

severe cutbacks in the medical system. She notes that mother and daughter used a convenient, local outpatient clinic and eventually returned to a more normal life. Nancarrow Clarke describes national and international cancer charities and she documents the meaning of her daughter's life with cancer.

*Finding Strength* meshes current research and literature reviews. Nancarrow Clarke cites current statistics on cancer and hospital bed accessibility. She includes an appendix of resources on childhood cancer that includes books, web sites, leisure activities, sponsorships, and advocacy resources available in North America and other continents.

Daughter Lauren weaves her own story alongside that of her mother. In footnotes, Lauren renders her experience as a teenager living with cancer. She describes the teen cancer magazine that she initiated and writes a personal reflection that forms an epilogue to the book. That Lauren survived is testament to her faith and the nurturing she received from family and friends.

This book asks hard questions about medical treatment: it highlights issues such as patient care; access to information; health care alternatives; medial and hospital bureaucracy. *Finding Strength* will be accessible to lay readers and students of sociology, psychology, and medicine. A must-read for families, it will impart hope.

## **Motherloss**

Lynn Davidman  
Berkeley: University of California Press, 2000

### **Reviewed by Gill Rye**

Personal experience led to the writing of *Motherloss*. The early death of Lynn Davidman's mother resonates throughout her analysis of interviews with 60 men and women who, between the ages of 10 and 15, experienced the premature loss of their mothers. As one would expect, this study attests to the trauma of motherloss. It examines "biographical disruption" (Davidman's term) in children and young people, which occurs when a family is suddenly and irrevocably altered by the death of a mother, and it confirms the ongoing impact into adulthood of the early loss of a mother.

Davidman's interviewees range from 20 to 70 years of age and are drawn from a variety of social and ethnic backgrounds, although the majority are classified as North American white middle class. Her study identifies commonalities and differences in the experience of early motherloss. One common result is that early motherloss creates "lasting barriers to intimacy" (108). Many of Davidman's respondents, for example, are unable to trust other people. Most poignant is Davidman's observation that siblings cannot offer

one another comfort and support: "Too caught up in their own pain" (98), they survive individually rather than together.

Davidman explains that individuals' experiences of motherloss are "shaped by our social conceptions of women's roles in the family and society" (inside cover). Her sociological approach (she pays special attention to gender, social class, ethnic and cultural backgrounds) attends to the historical and social contexts that influence the experience of loss. The ideal of the "always there," irreplaceable mother is shared by Davidman's respondents. If the classic nuclear family is disrupted by the premature death of the mother, it must also be held accountable for much of the pain experienced by bereft children.

A strength of Davidman's book, however, is its foregrounding of the silences—and silencing—that surround motherloss: the traumatized silence of denial; the silence that is supposed in many cases to protect children from their mother's illness and death but which, in the long run, adds to their pain; the silence that results from the pathologizing of grief as a period of mourning that includes first "letting go" and later "moving on"; the silence that comes from the lack of a "readily available script" (212), indeed any vocabulary, with which to articulate the experience of motherloss; and, more generally, the silence that today makes the subject of death taboo. Davidman's book helps break through that taboo, not only through its testimonies of motherloss but through its challenging of such silences.

## **A Good Birth, A Safe Birth: Choosing and Having the Childbirth Experience You Want**

Diane Korte and Roberta M. Scaer  
Boston: Harvard Common Press, 1992

### **Reviewed by Deborah Davidson**

In this age of highly medicalized and technologized pregnancy and birth, the authors of *A Good Birth, A Safe Birth* start with the premise that pregnant and birthing women, given sufficient information, will make their own good, safe choices. In fact, Korte and Scaer acknowledge what women have been doing since time immemorial and they offer readers an abundance of information necessary to make informed choices, to advocate for themselves within the complex and biomedical amphitheater of contemporary obstetrics.

The authors describe two opposing trends in contemporary childbirth: an increase in out-of-hospital birthing centres and hospitals that provide home-like settings for birthing, coupled with a focus on high-technology, and a trend