Masculinism disguised as feminism

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It will, I suspect, be a cause for wonder in times to come that we have so far forgotten what is our basic biological drive—to reproduce ourselves successfully—that even those who have chosen to devote themselves to the medical care of children have lost sight of what kind of social environment is needed to facilitate optimum growth and development. Perhaps it began with the euphemistic labelling of what is in fact predominately a national disease service, the NHS, thus allowing government to put to one side its primary duty of fostering the well being of the population, not just in economic terms (substituting means for ends) but in body, mind, and psyche. The cure of disease requires a very different approach to the care of the healthy, and our profession’s main contribution to the latter is to inform those responsible to what extent and in what respects they are failing.

It was Winnicott who pointed out the obvious truth that there is “no such thing as a baby” as its viability depends on someone else. The question is, who that someone else should be—who is best fitted to undertake the difficult and exacting task of rearing children. It can be and is argued that it does not matter, that the biological mother is no better fitted for it than the biological father or indeed a stepfather or a baby minder, grandmother or nursery nurse. Because a baby will go to anyone in the first few months of life before “it” has had the chance of forming an attachment, anyone will do providing they have a modicum of training, good sense, competence, and concern (quite a tall order in itself). It is true that the capability of conceiving and bearing a child does not always confer what it takes to rear one. In our society bottle feeding seems to be as satisfactory as breast feeding; the male psyche has its female elements and vice versa; it is not fair that the whole onus of parenting should fall on the female member of a reproductive dyad (the jargon is symptomatic), and children are by and large so resilient that if they can stay alive they are likely to turn out all right. On the other hand, Winnicott again has drawn our attention to what most women who have been mothers know at the time (he also points out that they forget it afterwards): in well pregnant and nursing women there is a period of primary maternal preoccupation, beginning in late pregnancy and lasting almost until weaning, during which her entire attention is focused on her baby, a preoccupation that is biologically determined by mechanisms that no doubt sooner or later we will come to unravel and understand. This is a state bordering on what might at another time be labelled psychosis that cannot be induced in men or initiated by women who have not arrived at the appropriate stage of gestation, and it is obviously designed by natural selection for the wellbeing of the species. Nor is this the only compelling argument for biological mothers to care for babies in the first months of their lives. We all know and can rehearse the arguments in favour of breast feeding, we can all appreciate that no one other than the biological parents can have the same interest in the wellbeing of their offspring or the same opportunities to pursue it. The evidence suggests that until a baby has formed a secure and deep relationship with one person, he or she will not be ready or even able to make others: initially with their father, siblings, etc, then with school friends, colleagues at work, etc. A baby who will go to anyone at an age when paranoia is normal, may end up going with anyone as a sexual partner in adolescence, often with disastrous consequences for all concerned.

My father once defined “experience” as finding out what we can get away with; and we can usually get away with a great deal in caring for babies whose intrinsic vitality enables them to survive and indeed grow by (as Winnicott again put it) their mothers’ mended mistakes. But getting away with it surely should not be all we aim at in rearing our young, nor should it be just the lowest possible infant mortality or morbidity rate. A farmer who treated his breeding stock as we treat our human one would soon go out of business; yet our culture (if it deserves the name) seems designed to make everything easy except childcare. While middle aged men connive at their own demise by driving when they could and should walk or cycle, women with children by and large must travel on foot to shops and parks increasingly remote from their homes, waiting in the rain for cars to pass, and often getting soaked in dirty spray as they do so. It must have been more agreeable in biblical times to make the daily trip to the well, jar on head, for a gossip with friends and the children playing in safety around them.

What about women’s careers? Everyone knows of women who have made important contributions to our subject; both those without children and those whose children have gone to school or grown up. Other paragons have somehow coped more or less
successfully and happily with child rearing and working in parallel. But what we should be thinking about is the modal lifestyle and making it possible for women who choose to devote themselves (I use the term advisedly) to child rearing to do so without the opprobrium of their sisters or the sacrifice of their own aspirations. This should not necessarily involve a standard of living way below that of the rest of the population, whose pensions will be earned by other people's children when grown up.

If our society is to survive in a worthwhile way into the next millennium, what is needed is, as Auden put it, “new styles of architecture” (a new framework in which to live, catering for our basic psychological needs in an industrial age) and a change of heart (to put first things first and ends before means). Adequate alternative care for the young children of working women is much more expensive than giving them the means to care for their own children (just as “care” costs more than Eton) and is not an appropriate response to the problems of one parent families. Could it be that what is arguably fair for women is unfair to children; and yet no one these days except the most rigid Roman Catholics need have children if they do not fancy looking after them. Perhaps women will have to acknowledge there are biological differences between the sexes, however reinforced by social premises and customs, and that they cannot have their cake and eat it, however desirable that may seem. In what is usually a long life for most of us (boringly so for some) there is plenty of time for everything except what is euphemistically called “getting on”—the equivalent of the cock crowing on the dunghill while the hens get on with more important things. Surely if there is any purpose in setting up a College of Child Health, we should be giving a lead to the nation and in the right direction.

Commentary
The Bayley developmental scales enquire of 2 year olds “are you a boy or a girl?” and go on to ask whether they will grow up into a mummy or a daddy; mercifully they do not ask whether they might become a doctor or a nurse.

Professor Davis’s caution comes to us at a time of reflection for the feminist movement and, dare I say it for female paediatricians of a certain age. Spending our teenage years in the culture of the 60s we entered medical schools still exerting strict quotas on women entrants. The first generation to be offered the possibility of taking complete control of its sexual activity and fertility while surging the unfolding safety profile of the oral contraceptive pill, has become the generation that can avoid hot flushes and defer osteoporosis and wrinkles at an as yet undefined cost of increased endometrial and breast cancer—a truly experimental cohort of women. In the closing years of the century we find ourselves with one of every three couples who do marry filing for divorce, and a Prime Minister with a wife with a six-fig-
for both sexes to be able to have children and to care for them in the way that feels right for both parents.

One of the leads that a College of Child Health should give to the nation is to ensure that we have flexibility in the pattern of employment of both our trainee and our senior workforce, so that the needs of children can be addressed in parallel with career development. Perhaps we should campaign that women who do choose to take time out in excess of the statutory period of maternity leave should not be penalised by having to buy "extra years" to receive a full pension.

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