borne them in socially supportive environments, and they have had them alone. They have loved them, and they have abused them. For centuries, midwives and family members passed on advice and folklore based upon the mother's environment. More recently, science has provided

numerous studies documenting the optimal conditions for the cognitive, social, emotional, and physiological growth of infants and children. Today the perceived experts—the pediatric, obstetric, nursing, social work, and other health professionals—like the “experts” of the past, are still telling the mother the right way to rear her children without knowing very much, if anything, about how that mother *feels* about being a mother and what it feels like to her to be in the situation of motherhood. Researchers have gone to great lengths to learn the minute details of how a child grows but essentially have ignored the person to whom history has awarded the major responsibility for that child’s developmental outcome. All too often, as Adrienne Rich (1986) has indicated, the inevitable yet rarely addressed conflict between woman as mother and as self is a brittle one for which there is no preparation. That conflict can cause acute vulnerability to the sways of emotional guilt reactions that leave a mother psychologically alone to deal with the hard facts of what may seem to her to be maternal entrapment (Dalton, 1980).

History has shown that as long as society perceived children as being without value, motherhood was disregarded. Woman’s role in the home was as a participant in generating the family’s income rather than as child-rearer. But as children and hence childhood increased in importance, motherhood as a vocation was given recognition. “Natural” maternal feelings were exploited by the economic, political, religious, and sexual pressures of society, thrusting the responsibility on the mother for the process and judging her on the product.

Margolis (1984) believes that changes in how motherhood is perceived have been demanded by mother-consumers and mother-advocates at a time when “the conflict between what the child experts are *saying* and what women are *doing* became too great” (p. 106). After World War II, women who had been employed in the war effort were urged to return to their “rightful” place in the home in the roles of full-time mother and housewife, encouraged not only by the child-care experts but by the modernization of housework and the rapid industrialization of society. In the social and economic climate of the 1970s and 80s, that stay-at-home mother has rapidly become less common due to such factors as a rapid rise in one-parent families, the changing roles of women, and the increasing desire for active involvement by some fathers in their children’s care. For clinicians to continue to assess a child primarily on what the mother does or does not do, and to offer advice that supposes the mother to be the sole caretaker, is hazardous to the health of the mother, the child, the family, and society. Further, referring to “parents” in published research but collecting data only from mothers, provides a distorted view of the findings. If data are to be collected from mothers by virtue of their availability, accessibility, and willingness to participate, the research design needs to incorporate these factors. As we learn more about what it is like to be a mother (for example, McBride, 1973; Mercer, 1986; Rubin, 1984), we need to blend that knowledge into our studies and our care of children so that the conclusions drawn and the prescriptions given are advantageous to the family as a whole rather than detrimental to one member.

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