

The Hypocrisy of Compulsory Motherhood

As a nineteen-year-old woman from a largely evangelical Christian background, I am “abnormal” in that I don’t want any biological children of my own. It’s not that I dislike children — I actually think about having children *a lot*. I will admit that I lack the strong motherly instinct I observe in a fair share of the women in my life, and I definitely struggle to understand and relate to children, unlike many of my female and male peers. Moreover, I see the idea of having family, while not something I currently desire, as a beautiful thing, a belief I hold largely because of my faith. However, it’s also largely because of my faith and the reality of this world, that I currently intend on refraining from biological reproduction.

Recently, I found myself talking on the phone with my best friend about my new experience living in the South. This past March, after having been out of the country for six months, I returned to the United States to a new home in Atlanta, GA. My parents had moved there from Southern California since I had been abroad. After having lived in nearly every region of the United States but the South, I found myself in a surprisingly different environment, in a culture unlike any of the others that I could reasonably recall from my childhood. Whether it was the newfound conservative, Bible-belt culture, or just the fact that I’m a young woman finally out of high school, I found that people, mostly girls my age, kept asking me about children. I frequently received questions such as “how many kids do you want?” or “what do you want to name your kids?”. The assumption driving all these questions was that I was going to have kids. This was compulsory motherhood in action.

Personally, I’ve found the conversation around reproduction, and more specifically, around compulsory motherhood, to be presumptuous and invasive. I say that not because I don’t want children. Truthfully, I don’t feel completely comfortable bringing a child into a world that I

believe is inherently flawed when there are so many children who are already here without present and loving families. If one day I do choose to have a family, I'd much rather build one with kids that have already been subjected to a world that is inevitably difficult and tumultuous than bring any more unwitting souls into it. So, while these conversations with friends about children and motherhood are fairly typical, I feel as though the hidden premise that underlies these conversations is deeply harmful. The premise implies that anyone and everyone gets to have an opinion about my choice on motherhood. It insinuates that someone other than myself has a say on whether or not I, or any woman, should be a mother or not. I disagree with this premise. I assert that it is women who get to choose whether or not they will be mothers because it is women alone who bear the consequences and burden of motherhood. Moreover, it is women who must be heard in regard to the reality of motherhood and pressured motherhood.

Esmé Weijun Wang and Sheila Black are two powerful voices that speak out on the complexity of motherhood in their respective articles: "The Choice of Children" and "Passing My Disability on to My Children". Wang and Black are two women living with disabilities; Wang has a schizoaffective disorder, and Black has XLH, which "results in a form of dwarfism". Undoubtedly, compulsory motherhood oversimplifies what is a complex and weighty decision for women. For Esmé Weijun Wang and Sheila Black, reproduction is complicated even more by their disabilities.

In "The Choice of Children," Esmé Weijun Wang writes about her complex discomfort regarding conversations that assume that because she is a woman, she wants children. Wang's reasoning struck me. It's clear by her writing that she isn't completely void of the desire for children; in fact, she's constantly denying herself that desire, demonstrated through her refusal to hold her niece and her use of long-term contraception. She refrains from holding her niece as if

to offset the emotional burden of caring for her. In this moment, Wang is exercising a truly selfless form of self-control. She writes, “I was afraid of awakening a biological and emotional drive. I didn’t say *I don’t like children*, but that’s what I thought every time someone tried to hand me a baby” (80). While Wang rules out the idea of having children by saying she does not like them, the back and forth writing that follows suggest otherwise. Moreover, she subjected herself to the difficulty of Camp Wish, a camp for bipolar children where she volunteered alongside her husband, C. It is at Camp Wish that she experiences a slow awakening – maybe she *does* want children. There, she realizes that she isn’t half bad at nurturing. She even developed a close relationship with a camper, Stuart, during her time at Camp Wish. Wang is conflicted, as seen in the “to have or to have not” nature of her writing, and the frequent questioning from friends and family and strangers about motherhood only seems to worsen her anxiety. Wang frequently acknowledges how her turmoil is aggravated by social pressure, but specifically in regard to a conversation with C. and his mother, she explains that they weren’t “being cruel when they brought up their concern about [her] genetic and emotional fitness”. She further elaborates on how “[t]hat year was particularly bad,” and how “C. and his mother were merely thinking about further consequences that I, surprisingly, had not thought of” (89). “That year” references a year where Wang underwent a few periods of particularly severe and extreme mania due to her schizoaffective disorder and bipolar disorder.

Sheila Black continues the conversation on disabled women’s bodies and motherhood in “Passing My Disability on to My Children” where her tone is contemplative, yet content. Black grapples with the debate on genetically transferred disabilities and its intersection with the morality of childbirth, but in contrast to Wang, she speaks from the perspective of a woman who already has two children with her own disability, XLH. Black is well accustomed to

inappropriate conversations about motherhood and discusses them with great generosity. For example, one time a conservative relative told her that “God would not want [her] to have children”, and she refers to this as only “a bit of an awkward moment”.

Neither of these women are spared the often uncomfortable and paradoxically intimate and routine conversations on compulsory motherhood. Obviously, Black and Wang entered into these conversations from a completely different standpoint than my own. The crucial difference between myself and Black and Wang is that they are expected *not* to have children because of their disabilities, while I am expected *to* have children because of my lack thereof. Neither expectation, to have or to not have children, is tolerable or fair because any expectation put on women and their ability to reproduce is unfounded. Personally, I see children as a beautiful and sacred gift that most directly affects two partners and should solely be their decision. Most women rightfully assert that the choice on reproduction should be entirely be up them. In both cases, expectations from any outside party are unwarranted and intrusive. Furthermore, as I briefly mentioned in the beginning, some women, women like myself and Wang, take into great consideration the life of our theoretical children. My privilege is that I choose to consider this. Wang is forced to do so because of her disability.

Wang’s internal evaluation of the ethics behind her theoretical journey with motherhood in “The Choice of Children” reveals a tone that is shackled. She is weighed by her own emotional trauma, the premature guilt of hypothetically passing it onto her potential child, as well as the social repercussions (her mother’s thoughts, the judgement from peers). Perhaps Wang would feel free to have a child in the absence of these social repercussions; theoretically, her choice may be enormously less difficult without having to worry about what people would think. However, that is not reality. Yet, Wang concludes her piece with some hope by legitimately

considering the idea of her and C. having “a child like [Stuart],” (93) an idea that doesn’t seem as terrible to her as it did from the start. Her experience of caring for Stuart showed her that she was indeed capable of loving a child. While the reality of having a child with a mental illness like schizophrenia or bipolar would certainly be challenging, it finally seems possible to Wang. With future-oriented words such as “could”, Wang leaves us unsure, yet more confident that she is, at the very least, less disillusioned with idea of having children of her own.

As discussed, not only are women with disabilities forced to consider the repercussions of bringing life into the world (and how their disability will affect it), but they are shamed if they do choose to have children. This reflects the normative viewpoint that it is unethical to knowingly pass on a gene or disposition for a disability that would potentially jeopardize an unborn and theoretical child’s hope at a “normal” life. In response to this social ideal, both authors raise an important question: how great is a “normal” life, really?

Sheila Black proposes that since life is innately cruel and inevitably burdensome, her genetically passed on disability is not necessarily any more of a burden than any other confounding variable of life. Black acknowledges in her article that she can understand how it may be “difficult to imagine taking the risk of passing on what is considered by most to be a fairly significant disability.” While Black is gracious in her acknowledgement of the unrefined yet genuine concerns of the abled community, she firmly defends her authentic experience as a mother with XLH who did pass on her disability to her children. She finds her contentment not only in her own human experience, but in those of her children as well. A life with XLH is just as “normal” to Sheila Black and her two children as a life without XLH is to me. She finishes her paper with a confident declaration, saying “XLH, or any disability, has a lot less to do with all of

this,” aka the struggles of life, “than it might appear.” Black concludes with a sense of peace about passing her disability onto her children.

Lastly, the idea that women with disabilities shouldn't be mothers and women without disabilities should speaks loudly about society's view of women and their bodies. Compulsory motherhood is simple, but it also carries many stipulations. Women who can have children, should because, why wouldn't they? Women with disabilities shouldn't have children because, how could they? And women who cannot have children? Well, they're left feeling devalued in a society that tends to equate womanhood to motherhood. Compulsory motherhood implies that women have no function or purpose outside of their ability to reproduce. Unsurprisingly, Esmé Weijun Wang writes about similar experiences to my own where strangers assume she will have children because her disability isn't plain to see (82). Meanwhile, Sheila Black faced the social degradation of her body by relatives and teachers at an early age because her disability has always been immediately apparent. The female body is massively oversimplified, objectified, and disparaged under compulsory motherhood. Young girls are encouraged to play-act at motherhood with dolls and toy babies years before their bodies are biologically capable of reproduction. Pregnant women face new and unfamiliar forms of objectification once their pregnancies become discernible. Suddenly, their bellies are constantly being touched without permission, and every detail of their pregnancy becomes obligatory public knowledge. Even more, despite all these things, women are expected to love pregnancy; however, I know so many women whose pregnancies were demanding, complicated, and stressful. But whether the experience of motherhood or the conversations about potential motherhood are positive or not, the assumption that women should have children simply because they can drives a cultural

devaluation of women. It isolates the women who don't want kids and the women who can't have them. It is a suffocating, burdensome, and hypocritical system.

Both Black and Wang wanted or pondered the idea of children. Black already has a family, and Wang's open ending insinuates that she may have one someday. Black chose to have children despite her disability, and Wang seems progressively open to the idea of having children of her own as well. Both standpoints are valid, but not all women with disabilities adopt the same positions. My own sister, who has multiple psychological disorders, is comfortable in proclaiming that her disabilities have greatly influenced her choice to never have children of her own. Granted, my sister is like me in that she does not possess a strong motherly instinct. However, just as Wang and Black are validated in their decisions, so is my sister Hannah. Black chose to have children. Wang may choose to have children. Hannah chooses not to because she would feel "like a despicable human being for forcing someone into the world who then had to deal with those issues their entire life." It's almost funny how the same logic can be used for either argument. A cruel life, with or without disability, can be used to argue for or against raising children. And who's to say which of these three voices speaking on motherhood are right? No one other than themselves.

There was a moment this past summer in Atlanta, GA where I found myself being looked at oddly when I answered those above-mentioned questions with my typical answer: "I don't know if I want kids." Honestly, it's easier to just say I don't like kids. I've found that that answer is an easier pill to swallow rather than the idea that, even though I like kids, I still may not want them. These conversations, now more frequent in nature than ever before in my life, and unfortunately, often occurring under the umbrella of my evangelical Christian community, are so draining. The idea of motherhood is generally one that is exciting to most of my fellow Christian girlfriends,

and while I respect their positions, I find refuge in the few outliers I know such as my best friend, or my sister Hannah. Truly, my biggest problem with the Church is not that most women in it want to be mothers, but rather the all too common participation of its members in compulsory motherhood. The same community which proclaims every human being as an image-bearer of God and sacred in nature is all too often the perpetuator of a cultural devaluation of women. Women need to be valued for their humanity and not their ability to reproduce. More so, the narrative of motherhood needs to be reclaimed by women themselves. The conversation is in need of reframing by a variety of voices, voices with disabilities, voices who lack a “motherly instinct”, voices who aren’t sure if they want children or not, voices of different colors and different ages, and so on. We need to redirect the script from the confines of compulsory motherhood to an intersectional and empowered stance that allows women room to choose (or not choose) motherhood all by themselves.

Work Cited

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Black, Sheila. "Passing My Disability On to My Children." *The New York Times*, 7 Sept. 2016, <https://www.nytimes.com/2016/09/07/opinion/passing-my-disability-on-to-my-children.html>. Accessed 7 Feb. 2020.