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# **Mothering Under Duress *Women Caught in a Web of Discourses***

In early 2001, a 12-month-old Edmonton baby clad only in a diaper and t-shirt wandered outside on a freezing winter night where the temperature was -23 degrees. She was found frozen to the bone two hours later and was rushed to hospital. She not only survived, but made a rapid recovery, much to the amazement of medical and lay observers. The baby, Erika Nordby, became a legend.

The response to the case of Erika was dramatic. The entire country focused on her rescue and recovery. Almost immediately, however, a parallel story began to unfold: this one was about Erika's mother, Leyla, and specifically, about her mothering. The case was profiled in *Saturday Night* (Moher, 2001) in an article suggesting the real "miracle" was about to occur: for Erika to survive her social circumstances and grow up healthy. Leyla's mothering was suspect because she was single, Aboriginal and temporarily homeless. A mixture of events and factors emerged to fill out a picture of a mother who was, in general terms, less than perfect. However, the assumptions about her and her child were clearly different than those that would be attributed to a white, middle-class mother in a similar situation who was not suffering from the effects of poverty, child abuse or addiction.

The case of Leyla Nordby and her daughter Erika epitomizes the discourse about women who are mothering under duress. Little attention is paid to strengthening the position of women as mothers, yet enormous attention is paid to deficits and doubts, especially from the child's point of view.

This paper examines contemporary discourses on mothering in Canada as articulated through key policy documents, media portrayals and women's experiences. The origin of this analysis was growing concern about the reduction of importance of mothers—women—in policy discussions and

decision-making about mothers. A focus on mothers, especially in crisis situations, is often erased or subsumed by an intense public focus on the rights and safety of children.

We focus this discussion on three situations of mothering that often manifest as crises in the public domain: women who are using substances while pregnant or as mothers; women who are mothers and experience intimate partner violence in the family setting; and women with mental health issues who are also pregnant or mothers. In all three of these diverse situations, mothers are under duress, that is, they are mothering under pressure and are at risk of child apprehension, a risk that has both legitimate and coercive dimensions. In focussing on mothering in crisis situations, we are able to explore prevailing attitudes and values embedded in the discourses of mothering.

Mothers are routinely subjected to high expectations and idealistic standards of behaviour and nurturance in relation to their children. Indeed, the limits and “disciplinary machinations” (Campbell, 1999: 921) that the state places on pregnant women and mothers are a particularly pointed manifestation of this pressure.

Child apprehension practices and custody decisions are often the manifestations of policy, media and public discourses on mothering and serve as a lightning rod for debate and conflict. In some circumstances the woman’s “fitness to mother” becomes the question, and prevailing webs of discourses come to bear on mothers’ abilities to adequately care for their children, especially when they are under duress.

### **Theoretical approach**

We approach this analysis with a view that discourse can be usefully understood as including both text-based expressions of values and procedures and actual practices as expressed through talk (van Dijk, 1993). Public policy discourses are shaped by critical events, the fiscal context, the political cycle, media commentary, legal activity, prior discourse and the larger context of available cultural narratives. For this particular study, we operationalized this view of discourse by analyzing newspaper articles, government policy documents and what women themselves who mother under duress or persons providing services to such women say about mothering under duress.

According to Nancy Campbell (1999: 918) “public policy configures social worlds.” In recent years, child-centred public policy discourse has emerged as a dominant frame within health and social policy, obfuscating the place of women and mothers. A strong foetus-centred discourse has also emerged in the forms of legal decisions and medical interventions that automatically affects women and their control over their bodies. We suggest three interconnected concepts—rights, risk and evidence—can be used to analyse these trends as these concepts are directly or indirectly used in developing and perpetuating discourses on mothering and on mothering under duress.

Mothering under duress appears to pit the rights of mothers against the rights of children, and sometimes fathers. Often, there is a pressure to separate these rights in making decisions, rendering judgements or reporting on cases. This individualization and compartmentalization of rights is particularly inadequate for understanding the mother-child relationship, or for assessing the relationship as an entity in itself.

In assessing risk, specific approaches to information collection are taken to underpin and form policy and protocol decisions concerning mothers, children and fetuses. While originally understood as involving both gains and losses, our contemporary understanding of risk is confined to negative costs (Lupton, 1995). The discourse of risk has led us to believe that unfortunate events are both predictable and avoidable.

Evidence is a key ingredient in the development of policy discourses. Evidence is what 'stands in for' or reflects reality and 'truth'. However, the nature of reality, what "counts" as evidence, validity, and the nature of truth are all contested ideas (see for example, Lather, 1994). Central to challenges regarding the nature of evidence in the production of knowledge have been the voices of 'others'. Analysts and advocates have sought to shift understanding of objectivity and subjectivity, calling into question whose "truth" counts, and how power shapes what is known and what can be known. In particular, they have argued for the inclusion of the voices of those whose lives are omitted or overlooked in dominant accounts—while recognizing that "experience" is not incontestable (Scott, 1991).

Given the close relationship between various categories of representation such as class, race and gender, and the privileging of particular interpretations, and their salience in dominant understandings of substance use, violence against women and mental illness, we were also concerned with how these categories of representation operated in policy discourses.

## **Methodology**

We examined the discourse in the context of three situations of mothering under duress in detail, from the three foci of risk, rights and evidence, using three main sets of data.<sup>1</sup> First, we reviewed key policy documents at the federal and provincial policies operating in British Columbia as well as the legislative framework underpinning policy with respect to each issue and how that legislation is interpreted in policies, procedures and practice. We also attended to other sources of policy discourse such as landmark legal cases or inquiries, medical research, and published literature.<sup>2</sup>

Second, we analyzed one year's Canadian newspaper coverage of the three situations of mothering under duress of interest. Specifically, we reviewed 60 articles that appeared from May 1, 1999 to April 31, 2000 in *The Globe and Mail*, *The National Post* and *The Vancouver Sun*, as well as the general newspaper coverage of mothers, mothering and related issues, which numbered over five hundred.

To understand women's experiences of policy discourse, we interviewed a sample of women and key informants. Some of these informants were situated on the "front lines" where policy is enacted. Others were the people directly affected by the policies, including women who had experienced mothering under duress in any of the categories as well as others closely connected to them or to the issues. In total, we directly accessed the experiences and opinions of 52 individuals. In addition, in the case of violence, we conducted over 60 hours of court observation.

On the basis of all of these materials, we found that there were features common to the portrayal of women and mothers across the issues of woman abuse, substance use and mental illness. However, we also identified unique features in the portrayal of woman as mothers depending on whether her circumstances involved substance use, mental illness or abuse.

## **Findings**

### *Newspaper Portrayal*

The newspaper portrayal of mothers under duress was dramatic. Sensational cases of child abuse or neglect made headlines whereas everyday stories of mothering were either invisible, relegated to the "women's" sections of the newspapers or challenged in letters to the editor as not being "news." Pregnant women or mothers with substance use issues, mental illness or in abusive relationships were the subject of news stories but these tales typically portrayed children as being at risk and mothers were predominantly portrayed as the risk. Being "at risk" meant being in danger of some sort of harm. Being "the risk" meant being likely to inflict harm or responsible for harm being inflicted. Children were variously seen to be in danger of emotional and/or physical harm.

Aspects of these portraits of mothering under duress are exemplified in an article about a mother with a mental illness whose child was apprehended shortly after birth on the basis that the mother was a risk to her child. A particularly sensational account of this event entitled, "Elizabeth Ando's Nightmare," offered a description of the events surrounding this woman and her child in fairy tale form, depicting the mental illness—obsessive-compulsive disorder (OCD)—as a "curse" rather than a medical condition and comparing her behaviour to that of the "broom that went berserk in Walt Disney's story about the magician's apprentice" (Hume, 1999: B5). In this case, a woman's excessive cleaning was deemed to put her child at risk. Ironically, the woman's symptoms had worsened during her pregnancy because she had complied with medical advice to protect her unborn child by stopping her medications.

The three cases differed in the degree to which mothers were held responsible for their own and their children's situation. Whereas women who were substance users were portrayed as wilful and abusive (particularly with respect to their foetus or children rather than of themselves), women with

mental illnesses were regarded as not being in control. Women in abusive relationships were portrayed as having done things to have brought their situation upon themselves. Thus, for example, we saw in the case previously described that the mother with OCD is not held wholly responsible for her behaviour because she is seen to be at the mercy of her unpredictable mental illness. In contrast, in a story describing a man who murdered a child, the headline is not about the perpetrator but about the mother who failed to protect her child: “One day, she told herself, ‘I will leave. Then he won’t hurt me or Jordie anymore.’ Thirty-six hours later, Jordan was dead” (MacKinnon, 1999: R1).

Depending upon the circumstances, we also saw distinctions in the degree to which the social, medical or legal systems were portrayed as responsible for the situation being reported. For women suffering from mental illnesses, there was some sense that the system was failing to provide for the women adequately and was therefore at least somewhat responsible when things went tragically wrong, such as when a woman’s unrecognized or untreated mental illness was associated with her harming her children. The system was less likely to be blamed in instances of either woman abuse—for failing to protect the woman—or substance use. Children in all three cases were consistently portrayed as “worthy” victims, whereas women were variously portrayed as “worthy” and “unworthy” depending upon the degree to which they were deemed responsible for their circumstances. For example, women who were substance users, were blatantly disapproved of and consistently portrayed as a harm to their children, reckless and irresponsible, as in the following item from *The Vancouver Sun*:

She lived in a trailer on the edge of Kemptville, a single mother and a lousy housekeeper. On the afternoon of December 4, 1998, while she waited for her three children to return from school, Angie Laceve, then 27, got recklessly drunk on vodka martinis (Egan, 1999: A6).

In our analysis of the role of “risk,” we examined whether and how fear operated in relation to risk. With respect to mental illness, the articles suggested that mothers with mental illness are to be feared for their unpredictability and the potential risk they pose to others. Implicit in many articles and explicit in some (e.g., “Woman terrified neighbours, inquest told,” 1999: A7) was the idea that women with a mental illness are dangerous not only to their children but to society in general. Ironically, with respect to situations of woman abuse—where violence is a real risk—fear was not a feature. The risk of further violence to the point of homicide, legitimate fears that a woman should have in such situations, were not discussed.

This analysis illustrates that while everyday mothering is seldom within the gaze of the newspaper media, monster mothering makes news. The media participate in developing and sustaining understandings of women and moth-

ering in relation to woman abuse, substance use and mental illness that emphasize the individual responsibility of women, and overlook the ways social policies shape and constrain mothering. As monster mothers make news, so the news media participates in the creation of monster mothers as an image for use in wider social practices.

### **Policy**

The themes of competing rights, how “risk” is constructed and the role of expert knowledge or evidence were found across policies affecting mothers in the three contexts. A child-centered public policy discourse and discourse that constructs children’s interests as competing with the interests of mothers was a dominant theme in the policy documents examined.

Underlying the policy documents were particular ideas about families, women, children, and the value of each, supported by language reflecting particular understandings of gender, race and class. The central theme throughout was the need to prevent harm to children through assessment of risk, using an evidence-based approach. A more implicit theme was that of rights, in the case of child custody and access, between mothers and fathers, and in the case of child protection, between the mother and child. Notably, in the case of child protection policy, a child’s entitlement “to be protected from abuse, neglect, and harm or threat of harm” (*British Columbia Child, Family and Community Services Act*, 1996: 11) is achieved through limiting the rights of the mother, not through enhancing the mother’s health, safety and capacity to parent. A rights discourse is also embedded in mental health law and pervades discussions about the degree to which people with mental illness should have the right to make decisions about their lives and their course of treatment. Finally, “fathers rights” have overshadowed and deflected concern for the plight of women who experience violence as debates regarding child custody and access have pitted fathers’ rights against mothers, and aligned fathers rights with the best interests of children.

Central to the rights discourse is the near incontrovertible notion of “the best interests of the child.” However, this idea is seldom defined and often treats children as independent of their relationships with others. For example, the best interests of the child is fundamental to the *Divorce Act*, yet is not defined except to specify that “the court shall take into consideration only the best interests of the child of the marriage as determined by reference to the condition, means, needs and other circumstances of the child.” In the *BC Family Relations Act*, the “best interests of the child are paramount,” but the idea is not defined at all. The lack of definition leaves the interpretation of the best interests of the child open to the gender, race and class biases, with, as will be shown, profound consequences for women’s experiences. The centrality of the child, decontextualized from his or her relationships serves to pit the “rights” of the child against the “rights” of others.

The child’s interests must come first, and are treated as though they can be

determined in isolation from the interests of their mothers. No mention is made of women's rights to their children or more specifically their rights with respect to treatment and support when they experience violence, mental health or substance use problems, or other problems that bring them under the heightened surveillance of the state with respect to their children.

The use of language that obscures differences related to gender, race and class was apparent in each of the policies examined. For example, *The British Columbia Child, Family and Community Services Act* (1996) and the *Child Protection Risk Assessment Model* (British Columbia Ministry for Children and Families, 1996) favour gender-neutral terms like "parents" and "parenting" which belie the fact that it is primarily women who are assessed under these policies and women who are seen as responsible for the care and well-being of children.

### **Women's experiences**

We considered the impact of policy discourses as reflected in the way that women spoke about themselves and other mothers like them, as well as in how individuals who work with these mothers acted and spoke about policy and mothers. We also explored how the enactment of policy affected women who were struggling to mother under difficult circumstances through the actions of the medical, social services and legal systems. We found that each of the three cases of mothering under duress we investigated is embedded in a web of discourses that are largely but not fully shared by the women themselves.

In our three examples, women argued that their circumstances and the particularities of their lives were given inadequate attention in decision making by authorities. Each issue involved women in one way or another becoming a "case" in a system that introduced a particular framework of decision-making with varying levels of autonomy and control. In becoming a case, the mothers were subjected to a unifying, bureaucratic gaze that left out the specific aspects of a woman's situation from consideration in decision making, particularly with respect to the application of standardized assessment tools and procedures and the processes of child apprehension.

In becoming a "case," the women engaged not only with their personal problems of substance use, mental illness or abuse, but also found themselves forced to learn how to manage and engage with a depersonalized "system" of support and surveillance. Often, the system itself exacerbates rather than relieves a woman's duress, becoming another problem with which she had to contend rather than a means of support for being able to safely and effectively mother.

The women argued for consideration of a variety of factors than those currently employed or accepted as the basis for decisions. For example, some of the women with substance use problems argued that a woman's progress toward recovery was not taken into account when decisions were made about child apprehension. Similarly, mothers with mental illnesses reported that few

steps were taken to prepare them or their immediate social circle to be able to manage at times when their illness was acute, even if this was a predictable occurrence. In contrast, however, for women experiencing intimate partner abuse, the legal system itself, with its arcane processes, rules of evidence and procedures, was critical to women's experience of loss of control over their—and their children's—lives.

### **The web of discourses**

This study of three different cases of mothering under duress has surfaced many issues regarding the nature and interrelationships of media, policy, legal and public discourses. Questions remain about how these discourses have developed and how they may change in the future, but we can comment on how these discourses may be interacting and influencing decision-making in contemporary Canada.

Whether based upon the accounts of the women or observations by officials, it became clear that there are numerous instances in which the “system” fails women as mothers. By pitting the interests of the child against the interests of mothers rather than seeing them as interdependent, decisions are often made that limit women's capacity to mother and children's opportunity to be mothered.

As we saw in the media analysis and the discussion of policy instruments, mothers are constructed as a “risk” to their children in instances of mental illness and substance use and as not protecting their children from risk in instances of woman abuse. In all three instances, there is a stigma attached to the woman's failure to conform to the standards of good mothering that requires her to sacrifice herself for her child while maintaining sufficient autonomy and self-reliance to provide for her child. The core issues that unite the women's experiences of mothering under duress are child apprehension and child custody and access, issues that arise directly out of the discourses of “the best interests of the child” and the social construction of these particular mothers as unfit mothers. We heard reports of, and witnessed in court proceedings, policies and practices that purported to be in the best interests of the child while weakening opportunities to support the mother-child relationship.

The media, legal and public discourses are clearly interrelated. Cases that receive a high profile in the media are particularly likely to become critical points upon which public discourse shifts. At the same time, this process affects the political responses to both mothers under duress and their children, which then can effect change in legislation or policy. Subsequently, workers entrusted with the enactment of policy and protocol are affected by shifts in the political atmosphere that determine emphasis, interpretation and accountability.

At the same time, judges and other arbiters exist in this social world, exposed to media, politics and public opinion. Their decisions are added to the process of discourse development through case law, Supreme Court judgments or inquiries. Decisions emerging from the system at any one point are a



reflection of the mix of influences and critical incidents affecting the process.

But where are mothers and women in this web? The women we talked to in this study clearly support dominant values surrounding protecting and enhancing children's welfare. In so doing, they often identified themselves as the key responsible parties for the health and welfare of their children. They endorsed the view that, on occasion, children are in need of outside intervention to ensure their health and welfare and that intervention is entirely legitimate.

However, women, and particularly mothers under duress felt ignored, excluded and overpowered by the discourses and the decisions and practices that sometimes result from them. But, driven by a strong, persistent and equally overpowering desire to maintain and build the mother-child relationship, they often consciously chose to acquiesce to these more powerful players in the system.

While sometimes angry, the women responded in predictable ways, by conforming, behaving and assuming appropriate role behaviour—as patient, case, subject, plaintiff or defendant. They did not feel that they had agency in these discourses, or any way to affect the decision-making that resulted from them that concerned them or their children. This was particularly disconcerting as the women were unable to perceive themselves as separate from their child or children, whereas the system usually made this distinction. The only substantive exception to this was with respect to pregnant women under duress, where both the discourse and the systems insisted on treating the woman and the foetus as a unit.

The role of evidence in directing the behaviour of pregnant women or mothers is growing. Health promotion advice recommends that the woman be “smoke free” and “alcohol free” and adopt a healthy lifestyle before conception. As Laury Oaks (2001: 21) maintains, these “new rules of pregnancy” have reduced women to passive trustees of the foetus, not active makers of children. This distinction is significant, in that trustees are merely vehicles or stewards, working on behalf of society. This growing interest, research and intervention in the conduct of pregnant women is a significant example of the blend of evidence, a notion of calculable risk and limitation and denigration of women's rights.

Having said this, pregnant women themselves express a keen desire to do the right thing for their children, and want to create the healthiest conditions for their growth. They too see pregnancy or the birth of a child as a significant life event where positive decisions can be made about someone else's welfare and an opportunity exists for redirecting their goals and will. Indeed, substance-using women in our study remarked that their children were the best motivation for change, and the women who were experiencing violence expressed that often their key motivator was their child's safety.

## **Conclusion**

Our three cases illustrate extremes of the experience of mothers in our

society, all marked by intense scrutiny, a high degree of attention and state intervention. While we cannot generalize our findings to mothering in general, there are some notable indicators of trends with respect to mothering in contemporary Canadian society that provide a context for our conclusions.

Attitudes toward mothering have changed over time. In Canada, mothers did not have the right to petition for sole custody or even visit their children in the custody of their fathers until 1858 (Crean, 1988). In 1917, British Columbia was the first province to legislate that mothers had an equal right to custody as fathers (Crean, 1988). By 1920 case law began to promote a different approach favouring mothers. This evolved into the “maternal presumption” that has been severely challenged in the last decade in Canada. But these legal trends in custody merely reflect the prevailing social views of mothering throughout this time period. Maternal presumption, for example reflected the view that mothers were biologically suited to raising children, and that the ties between mothers and their children were sacred. While women’s roles have become more diversified in the last few decades, so have the views surrounding the importance of mothering, especially in relation to fathering.

At the same time, our collective notions of rights, risk and evidence have undergone considerable transformation. Our benchmarks or standards in each of these domains have shifted, explaining some of the contemporary responses to mothering under duress. In addition, political views shift with respect to issues of women’s rights and autonomy, and in the context of growing legal equality for women certain interests are threatened. We have invoked the importance of more and better scientific evidence, while not often critiquing the origins and the production of that evidence. We have embraced risk as advanced through epidemiology and actuarial science, but fail to explain the uncertainty of risk on an individual case basis, where there is not a one to one relationship between a behaviour and certain damaging results (Oaks, 2001).

Interventions in many diverse forms pepper a landscape where mothers are increasingly questioned, monitored, controlled or diminished. For example, mandatory treatment orders (for drug abusers), forced contraception (for child abusers), apprehensions of the foetus (for child protection), incarceration for the purposes of treatment (for child protection) and mandatory or standard medical treatments for foetal benefit (i.e, ultrasounds and C-sections) are medical-legal challenges to mothers’ and women’s autonomy. Custody disputes (challenging maternal presumption) and child apprehension practices (at birth and later) are all examples of legal and quasi-legal interventions that also indicate increased interest in traditional women’s domains. Within this context, contemporary mothers, “mothering under duress” find themselves caught in a particularly intricate web of discourses.

<sup>1</sup>Details of the methods and data sources can be found in the full-length report of this study, *A Motherhood Issue: Discourses of Mothering Under Duress* (Greaves

et al., 2002) supported by and available from Status of Women Canada at <http://www.swc-cfc.gc.ca>

<sup>2</sup>We examined key provincial and federal legislative and other policy documents to illuminate policy as it affects mothers. In each province and territory in Canada a mix of federal and provincial legislation and policy impacts on pregnant women and mothers with substance use, mental health and violence related problems. To make possible an in-depth analysis of the themes inherent in such legislation and policy, we limited our focus to provincial legislation in place in British Columbia: *The Divorce Act*, its adjunct, the *Federal Child Support Guidelines*, and its provincial counterpart, *Family Relations Act* (1996 #399); *The Child, Family and Community Services Act*, and its related practice documents, *The Risk Assessment Model for Child Protection in British Columbia* (1996 #347), and the *Protocol Framework and Working Guidelines Between Child Protection and Addiction Services* (1999 #348); the *Review of the Circumstances Surrounding the Death of Mavis Flanders* (1997 #349); *The Mental Health Act*, *Revitalizing and Rebalancing British Columbia's Mental Health System: The 1998 Mental Health Plan* (1998 #393), and its related tools *Foundations for Reform: The Mental Health Policy Framework and Key Planning Tools* (2000 #394), and the *British Columbia Mental Health Reform Best Practices* (2000 #395) guidelines.

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