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Social Childbirth and Communities of Women in Early America

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DePauw University
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Introduction

Social childbirth continued into the nineteenth century to be the primary occasion on which women expressed their love and care for one another and their mutual experience of life.¹

Since the phrase first appeared in Richard W. Wertz and Dorothy C. Wertz's, *Lying-In: A History of Childbirth in America*, social childbirth has become common vernacular in scholarly writings and the birthing world.² Social childbirth created a space for communities of women to thrive. The communities served a very functional purpose, but more importantly, gave women an outlet in which to experience the trials and benefits of engaging with a community. Traditions of social childbirth continue today, but have evolved to fit the new needs of new generations. Thus, this analysis of social childbirth is rooted in the context of early America, when social childbirth did not have a name because it was so widely practiced. Though some patterns may align with present day structures of childbirth, unless explicitly stated, the conclusions made in this study are only applied to women who lived during the seventeenth and eighteenth centuries, and whose stories of birth and community are preserved through their writings. Social birth was an everyday life experience. The narrative created through these women's stories connects women across regions and time periods, isolating the imperative function of community each of their lives.

Contextualized in early America, social childbirth was a holistic model of birth that encompassed pregnancy, labor, and the postpartum period. Throughout these three stages of birth, many actors provided both emotional and physical support for the mother and child. Communities of women—including friends, kin, and neighbors—gathered to celebrate and attend to one another. These women were often referred to as social healers. Social healers stemmed from a broader community of women who were also usually the core participants in

social childbirth traditions. Although not necessarily trained in the art of birth, social healers used their own experiences as the basis for their involvement. In this way, social childbirth was founded in the shared experience of birth and motherhood.

This network of helpers often included a midwife. In many communities, midwives were heavily involved in social childbirth, though not always. In each circumstance and community, social childbirth materialized differently. Presently, the terms “social childbirth” and “midwife-attended birth” are often used as interchangeable expressions. While the two paradigms are related, they are not interchangeable. The tendency to equate the two is reflective of our current model of social childbirth that is often midwife-centered. Although midwives acted as the primary birth attendant for many communities in early America, the role of a midwife was not nearly as important in the narrative of social childbirth compared to other social healers. Social healers *were* the communities of women and vice versa; the networks of women were comprised of social healers.

The literal translation of the word midwife means “with woman”.³ When present, the midwife was usually the primary birth attendant. In this role, midwives were absolutely a key component of social childbirth. However, women had equally social experiences in birth without the presence of a midwife. The midwife was also a helper, someone who kept women company through the trials of childbirth—the same role that many social healers took on. For this reason, when births were not attended by midwives, the social healers filled the same role that a midwife once occupied. Social healers usually accompanied the primary attendant, such as a midwife, and were common in birthing practices up until the early twentieth century, when physicians and the medical model emerged as the primary mode of childbirth. However, as birth continued to move towards the medical sphere, these isolated pockets of midwives became more and more sparse.⁴

Cities and other developed areas moved towards physician-attended birth much faster than women in rural areas.⁵

The medical model of childbirth represents a gradual shift from birth in the home, attended only by women, to physician-attended birth in the home and, eventually, to physician-attended hospital births. In each phase of medicalization, birth crept further away from its social origins as a natural life event. The emphasis on medicine and new technology caused a slight decrease in the rates of infant mortality, but progress in the medical field extended beyond treating birth complications to implementing unnecessary interventions. Many of these interventions are now commonplace in births across the United States.⁶ Throughout this process, women became less reliant on female birth communities. An experience that previously provided women an outlet for support and community was gradually removed from their lives, given instead to the male-dominated field of physicians. Physician-attended births still allowed for female support networks and social childbirth, but not in the capacity that was once possible. In light of these changes, networks of women evolved to meet the similarly evolving needs of the female community. Social healers continued to provide support; the support just appeared in different ways and in different contexts. For example, when female friends and family were no longer involved in the actual labor, their support was concentrated both before and after the birth. Whether attended in the home or in the hospital, women's role in birth dramatically diminished with the onset of the medical model.

However, the medical model did not destroy all remnants of social childbirth. To this day, birth can be a social event that fosters community and supports expectant mothers. Unfortunately, many women—both past and present—do not have access to a positive, social environment in which to give birth.⁷ The benefits attributed to social childbirth often

overshadowed women whose stories did not match the idealized paradigm of a social birth. Lacking access to a community of women, social healers, and even to knowledgeable birth attendants, these outliers were rarely discussed. Physician-attended births were readily accessible in cities, specifically among the white, upper classes that had the means to afford expensive medical care.⁸ Without community or a trusted attended, childbirth became a much more trying experience for both mother and child. Although the outliers are not the primary focus of my analysis, their stories, too, should be heard. By attempting to understand each, valuable experience, women without such networks of support may no longer be the outliers. Instead, their stories might form a common narrative, allowing a crucial perspective to be heard.

Nonetheless, the benefits of social childbirth are undeniable. Social support during labor and in the weeks prior to and after the birth provided a vital service to women. Social childbirth even encompassed the realm of infant mortality and child death. In these instances, community support satisfied the holistic model of healing and integrated social healing into both life and death. The presence of friends and kin significantly softened the anguish of death. As support and social healing continued past the typical period of social childbirth, these communities of women became indistinguishable from a larger network of female helpers and friends not necessarily associated with childbirth. Thus, communities of women overlapped and merged with one another.

Within the literature and writings surrounding birth as a social event, not enough attention is paid to the ways in which social childbirth connects to larger networks of women. This connection is particularly applicable to the discourse because of the changing climate of social childbirth that has continued to evolve since the eighteenth-century. The communities previously dedicated to providing birth support continuously adapted to the changing climate

through female friendship and outside support. Inherent in these communities of women were the friendships and deep connections forged between women, often as a result of shared experience in birth and motherhood. In her article, "The Female World of Love and Ritual: Relations between Women in Nineteenth-Century America," Carroll Smith-Rosenberg exemplifies the importance of female friendship in the lives of women living in early America.

The female friendship must not be seen in isolation; it must be analyzed as one aspect of women's overall relations with one another. The ties between mothers and daughters, sisters, female cousins and friends, at all stages of the female life cycle constitute the most suggestive framework for the historian to begin an analysis of intimacy and affection between women.⁹

As Smith-Rosenberg articulates, female friendship cannot be evaluated in isolation, just as social childbirth cannot be discussed in isolation. Female friendships and community functioned at the very core of social childbirth tradition. Social childbirth was the norm for most women in early America, so its existence and practices are usually assumed, rather than critically analyzed; it is not only social childbirth that fostered a community of women, but also the community of women that allowed for such social practices in the first place. Shared experience was crucial in forging such communities. Thus, social birth emerged from *and* shaped community. Any analysis of social childbirth must also account for how women forged community outside the birthing room.

The communities of women involved in social childbirth can be understood through the analysis of individual women's experiences. The intricacies of life and birth emerge at the individual level and tell a much fuller story of social childbirth. Such complexities manifest in the diary of Mrs. Mary Vial Holyoke of Salem, Massachusetts. Mary Holyoke documented her own life from 1760 until 1800, providing a perfect case study from which to analyze the

traditions of social childbirth and the role of all-female community throughout a woman's life.¹⁰ While my analysis focuses on the life of Mrs. Mary Vial Holyoke, I use other primary sources to compliment Mary's diary. These sources diverge by genre, but share selection criteria crucial to analysis. Apart from being written during the same time period, the author of every diary, novel, article, and collection of poems was a woman. Using private diaries encourages analysis to transition from the perspective of an onlooker to a personal experience of the emotional realities present in each work.¹¹

Through the use of personal diaries, poetry, literary works, and historical accounts of midwifery and childbirth, I will explore the relationship between social childbirth and communities of women in the United States during the eighteenth and nineteenth centuries. More specifically, this study analyzes the ways in which female friendship and social childbirth traditions played out in the lives of women. Despite the shift toward patriarchal medicine and medicalized birth, social childbirth remained firmly planted within the world of women. Social childbirth played a central role in the women's sphere and female identity during the mid 1700s and early 1800s. Themes inherent in analysis include the experiences of childbirth and child death, motherhood and womanhood, familial ties and expectations, the rhetoric of birth in each source, female friendship, in addition to various social childbirth rituals at the time. Other sections include fictional, contrasting stories that expose experiences void of social childbirth, which add complexity to the already multifaceted narratives of birth and compliment Mary Holyoke's own story. Social childbirth did not begin and end with the birth of a child. It was deeply imbedded within the lives and communities of women.

Sources

Spanning approximately a century, from the mid 1700s through the mid 1800s, the stories of specific women and characters provide compelling evidence for the role and importance of the changing communities of women. All of the women and characters employed in this study lived in New England, with only one exception. Elizabeth Drinker lived in Philadelphia and wrote a diary with a timespan that almost perfectly mirrors Mary Holyoke's diary. Both women wrote succinct entries as a way to document their lives. Although somewhat distanced in time and place, class and privilege, a thread connects these women through shared experience. Their stories are not isolated, but deeply connected to the larger themes of female friendship and childbirth. For these reasons, Elizabeth Drinker's experiences add a valuable component to analysis.

In addition to Mary Vial Holyoke and Elizabeth Drinker, the dynamic cast includes a midwife—Martha Ballard— characters in literature—Charlotte Temple and Eliza Wharton—and other women with personally composed records of their lives, such as Celia Thaxter.¹² Each story was written with a purpose, which shifted dramatically with the type of work and the author behind each work. In considering these texts, we must also consider the motive behind them in order to interpret their meaning and value most accurately. While these women are neither representative of all women, nor entirely unique, their lives and experiences shed light on the inner-workings of female birth communities, or lack thereof, in early America. A wholly female perspective is crucial to effectively examine the intricate relationship between social childbirth and female friendship.

The sole, primary sources used in analysis were written by women, which allow for a more thorough understanding of the social importance of childbirth and communities of women.

Social childbirth consisted of practices and traditions by women for women. Therefore, women must also be the authors of their own experiences, as well as the experiences of fictional creations. Even diaries written by men from the same era hold intrinsic biases based purely on gender. No man can truly embody women's experiences, even one with the best of intentions. This type of false commentary silences the words of women, and should not be used to even supplement analysis unless the work specifically addresses the male perspective. For these reasons, the sources used in this study come directly from women.

In her book, *A Midwife's Tale*, Laurel Thatcher Ulrich encompassed both primary and secondary interpretation and analysis of Martha Ballard's diary. The diary and subsequent analysis provide an in-depth look at the day-to-day practices, struggles, and triumphs of a midwife during the late eighteenth and early nineteenth centuries in New England.¹³ Martha was a prominent part of the community and worked, for the most part, independent of physicians and doctors.¹⁴ Women in the community relied on her for care and support. In a diary detailing her midwifery practice, Martha Ballard recorded many female helpers who aided her in caring for clients. These women acted as social healers.¹⁵ Martha Ballard's experiences as a trained birth attendant and a crucial support tool for her community demonstrate an outside perspective and alternate view of female friendship.

The main character in Hannah Webster Foster's novel, *The Coquette*, provides an outside perspective of female communities by not aligning with the image of the typical woman and mother. Though fictional, Eliza Wharton's character was loosely based off of a real woman named Elizabeth Whitman.¹⁶ Seduced and abandoned by her lover, Eliza Wharton gave birth to a stillborn child then passed away. *The Coquette*, published in 1797, elaborates on the story of a fallen woman, whose coquetry ultimately led to her fall. Foster told Eliza's story in an epistolary

novel through a series of letters, written to and from friends and suitors, as well as correspondences written by outside parties describing events involving Eliza. *The Coquette* demonstrates the strengths of female friendship in 18th century New England, and in many senses, demonstrates the antithesis of social childbirth, thus emphasizing its importance.

The novel *Charlotte Temple* also features a protagonist cast in the role of a fallen woman. Even more so than Eliza Wharton, Charlotte Temple encountered a tragic fall from grace. Charlotte's tale proves the importance of female friendship and connection. Without a community of women and solidarity amongst them, Temple found herself utterly alone. Eliza Wharton and Charlotte Temple both gave in to the temptations of love and independence; however, Charlotte was portrayed as much more of a victim than her coquette counterpart, Eliza. Their similar, yet diverging, stories add a literary perspective and cautionary tale of women who strayed from the expected path of proper womanhood. Diaries and novels speak to the role of female communities independent of social childbirth, as well as to the role of these communities during the actual act of birth.

As previously mentioned, Elizabeth Drinker and her family belonged to the elite social class of Philadelphia. Her diary detailed daily life activities and events for forty-nine years, from 1758-1807. Beginning at the age of twenty-three, Elizabeth recounted birth, death, illness, political happenings, weather, gossip, and more; however, the majority of her entries were void of emotion. Drinker's diary served as a record book more so than a journal. Both she and Mary Holyoke used their diaries as a tool for recording life events, functioning very differently than the modern day conception of diaries and journals. Although similar, compared to Mary Holyoke, many of Elizabeth Drinker's entries were quite long. Although not a literary character,

nor a midwife, Drinker was a woman who recorded her life and experiences just like Mary Holyoke. This characteristic in itself merits her mention, as well as the mention of Celia Thaxter.

Celia Thaxter was born off the coast of Maine, married her father's business partner at the age of sixteen, and then lived through a suffocating, unhappy marriage. Writing and painting were Thaxter's outlets from life, and she eventually emerged as one of the most prominent female authors of her time. In many ways, Celia Thaxter's poetry and art functioned as her diary, a way in which to express herself because her life provided her no other outlet. In a collection of poems written throughout her life, Thaxter mentioned the midwife who attended the births of her two younger brothers. Her poems equate pregnancy, birth, and fertility with a bountiful harvest and provide an onlooker's perspective of birth. Thaxter's descriptions of birth and other life events do not mask emotions or graphic details. Celia Thaxter told a straightforward story of birth, rather than simply commenting on a child born to his mother.¹⁷ The names of these women will become increasingly familiar as their stories tie into the emerging themes from Mary Vial Holyoke's life, as well as the larger narrative of social childbirth and communities of women. Their outside perspectives allow for a much more complete analysis, while still focusing on the life and experiences of Mrs. Mary Vial Holyoke.

Mrs. Mary Vial Holyoke

Mary Vial was born in 1737 to Nathaniel and Mary Simpson Vial of Boston. In 1759, Mary Vial married Dr. Edward Augustus Holyoke of Salem, which was his second marriage.¹⁸ As the wife of a well-known physician, Mary Holyoke was undoubtedly afforded many privileges including a comfortable, upper-class lifestyle. Although her words were sparse, the diary of Mrs. Mary Holyoke weaves a story of privilege accompanied by the trials and

tribulations of living in Salem, Massachusetts during the heart of the American Revolution.

Salem was a bustling port city and trade center during the mid 1700s, and Mary frequently wrote about her husband's involvement in trade and, later, the war efforts. The war never overshadowed her primary narrative, but is subtly interlaced within her own story, whether or not she did so knowingly.

The Diary of Mrs. Mary Vial Holyoke is remarkable for many reasons, including her consistent entries that span over forty years. Mary Holyoke wrote a total of 2,488 entries between 1760-1800. Of the 2,488 entries, 268 directly relate to birth, traditions of social childbirth, postpartum visits, and infant mortality. Approximately one-ninth of Mary Holyoke's total diary entries relate to childbirth. This remarkable proportion speaks to the importance of childbirth and community in Mary Holyoke's life and social world. However, even one-ninth of the diary seems insignificant considering that Mary Holyoke's childbearing and childrearing years spanned just over one-third of her life. The remaining entries in Mary's diary consist of routine events such as the on-goings in the community or various social calls. In her diary, Mary described very brief accounts of her days, including: visits with friends, club meetings, deaths and births, dinners, illness, and wartime living. Below is an example of a typical, two-week period in the life of Mrs. Mary Vial Holyoke. The excerpt illustrates other types of entries in Mary's diary, outside of those pertaining to social childbirth.

November 14th, 1761: "Wrote to Aunt Simpson."

November 15th, 1761: "At meeting in the forenoon."

November 17th, 1761: "Mr. Quincy & wife here. Scowered chamber."

November 18th, 1761: "Mrs. Bernard, Miss Sally & Mrs Blaney here."

November 19th, 1761: "At Mrs. Crowningshields. Miss Debby Hewes married. Priscilla Lamburt married. Milk at Deacon ward's."

November 20th, 1761: "Mr Bernard, Mr. Higginson, Dr Putnam here."

November 24th, 1761: "Began upon firkin of butter, weighed 89 lbs."

November 27th, 1761: “Mrs. Oliver Brought to bed. Began to take milk at Colonel
[Ichabod] Plaisted’s.”

November 29th, 1761: “At meeting. Sarah took a vomit.”

November 30th, 1761: “Drank tea at Mrs Cotnam’s.”¹⁹

In these two weeks, Mary received multiple visitors, went to meetings, recorded some business, and documented other events although she did not seem to be personally involved. Mary Vial Holyoke’s diary continued in this fashion, stating the one or two important happenings of the day. The focus of her entries occasionally shifted when a particularly momentous event in the community occurred. For example, when there was a small pox outbreak in Salem, the weeks surrounding the outbreak included many entries about the status of the illness and the health of community members. However, Mary’s daily notes filled most pages in her diary in between the entries relating to small pox and other such events.

Mary maintained a busy social calendar individually, but she and Dr. Holyoke also frequently attended meetings and social events together. Although described in few words, Mary’s social visits with female friends and family extended beyond an occasional afternoon tea. Many of the women Mary Holyoke noted at social visits and meetings formed the strong female community that supported her throughout all twelve of her births and eight infant deaths. In return, Mary Holyoke provided these women the same social support and friendship they offered her by visiting them before their births and during the postpartum period of their pregnancies. Interestingly, Mary Holyoke never stated that she was physically present at a birth other than her own children’s. This trend may in part be due to Mary’s matter-of-fact style of journaling, or, may correlate to the growing population of women who sought male physicians to attend them in labor. Living in a developed city with the means to pay for medical care, Mary Vial Holyoke and her friends may have been somewhat ahead of the trend to have physician-attended births.

However, if the medical model indeed fits as an explanation, it provides further proof that women's role as social healers before and after birth adapted to the changing climate of social childbirth and maternal care.

Birth was a tremendous part of Mrs. Mary Holyoke's life. In 1760, the year her diary begins, Mary Holyoke gave birth to her first child.²⁰ Twenty-two years later, in 1782, Mary gave birth to her twelfth and final child.²¹ Mary Vial gave birth to twelve children, all but three who died within her lifetime. The longest period of time Mrs. Holyoke went in between births during those twenty-two years, including pregnancies, was about two years. Most of the time periods between her pregnancies were much shorter, lasting approximately six-months. Although back-to-back pregnancies were fairly common during the late 1700s, the lengths of time between Mary's births were exceptionally low. This shortened time span was most likely due to the high rate of infant mortality among her children. With the early deaths of her children, breastfeeding did not act as a natural birth control as it usually would, allowing Mary Holyoke to conceive more quickly. Contextualizing Mary Holyoke's life in terms of birth is not meant to lose sight of the person behind her twenty-two years of childbearing. However, these quantitative data do provide statistical support for the importance of maternity in Mary Vial Holyoke's life.

The Children of Mrs. Mary Vial Holyoke: *Birth and Death*

Mrs. Mary Vial Holyoke's childbearing years spanned from age twenty-two until her mid-forties, throughout which she formally, and briefly, noted each child's birth and death. Of the nine children who passed away at a young age, seven died within their first year of life. These infant deaths may have been a result of the high rates of infant mortality during the 1700s; however, due to the concise nature of her diary, Mary Holyoke rarely describes her children's

ailments.²² In 1766, she described her fourth child as experiencing “a sort of fit, lay very bad for 8 or 9 hours”.²³ Similarly, in 1767, she described her fifth child as “taken with fits”.²⁴ Her seventh child also fell ill with the fits: “The Baby taken with fits the same as ye others”.²⁵ Unlike her other children that experienced fits, her seventh child received an autopsy upon his death. After living for only four days, Mary wrote on May 21st, 1770: "It Died at 11 oclock A.M. Was opened. The Disorder was found to Be in the Bowels".²⁶ Access to such a procedure was probably related to her husband’s status as a prominent, and beloved, physician in Salem, Massachusetts.

Despite Dr. Holyoke’s prominence in the community, the newness of medicine in the late eighteenth century is extremely evident in Mary’s accounts of rampant illness and death. Mary often described small pox treatment and other illnesses, as hospitals were already a common practice for treating illness. However, the births she recorded in her diary still seemed to take place at home. Her entries suggest that Dr. Holyoke attended many of these women in their homes. Dr. Edward Augustus Holyoke also wrote a diary, but he wrote it long before his marriage to Mary Vial and, therefore, it cannot be cross-referenced with her own accounts of birth to confirm or deny these assumptions.

Whatever the circumstance, Mary Holyoke and her community of women profoundly experienced and mourned the death of each child, just as they celebrated each birth. It was in these instances when the traditions of social childbirth came full circle. By attending to one another after the time period for normal birth events had ended, women expressed a profound commitment to their community. This community support is duly noted, yet none of the sources refer to infant deaths or miscarriages with much emotion, generally describing their loss in the same way as a regular birth. Mary Holyoke and Elizabeth Drinker’s diaries state the facts and the

outcomes of birth, rather than their personal experiences and emotions.²⁷ Nonetheless, infant death, just as much as birth, was a social childbirth practice frequent in their lives. Social healers often came to “watch” an ill child as he or she passed, helping to relieve them of discomfort and simultaneously supporting the mother.

The death of her first son, Edward Augustus, came unexpectedly. According to Mary, “I was out all day at meeting. The Child taken with another turn, lay till 5* in the morning and then Died”.²⁸ Although Edward Augustus showed signs of illness before his death, Mary Vial never wrote about anyone watching the child. Interestingly, women were not only absent from the death, but this was also the only occasion in which Mary did not host any visitors after the birth or the death. The absence of visitors was an anomaly for Mary Holyoke because of the strength of her birth community and the close relationships she held with women in that community. Death was a shared experience, one that further bonded women together, strengthening the ties of their community.

Social birth acted just as any other social interaction would—there was always a reciprocal exchange that took place.²⁹ No matter if the group of social healers was comprised of close friends, neighbors, or other community members, involvement in such a community mandated participation by all, with the guarantee that they would receive help in return. Tradition mandated the reciprocal relationship inherent in these communities, and created a space where Mary and her kin spent time with one another, expressing their concern and love in a setting that allowed such affection.

At age twenty-two, Mary Vial Holyoke gave birth to her first child named Mary, whom she called Polly. Edward Augustus and Mary Holyoke brought their first child into the world only a year after they married. Characteristic of her entries, Mary described the birth in only four

words. “My Daughter Mary born.”³⁰ The description of the event began and ended with her entry on September 14th, 1760. Mary Holyoke recorded no other diary entries for the remainder of 1760. Although long gaps of time are not uncommon in her diary, it is logical to assume that Mary Vial was consumed with the care of her child and with recovering from her first pregnancy in the months following Polly’s birth. A woman’s first birth is usually the most difficult, but can also be the most transformative.³¹ According to Carroll Smith-Rosenberg, “Childbirth, especially the birth of the first child, became virtually a *rite de passage*, with a lengthy seclusion of the woman before and after delivery, severe restrictions on her activities, and finally a dramatic reemergence”.³² Though Mary did not seem to endure seclusion prior to her first birth, she did not write a single entry during the three months after the birth of Mary “Polly”. Polly Holyoke was the first mention of childbirth in Mary’s diary. Her birth began a long tradition of recording births and social childbirth events in Mary’s community.

Polly became Mary’s first child born and, subsequently, her first child to pass away. Polly died after falling sick with the “quinsy” at three and a half years old.³³ Just as Polly’s birth was surely visited by many women, multiple women helped to care for Polly in the days leading up to her death. The tradition of “watching” others when illness struck followed many of the same tenants as social childbirth.³⁴ Watching was a reciprocal action, which helped solidify networks of female kin and neighbors in the community. During the days prior to Polly’s death, Mary documented four different women who came to support both mother and child. Mary wrote:

January 10th, 1764: “Nabby Cloutman watch’d with her.”
January 11th, 1764: “Very ill. Molly Molton watched.”
January 12th, 1764: “Zilla Symonds watched.”
January 13th, 1764: “My Dear Polly Died. Sister Prissy came.”³⁵

Nabby Cloutman, Molly Molton, Zilla Symonds, and Sister Prissy all shared in the responsibility of watching Polly through her illness. Mary Vial used very few emotive words in her entries, describing events with neutral, concise language. Even the words “My Dear Polly” represent an emotional connection far above any previous entries. Although brief, Mary Holyoke expressed her despair at losing her first daughter. However, the mourning period did not seem to last long. The day after Polly died, Mary wrote “Buried”, using only one word to describe the finality of her child’s death. It’s unclear whether or not Mary’s mourning extended past the burial, but just three days afterwards, Mary continued her usual accounts of daily life and events. Perhaps through these entries, Mary regained a sense of normalcy and routine as a form of coping with the loss.

Social childbirth practices also included women who watched a child before his or her death, whether the child died at four days or four years old. Social healing and social childbirth were approaches that encompassed the entire life cycle. Mother and child needed support when a life entered the world, as well as when that life faded away. Mary Vial Holyoke experienced more than her fair share of death. The deaths of her nine children were felt by her community of friends and social healers, many of the same women who she supported during their births. The presence of these women at the deaths of Mary’s children completed the healing circle, giving credence to the holistic model of social childbirth. Mary specifically mentioned the presence of female friends and family at all but two of the deaths of her children. The two children who passed away did not have a group of watching women, at least none that Mary recorded in her diary.

The second of twelve children, Margaret “Peggy” Holyoke was the first of three children who survived their mother, Mary Holyoke. Peggy’s good health undoubtedly contributed to

Mary Vial's strength in the coming years, as her next five children all died within their first year of life. Mary's third child also Christened Mary "Polly" Holyoke, died in a very similar fashion to her first child. Mary depicted the days leading up to Polly's death with illness and social healers.

October 28th, 1765: "Polly & Peggy very poorly."

October 29th, 1765: "Polly very ill. Eunice watched."

October 30th, 1765: "Polly worse. Nancy Cabot watched."

October 31st, 1765: "Polly died 10 Clock morning."³⁶

Similar to the death of her first child, Polly, different women watched everyday while the second-born Polly lay on her deathbed. Throughout her entire diary, Mary Holyoke mentioned 124 different women who participated in various social childbirth rituals including those who gave birth, watched a child before its death, or came to sitting up visits.

On the same day that Mary Vial Holyoke buried her third child, Edward Augustus, Mary wrote "My Dear Child Buried. Mr. Brown went to the new port."³⁷ Once again, Mary used language that *suggests* emotion. "My Dear Child" was the closest that Mary ever came to exposing feelings in her entries. This is not to say that Mary was at all unfeeling in her tragic life experiences, she just did not use her diary as an outlet for her emotions. For Mary, journaling was not a form of self-expression, but a means to document life events. By using this understanding, her rare glimpses of emotion can be perceived as undeniably special rather than cold and distant. Mrs. Mary Holyoke reserved these glimpses only for her children, in both life and death. Understanding the purpose behind her entries also helps to explain why Mary would record such an unimportant event on the same day as her son's burial. "Mr. Brown went to the new port".³⁸ This entry was completely unrelated to Edward Augustus' death and does not seem to be of any importance. Yet, Mary felt that it deserved to be mentioned.

Upon the birth of Mary's fifth child, the third child named Mary "Polly", Mary Vial used no emotive words to describe her loss. In this instance, Mary could not rest after giving birth, as the death of the third Mary "Polly" came after only three days. This loss was the most sudden death that Mary had personally experienced thus far. Tragically, Mary later experienced an equally short turn from life to death after giving birth to her seventh child, Edward, then losing him after only four days. While Mary did not document her own mourning, she was careful to note the other births in the community in the weeks following the death of her child. Mary documented six births in three months during this time. Yet, even with so many other women having children, two of Mary's friends visited her while she recovered. Mary Vial followed many patterns from birth to birth, including her mourning periods. Despite losing her child, social healing after a birth and an infant death were still an honored tradition in her network of women.

Mary's sixth child, Anna, barely lived longer than her previous child. Anna died less than one month after being born. This extra time did allow Mary some time to rest and also allowed the typical social childbirth practices to take place. For example, three days after giving birth, Mary Vial received numerous postpartum visitors. On September 14th, 1768, Mary wrote "Mrs. Pynchon here & Mrs. Pickman & Mrs. Jones. Mr. Mascarene & wife & Mr. Willard Drank tea here."³⁹ On one day, six different people visited Mary during her lying-in period. Mary mentioned two men who also visited, which was uncharacteristic of a typical social childbirth ritual. Once again, Mary's friends and community of women continued to visit her even after Anna passed away.

A clear progression is evident in the way Mary Vial documented the deaths of her children. Mary Holyoke recorded the loss of her first daughter, Mary "Polly" Holyoke, with

sentimental words. When the second Mary “Polly” Holyoke passed away, she used no such words. Although Mary Vial Holyoke did not clearly express a period of mourning after the deaths of her children, she continued to report and to engage in the social childbirth process for other women. I argue that this, too, was part of a therapeutic cycle for Mary Vial. The community and support found during and after childbirth would have helped to ease the pain of losing a child. However, following the second Polly’s death, a period of approximately two months passed without an entry. The gap in her diary directly correlates with a period of mourning, especially considering the frequency of entries in the previous years. Beginning over a year before the second Polly’s death, Mary Vial did not skip more than a week or two in between diary entries. Other possible explanations for this gap would seem coincidental considering the pattern established in Mary’s diary during 1765. Patterns emerged not only in the frequency and omission of Mary’s entries, but also in the names given to each child born to her and her husband.

Naming Patterns

Mrs. Mary Vial Holyoke did not document unimportant events or happenings. The sentence or few words she chose to write about held weight in her world, whether it was in relation to social childbirth or simply about a dinner with her husband. Including entries about social childbirth traditions and regular social occasions, Mary’s friends and community of women were instrumental in her life. Mary Holyoke frequently noted the naming ritual associated when mentioning women giving birth in the community. Mary Holyoke often documented the full process of birth, especially when the pregnant women were her close

friends. Mrs. Eppes and Mrs. Higginson appeared numerous times in Mary's diary, and were commonly mentioned in relation to social childbirth practices.

Mary would also document a christening or a baptizing ritual along with the name of the child. On June 13th, 1762, Mary wrote "Mr. Eppes Child Christened Love Rawlins." On August 8th, 1762, Mary recorded that "Mrs. Higginson's son Baptized Andrew."⁴⁰ Mary only wrote these more detailed, intimate entries about her closest friends, including Mrs. Pickman, a woman in her innermost circle. According to Mary, on May 16th, 1773 "Mrs. Pickmans' Child named Thomas".⁴¹ In each of these examples, Mary also documented the actual birth in the prior entry. Mary's careful documentation of her friends' lives and births illustrates her sincere investment in the relationships and community at large. Her entries capture the holistic model of social childbirth as well as the importance of naming a child. Every entry was significant, and Mary's entries that relayed naming rituals suggest that names were somehow important in her life and in her birth community.

Though each child death that Mary Holyoke experienced was equally devastating, some may have been especially meaningful when considering the importance of family tradition. By using the genealogy compiled by the editor of Mrs. Mary Vial Holyoke's diary, George Francis Dow, patterns in naming become abundantly clear. These patterns shed light on Mary Vial's name choices for her children. Almost every marriage listed in the genealogy followed the tradition of passing on the names of the parents to their first-born children, which I will call the "Parental Naming Pattern". Daniel Scott Smith discussed this same pattern in his article on child-naming practices in Hingham, Massachusetts from 1641-1880, referring to the trend simply as "first children named for parent or grandparent".⁴² Just as in Mary Holyoke's diary, the Parental Naming Pattern was the most common naming pattern in Hingham during the late 1700s.

Hingham and Salem were in a very similar region of Massachusetts, which most likely contributed to the similarities in naming practices. However, as Smith later argued, these patterns were fairly prevalent across New England in general during the eighteenth and nineteenth centuries.⁴³

Every first-born child listed in the Holyoke genealogy received the name of the parent of its gender, except one. In 1731, Jacob and Susanna Holyoke named their first-born son Jacob, after his father. In 1735, the couple named their first-born daughter Sarah, after the child's grandmother, instead of Susanna, after her mother.⁴⁴ This was the only instance in which a relative did not follow the Parental Naming Pattern. Although Jacob and Susanna still chose to pass on a family name, the choice to name their child after Susanna's mother was somewhat unusual. Smith discussed the practice of naming a first-born child after their grandparent, but also concludes that it was much less common than the Parental Naming Pattern. In **Figure I**, each couple present in the diary's genealogy followed the Parental Naming Pattern, except for Jacob and Susanna, or couples who did not have both a male and a female child.⁴⁵

Figure I: Genealogy and Naming Patterns

Name	Relation to Edward Augustus Holyoke	Parental Naming Pattern⁴⁶	Rebirth Naming Pattern
Elizur & Mary (1679-1697) ⁴⁷	Grandparents	1. Elizur 3. Mary ⁴⁸	2. Edward (d) 8. Edward
			6. Hannah (d) 7. Hannah
			9. Samuel (d) 10. Samuel
Edward & Elizabeth (1718-1719)	Father and 1 st wife	1. Elizabeth 2. Elizabeth	1. Elizabeth (d) 2. Elizabeth
Edward & Margaret (1726-1739)	Parents	1. Margaret 2. Edward Augustus	
Edward & Mary (1742)	Father and 3 rd wife	1. Mary	
Samuel & Elizabeth (1725-1739)	Uncle and aunt	1. Elizabeth ⁴⁹ 2. Samuel	5. John (d) 9. John
Jacob & Susanna (1731-1744)	Uncle and aunt	1. Jacob ⁵⁰	4. Mary (d) 5. Mary
Edward Augustus & Judith (1756)	Edward Augustus and 1 st wife	1. Judith	
Edward Augustus & Mary (1760-1782)	Edward Augustus and Mary Vial Holyoke	1. Mary 3. Mary 4. Edward Augustus ⁵¹ 5. Mary 7. Edward 12. Edward Augustus	1. Mary (d) 3. Mary (d) 5. Mary (d)
			4. Edward Augustus (d) 7. Edward (d) 12. Edward Augustus (d)

Names played an important role in the traditions of birth and family. A name symbolized not only a new life and a new existence, but also connected that new life to an intricate family history. Mary Vial and Edward Augustus persisted in the tradition of the Parental Naming Pattern, even in the face of numerous infant mortalities and child deaths. The couple's determination to pass their names on to their children emphasizes familial connections and bonds created long before birth.

Another striking pattern in the Holyoke genealogy was the tendency to "reuse" the names of children who passed away. I refer to this naming pattern as the "Rebirth Naming Pattern". In the same work, Daniel Scott Smith also references this naming pattern either as "Replacement Naming" or "Naming of a child for a deceased sibling". The word "rebirth" is not meant to imply that parents viewed their new child as a reincarnation of their deceased child, but because the name given to a child did not remain with that child after it died. The name somehow transcended tragedy and, in a sense, was reborn in another child. Perhaps even more so than a desire to pass on a family name, the practice of reusing the name of a deceased child may reflect cultural and temporal attitudes toward death at the time.⁵² According to Smith, "As death became romanticized in the late eighteenth and nineteenth centuries, the deadness of deceased children did not seem so complete".⁵³ Once again, it was not necessarily the spirit of the deceased child that transcended death, only the name. Just as the Parental Naming Pattern persisted throughout the generations of the Holyoke family, so did the Rebirth Naming Pattern.

Figure II: Naming of a Child for a Deceased Sibling⁵⁴

Marriage cohort of parents	Deceased Sibling Named for Parent AGE AT DEATH		Deceased Sibling Not Named for Parent AGE AT DEATH		Totals
	Under one year	Between 1 and 5	Under one year	Between 1 and 5	
Before 1701	70% (10) ⁵⁵	71% (14)	43% (35)	42% (12)	52.1% (71)
1701-1740	76 (21)	89 (19)	73 (37)	82 (34)	79.3 (111)
1741-1800	96 (27)	95 (21)	67 (67)	81 (88)	79.8 (203)

In the Holyoke genealogy, a child’s name was reborn in their sibling only if the first child passed away at a very young age. Some died immediately after birth, others lived to age three or four. However, the names of children who died later in their childhood were never rebirthed for a sibling. This pattern suggests that a life so new did not fully retain or embody their name and, thus, another child could later embody that same name. Regardless of age, Smith found that the time period between 1741-1800 in Hingham, MA had the highest rate of the Rebirth Naming Pattern.⁵⁶ The high percentages of Rebirth Naming in Hingham correspond to a similar pattern found in the Holyoke Family. However, by using only the members of the Holyoke family listed in the introduction of the Holyoke Diary compilation, the sample size is extremely small and, therefore, not statistically significant. However, Smith’s research does confirm that the Holyoke family patterns did not occur in isolation, but actually correspond to larger patterns present in surrounding areas of Massachusetts during the same era. Additionally, Smith found that Hingham families named children after their parents regardless of wealth.⁵⁷ Considering the significant overlap in findings between Hingham, MA and Mary Vial Holyoke’s family, it is

logical to conclude that the Holyoke's naming patterns were not an anomaly due to their social class. This conclusion also suggests that other patterns in the life of Mary Holyoke could be comparable across lines of wealth and social class.

Similar to families in Hingham, MA, Dr. Edward Augustus and Mrs. Mary Holyoke combined both the Parental Naming Pattern and the Rebirth Naming Pattern as a result of their frequent losses. According to Daniel Scott Smith, "Recognizing their high risk of death for children, Hingham parents might have attempted to guarantee that they would have a same-name successor by giving their own names to more than one son or daughter".⁵⁸ In 1850, the infant mortality rate was approximately twenty-three percent.⁵⁹ Edward and Mary Holyoke experienced a forty-three percent rate of infant mortality, almost twice the national average. However, due to a time differential of over fifty years, we can assume that the infant mortality rate from 1760-1782 was probably higher than twenty-three percent and, thus, closer to the rate that Mary Vial and Edward Augustus experienced. Though in comparison to other members of the Holyoke family around the same time period, Mary and Edward lost far more children than other comparable families.

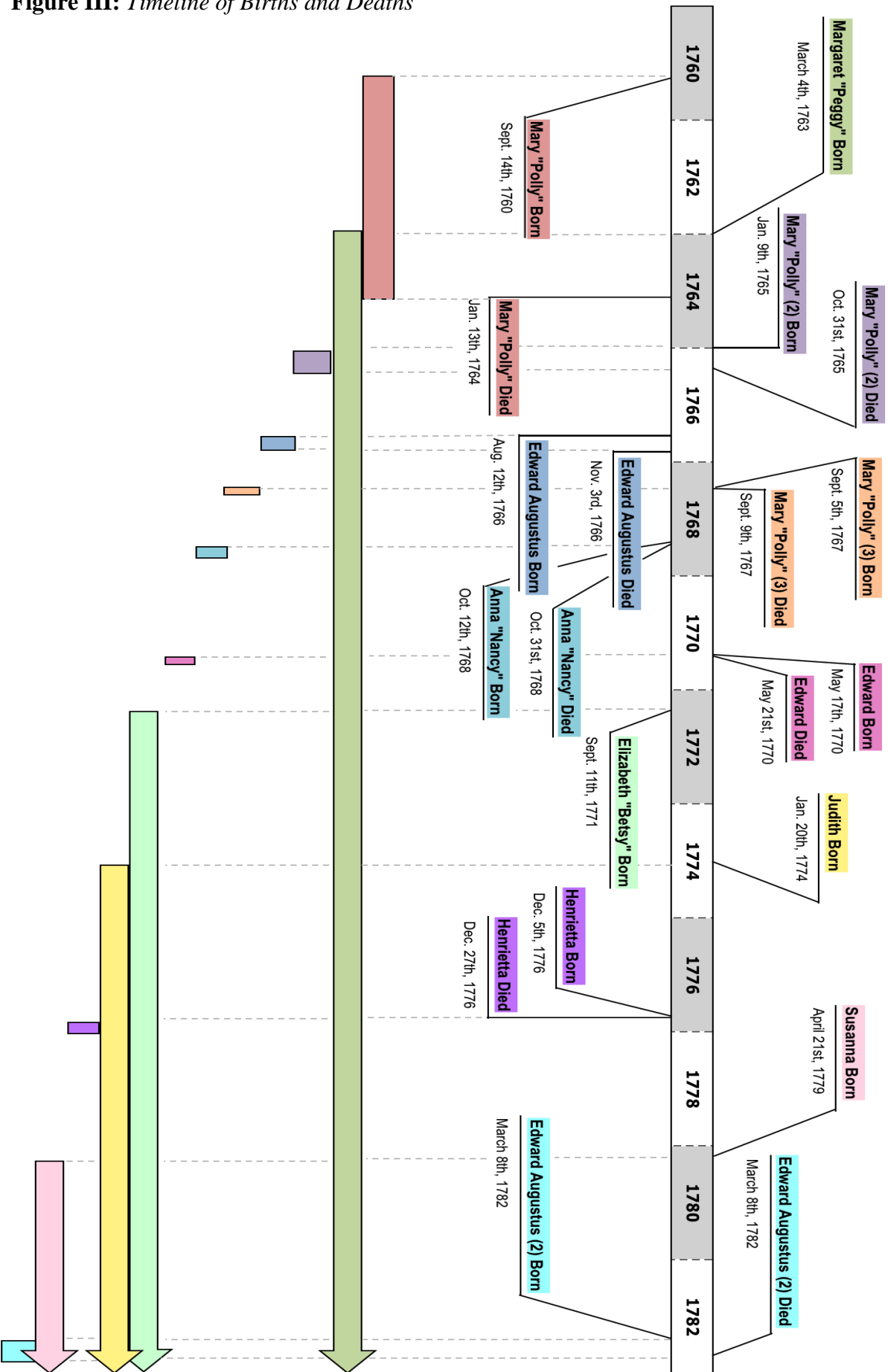
Dr. and Mary Holyoke followed the Parental Naming Pattern by naming their first-born daughter and first-born son after themselves. The couple named their first child and first-born daughter, Mary "Polly" Holyoke.⁶⁰ The first Mary "Polly" was still alive when Mary Vial gave birth to their second child, Margaret "Peggy". The following year, Mary "Polly" passed away, but Mary Vial rebirthed her name to their third child, Mary "Polly". The second Mary "Polly" died later that year. The couple named their fourth child, and first-born male, Edward Augustus, after his father. This child also faced an untimely death, just months after his birth. Rebirthing Mary's name one last time, the Holyoke's fifth child also received the name Mary "Polly". The

third Mary “Polly” died only four days later. Edward Augustus and Mary rebirthed Edward’s name a second time with their sixth child, who also passed away only four days after his birth.

Upon the death of the third child named for Mary and the death of the second Edward, the couple moved on from both the Parental Naming Pattern and the Rebirth Naming Pattern and gave their other children names not haunted by the deaths of the previous children. The next four children were all daughters, and all managed to survive their childhoods. Edward and Mary gave birth to their twelfth and final child, a son, named Edward Augustus. This was the couple’s last attempt at both the Rebirth and the Parental Naming Patterns. He, too, died soon after. Despite the desire to pass on their names, neither Edward Augustus nor Mary Vial bore a child that would carry their name passed childhood (See **Figure III: *Timeline of Births and Deaths***, pg. 29.)

Children of Edward Augustus and Mary Vial Holyoke

Timeline of Births and Deaths



The “Sitting Up” Week

Also called the “lying-in” period, the “sitting-up week” week represented a time when postpartum women could rest, be with their child, and visit with friends and family. Attending a woman’s sitting up week completed the reciprocal exchange of social childbirth, whether or not they attended the actual birth. Social childbirth in the postpartum phase filled a very important role during the time when women needed the most support as they regained their strength and ensured the health of their child. As childbirth transitioned towards a physician-attended model and eventually, towards hospital births, the presence of women at the actual birth became increasingly less common.

The sitting-up week allowed for the same social practices to take place, only in a post-birth context. The women who visited Mary Holyoke were central characters in her daily life, whether or not their interactions related to childbirth. When Mary dealt with an infant death, she was still afforded a sitting-up week wherein her friends and family would stop in to provide the much needed emotional and physical support. The sitting-up week was a time to celebrate, to heal, and to reaffirm friendships with other women; it served both a social and a practical purpose. On one hand, the week allowed women to pass on knowledge of childbirth and motherhood, and to provide comfort. However, the week was also another social occasion for women to gather.

Due to the frequency with which women gave birth, this rest and reprieve given by friends and neighbors was a necessity for women during their lying-in period. Women usually gave birth between the ages of twenty-two and forty, meaning that their last child could still be at home when the mother was sixty.⁶¹ Late-term pregnancies, labor, and the postpartum period were extremely taxing on a woman, especially when considering any pregnancy or birth

complications. Attempting to continue household chores without help would have been dangerous and nearly impossible. Social childbirth allowed mothers to lie-in for up to three or four weeks, while others tended to her household.⁶² In these instances, social childbirth fulfilled functional needs for women in early America. Mary Holyoke and Elizabeth Drinker were very fortunate in this regard.

Mary Holyoke continued to receive visitors for weeks after she gave birth to her second daughter, Peggy. Peggy was born on March 4th, 1763. Mary Vial received visitors for her sitting-up week until March 31st. Her visiting period only ended when another birth in the community redirected the attention of Mary's friends and relatives. The women who visited Mary came to her sitting-up week on different days, sharing the responsibilities of social childbirth. Mary recorded seventeen visitors during the three weeks after Peggy's birth, many of whom came on the same day.⁶³ Mary Holyoke seemed to have the closest relationships with the women that visited after her births, based on the number of times she mentioned their names in her diary. After each birth, and often after each death, Mary's friends gathered during her sitting-up week, evening bringing "club" to her house in order to support and include her.⁶⁴

Mary Vial Holyoke experienced many of the traditions common in social childbirth, but she did not often mention if women were present at the actual birth. At the height of social childbirth, it was common for neighbors, friends, family, and a midwife or birth attendant to be present at the birth. Elizabeth Drinker wrote about how she and other women present at a birth speculated, worried, and supported from other parts of the house waiting until the woman delivered before engaging in social tradition.⁶⁵ The presence of other women was a consistent aspect of the rhythm and tradition of social childbirth and, in some cases, also demarcated biological processes. Describing the happenings of a birth, Martha Ballard wrote "illness Came

on so great that her women were Calld' or that another 'was not so ill as to call in other assistance this day."⁶⁶ During the hours of labor before birth, the midwife was often the only social healer present. In the excerpt from her diary, Martha Ballard called other helpers and social healers once the most intense portion of the birth began.

As a trained birth attendant, midwives like Martha Ballard had a duty to the women in their communities. In maintaining a similar spirit of duty and reciprocity, Mary also made many sitting-up visits to her friends and acquaintances. Almost half of the entries regarding sitting-up visits were visits that Mary Holyoke made to other women, clearly demonstrating both the reciprocal nature of social childbirth and the close-knit networks of female friendships. Mary Holyoke visited her close friend, Mrs. Pickman, two days after she had a stillbirth. On March 1st, 1768, Mary wrote: "Mrs. Pickman Delivered of a Dead Child". Her next entry was on March 3rd, stating that she was at Mrs. Pickman's. Out of the 124 women Mary mentioned in reference to various social childbirth practices, she wrote about Mrs. Pickman most often. Mary attended her sitting-up visits, went to her house to comfort her after the loss of a child, and enjoyed many other social visits outside of the realm of birth. Mrs. Pickman was similarly involved in Mary's life. Although Elizabeth Drinker mentioned visiting women during their lying-in periods or sitting-up weeks much less often than Mary Holyoke, Drinker also made postpartum visits to women in her community.⁶⁷

The sitting up week was a crucial time in which women exchanged knowledge of childrearing and postpartum care. Nursing, weaning, and other important skills involved the advice of female friends and kin.⁶⁸ Through attending births, women learned and prepared for their future births. Both the expectant mother, as well as those assisting her, benefitted from such

a reciprocal exchange. This process of transferring knowledge held great importance in passing down generations of healing practices and birth knowledge.⁶⁹

The Women's Sphere: *Shared Knowledge*

Childbirth was a reason to gather. Outside of the support provided to women during and after childbirth, the bedside and homes of expectant mothers were a meeting ground, a place to exchange wisdom and to express love for one another. Social childbirth offered women a space in which to thrive within an all-female community, to unify networks of women within the context of shared knowledge and experience, without the prying eyes and dominant tendencies of men.

The passage of knowledge within communities of women was an important element of social childbirth. The knowledge and shared experience of childbirth passed naturally throughout these communities by the mere presence of friends, family, and neighbors at birth. This knowledge was crucial in order to effectively care for women. Until physicians became the common attendant at births, women held the knowledge and control over the entire realm of birth. Childbirth was contained within the sphere of women. Those attending a birth held the power over the situation. Through these networks of women, birth knowledge passed from generation to generation, continuing the tradition and practice of childbirth. Women not only controlled birth, but also the ways in which birth knowledge was shared. Although generally viewed as inferior to men, women's experiences, knowledge of childbirth and her own body remained trusted and valued in this context.⁷⁰

In New England during the eighteenth and nineteenth centuries, women did not have much access to the public sphere and, therefore, found power and community in alternative

sources. Much of this power stemmed from birth. According to Mary Beth Norton, “Childbirth was the one occasion when women regularly gathered apart from men. The mysteries of childbed...were undeniably the province of women, especially of the midwives who played the central role in those all-female contexts.”⁷¹ Just as men were scarcely involved in the process of birth, outside of the occasional male physician, communities of women functioned almost entirely without male involvement. The clearly defined gender spheres allowed for such intimate and supportive friendships and communities to form.⁷² Smith-Rosenberg provides further support for the importance of shared knowledge within all-female communities.

It was within such a social framework...that a specifically female world did indeed develop, a world built around a generic and unself-conscious pattern of single-sex or homosocial networks. These supportive networks were institutionalized in social conventions or rituals which accompanied virtually every important event in a woman’s life, from birth to death.⁷³

By virtue of a woman’s life cycle, childbirth encompassed a large portion of important events from birth to death; thus, these events were often founded in social childbirth practices. The sources in this study all accentuate the ways in which information circulated throughout female networks, a phenomenon that Smith-Rosenberg clearly articulates. “Their letters and diaries indicate that women’s sphere had an essential integrity and dignity that grew out of women’s shared experiences and mutual affection”.⁷⁴ Mrs. Mary Holyoke provides a perfect example of the power of shared experience and female friendship.

On August 16th, 1792, Mary Vial Holyoke wrote: “Peggy made Mrs Ropes Sitting up visit with Mrs. Prince”.⁷⁵ Margaret “Peggy” Holyoke was Mary’s oldest living daughter. This entry not only highlights the ways in which mothers passed down knowledge to their daughters, but also demonstrates the intergenerational tradition inherent in social childbirth. Peggy never

married, nor had any children, but she nonetheless became an active participant in social childbirth rituals. Although Mary did not mention her other daughters making sitting-up visits, both daughters were married and most likely involved in their respective birth communities. On July 12th, 1796, just four years before her last entry, Mary Holyoke wrote about her daughter, Judith, getting to bed with a son. One of the three children who survived Mary, Judith also represents a multigenerational story that established continuity in social childbirth traditions within the Holyoke family and the community of women at large. However, the ritual of shared knowledge and experience was not reserved solely for relatives. Anyone present at a birth shared in the precious knowledge of womanhood, motherhood, and birth.

In her book, *The Healer's Calling: Women and Medicine in Early New England*, Rebecca J. Tannebaum argued that female healers gained power and authority through their connection to the male medical sphere. Although this connection created an avenue towards recognition within their communities, first and foremost, social healers gained power collectively. Power grew up from female networks, rather than down from patriarchal systems. The flow of power from communities of women retained a grassroots method—from the ground up, not from the top down. However, Mary Vial Holyoke provides a perfect example of where the two avenues of empowerment intersect. Through her marriage to Dr. Edward Augustus Holyoke, Mary Vial was directly connected to the male medical sphere. Yet, despite that connection, Mary clearly forged her own path and community with the women in Salem. Mary rarely mentioned her husband in relation to any social childbirth practices in the community.

Community formed the foundation from which women's power and authority stemmed. This social support from female friendship and communities of women allowed individual women, like Martha Ballard, to become such prominent figures in their towns and cities. If

women only gained power through their connections to the medical sphere, only trained healers and midwives would have had access to such sources of empowerment. Elizabeth Drinker's life provides support for this claim; Drinker was a woman not directly connected to the medical sphere, but was still connected to sources of power formed through social childbirth and communities of women.⁷⁶ Or, as Charlotte Temple's story illustrates, how a lack of access to female friendship and community destroyed any chance for empowerment and authority.⁷⁷ Women like Elizabeth Drinker, ensconced in the upper class, or women like Charlotte Temple, forced to drift on the outskirts of society, both found solace in the support offered by the community and friendship of women. Much of this support stemmed from shared experiences in womanhood and motherhood—a solidarity within the confines of strict societal roles. Female friendship and community, whether from family or friends, was one of the only means of support available to women.

Womanhood & Motherhood

Though social childbirth seemed to provide Mary Vial a strong support network during her childbirths and child deaths, constant pregnancy, labor, recovery from labor, and infant mortality were a heavy burden to bear. However, Mary Holyoke never alluded to feelings of bitterness or frustration about her fertility or childbearing. Once again, Mary Vial's lack of emotion may not be an accurate representation of her true sentiments. Short entries characterized Mary's entire diary. Elizabeth Drinker, on the other hand, wrote much lengthier entries that often contained a myriad of different emotions and detailed experiences. On February 26th, 1797, Elizabeth Drinker wrote about the death of Rebecca Trotter at the age of forty-two, who left behind seven children. "She might never have had another—I have often thought that women

who live to get over the time of Child-bearing, if other things are favourable to them, experience more comfort and satisfaction than at any other period of their lives.”⁷⁸ Commenting on the average life cycle for women at the time, Elizabeth Drinker highlighted how a woman's childbearing years took up the majority of her life.

Drinker pondered a woman's life outside of bearing children, a concept foreign to many of her counterparts. Many women still had young children at home when they passed away due to the shortened life expectancy during this era. Mary Holyoke lived another twenty years after her last child was born, a privilege not afforded to all women. Other than not giving birth or raising children, Mary Holyoke's life did not appear to drastically shift in the years following her last birth. However, considering the trauma Mary experienced from the loss of so many children, simply the freedom from the stress of childbearing may have been a drastic shift in itself.

Although not a direct criticism of the years women dedicated to childrearing, Elizabeth Drinker wrote as though life after raising children was one free of consuming duties. Motherhood represented such a long and important part of a woman's existence that the absence of the duty and expectation to raise more children, whether by way of menopause or other familial decisions, may have been liberating. In a way, Elizabeth Drinker's contemplation described a great tragedy. If her observations hold any credence, many women never had the opportunity to experience the most satisfying period of their lives.⁷⁹ Once again, a strong community and female friendships alleviated some stresses of birth and childrearing.

Women continued to play an active role in social childbirth rituals even after their own childbearing years had passed. Most midwives were past childbearing age, such as Martha Ballard, allowing them to perform arduous tasks that women with young children could not.⁸⁰ Age played an important role in the cycle of life for women, as age determined their phase in life

and the duties required of them at that time. Age also lent experience and some freedom from the stresses of childrearing and marriage. After her children grew and left home, a woman's main purpose in life ended. If left as a widow, her lack of purpose became even more prominent. Women in this stage of life, like Mary Holyoke, immersed themselves in community both within and apart from social childbirth practices. After her last child was born, Mary maintained a very similar social calendar to the one that characterized her diary throughout twenty years of childbearing.⁸¹

Women have always been valued for their reproductive abilities, whether for the simple ability to carry life or for the refined skills of childrearing. However, inherent in childbirth and motherhood are not only the physical hazards of giving birth, but also the confining social restrictions and ostracizing consequences. Susan Klepp cites an excerpt from the diary of a Quaker woman, Ann Whitall, who lived in New Jersey during the eighteenth century. Elaborating on Psalms 17:14, Ann Whitall bitterly noted that "the wicked are 'Full of Sin, yet full of Children'".⁸² Whitall's excerpt captures both the sinful nature of women as well as their singular redeeming quality of providing children, one of many double standards placed upon women. Once again, tapping into a community of women through social childbirth provided an escape from these frustrating expectations. Consolation from others with similar experiences allowed women to feel validated and supported.⁸³ Children themselves were also outlets for such challenges by confirming a woman's purpose and domestic usefulness.

Even before marriage, double standards permeated the traditions of courting when women were either criticized for their prudery or shamed for their coquetry. Neither was becoming of a young woman during the eighteenth and nineteenth centuries, yet avoiding both was near impossible. The idea of the *feme sole* was embedded within the notion of coquetry.

Men and women alike feared that women would adopt the persona of an independent, unmarried woman after reading Foster's novel. The protagonists of both novels, Eliza Wharton and Charlotte Temple, paid the price for their actions.⁸⁴ However, women wrote and published those stories. The very existence and popularity of the novels threatened traditional standards of womanhood. Foster and Rowson's ideas posed threats to domesticity and social life among the middle and upper classes. Written at the crux of the American Revolution, some of these ideas aligned with other newly emerging ideologies.

After the American Revolution and the rise of the New Republic, a new American identity emerged. Embodying foundational principles of Puritan work ethic and morality, coupled with a sense of liberty and freedom, hope was abundant for the future of the great nation. Much of this hope fell to the future generations, beginning with the mothers of the New Republic. Charged with providing children and properly raising them, women of the New Republic also faced a transforming identity. Female friendship and networks of women provided stability and a source of power in women's lives. Being connected with a strong community was the ideal situation for women. However, this was not desirable, nor possible for all women. Motherhood did not end with pregnancy, birth, and social ritual. Deeply imbedded in the tradition of social childbirth and motherhood was the meaning of being a woman with the duty to provide and care for children, while constrained by the perceptions, status, and double standards placed upon women before and after the rise of the New Republic.

With an era of dramatic ideological change for the United States also came an altered view of the female body and the gatherings celebrating bodily changes. Social childbirth was a celebration of women's fertility. Social childbirth and similar practices disappeared behind the management of women's roles and behaviors.⁸⁵ Klepp explored these subtle, but significant

changes: “Women were indeed self-defined in human and humane ways that their mothers and grandmothers might not have been, as the distinctly gendered roles of motherhood, restrained virtue, and domesticity replaced the overt sexuality...of colonial images.”⁸⁶ Specifically, the language and views associated with the pregnant body began to change.

The pregnant body began to be viewed as shameful rather than beautiful, and was hidden from view. Pregnancy is the outward sign of an intimate act, one that cannot be hidden unless the women themselves are hidden. According to Crane, “These latent feminine traits can be made manifest in the pregnant body—for a pregnancy bears public witness to the lusts of its origin.”⁸⁷ Pregnant women were seen as shameful and criticized for going in public in “such a state”, yet were later praised for rearing their children. Elizabeth Drinker hesitated to invite company over because of her pregnant maid. “What could I do with SB. in her present appearance, with a croud of company?”⁸⁸ Sarah Brant’s pregnancy embarrassed Drinker enough to actively hide her from friends and neighbors. Often equated with illness, the pregnant form was thought to be best kept in bed.⁸⁹ Contrasting the idea of hiding a pregnant woman away, Mary Vial Holyoke frequently made social visits and appointments sometimes only a few days before she gave birth.

In addition to Mary Holyoke, other depictions of the female body in the New Republic also contrasted disgraceful imagery. In May of 1840, Celia Thaxter wrote a poem entitled, *Seeds*. *Seeds* paralleled fertility and the harvest, in which Thaxter described planting seeds to produce life. “I plant the color/ of fire, and Mother’s belly/ arches full and pushes/ like a moon against the dark.”⁹⁰ Thaxter compared her mother's belly to the moon, a guiding light in an otherwise darkened sky. Her mother's pregnancy acted as a beacon of hope and bounty for her family. Thaxter emphasized how her family valued pregnancy and childbirth, both seen as beautiful blessings. Her poems indicate that not all of the overt, sexual imagery of the Colonial era had

disappeared. Thaxter's family lived in a fairly isolated location, which may have contributed to the inconsistency. In light of her rural environment, Celia Thaxter's community of women was almost nonexistent. Her writing functioned as a replacement for female friendship, though not very successfully.

Unlike Celia Thaxter, if Mary Holyoke ever felt trapped by her domestic life, she never alluded to any such feelings in her diary. Once again, Mary may have experienced such emotions, but the general absence of feelings in her diary leave much up for interpretation. Many women reveled in their status as a wife and mother. In *The Coquette*, Eliza Wharton's cousin, Mrs. Richman, fully embraced her domestic confinement as the embodiment of republican motherhood. She put other trivial matters aside for her purposeful role, promoting an essentialist view of womanhood. Foster used Mrs. Richman to contrast Eliza's reluctance in renouncing her freedom as a single woman and to provide an example for which Eliza should strive. In a letter to Eliza, Mrs. Richman wrote that she also had days of single life, but that those days were happily behind her. "Now I am thoroughly domesticated. All my happiness is centered within the limits of my own walls; and I grudge every moment that calls me from the pleasing scenes of domestic life."⁹¹ Seemingly content in her domestic sphere and purpose, Mrs. Richman acted as a moral compass for the fast-falling Eliza Wharton, a wise, maternal figure for women to abide by. Whether Foster intended to convey this message to her readers is subject to speculation. Although Mrs. Richman did offset the scandalous plotline with redeeming moral guidance as the epitome of republican motherhood, even she was not entirely happy within her domestic sphere.⁹²

Both women used their circumstance as a source of power; however, as Eliza continued down a destructive path, her autonomy turned to desolation. No longer afforded the good opinion

of society, she lived a lonely life, void of social support and female friendship. This was her mistake. Eliza's choices cast her as a leper, as though her ostracized existence was contagious. Mrs. Richman, a symbol of morality, retained the community because of her moral standing.⁹³ Eliza and Mrs. Richman provide interesting perspectives on how susceptible communities of women were to societal pressures pertaining to morality. For Eliza, these pressures overpowered a sense of female solidarity.

Just as Eliza Wharton regretted abandoning the life prescribed to her, Charlotte Temple lamented the loss of her domestic right as a wife. A difficult life within the domestic sphere seemed a heartening prospect compared to her isolated existence. Rowson carefully constructs Temple's reflections:

The dutious, faithful wife, though treated with indifference, has one solid pleasure within her own bosom, she can reflect that she has not deserved neglect—that she has ever fulfilled the duties of her station with the strictest exactness; she may hope, by constant assiduity and unremitted attention, to recall her wanderer, and be doubly happy in his returning affection.⁹⁴

Temple astutely commented on the importance of belonging, a clear benefit of domestic life, despite the accompanying duties. A community of women could also offer a sense of belonging, but even this was unattainable for Charlotte Temple; she faced the worst consequences possible for a young woman. Tainted, isolated, and rejected, she could not even revel in her faithful duty and status of a wife, nor could she draw upon a community of women in solidarity of the shared experience of marriage. Temple was cut off from the society of women. This, more than anything, seemed the most difficult part of her exile. Yet, the double edge was inescapable. To belong in a home with a purpose had its benefits, but not without significant sacrifices. For Charlotte Temple's mother, marital and filial duties did not allow her to mourn the loss of

Charlotte because she had to first see to the grief of her husband.⁹⁵ However, these obligations and duties of womanhood were made bearable in the shared experience of other women enduring the same. According to Carroll Smith Rosenberg, “Female friendships served a number of emotional functions. Within this secure and empathetic world women could share sorrows, anxieties, and joys, confident that other women had experienced similar emotions”.⁹⁶ The solidarity in shared emotions facilitated an outlet for women to express emotions not suited for discussion between different genders.

The shared experience of being a wife, mother, and woman in early America also bonded friends and neighbors, which further strengthened their sense of community. Just as Mrs. Richmond wrote to Eliza expressing her experience with motherhood, Carroll Smith-Rosenberg discusses two young women, Molly and Helena, who also wrote to one another in order to express their mutual sentiments of love and loneliness.⁹⁷ One of the many messages embedded within Foster's novel were the confining yet inescapable restrictions under which wives and women must live within the domestic sphere. Any option that appeared to have liberating qualities was no doubt of a faulty moral order.⁹⁸ Yet, according to Wertz and Wertz, even with a strong network of women and the promise of a fulfilling maternal life, "Some women did not did not receive the honor or acquire the power that motherhood was supposed to confer. They felt deprived and regarded the prospect of further conceptions and births as troublesome, unwanted duties."⁹⁹

Maintaining networks of women required ingenuity and dedication, even for women living within the domestic sphere. When women did not live within close proximity of one another, relationships evolved through letter writing. Letters allowed for clandestine communication from the home; a woman did not have to physically leave her domestic sphere to

remain connected. In fact, many female relationships existed almost entirely in writing. Many life events were analyzed and discussed in letters written for and by Elizabeth Drinker, showing empathy and giving advice when necessary.¹⁰⁰ Writing, whether through letters, journals, or novels, also served as an outlet from daily life. For Celia Thaxter, writing became her solace from life as a woman, mother, and wife. It was an outlet for all she could not express in the world around her. Thaxter felt locked within her tiny sphere, unable to escape, except through her words and drawings. Her lack of a community of women undoubtedly contributed to feelings of loneliness and entrapment. Female friendship may have fulfilled a similar need, but Thaxter could not maintain a network of female friendship and, thus, needed some sort of outlet to fulfill a similar need.¹⁰¹

Female Friendship

Mary Vial Holyoke maintained friendships with dozens of women within the context of social childbirth, but also friendships that remained separate from the realm of birth. Some of her relationships functioned as crucial support systems, while others belonged solely to afternoon teas and dinner parties. In her article, “The Female World of Love and Ritual”, Carroll Smith-Rosenberg depicts similar variations in female friendships. She discusses not only the importance of female friendship and communities of women in early America, but also the *types* of relationships that formed within these communities. Some relationships were extremely intimate, yet could not be categorized as either romantic or platonic. According to Smith-Rosenberg, “Relationships ranged from the supportive love of sisters, through the enthusiasms of adolescent girls, to sensual avowals of love by mature women. It was a world in which men made but a shadowy appearance”.¹⁰² Mary Vial enjoyed all of these relationships, save for those

hinting at greater intimacy. It is possible that Mary also experienced this type of intimate female friendship and did not explicitly document the relationship in the pages of her diary. However, the absence of such a friendship suggests that Mary Vial Holyoke experienced a different model of female friendship and companionship, centered on community and support, rather than a codependent relationship.

Mary Vial Holyoke had a very active social life. She devoted many of her entries explicitly to describing who she met with, where she and Dr. Holyoke ate dinner, among other social occasions. As a well-connected woman in Salem married to a prominent physician, Mary Vial had both the time and resources to maintain such an active social life. Based on her constant, reciprocal interactions with women, Mary Vial was seemingly well liked and an important presence in the community. Apart from her general affinity for socializing, patterns emerge in the types and purposes of her social behaviors. Much of Elizabeth Drinker's social life centered on illness and caring for her friends and family.¹⁰³ Like Mary Vial, visitors were common on any given day, especially if someone in the family was ill or recovering from childbirth.

Many of the names that Mary Holyoke mentioned in her diary appeared repeatedly throughout the forty years. Some of these women were clearly embedded in Mary's social circle and birth circle, while others remained in one or the other. I divide the women in Mary's diary into three categories. The first group is comprised of Mary's closest friends, her inner circle of women with whom she consistently interacted and with whom she shared some of her most trying moments. These women were not only part of Mary's everyday social life, but Mary also frequently wrote about this group of nine women within the context of social childbirth. The second group consists of twenty-four women whom Mary mentions three or four times only in

the context of social childbirth; the majority of this network also appeared in social events unrelated to birth or social healing. Although these women were not involved to the extent of Mary's inner circle, they were nonetheless important members in her birth community and networks of social support. Mary's entries outline her reciprocal relationship with many of the women in her social groups. Although three or four interactions with one woman throughout the course of forty years might not seem substantial, the context of these visits suggest greater significance. According to Smith-Rosenberg,

Friends did not form isolated dyads but were normally part of highly integrated networks. Knowing each other, perhaps related to each other, they played a central role in holding communities and kin systems together.¹⁰⁴

As Smith-Rosenberg describes, female friendships were highly integrated—this was the essence of female friendship within the context of social childbirth. Interestingly, Mary very rarely mentioned socializing with women who were not married, which she made clear by referring to most women with a formal prefix, either Mrs. or Miss. This pattern of association has multiple explanations, including that Mary only socialized with married women because the majority of women her age were married, at least those who were fit to socialize with in the first place. An additional explanation to compliment the first might claim that social childbirth and birth culture determined networks of women based on the shared experience of birth and motherhood.

Mary Holyoke occasionally mentioned unmarried women, but she almost never mentioned unmarried women in relation to a birthing event or social childbirth tradition. This pattern strikes a much clearer message: the reciprocity inherent in social childbirth was an experience shared primarily amongst married women who, presumably, were also mothers. Although birth knowledge passed through generations of women, it seems as though rites of

passage (i.e. marriage, pregnancy, etc.) were common before women were truly integrated into the birthing community and network of women. Based off of Mary Holyoke's diary, these trends still aligns with an intergenerational model of social childbirth.

As Mary aged, the women mentioned in her diary also began to change. Some of her friends passed away with her lifetime, replaced by new names almost every year. Just as Mary Holyoke left her childbearing years behind her, so did many of the women she first mentioned in her diary. These entries are consistent with an aging generation, but also show that Mary remained involved in social childbirth despite being past her own childbearing years. Her involvement significantly decreased after she bore her last child, but continued to mention women in the community giving birth. Mary attended less and less sitting up visits and although she still appeared interested and connected to births in Salem, Mary seemed to stay on the periphery of the birth community.

The way Mrs. Mary Vial Holyoke described her social encounters differed depending on the context of the interaction. Outside of social childbirth traditions, Mary wrote about social visits involving only her and a friend, sometimes with multiple women, and often, with their husbands.¹⁰⁵ Many of her social visits included both Dr. Holyoke and another couple. However, in her entries related to social childbirth, Mary only mentioned women independent of their husbands. Mary's diary demonstrates the distinct gender divide in birth—birth was part of the women's sphere and men were rarely involved. Occasionally, Mary placed the Dr. at a birth, but the visitors and most important parties involved were the women. Mary Holyoke was extremely lucky in the strength of her female relationships and community, many women were not so lucky. For example, although Eliza Wharton did not have female community after falling from grace, friends and kin were very involved in her social life earlier in the novel. These

relationships offered support and advice on her various suitors. Eliza shared the intimate details of her life with her friend Lucy Freeman, a testament to the support network found in female friendship. Had Eliza's circumstances been different, this support system would have integrated into other life events like social childbirth.

Women Without Community

Charlotte Temple, the novel as much as the character, was a symbol of communities of women and the solidarity amongst them. Charlotte's tale proved the importance of female friendship and connection, and that without them, a woman found herself utterly alone. Simple friendship could have been Charlotte's saving grace, the difference between life and death. Yet, society prevented and discouraged saving one who had fallen so far. Female friendship rooted in the shared experience of gender and womanhood was what Charlotte truly craved.

Female archetypes, like Eliza Wharton and Charlotte Temple, did not have the privilege of a female community to depend on and certainly did not fit within the confines of the republican mother. In these examples, the consequences of life without a network of women were striking. Wharton and Temple were both categorized as “fallen” women. Their morals, good standing in society, and general chances at an advisable life spiraled downwards. There was no reprieve for a fallen woman; the fall was permanent, the soul irreparable. However, more than the loss of their soul, Charlotte Temple and Eliza Wharton mourned the loss of their friends and the support of other women—anyone who dared to aid a fallen woman also faced the risk of being cast into isolation.

‘And am I indeed fallen so low,’ said Charlotte, ‘as to be only pitied?...and shall I never again possess a friend, whose face will wear a smile of joy whenever I approach?...a poor

solitary being, without society...no kind friend of her own sex to whom she can unbosom her griefs, no beloved mother, no woman of character will appear in my company, and low as your Charlotte is fallen, she cannot associate with infamy.’¹⁰⁶

Charlotte mourned the loss of her friends and family, emphasizing a void previously filled by female companionship and friendship. She was without a community of women, living in extreme isolation, and thus, without of any source of power. Charlotte Temple did not have the luxury of female friendship, and as a result, fell victim to birth's potentially fatal power. Her tale is much more tragic than Eliza Wharton's, as her actions did not necessarily entreat such a life. Charlotte, unlike Eliza, did not seek out independence and a life outside of the mundane, domestic sphere. Charlotte's innocence was mercilessly stolen from her. However, despite the path to their fall, both women suffered the same consequences of a life outside of traditional domesticity.

As seen with Charlotte Temple, few were willing to aid a fallen woman.¹⁰⁷ The suffering from such a situation seems inevitable, yet female friendship and community offered some reprieve from this suffering. Pregnancy strained the body, heightened the difficulty of normal tasks, and publicly displayed a sexual act—even when within the sanctity of marriage.¹⁰⁸ Both physically and mentally taxing, an unwanted or illegitimate child condemned women to a life of poverty and isolation. Although Mary Holyoke's tragedies were entirely different from those that Charlotte Temple and Eliza Wharton faced, Mary Vial Holyoke was by no means numb to the repeated tragedies in her life due mostly to the loss of nine children. Her entries did not always expose the depth of her mourning. Aware of these losses, Mary overcame grief through her social networks and daily life. The strong social support and community of female friends that constantly surrounded Mary were instrumental in her healing processes. Women with the gift of a strong support network—

who practiced social childbirth and drew from the power in shared experience and womanhood—were much less vulnerable than those without such support and sources of empowerment.¹⁰⁹

The Rhetoric of Birth: *From the Words of Women*

Every woman experienced birth and social childbirth traditions in different ways and, in turn, also documented those experiences very differently. Apart from the most obvious variances in genre, whether a personal diary or a published novel, the *way* each woman described birth relays a significant message in how that birth was perceived and experienced. Analyzing women's experiences not only includes interpreting facts, but also the details of those facts, which differ considerably from source to source. Before the onset of medicalized birth, pain was a luxury not included in the rhetoric of birth.¹¹⁰ The medicalization of childbirth placed emphasis on birth as something to worry about. Childbirth transformed from a social event to a medical one; it was no longer simply a necessary part of life, but a serious impediment to women's lives. The new cultural view of birth as a dangerous event prompted women to dread labor.¹¹¹ As Wertz and Wertz noted, "The culture expected women to suffer, and suffer they did."¹¹² Given a negative connotation, childbirth became a female curse rather than a blessing, something to dread rather than rejoice in. Women reacted to this newfound dread by turning to the medical model. Thus, birth became an illness. In light of this, I argue that social childbirth played an even more important role by setting women's fears to rest. Eventually, modern medicine and the presence of "trained" professionals filled this role.

Rhetoric of illness grew alongside the newfound medicalization and trepidation of childbirth. Elizabeth Drinker described a pregnant woman, Hannah Warder, as being "not

well".¹¹³ Martha Ballard used a similar rhetoric, describing pregnant women as "unwell". Pregnancy was their "illness".¹¹⁴ This type of language almost suggests that Martha herself perceived the events of birth as taboo, rather than natural processes inherent to womanhood. Calling pregnancy and birth an "illness", Martha's rhetoric aligned with the medical model, implying that childbirth is an affliction that someone must help rid them of.

Illness was not only a part of their every day lives; it was a constant source of worry, reunion, celebration, death, and mourning. Various types of "illness" were part of a common thread in the social happenings throughout the lives of each woman in this study. Elizabeth Drinker mentioned illness hundreds of times, a representation of how illness plagued her community, taking the lives of many.¹¹⁵ Mary Vial Holyoke showed similar concern for the wellbeing on her community and friends.¹¹⁶ She always noted when a friend took ill, or when the community experienced a particularly harmful outbreak. However, because so many individuals were affected, the presence of illness also reaffirmed community support. Friends, neighbors, family members, and even physicians gathered to assist in any possible way. In this way, social childbirth traditions extended beyond the realm of birth. Rather than merely social childbirth, communities practiced social healing and medicine. In addition to catching babies, Martha Ballard also attended much of the community when they fell ill, expanding on her role as a midwife to that of a healer.

Similar to Mary Holyoke, Elizabeth Drinker recorded all of the births in her community no matter their relation. Both women included entries about births despite not being involved in the childbirth ritual. Many of the women that Holyoke and Drinker recorded giving birth were not mentioned elsewhere in the diaries. Especially considering Mary Holyoke's sparse words in her diary, to mention a woman who gave birth outside of their immediate circles emphasizes the

importance placed on childbirth in their communities. Mary and Elizabeth's respective communities were invested, or at the very least, interested that births happened.

In general, Elizabeth Drinker wrote much more descriptively than Mary Holyoke. However, Elizabeth Drinker typically wrote no more than a sentence to document a birth unless it was one of her daughters in labor. In this sense, Elizabeth Drinker and Mary Holyoke wrote very similar narratives of social childbirth. Mary Holyoke did not describe birth in much detail, but for Mary, this was consistent with the entirety of her diary. For Elizabeth Drinker, entries regarding birth were noticeably shorter and less descriptive, perhaps suggesting that she did not feel very comfortable with the birth process.

Elizabeth described the birth of her grandson in much more depth than most other births in her diary. She noted the condition of mother and child, as well as their plan to breastfeed. A doctor was present at the birth, complimented by numerous friends and relatives who visited during the birth and afterwards.¹¹⁷ The comments that Elizabeth Drinker made about birth centered on descriptions of the health of mother and child; however, these descriptions lacked an element of physicality. Elizabeth Drinker, Mary Holyoke, and Martha Ballard's diaries are all missing entries describing the explicit process of birth.¹¹⁸ They all wrote about birth as though a child just "joined" the world. A woman was either "brought to bed", or she was "got to bed".¹¹⁹

Celia Thaxter, on the other hand, shared an honest, messy image of birth in her poems. The pain sacrificed by a mother for her child is an important element in the poem, *Childbed*.¹²⁰ She did not hold back in describing images of birth, a trait not found in any of the other sources used in this study, whether a diary or novel. Thaxter chose to describe the blood and pain and stress that birth was, rather than briefly mentioning a child that was birthed to his or her mother; she does not hesitate in explaining each, graphic detail. The following two excerpts exemplify

Thaxter's vivid style of writing and her unabashed willingness to portray birth as she experienced it.

Childbed (White Island, September 4th, 1840)

In the bed,
my mother's face twists
tight behind the mountain of pale
flesh that changes shape
and bulges as she screams.¹²¹

Song (Appledore Island, July 24th, 1852):

The midwife's arm thrusts
between my legs. Blood, bright
as paint, spatters the sheets, calm
red stars in a white sky.¹²²

Thaxter depicted her mother's childbirth experiences in addition to her own, forming another multigenerational story of birth. Her imagery drastically contrasts the simple statements of birth in Mary Vial Holyoke and Elizabeth Drinker's diaries. Although written fifty years after Mary and Elizabeth's respective diaries, a midwife attended every birth Celia Thaxter described in her poetry. These inconsistencies, in terms of the shift from midwife-attended birth to physician-attended birth, were in large part due to the regional and temporal differences between the three women. Celia Thaxter grew up on an island off the coast of Maine, living in an isolated, rural environment much different than her urban counterparts. Traditional social childbirth attended only by women remained common practice in rural areas, as physicians were expensive and hard to come by.

Conclusion: A *Changing Model*

As society's form changed, so did the practice of childbirth. These changes did not necessarily render social childbirth obsolete, but adapted it to a different society with different needs. According to Wertz and Wertz, "Social childbirth continued as a divided affair: the body in the hands of men, the spirit in the company of women."¹²³ The exchange of female support for male knowledge resonates as a key theme in the decline of social childbirth. The more women that declined midwife-attended births, the less midwives there were to choose. This shift created an on-going cycle, decreasing the number of practicing midwives as well as the prevalence of social childbirth. These changes stemmed mostly from the medicalization of birth.

Midwife-attended births represented the quintessential social childbirth. Midwives facilitated a space and a practice conducive to building networks of women. Their experiences add a critical element for more thorough understanding of the connections between childbirth and female communities. The interdependence of the relationship between midwives, their clients, and their communities allowed networks of women to spread throughout other towns that were previously unknown. Midwives embodied the connecting fiber at the core of this network, leaving a trail of births from community to community. Although the predominant experience for Mary Vial Holyoke and other women in this study was not a midwife-attended model of birth, the experience of community and female friendship translated to many different models. Networks of women continued to function as support systems regardless of who attended the birth, unless such community was absent entirely.¹²⁴

However, for women like Celia Thaxter and Martha Ballard, midwife-attended birth was the only viable option. For many families, a travelling midwife was their only option for a supervised birth. As a result, communities cherished their midwives. Midwives commonly

traveled to neighboring communities in rural areas that did not have their own birth-attendant. In a poem entitled, *Midwife*, Celia Thaxter described a woman rowing to the small island where she grew up, travelling a long distance in order to attend her brother's birth. In the poem, Thaxter equated the midwife with knowledge and goodness; she possessed great wisdom. "Every few strokes, she rests/ her battered oars, and stoops/ to bail: she flings rainbows/ to one side, then bends/ and flings some more,/ in a fierce spendthrift/ gesture as if she knows/ there will always be water".¹²⁵ The midwife's strength came from her efforts to support and attend women on the island in their most vulnerable state. Imbedded in this strength, Thaxter described the midwife as having almost magical qualities. This perception may have stemmed from childhood memories, or simply from the emphasis Thaxter placed on the midwife's power.

Despite the woman-centered nature of midwifery, medical instruments permeated into even midwife-attended births as midwives tried to hold on to their dying art. Forceps injured Celia Thaxter's first child, causing him to be mentally challenged later in life.¹²⁶ In her poem titled, *Birth (Karl)*, Thaxter wrote, "Blue as a skinned rabbit,/ he is pulled from my body./ I am somewhere else/ when it happens,/ They tell me pincers/ gripped his head and hauled/ him out".¹²⁷ Thaxter provides a direct example of the gradual medicalization of birth. For the birth of her third child, six years later, Thaxter used a doctor and nurse instead of a midwife.¹²⁸

Midwives were often associated with lower quality care, for lower class citizens, which contributed to the decline of midwife-attended births.¹²⁹ A doctor attended almost all of the births that Elizabeth Drinker recorded in her diary. She occasionally mentioned a midwife as a supplementary attendant, yet midwives were not even listed in the index of her diary compilation. Elizabeth Drinker, Mary Holyoke, and other women in similar social spheres were

at the forefront of accepting modern medicine and physicians as the “best” care available.

Concerning the birth of her grandchild, Elizabeth Drinker wrote on June 17th, 1797:

In the morning she sleep't two hours, occasion'd as I afterwards understood by her taking Ladanum which I knew not of—The Nurse has proposed giving it, I told her I rather not—she did not tell me that the Doctor had order'd it, but had a mind to be consequential—I don't approve of Nurses of any other but a regular Physician, ordering Anodynes to woman in Child bed—so lately deliver'd and so ill—had I known it had been by the Doctors orders I should not have objected to it.¹³⁰

Numerous times, Elizabeth stated outright that she believed nurses to be inferior to physicians, especially when regarding childbirth. Drinker distrusted any "less competent" medical professionals, such as nurses, especially when attending women “in Child bed”.¹³¹ Drinker’s outright opinion of physicians as the foremost expert on childbirth demonstrates the shifting outlook on the medical profession and their involvement in birth. Based on Drinker’s view of nurses, this opinion most likely extended towards midwives as well.

Elizabeth Drinker's preference towards medicalized birth implies a stark contrast in the practice of social childbirth among social classes. Despite the newness of physicians, both her location and her access to medical resources allowed her the choice to receive the “best possible care”. Therefore, physicians or nurses attended her births and the births of other affluent friends and neighbors. Physician-attended births became fashionable and seen as the best option for delivery. However, typically only white, middle and upper class women were able to afford such luxury. It would not have been unusual if other families in Philadelphia at the time practiced social childbirth in the way that it was commonly practiced in late eighteenth and early nineteenth centuries.

Although midwife-attended births became less common and the formal sitting up week disappeared, less formal childbirth rituals and traditions remained. These traditions manifested in the community and social support at the heart of social childbirth. Transitioning from the Colonial era, communities in New England before and after the American Revolution were still very much community-oriented. This community orientation shifted as American society developed, which paralleled the medicalization of birth. As domestic duties changed, especially among middle and upper class women, the function and need for social childbirth became radically different. These new functions were no longer as tangible as they once were, creating a catalyst in the shifting structure of social childbirth.

Perhaps in some ways social childbirth was less reflective of the importance of social healing and shared experience, but more of an indicator of what Emile Durkheim would term a "mechanical society", one that functions with a collective consciousness. Such a society relied heavily on familial ties and kinship networks that functioned within a communal and reciprocal paradigm.¹³² Robert E. Park further expanded on the idea of mechanical society, outlining components of a well-organized society reminiscent of village life. These components include consensus, collective consciousness, common values, social cohesion, and coordination of behavior.¹³³ Social childbirth, by definition, was an extremely collective act, one that seems much more applicable within a mechanical society. Even within Utopian communities, social childbirth was a feature that fit within the very fiber of the society.¹³⁴ As society's form changed, so did the practice of childbirth. These changes did not necessarily render social childbirth obsolete, but adapted it to a different society with different needs. Thus, social childbirth no longer fit within the parameters of a medicalized society so focused on the individual.

Whether attended by a trained professional or simply by a comforting presence, childbirth was an intensely social experience. The shared experience and knowledge of childbirth circulated through these networks of helpers, ensuring the tradition of social childbirth remained firmly within the sphere of women. This tradition was reciprocal, as women both received the offerings of social childbirth and, in turn, offered their own support to other women. The relatively recent need to differentiate *social* childbirth from other forms of childbirth speaks to the shifting views of birth in the United States. What we now categorize as “social childbirth” used to be the normal birthing experience for most women. Or, the normal birthing experience for women with access to birth communities and female networks that facilitated a social experience.

Childbirth functioned as a social act long before it was considered a medical one; it was an experience to which almost all women could relate. Whether or not a woman herself gave birth, more than likely, she would have been involved in social childbirth tradition in some way. It permeated almost every facet of community and female friendship. Today, social childbirth is generally isolated to a counter-cultural movement, one not experienced by the majority of women. Birth was essentially removed from the women’s sphere, and became a less important part of building female community. However, for women like Mary Vial Holyoke, Elizabeth Drinker, and Martha Ballard, social childbirth was so much more than just the act of childbirth. Social childbirth represented the epitome of the coalescence of female friendship and community.

Notes:

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- ¹ Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (Yale University Press, 1977), 3.
- ² Laura Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (NY: Alfred A. Knopf, 1990), 65.
- ³ Wertz and Wertz, *Lying-In*, 14.
- ⁴ Ibid.
- ⁵ Primary sources including Elizabeth Drinker and Mary Vial Holyoke lived in developed cities where the physician–model of birth was the norm for women in their circles. This may also be a result of their elevated status, but nonetheless forms a pattern. This pattern is especially noticeable when comparing their stories to other women in rural areas such as Celia Thaxter or Martha Ballard.
- ⁶ Jennifer Block, *Pushed: The Painful Truth about Childbirth and Modern Maternity Care* (Da Capo Press, 2007).
- ⁷ Ibid.
- ⁸ Women such as Elizabeth Drinker and Mary Vial Holyoke.
- ⁹ Carroll Smith-Rosenberg, "The Female World of Love and Ritual: Relations between Women in Nineteenth-Century America," *Signs* 1.1(1975): 3.
- ¹⁰ Edward Holyoke, Edward Augustus Holyoke, Mrs Mary, Margaret Holyoke, and Mrs Susanna. *The Holyoke Diaries, 1709-1856*. Essex Institute, 1911.
- ¹¹ Smith-Rosenberg, "The Female World of Love and Ritual," 3.
- ¹² Ulrich, *A Midwife's Tale*; Susanna Rowson, *Charlotte Temple, 1794*, Ed. Cathy N. Davidson (New York: Oxford, 1986); Hannah Webster Foster, *The Coquette. 1797*, Ed. Cathy N. Davidson (New York: Oxford, 1986); Elaine Forman Crane, *The Diary of Elizabeth Drinker, 3 vols* (Boston: Northeastern University Press, 1991); Annie Boutelle, *Becoming Bone: Poems on the Life of Celia Thaxter (1835-1894)* (The University of Arkansas Press, 2005).
- ¹³ Ulrich, *A Midwife's Tale*.
- ¹⁴ Ulrich, *A Midwife's Tale*, 58.
- ¹⁵ Ulrich, *A Midwife's Tale*, 62.
- ¹⁶ Wikipedia, http://en.wikipedia.org/wiki/The_Coquette
- ¹⁷ Boutelle, *Becoming Bone*.
- ¹⁸ Holyoke, *The Holyoke Diaries*, xii.
- ¹⁹ Holyoke, *The Holyoke Diaries*, 54. (All entries).
- ²⁰ Holyoke, *The Holyoke Diaries*, 48.
- ²¹ Holyoke, *The Holyoke Diaries*, 107.
- ²² Scott Sigmund Gartner, Michael R. Haines, Alan L. Olmstead, Richard Sutch, and Gavin Wright, *Historical Statistics of the United States*, Edited by Susan B. Carter (New York: Cambridge University Press, 2006).
- ²³ Holyoke, *The Holyoke Diaries*, 65.
- ²⁴ Holyoke, *The Holyoke Diaries*, 67.
- ²⁵ Holyoke, *The Holyoke Diaries*, 73.
- ²⁶ Holyoke, *The Holyoke Diaries*, 73
- ²⁷ Crane, *The Diary of Elizabeth Drinker*, 741-742.
- ²⁸ Holyoke, *The Holyoke Diaries*, 66.

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- ²⁹ Wertz and Wertz, *Lying-In*, 4.
- ³⁰ Holyoke, *The Holyoke Diaries*, 48.
- ³¹ Block, *Pushed*.
- ³² Smith-Rosenberg, “The Female World of Love and Ritual,” 23. Emphasis included in original quote.
- ³³ Holyoke, *The Holyoke Diaries*, 60.
- ³⁴ Rebecca Jo Tannenbaum, *The Healer's Calling: Women and Medicine in Early New England*, (Cornell University Press, 2002).
- ³⁵ Holyoke, *The Holyoke Diaries*, 60.
- ³⁶ Holyoke, *The Holyoke Diaries*, 64.
- ³⁷ Holyoke, *The Holyoke Diaries*, 66.
- ³⁸ Ibid.
- ³⁹ Holyoke, *The Holyoke Diaries*, 70.
- ⁴⁰ Holyoke, *The Holyoke Diaries*, 56.
- ⁴¹ Holyoke, *The Holyoke Diaries*, 80.
- ⁴² Daniel Scott Smith, “Child-Naming Practices, Kinship Ties, and Change in Family Attitudes in Hingham, Massachusetts, 1641-1880,” 546.
- ⁴³ Ibid.
- ⁴⁴ Holyoke, *The Holyoke Diaries*, xv.
- ⁴⁵ This was the case for Edward and Elizabeth Holyoke (Edward Augustus’ father and his first wife), Edward and Mary Holyoke (Edward Augustus’ father and his third wife), and Edward Augustus and Judith.
- ⁴⁶ Numbers indicate the order in which the children were born.
- ⁴⁷ Dates ranging from first to last birth.
- ⁴⁸ Mary Holyoke, although the third child of Elizur and Mary, was their first daughter.
- ⁴⁹ Only instance where the naming tradition of the first-born daughter, or son, was not passed on to another daughter after her death.
- ⁵⁰ First daughter was not named Susanna after her mother, but was named Sarah after her grandmother.
- ⁵¹ Edward Augustus, although the fourth child of Edward Augustus and Mary, was their first-born son.
- ⁵² Smith, “Child-Naming Practices,” 542. According to Smith, “The naming of children—is attitudinal, immediately expressive of the attitudes that shaped and directed it...the naming of children is not normally random...but instead conforms to deeper cultural rules”.
- ⁵³ Smith, “Child-Naming Practices,” 546.
- ⁵⁴ Smith, “Child-Naming Practices,” 547.
- ⁵⁵ Chart borrowed from Daniel Scott Smith, “Child-Naming Practices,” 547. According to Smith, “The number in the denominator of the percentage appears in the parentheses. In the pre-1701 cohort, for example, there were ten parents who experienced the loss of a child bearing the name of his or her parent, and who then had one or more additional children of the same sex as the deceased; seven of these named a child for the deceased sibling”.
- ⁵⁶ Smith, “Child-Naming Practices,” 547.
- ⁵⁷ Smith, “Child-Naming Practices,” 555.
- ⁵⁸ Smith, “Child-Naming Practices,” 546.
- ⁵⁹ Gartner et. al. *Historical Statistics of the United States*.

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- ⁶⁰ Holyoke, *The Holyoke Diaries*, xii.
- ⁶¹ Wertz and Wertz, *Lying-In*, 2.
- ⁶² Wertz and Wertz, *Lying-In*, 3-4.
- ⁶³ Holyoke, *The Holyoke Diaries*, 57.
- ⁶⁴ Holyoke, *The Holyoke Diaries*, 77. Entry from Oct. 7th, 1771.
- ⁶⁵ Crane, *The Diary of Elizabeth Drinker*, 594.
- ⁶⁶ Ulrich, *A Midwife's Tale*, 184-185.
- ⁶⁷ Crane, *The Diary of Elizabeth Drinker*, 102. Entry from July 21st, 1763: "Sister went to Meeting, Betty much better, she went away this Morning. Phebe Broom in Town, I visit'd Sally Bond, in her lying in".
- ⁶⁸ Smith-Rosenberg, "The Female World of Love and Ritual," 23.
- ⁶⁹ Tannenbaum, *The Healer's Calling*; Wertz and Wertz, *Lying-In*, 4-5.
- ⁷⁰ Susan E. Klepp, *Revolutionary Conceptions: Women, Fertility and Family Limitations in America, 1760-1820* (Chapel Hill: University of North Carolina Press, 2009), 183.
- ⁷¹ Mary Beth Norton, "'The Ablest Midwife That Wee Knowe in the Land': Mistress Alice Tilly and the omen of Boston and Dorchester, 1649-1650," *The William and Mary Quarterly* 55.1(1998): 107.
- ⁷² Smith-Rosenberg, "The Female World of Love and Ritual," 2.
- ⁷³ Smith-Rosenberg, "The Female World of Love and Ritual," 9.
- ⁷⁴ Smith-Rosenberg, "The Female World of Love and Ritual," 10.
- ⁷⁵ Holyoke, *The Holyoke Diaries*, 127.
- ⁷⁶ Crane, *The Diary of Elizabeth Drinker*, 545.
- ⁷⁷ Rowson, *Charlotte Temple*, 74.
- ⁷⁸ Crane, *The Diary of Elizabeth Drinker*, 893.
- ⁷⁹ Crane, *The Diary of Elizabeth Drinker*, 893.
- ⁸⁰ Wertz and Wertz, *Lying-In*, 8.
- ⁸¹ Holyoke, *The Holyoke Diaries*, 107-138.
- ⁸² Klepp, *Revolutionary Conceptions*, 81.
- ⁸³ Smith-Rosenberg, "The Female World of Love and Ritual," 10.
- ⁸⁴ Foster, *The Coquette*; Rowson, *Charlotte Temple*.
- ⁸⁵ Klepp, *Revolutionary Conceptions*, 107.
- ⁸⁶ Klepp, *Revolutionary Conceptions*, 178.
- ⁸⁷ Crane, *The Diary of Elizabeth Drinker*, 138.
- ⁸⁸ Crane, *The Diary of Elizabeth Drinker*, 599.
- ⁸⁹ Wertz and Wertz, *Lying-In*, 110.
- ⁹⁰ Boutelle, *Becoming Bone*, 9.
- ⁹¹ Foster, *The Coquette*, 97.
- ⁹² Foster, *The Coquette*, xiii.
- ⁹³ Ibid.
- ⁹⁴ Rowson, *Charlotte Temple*, 66.
- ⁹⁵ Rowson, *Charlotte Temple*, 56.
- ⁹⁶ Smith-Rosenberg, "The Female World of Love and Ritual," 14.
- ⁹⁷ Smith-Rosenberg, "The Female World of Love and Ritual," 7.
- ⁹⁸ Foster, *The Coquette*, 29.
- ⁹⁹ Wertz and Wertz, *Lying-In*, 112.

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- ¹⁰⁰ Crane, *The Diary of Elizabeth Drinker*, 650.
- ¹⁰¹ Boutelle, *Becoming Bone*, 44.
- ¹⁰² Smith-Rosenberg, "The Female World of Love and Ritual," 2.
- ¹⁰³ Crane, *The Diary of Elizabeth Drinker*, 1635.
- ¹⁰⁴ Smith-Rosenberg, "The Female World of Love and Ritual," 11.
- ¹⁰⁵ Holyoke, *The Holyoke Diaries*, 75. For example, on December 6th, 1770, Mary Holyoke wrote: "Thanksgiving. Dr. & I Din'd alon. Col.sick. We Drank tea and spent the evening at Mr. Appleton's".
- ¹⁰⁶ Rowson, *Charlotte Temple*, 65.
- ¹⁰⁷ Ibid.
- ¹⁰⁸ Crane, *The Diary of Elizabeth Drinker*, 138.
- ¹⁰⁹ As seen in the examples of Eliza Wharton and Charlotte Temple.
- ¹¹⁰ Wertz and Wertz, *Lying-In*, 118.
- ¹¹¹ Wertz and Wertz, *Lying-In*, 21.
- ¹¹² Wertz and Wertz, *Lying-In*, 110.
- ¹¹³ Crane, *The Diary of Elizabeth Drinker*, 623-624.
- ¹¹⁴ Ulrich, *A Midwife's Tale*, 175.
- ¹¹⁵ Crane, *The Diary of Elizabeth Drinker*, according to mentions of illnesses in the index.
- ¹¹⁶ Holyoke, *The Holyoke Diaries*, 83.
- ¹¹⁷ Crane, *The Diary of Elizabeth Drinker*, 667.
- ¹¹⁸ Ulrich, *A Midwife's Tale*, 175.
- ¹¹⁹ Crane, *The Diary of Elizabeth Drinker*, 548; Holyoke, *The Holyoke Diaries*, 95.
- ¹²⁰ Boutelle, *Becoming Bone*, 13-14.
- ¹²¹ Ibid.
- ¹²² Boutelle, *Becoming Bone*, 36.
- ¹²³ Wertz and Wertz, *Lying-In*, 26.
- ¹²⁴ As was the case with Eliza Wharton and Charlotte Temple.
- ¹²⁵ Boutelle, *Becoming Bone*, 12.
- ¹²⁶ Boutelle, *Becoming Bone*, back of book.
- ¹²⁷ Boutelle, *Becoming Bone*, 37.
- ¹²⁸ Boutelle, *Becoming Bone*, 39.
- ¹²⁹ Wertz and Wertz, *Lying-In*.
- ¹³⁰ Crane, *The Diary of Elizabeth Drinker*, 931.
- ¹³¹ Crane, *The Diary of Elizabeth Drinker*, 931.
- ¹³² Emile Durkheim *The Division of Labour in Society*, translated from the French edition of 1893 by WD Halls with an introduction by Lewis Coser, 1984.
- ¹³³ *Change and Disorganization*, Robert E. Park.
- ¹³⁴ Lawrence Foster, *Women, Family, and Utopia: Communal Experiments of the Shakers, the Oneida Community, and the Mormons* (Syracuse University Press, 1991).

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