legal theory and daily reality. She argues persuasively that pregnant women are "granted the 'choice' of normal human subjects" only if a doctor declares them incapable of "the 'responsiveness' of normal women" (155).

*Aborting Law* is both theoretical and practical. Kellough focuses her analysis of legal, medical, reproductive, and social discourses through a concurrent analysis of feminist practice in action. She follows the Ontario Coalition for Abortion Clinics (OCAC) in their struggle to ensure access to abortion services during the Morgentaler hearings in Ontario and Manitoba during the 1980's. Texts from legal proceedings are used to bring out the "masculist" assumptions underneath discourse, and Kellough demonstrates that basic assumptions on the "nature" of women contaminate all discourses, that "discourse itself is gendered" (299) and that it defines the terms in which we can speak. Furthermore, "[i]mplicit in all the Crown's arguments was the underlying fear that allowing women the normal legal right to decline to empower others would ultimately lead to a loss of all care and concern" (132).

Kellough shows that the state wants to "maintain and reinforce the structural separation of choice from access" (199), while the medical profession wants to remain as the legally designated arbiter of female reproductive "health." The complex interactions of ideological systems have created this situation by making women's reproductive labor invisible. Masculist discourse depends on this invisibility; legal theory cannot describe an autonomous subject (self-interested and active) who would choose to "care" (defined as passive). Women do not partake of the rights of normal legal subjects vis-a-vis maternity, and are compelled by definition to "perform reproductive tasks that create the conditions of fetal autonomy" (89). Ironically, doctors are the legal subjects capable of making rational decisions in the interest of women and the law, while "women are forced to consent to their own subordination" (167) to gain access to abortion services.

In the public mind, the abortion debate has become polarized into choice versus moral responsibility, but feminist activists must respond to another legally constructed barrier. The OCAC women found that actions for choice (legal autonomy) restricted possibilities for actions on access (medical services). Kellough cites passages from OCAC meetings, conferences and interviews where she analyses their political actions, making concrete and intimate their struggles on the front lines. This is an important component of the text, bringing out the difficulties as well as the successes of feminist practice.

In conclusion Kellough offers direction for feminist praxis: to "elaborate care from a position that does not essentialize" (301), and to develop new strategies that change our reproductive code assumptions. Kellough calls for women to work together with a new awareness of the issues at stake. *Aborting Law* it is a must read and would be a valuable addition to many curricula. Ironically though, the language of the text would make it inaccessible to many women it could benefit.

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These two sources present issues of current interest in studies of mothering. They may prove useful in academic settings, but are also accessible to those not involved in academic work. The book more directly relates to theoretical debates within the academic forum, assessing breastfeeding as a feminist issue.

The video provides insights into women's experiences of mothering in the 1950's and 1960's in Canada. It is useful in the current context because many of the myths that surrounded mothering during that time period persist today. The video follows one woman's search to find out about her mother's experience of motherhood, in
an effort to inform her own experience and understanding. Her search leads her to other women with a variety of experiences of mothering. Socio-culturally, they are a diverse group, yet their refrains are similar: there are many myths about motherhood that shape and constrain women's lives.

The video is both entertaining and sad as it follows the women throughout their daily lives in scenes including personal reflection, day-to-day home interactions with children and a mothering workshop. These sections are intertwined with a variety of sequences from "Canadian educational films from the 1940s and '50s, when psychoanalysis made popular the notion that Mother was the root of all neuroses" (video jacket). Indeed, much of the video is aimed at revealing the emotional turmoil that these women lived through during their child-rearing days.

For review purposes, the video was shown to a small focus group of mothers in their 30's or 40's, from a variety of backgrounds and living situations. Most of these women felt that the video addressed a view of motherhood more reflective of their own mothers' times -- when it was more widely assumed that women would be stay-at-home wives and mothers. Women in the focus group all seemed to feel that they had been more able to exercise their freedom to choose than it seemed their mothers were. Yet, it could be claimed that most of them are following a path of mothering that, in many ways, seems similar to that followed by their own mothers. All but one are choosing to stay at home with their children or to work for pay outside the home only on a part-time basis. People's lives and choices are difficult to assess and condense, and the best assessment of the video in relation to the focus group is to say that it was accessible to all and provoked thought and discussion.

The book, on the other hand, is less likely to be of interest outside of an academic forum, but is certainly accessible in its style and articulation of the central theme. Carter's assessment of feminist thought as it relates to breastfeeding is that women's breasts are of interest to academic theorists when they are exploited or pumped full of silicone, but not when they are lactating. Yet, breastfeeding, "represents one of the central dilemmas of feminism: should women attempt to minimize gender differences as the path to liberation or should they embrace and enhance gender difference through fighting to remove the constraints placed on them by patriarchy and capitalism, thus becoming more 'truly' women?" (p. 14). Carter assigns herself the task of developing ideas for feminist practice in infant feeding, which she pursues through an exploration of the use of (and women's sexuality within) private and public space.

In this book, Carter sets out to illuminate the "breast-feeding 'problem'" in a way that differs from most research she has encountered, which has been "conducted in pursuit of increased breastfeeding rates" (p. 13). Two bodies of research to which Carter refers are the medical or healthcare perspective and the "gender and development" perspective. The latter body of literature often bemoans the decrease in breastfeeding in developing parts of the world due to the increase of capitalist relations wherein infant formula manufacturers create and exploit markets of poor, needy women whose children have been dying at an appalling rate due to inappropriate use and conditions for use of infant formula. While not disputing the immorality of this situation, Carter correctly highlights the cultural bias inherent (although often subverted) within this perspective, which sees white women in developed parts of the world attempting to assist and coax their non-white sisters in developing communities back into their "natural," breastfeeding roles.

While addressing the political economy of infant feeding, Carter does not believe in constructing a debate about the value of breastfeeding versus bottle feeding. She denies that women are mere pawns in a global capitalist system wherein infant formula manufacturers are the villains. The debate cannot, on the other hand, see women's free choice as the main determining factor in the lived experience of everyday lives: "although 'choice' of breast or bottle offers women a way of managing their lives, it does not tackle the mechanisms of control and the lack of resources which limit, rather than expand, women's choices in relation to how they care for
their children, and how they use their bodies" (p. 234). Many community-level health initiatives around the world are aimed at increasing breastfeeding rates, which, according to Carter's perception, is also too narrow a focus. This level of policy often results in "blaming" mothers or prejudicially targeting particular groups of women who defy the assumption that women should be "natural" breastfeeders.

Part of Carter's book is based upon her own study which "examined women's memories of feeding in a working class neighbourhood [in England] from 1920 onwards" (p. 13). In addition, Carter recalls her own mothering experience in Tyneside and rural Zambia -- two locations where she had very different experiences of breastfeeding. She includes an historical overview of infant feeding practices, focusing on the medicalization of childbirth and feeding. Most of the information in this chapter which is not transposed from elsewhere is concerned with the British experience. It is unclear at some points in various discussions whether Carter is drawing upon her own study or those of others. While Carter's theoretical analyses are interesting, the sample included in her own study does not seem to warrant some of her attempts at generalization. She offers various quotations from women in her study, but fails to discuss her sample at any great length.

Much of Carter's section on strategies for change focuses on health care policy where workers could be trained to use methods to better facilitate "working with people on issues identified by them, and on working towards change in ways which enhance the control which relatively powerless groups of people have over their own lives" (p. 235). However, in focusing upon this group of relatively powerful people in the health care industry, Carter leaves the problem as it stands--removed from those who face the issues in practice, in the privacy of their own homes or communities. In addition, the complex social issue of breastfeeding becomes relegated, yet again, to the health care sphere -- when in fact, as she has discussed throughout the book, breastfeeding is about much more than health and feeding. She does, however, indicate that feminist theorists need to focus on breastfeeding as an area which could provide energy to the age-old "difference versus equality" debate. "Enhancing women's autonomy and control over their own lives presents a more appropriate feminist goal than does more, and longer, breast-feeding. We may however find that these are not always in contradiction with one another" (p. 240).

While Carter's theoretical discussions are creative and interesting, her practical conclusions leave a lot to be desired. It is important to contextualize this, however, in the complexity of the issue and the reluctance of the reviewer to believe that academic theorizing is in any way recognizably related to the everyday lived experience of most mothers in terms of practical solutions for change.

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The World of the Ploughwoman: Folklore and Reality in Matriarchal Northwest Spain

Marisa Rey-Henningsen's monograph is a revision of her 1990 dissertation. The primary research dates back, however, to field trips that took place in the 1960's and in 1977. She also relies extensively on secondary sources and cites as data her experiences growing up in Madrid, listening to the folktales recounted by the women servants whom her Galician parents hired from their home region. Having conducted research in Galicia, I was eager to read this feminist analysis of the connections between rural women's social power and various examples of folktales, proverbs, and songs. This initial enthusiasm was tempered, however, by a characterization in the book's subtitle of the Galician region of Spain as matriarchal.

Given the fact that women in some parts of