

Mothering

11 months

When you meet Liisa, she can crawl and pull herself to her feet with the help of a sofa or a stool but cannot stand unaided. She looks like an average baby, but you haven't spent much time with any babies, so you aren't sure. Liisa's parents, Leo and Anna, have invited you to their home for an informal job interview, so you can spend some time with Liisa and see how you fit. Anna is tall and Finnish with ginger hair and freckles. She has just finished a PhD in Classics and teaches drama classes at a community space nearby. She is blunt and confident and doesn't humour your nervous attempts at small talk. While Leo is making tea, you tell Anna that you love the plant in the corner, even though you have never had much interest in growing things. It has spidery creeping branches and looks half dead. You ask her what type of plant it is, and she shrugs.

Leo is gangly and awkward and looks older than Anna. He's a labourer by trade, but really, he is an artist and shares a studio space with some friends, where he makes sculptures and line drawings of buildings. Whenever you address him, he looks nervous and takes a long time to reply. He has grey streaked hair and smudgy glasses. Liisa looks exactly like her mother. When you buzzed into their building and climbed the stairs, Leo was standing waiting on the doorstep, staring into space, and when you called out a cautious "hello?" he looked surprised, like he hadn't just let you in. You are interested in both of them immediately, because you are 19 and all of your friends are students like you, navigating life away from home for the first time. Leo and Anna seem like the kind of people you could imagine yourself being when you grow up.

You don't know anything about babies, except that you are supposed to want one, one day, because you are a woman. Leo and Anna leave you to play with Liisa in the living room and

you pile colourful blocks up in a tower for her to knock down. She engages in this game with you in complete silence, concentration mapped on her tiny scrunched up face, and after a few minutes Anna comes back in and says, “she likes you.” Over the next few years, people will regularly tell you that you are good with kids and that you will be a wonderful mother. Your own mum will brag about you to her friends and say that she can’t wait to see you with your kids one day. Every time you hear her say this, your hand will instinctively find the soft skin at the bottom of your stomach, and you will imagine something tearing its way out of you. But at this moment, Anna’s remark makes you feel good in an uncomplicated way. You get the sense already that she is not the kind of person to express empty platitudes, and you wonder if she can see something in you that you yourself cannot, some kind of quality that makes her feel confident in your ability to keep her child safe. Leo offers to walk you home, which surprises you, since you only live a 20-minute walk away, and on the way, he asks you if you would be happy to be paid £9 an hour to begin with. This will be the most you have ever been paid for a job before and you accept quickly, in case he changes his mind.

Liisa is very quiet for a baby of her age, so you spend the first few months of your new job in comfortable silence with her. You go to her house on a Wednesday and Friday at 9am. You give her breakfast, change her nappy and get her dressed for the day, and then take her for a walk in the pram so she can sleep. Liisa doesn’t mind being changed or fed and she will happily watch the world go by from her buggy as you listen to podcasts about vegetarian cooking and books. After she naps and you make her lunch, you catch the bus to the other side of the city to meet Anna at her new job, teaching at a college. Anna breastfeeds Liisa and then leaves you, and you take her on a quick walk where she has her second nap, then you take the bus back to hers and prepare her dinner. At 5pm, Anna gets home, and you hand Liisa over. You enjoy the routine and often have enough time in the day to meet a friend for a

coffee and show off how cute Liisa is. You like how jealous they are, especially your female friends, and you laugh when they say, “Oh my god. I want one! I’m so broody!” You agree that she’s cute, and you are beginning to like her a lot, but you have no burning desire to have a baby of your own. If someone had asked you at this point if you wanted kids, you probably would have shrugged and said maybe. But on the rare occasions you do think about it, you view motherhood as a choice that will be waiting for you in your future, ready to pick up or drop whenever you feel like it.

One day, when Liisa has just turned one, you are walking into town to catch the train home after a seminar, when you double over with pain in the middle of the street. It is two o’clock and you are supposed to be looking after Liisa for a few hours that afternoon. You hop on a bus and get off after one stop to vomit in the gutter. You have your period, one of your first in 5 years, since you were put on the combined pill due to painful cycles and told to run the packets together. You had just listened to a podcast about higher risks of anxiety and depression in women who take hormonal contraception, so you stopped, only half remembering why you had been running them together in the first place. The period has thus far been heavier than you think is normal, but you’ve been trying not to make a fuss about it.

After a few seconds staring at your own steaming vomit, you walk into a Waitrose and make a beeline for the disabled toilets, where you sit, head in your hands, watching dark jelly-like clots fall out of you. You have a feeling of floating above yourself and your vision spins and blurs. You text your new boyfriend, “something weird is happening” and switch off your phone before he has a chance to reply. You try and buy two packets of painkillers, but you’ve don’t have your ID and the cashier thinks you look under 16, so you purchase a small house plant in a terracotta pot instead, to show him that you are grown up and mature. You start

walking to the train station and it is raining, and you can feel the paper bag weakening from the water. Your stomach is flipping over on itself, and your back is aching like there is a burning hot stone in the core of you. When you reach the station and walk onto the platform, another wave of pain hits you, spreading around your whole body in an instant, and you faint as the train approaches. You come to a few seconds later, lying on your back, the paper bag soaking and disintegrated next to you on the ground, and the plant pot smashed into several large pieces. The soil is all around you. You put your hand to the gusset of your tights, and it feels sticky. An old woman is standing next to you, looking pointedly in a different direction. You get to your feet and step onto the train, which has just arrived, ignoring the mess on the platform behind you. Ten minutes later, you get off and walk to Liisa's house. When you get there, Anna and Leo are excited and before you can tell them you aren't feeling well, they're saying in almost perfect unison, "her first word! Her first word." Liisa is sitting on the floor, beaming at all of the attention, and she reaches her hand up to you. "Hi baby" you say to her, and she opens her mouth and quietly says, "no." Anna and Leo are laughing so Liisa says it again and again, getting louder every time "nonononono." You're laughing too, but you don't feel amused. Your attention is turned inward, worrying about what is happening inside of you. You think of the almost black globs of blood in the toilet water, and, in your memory, they are writhing around like tiny dying aliens. When they leave for their early dinner, you bounce Liisa on your hip and sing to her while you wait on hold to make an appointment with your GP.

Liisa: November 2020

It is November 2020 and Liisa is in the 95th percentile of height for her age. She is a little behind on her verbal skills and communicates mostly in hand signals and made-up words but gone are the days when you would wander around the park with your headphones in and your tiny companion would sit silent, watching the world go by. When you are together, you are almost always outside. There are dozens of photos of Liisa on your phone from this time, climbing up the slide in the playground, pointing at ducks in the pond, picking up endless stones and handing them to you for safekeeping. During the first lockdown, you struck a deal with Anna and Leo and started looking after Liisa for three hours every day. Most of your university friends moved back in with their parents over lockdown and your family live an hour away, so for the whole of 2020 you spend more time with Liisa than you do any of your loved ones, except your boyfriend, who you live with now. He has been furloughed from his job, so he often joins you in the park with Liisa. Every now and then you will make eye contact with a couple and a small child, and they will smile at you, mistaking the three of you for what they are, a family. On one of these occasions, you get chatting with a woman around your age when you give her a plaster for her son, who has fallen off the seesaw. Your boyfriend is playing with Liisa, and the woman is asking you how old your daughter is when Liisa butts and asks “when we going back to mama’s house?” You hadn’t lied about being her mother, but you sense the woman’s attitude change towards you, seeing you for what you really are, which is a temporary carer for a child that belongs to someone else.

When you talk to your mum on the phone, your conversations are full of stories about Liisa: “She likes oat milk so much that she calls cow milk ‘dairy oat milk’” or “today I gave Liisa her first ever cheesy wotsit and, after she finished it, she wouldn’t stop shouting ‘orange

crithp orange crithp!” You find yourself feeling closer to your mum than you ever have. You find it difficult to talk about your health and you are too uncertain of your career path to voluntarily bring up the future, but you can tell that she is proud of what you do for work, even if it is because she sees nannying as essential practice for your own future child rearing experience.

You find yourself comparing the way you were raised with the way Anna mothers Liisa. You remember being the last one in your primary school class to learn how to ride a bike without stabilisers, because your mum was terrified of you being knocked down by a car in the road. You wonder if your safe upbringing in your small hometown is what caused the rebellious streak in your own nature, if your mother’s caution is what caused you to move to the city for university, and if it’s the reason you still feel claustrophobic when you think about rolling green fields, empty of people. Anna is fearless and is raising Liisa to be so too. One of the first things she ever said to you was that she finds British mothers to be overanxious and smothering, and that she was shocked to find that babies aren’t allowed in saunas here. You agree with her out loud, but privately think that allowing a baby in a sauna is insane, and you wonder if maybe some of your mother’s carefulness has seeped into you after all. You hope that it has. Despite Anna’s boldness, Liisa is shy and anxious. Her favourite toy, a furry bear called Milo, is her conduit to the world, and when she meets somebody new and doesn’t want to speak, it is Milo who waves and greets the stranger in a squeaky voice.

When the restrictions lift a little, Anna takes Liisa back to Finland, and you miss her physically, feeling a sharp pain in your throat when they send you photos. You feel affronted that they didn’t think to consult you before they booked the holiday, and you wonder if Liisa is thinking about you too, feeling like you have deserted her.

Soon after their return, you have to take a week off for a medical procedure that you hope will diagnose you with endometriosis, a condition that causes cells that usually grow inside the uterus (usually called the endometrium) to grow elsewhere. This can severely affect the patient's fertility and menstrual cycles, but most of the time, the main symptom is pain. You have spent the whole of 2020 trying to get this diagnosis, but you cannot find a gynaecologist that will give it to you without a laparoscopic surgery, which acts as a form of diagnosis and treatment for endometriosis. The surgeon goes in through a small hole in your belly button, looks around for endo, and if they find it, they burn it off with a laser. If they don't find it, they stitch you up and you are left without answers. There aren't many other options for you if it isn't endo, and you find yourself becoming terrified that the surgeon won't find anything. If they open you up and find nothing, it affirms what you have already assumed to be correct in your lowest moments, that you are wasting everyone's time.

Your surgeon reassures you that recovery time will be one week maximum and that it's a safe and efficient surgery. You don't like him, because he tends to neglect the symptoms that affect your life the most; the pain in your stomach and back, the bleeding, the anxiety low moods, in favour of talk about 'preserving your fertility' like it is a gift that you have been careless with. The concept of your fertility is vague and flimsy to you. You can't touch it or feel it, and there is no way to measure it exactly. It has become a shadow drifting over your future, a problem you know you might have to come back to later. But right now, it is irrelevant to your life. When you are deep in a flare-up; biting the pillow to stop from screaming or curled up in a ball in the floor, you know that you would take a hysterectomy in a second. You know that you would give up your uncertain chance at motherhood to get rid of the rotten thing that is ruining your life. It feels almost dystopian that every doctor you meet prioritises an imaginary future baby over you, the person in front of them asking for

help. Just before the general anaesthetic knocks you out for the surgery, you can make out a nurse leaning over you, a black silhouette in front of a bright white light, saying, “where do you think they’re going to find the cells?” You fight sleep to get out the words, “bladder and pelvis, at the back” but you don’t think she hears you.

When you wake up, you feel sick and confused. Your surgeon tells you that he found endometrial cells and a huge build-up of scar tissue at the back of your pelvis and on your bladder, and it took them nearly two hours to get rid of it all. You are too tired to say I told you so. With some effort, you lift your head up and say “So, I definitely had it and now it’s gone?” and he responds “90 percent!” which confuses you. That is all you can remember about the first time you wake up, because the nurse drips some medication into your IV to make you feel less nauseous, and you sleep for another hour or so. When you wake up for the second time, the surgeon is gone, and you can barely remember what you talked about. Because of Covid restrictions, you went to the hospital alone, and when you are discharged, your boyfriend meets you at the entrance and says, “so, they took it all out?” And you say, “I think so.”

But you don’t get better. One week off work turns to two, then three, then four. You are prescribed opiates to cope with the pain of your incisions, which heal slower than expected and then get infected, and spend the days in a haze of pain and painkillers and antibiotics, reading online forums for people who have endometriosis. The webpages are full of women advocating for themselves and their pain, sharing homeopathic treatments and diet plans that they’ve heard might have positive results. You find a post written by a woman the same age as you, titled “Big decisions”, and, in it, she writes about recovering from her 3rd excision surgery, and her doctor informing her that if she ever wants to have a child, she needs to start

trying to conceive now. She details the pressure of having to decide whether or not she wants to be a mother, while her friends are still focusing on enjoying their early 20s. She is in university, like you, and the post ends with her sharing that, moreover, her endo makes penetrative sex incredibly painful, and none of the treatments she has tried for this have helped. The post ends with the sentence: “I am exhausted from all of this pain and trying to decide if I am emotionally and physically equipped to bring a child into this world, never mind whether or not I even want one. Basically: my life is fucked.” You click on her profile and read through her old posts, right back to her first one, heartbreakingly titled “I’m not sure if this is the right place for me but I think I have endo” You hover over the ‘message’ button but can’t click it. For some reason, you are unwilling to join this group of anonymous women, baring their souls to strangers and bonding over their malfunctioning bodies. You aren’t secretive about your diagnosis, but you don’t tell the truth about it either, preferring to make jokes or change the subject when your friends talk about periods. When you are too unwell to attend social occasions, you pretend that you are feeling burnt out or busy with university deadlines. You have developed a reputation for being flaky amongst your friends and family. This feels more desirable than the truth.

You swap patient forums for medical journals, finding it easier to consume the facts and figures of your illness than the personal stories, which have become too difficult to read. You find out that the cells can grow back, often do grow back, and that half of all people diagnosed with endometriosis have to have multiple surgeries, and that 1 in 5 end up getting a full hysterectomy and one or both of their ovaries removed. You feel stupid for thinking that your problems would end with a diagnosis, that all you needed to do was convince your doctor that you were sick, and then you would be cured.

You start to recover from surgery, slowly, and change your gynaecologist again, to someone your GP recommended who works in a hospital near where your parents live. When you tell your mum this on the phone, she is only half listening, and you grit your teeth, trying not to regress to the sullen teenager you used to be. When you are well enough to return to work after your surgery, you feel out of step with Liisa's new routines and favourite foods. You learn that she has been busy honing the techniques of a full-blown, toddler tantrum. The specifics of this include lying on the floor, stamping her feet and clinging onto her mother like a monkey. When Anna leaves, it takes Liisa a long time to calm down, and you sit on the windowsill with her on your lap as her sobs turn to snuffles, watching the cars on the street below. One day, you sit down at the breakfast table with Liisa, and she tells you "I not going to be sad now, when mama leaves," you watch her wipe honey off her toast with her finger and lick it. You are unconvinced. But sure enough, when her mother leaves, she is completely fine. You call your mum to tell her, unbelievably proud of Liisa's emotional intelligence. She praises you and says "she must feel so safe with you." You feel like you are glowing.

Sometimes, when Liisa is happy and laughing and you are spinning her around or singing together, you pretend that she is your child, that she lived inside you and your body was a hospitable home for her. The next time you go to the flat after her emotional breakthrough, Liisa ignores you completely and is inconsolable when her mother leaves, crying, stamping and pushing you away. She storms into her bedroom and lies face down on the bed, screaming. She shouts for you to go away when you try to offer comfort and you almost say, "I thought we were past this?" before remembering that she is still a baby. You lie down next to her, and she turns to you and says, quietly, through tears, "want mama". You are surprised at how much these words hurt you and later, when you walk home, exhausted from the day,

you wonder if you do want to have a baby one day, or if you only want Liisa, or if you could even get pregnant if you tried.

34 months

When you discuss potential options with your new gynaecologist, who you like better than your old one, but only just, you ask about the recovery time for a hysterectomy, just to test the waters. She shakes her head. “That is not a viable option for young women your age. We need to protect your fertility because you haven’t had your babies yet.” You are 22, woozy from the dihydrocodeine that you have been taking to manage a pain flare up that is so severe, you have become anaemic from blood loss. She goes on to tell you that a hysterectomy is by no means a cure for endometriosis because a cure does not exist. Some people find endometriosis in their bowels or remaining ovaries after the surgery, like weeds that keep growing even after you think you’ve pulled them all out. The appointment ends with the gynaecologist taking you off the opiates because she is worried you are becoming dependent on them. She asks you if you have ever tried taking ibuprofen and paracetamol at the same time, something that you have done most days since you were 12 years old and got your period for the first time. She writes you a prescription for both and adds a handwritten note at the bottom: no more than 4 times a day! It feels like an insult. When you get home, you read a thread on Twitter about a woman in the 1950s being diagnosed with hysteria when she actually had endometriosis. After she died, her body was cut open to find the endometrial cells blooming around her body, a cautionary tale against ignoring female symptoms. You feel mistrustful of your old surgeon, and haven’t spoken to him since you changed doctors, and sometimes you lie awake at night, trying to remember exactly what he told you, and wondering if it was the truth.

You look after Liisa for two years, beginning to end. When you start, she is eleven months old and when you finish, she is about to turn three. In that time, you have been prescribed: the contraceptive pill Rigevidon once, the combined contraceptive pill Cerelle three times, you

have had the Mirena coil placed and removed twice, you have had two injections of the temporary menopause inducing drug, Decapeptyl, you have taken the accompanying hormonal drug Tibolone once and you have undergone one diagnostic and laparoscopic surgery in which your surgeon burned endometrial cells and scar tissue off your bladder and pelvis. The listed side effects for these treatments include but are not limited to: fatigue, cramping, bleeding, back pain, mood swings, weight gain, hot flashes, anxiety, depression, vomiting, fatigue, fainting, migraines, vaginal odour, thrush, chronic UTIs, insomnia, anaemia, cold sweats and an increased likelihood of blood clots. You see so many doctors during this time period, that you can't remember all of their names now. This doesn't matter much to you, because can all be placed into one of two categories anyway: the ones that believe in your pain and the ones that do not.

You are worried that if Leo and Anna find out how sick you have been, they won't trust you to look after Liisa anymore. You imagine Anna taking back the approval that she gave to you two years prior and scolding you for putting her child at risk. It would be the final sign that you are not meant to be a mother. You have started to treat the decision of whether or not to have kids like it is something shameful, an addiction or an immoral trait you have. You watch Liisa run in the park, completely free in the way that you forget how to be when you grow up and you think, maybe I do want this. The next day you try for two and a half hours to get her to go down for a nap and she hits you in the face with a book on purpose, leaving a bruise on your cheek. You think, spitefully, that maybe your questionable fertility is a good thing, that now you might never accidentally get pregnant and be trapped in the life of a mother. You research hysterectomy recovery for the hundredth time and find out about a symptom referred to as 'lost femininity'. The idea of this is that, by removing a uterus, the thing that once made you a woman is gone, and some people feel unmoored, disconnected from their own body.

You don't believe that your genitals make you a woman, but you don't think that pain does either. You are not arrogant enough to think that women have the monopoly on pain and suffering, and you don't want to become the kind of person who is owned by their pain - someone who lets the dysfunction inside of their body leak out from its source and rot the whole thing. The only thing that you are sure of, is that you have no idea what you might want in ten, fifteen years, but the thing that you want now is for your body to stop hurting. You want it to feel like a home for yourself before you decide if it could be a home for a baby.

The strange thing about looking after Liisa is that you never imagined you would stop. You have read countless books and articles about the weirdness of nannying, how it is unnatural to be told to look after someone else's child, love it as if they were your own, and then give it back at the end of the day. Your diagnosis, various treatments and all the side effects that accompanied them were all experienced parallel to your time nannying, so, being sick and looking after Liisa are intertwined in your memories. You think about pushing her on the swings while your stomach muscles contract and release, walking around with her pram while your underwear filled with blood, teaching her Twinkle Twinkle Little Star while you sweated through your clothes during a hot flash. Sometimes, you think, insanely, that maybe you never would have got sick if you hadn't started looking after Liisa, that she triggered the cells that started to grow inside of you, but you know that isn't true. When you do stop working for Leo and Anna, it is nothing to do with you. They have decided to put Liisa in nursery, worried that her shyness around other children will worsen if she keeps spending most of her time with you. Part of you is happy that the decision was out of your hands in the end, and you have been scrambling to balance Liisa with your other job and studying for a while now, but you know that you never would have left of your own accord. They reassure

you that you will maintain your role as on-call babysitter, but Anna tone is apologetic, sensing that this is no consolation.

One of the only treatments for endometriosis that you have not tried, is pregnancy. The idea is simple; that if you are fertile enough to get pregnant, and manage to do so, you will stop menstruating and you will stop being in pain. This course of action is considered to be old fashioned now, and doctors will rarely openly prescribe it to patients. In the 1950s and 60s, this plan of action had more to do with blaming women with endometriosis for having an ‘inactive womb’ than it did with curing their pain. If you aren’t having babies, then you deserve to be punished. Fill your womb up and get growing, and you will be rewarded with a healthy body and mind. You find out that another hospital near you has recently employed a woman in the gynaecology department who specialises in endometriosis. You try and schedule an appointment with her but end up having to wait almost 6 months to talk to her directly, and in the end, the two of you meet over Zoom. She asks you to start from the beginning and it takes you 45 minutes to get her up to date. When you finish you say, “did you not read my medical chart?” And she holds your file up to the camera and says that she wanted to hear it all in your own words. Then she says, “before we talk treatment, if you don’t mind me asking, do you think you might want children in the future?” You have never been asked this question by a doctor before, and it hangs there in the silence for a few seconds, her glitchy face patient on the screen before you reply, “I don’t know.”

