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# Thoughts on the Postpartum Situation

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The event of childbirth carries with it a dominant narrative: *that a pregnant woman happily gives birth to a baby*. This appears to be quite a simple formulation—as if a natural fact, as if plain and common sense. Yet, the complexities masked by the mythological and whitewashed quality of this narrative, as I have already argued recently in *The Pregnancy ≠ Childbearing Project: A Phenomenology of Miscarriage* (Feb 2017), harms and even kills women. In this paper, I expand on the problem of what I term "dismemberment after birth" as it operates invisibly in the "postpartum situation." The dominant narrative, combined with a pervasive cultural misogynoir— manifesting specifically as an antagonism toward black women and women of color—as medicalized and ableist establishment of care, renders women without resource if they cannot maintain the desires and embodiments required of a contented and successful maternity. The naturalized assumptions about the narrative move from the birth event to "having a baby" are disrupted here with hope of opening up an opportunity to validate and diversify the more non-linear narratives. As an afterthought to these disruptions, I offer an additional challenge to anti-natalist thinking in its limited insight into the postpartum situation.

**Keywords: pregnancy, intersectionality, postpartum, feminist theory, ableism, ethics**

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## INTRODUCTION

In this paper[1], I want to argue that the postpartum situation is one of exchange: her[2] silence and complicity for her productive and successful procreation. The dominant narrative of *child*birth—what is assumed when we use the term "birth"—is constructed as harmful to women. In a fuller articulation, this dominant narrative goes something like this:

[1]I would like to thank Rosemarie Scuro, Alisa Jahns, Elizabeth Spadaccini, Kevin Timpe, Revekka Halilova, Elselijn Kingma, Joel Michael Reynolds, Lauren Guilmette, Devonya Havis, and Victoria Browne for their support as I completed this paper.

[2]Throughout this article I will be gendering the pregnant woman as "her" and "she-who-is-pregnant" as per the dominant narrative, but it is worth noting that this assumed gendering of pregnancy and postpartum covers over trans people's experiences and more importantly, endanger their credibility. Although I will not be able to challenge this dangerous form of the dominant narrative here, it is worth emphasizing and developing for a more comprehensive challenge to the dominant narrative. From Cheryl Chastine reporting for Rewire.News (Mar. 18, 2015, ¶¶ 4, 7):

> Cisgender people, particularly white individuals, have the privilege when seeking health care of being able to present as their authentic selves without fear. Transgender people, especially people of color, do not.
>
> … Explicitly inclusive language is meaningfully beneficial to [trans]people … because it can help ameliorate the harms of the fear of being harassed or mistreated: When such rhetoric is used, it can signal that trans men and non-binary trans people are more likely to be acknowledged and accepted as themselves.

*If you are pregnant, you must want a baby.*
*If you have a baby, you must be content with being a mother.*
*Isn't that right? Isn't that natural?*
*Isn't that the way it is supposed to be?*

The seemingly rational, natural, and obvious set of assumptions implied by this dominant narrative offers me a line of inquiry:

1) *What happened to her?* This dominant narrative trivializes and simplifies rather than honors the emotional entanglements and ambiguities of the event of birth as she must labor to navigate them;
2) *Don't you want a baby?* It leaves little space for counter-narrating the subjective complexity of the postpartum situation, suffocating, and making suspicious the one who voices counter-narratives as if she needs management (more often: "for the sake of the baby");
3) *"Childbirth is killing black women in the U.S."*[3]. The dominant narrative narrows the pre-conditions for giving birth so no matter what she does or wants, it becomes a fully *white-washing* and *mother-blaming* situation because in most care and medical contexts that have assumed a "two-person" problem[4] of pregnancy (there is a "mother" and a "baby" of which to take "care") she is already further entangled in a misogynoiristic[5] and somatophobic[6] cultural context.

Each of these three dimensions, I will take up here in order to suggest the ways in which counter- and resistant narratives might challenge the dominant, naturalized narrative[7]. I want to defend the space for counter-narratives that does not medicalize or pathologize the more marginalized and marginalizing experiences after "giving birth." I think there is a moral urgency in liberating conceptional and cultural space for new narrative possibilities distinct from the current affective contexts of shame and dismemberment[8] as it is given in the dominant narrative.

**FIGURE 1 |** *Page 175*, a pen and ink drawing from the graphic novel by the author, Part One of *The Pregnancy ≠ Childbearing Project*: *A Phenomenology of Miscarriage* (Rowman & Littlefield International, Feb 2017), © Jennifer Scuro.

As I have already written on pregnancy as it relates to miscarriage, the "failed" pregnancy is a plot and a "set-up" that has worked against women in how their "success" rests on the birth of a (healthy) baby. My phenomenological account allowed me to recognize this "set up" (Scuro, Feb 2017; see **Figure 1**); this situation already presents itself as an *entanglement* in need of disentanglement, a situation reread such that pregnancy could be meaningful independent of any expectation of "a baby." Yet, as I assessed it, it is a most precarious "situation" especially in postpartum when there is "no baby" in the end, fully dismembering her while revealing the depth of the misogynist and ableist social commitments[9].

Here, I purposefully engage and defend the ambiguities of intention, desire, and narrative identity in the Beauvoirian sense, when I refer to postpartum as a situational framing[10] of the "pregnant mother" by the externalized, masculinized moralization of what is assumed to be naturally given to pregnancy when it is limited to being about "the birth of a baby."

In "Situation: The Mother" from *The Second Sex*, Beauvoir states it well:

[3]This title is taken from a headline on cnn.com (11/15/2017), article by Jacqueline Howard.

[4]Well summarized by Suki Finn for *Aeon Magazine*, "Bun or Bump?" (Jul. 27, 2017). Also see Amy Mullin's "Early Pregnancy Losses: Multiple Meanings and Moral Considerations." (p. 27–43) and Lindsey Porter's "Miscarriage and Person-Denying" (p. 59–79). Both of these articles are in a special issue of *The Journal of Social Philosophy*, "Miscarriage, Reproductive Loss, and Fetal Death," edited by Ann Cahill, Kathryn Norlock, and Byron Stoyles, (Vol. 46[1], Spring 2015) on the ways in which a fetus may be granted (or denied) person status.

[5]From Marie Solis' "Meet Moya Bailey, the Black Woman Who Created the Term 'Misogynoir.'" For *Mic* (¶¶3, 6) (8/30/2016): "'Misogynoir' is a term queer black feminist scholar and Northeastern University professor Moya Bailey invented in 2010 to describe the specific way racism and misogyny combine to oppress black women." In her own words, Bailey argues:

> "We see allies getting a lot of points for using terminology that marginalized communities have been using for a while, like when men talk about feminism or white people talk about racism," said Bailey. "There's a real celebration of those instances as opposed to a willingness to listen to the people most affected."

[6]Somatophobia is the complex aversion to bodies that cannot conform to compulsory ablenormativity and is discussed at length in my book, *Addressing Ableism: Philosophical Questions via Disability Studies,* (Lexington Books, Oct 2017).

[7]My analysis is predominantly in reference to the American context. Hopefully, it could be expanded or utilized in other contexts as well.

[8]This "dismembering" phenomenon I tie to ableism and characterize it as "ableism's invisible operation." See Scuro, "Ableism and Dismemberment" for the *Discrimination and Disadvantage* blog, (8/25/2017).

[9]I discuss this at length in Part III, "A Phenomenology of Miscarriage" of *The Pregnancy ≠ Childbearing Project* (MA: Lexington Books, Feb 2017).

[10]Here, this "framing" is both a socio-political shaping of desire and intention as well as a set-up of meaningfulness and existential relation.

> [A] woman often finds herself compelled to reproduce against her will. Pregnancy and motherhood are very variously experienced in accordance with the woman's true attitude, … [and it] must be realized that the avowed decisions and sentiments of the young mother do not always correspond with her deeper desires.[11]

Once pregnant, no matter the outcome or product, she finds herself against herself while also expecting to not come "undone." Additionally, I have argued that once entrenched in a shame and blame culture (Scuro, Oct 2017) *she-who-is-pregnant* is further entangled by a plot of which she *will already fail*—unless of course she can comply and submit herself to the dominant narrative.

***1) What happened to her?***

> "That was an amazing feeling," [Serena] Williams told *Vogue*. "And then everything went bad."

In its uncritical and naturalized form, the dominant pregnancy narrative is first already a two-person story[12], always already about *the mother* and *a baby*. Recently, Serena Williams' postpartum health crisis challenged the dominant narrative. And as much as a celebrity athlete could challenge and rewrite the norms of the dominant narrative, the story as it (really) is about the baby only restored the narrative in its full form. It is Williams herself that completes the narrative of her experience by realigning it with the dominant story of "meaningful" birth:

> "Now that I'm 36 and I look at my baby," she told *Vogue*, "I remember that this was also one of my goals when I was little, before tennis took over…"[13]

Birth is not an event that shapes and inscribes plural, complex meanings. Currently—as it is *child* birth and not also a postpartum event—birth carries a thoroughly gendered and ableist underwriting, with any "queer" characteristics[14] in the narrative quieted for the anxiety they bear against the seemingly naturalness and security when aligned with the dominant narrative: *if she is pregnant, then she is having a baby and should act like a mother*.

The lack of epistemological weight to the postpartum state is a site of real cultural and social loss; the emotional labor and even griefwork[15] instead is alienating, isolating: she is expected to snap back, especially in order to "take care of her baby." The outcomes of birth are eclipsed by the birth of a baby such that the other affective qualities of a birth event—or worse, of other postpartum states like stillbirth, miscarriage, or abortion—are not read in their knowledge-bearing and instructive value. They are instead rendered negligible, a "non-event," despite having significant emotional, physical, and psychological effects. The affective impact of postpartum is a point of alienation and division rather than a meaningful life-event to build solidarity among women of diverse locations, political, and economic positions.

So what of this two-person story?[16]

First, there is *The Mother*: she who is pregnant is elected and individuated, idealized, de-sexualized, fetishized. Her value is in that "she is expecting." Because pregnancy entails childbirth, she who is pregnant is already assumed some kind of "motherhood" status—even if preparatory: she must eat, breathe, act as if she already has a baby in an artificial role play, compelled to engage in an aesthetics of expectation. An identifiably pregnant woman *ought* to act like she wants to take care of and have a baby while being able-bodied, a symbol of well-being. As Maria Kang once asked new mothers, "What's your excuse?[17]"

Then, (and in the dominant narrative, I would argue more valuable than the mother), there is *A Baby*. This is key to the securing of the desires for "naturalness" in the childbearing imaginary (Will it be a natural delivery? Why won't you

[11] Simone de Beauvoir, *The Second Sex*, (NY: Vintage Books, p. 492).

[12] Hilde Lindemann discusses how a pregnant woman might call her fetus "into personhood," an important social process based in expectation:

> [The] proleptic view of pregnancy [is] the "maternalist" conception, because the gestating woman thinks of the pregnancy as a maternal project. Note how, in accepting the pregnancy and beginning the process of calling to her fetus, the woman adds an important set of stories to her own self-conception. She now not only bears the identity of a pregnant woman but also becomes a particular kind of pregnant woman: she is a (fittingly proleptic) expectant mother.

From "Miscarriage and the Stories We Live By" in the Special Issue of *The Journal of Social Philosophy* "Miscarriage, Reproductive Loss, and Fetal Death," edited by Ann Cahill et al., (46 [1], Spring 2015, p. 80–90), p. 84.

[13] today.com (Jan. 10, 2018, ¶¶3, 9) citing Williams' *Vogue* interview, (Jan. 10, 2018).

[14] As Sara Ahmed might characterize it, anything "queer" would be "straightened out" in the framing and reframing of this narrative entailment. From Ahmed's *Queer Phenomenology* (Duke UP, 2006):

> The normalization of heterosexuality as an orientation toward "the other sex" can be redescribed in terms of the requirement to follow a straight line, whereby straightness gets attached to other values including decent, conventional, direct, and honest. The naturalization of heterosexuality involves the presumption that there is a straight line that leads each sex toward the other sex, *and that "this line of desire" is "in line" with one's sex* … [and] the bodies of each sex are "directed" … *as if by design*. … The woman's body becomes the tool in which the man "extends himself." (p. 70–71)

[15] In reference to Part Four of *The Pregnancy ≠ Childbearing Project* (Scuro, Feb 2017), "Griefwork: Or, how do you get over what you cannot get over?"

[16] In *The Pregnancy ≠ Childbearing Project*, citing Young's *On Female Body Experience: "Throwing like a Girl" and Other Essays* (NY: Oxford UP, 2005), I argue against the 'childbearing teleology' which entangles pregnancy with primary purpose of 'having a baby' such that (Scuro, Feb 2017, xiii):

> … [The] bearing of the child becomes integral to the story: "The baby is wanted." She notes how "many aspects [of her pregnancy] are [now] purposeful," by "calling the fetus into personhood" (p. 82–83). Iris Marion Young (2005) [also] writes that one of the most important instruments to the advancement of the entanglement—the "plot"—of childbearing with pregnancy is the ultrasound image. It is often the catalyst for the wanted pregnancy, a sign of the fetus, but also part of the setup in which women can fail and in which women may come to grieve.

[17] See here an account of Maria Kang's viral poster and the aftermath of her entrepreneurial, self-promoting shaming tactics (http://www.scarymommy.com/maria-kang-no-excuses-mom-gains-weight/).

breastfeed?) at the same time entangling the event of pregnancy with the value of a hypothesized child to which she must *want* to take care: Will the baby be a boy or a girl?[18] Will the baby look like me?[19] Will she/he be healthy (i.e., for fear the baby is "disfigured" or disabled?)[20]. In most of these "natural" fears of a "young mother," I hearken to a larger social anxiety of her value to reproduce without exception, without ambiguity and again, to recover quickly from her "situation."

Add to this set of anxieties the greater fiction of the "baby"; an abstraction and fabrication of a hypothetical "person," yet, because pro-life rhetoric underwrites the dominant birth narrative, the hypothetical and most tentative idea of "having a baby" transforms into an operative phantasmagoria of a "real baby," and any other ways to conceive of the preconditions of birth are suffocated against this. Those of us who have had stillbirths and miscarriages know in a most fundamental way that pregnancy does not always entail "having a (healthy) baby"; a reality for us that we can neither escape nor evade.

Sometimes there is a third person—a father—absent, or in the wings, or at her side, he is still usually a marginal character. Horrifyingly, the father could even be her rapist, and still, American exceptionalism makes it about "having the baby"[21]. Phenomenologically, the narrative alters the plural temporality and placement of the birth event: women in the US are now giving birth more often according to business hours. It really isn't about her—each as she is in this situation of giving birth and the accommodations that each individual birth event would require. She is instead, a vessel, a site of "delivery" in which medical interventions have shaped her to conform[22].

But her surviving her pregnancy is not always the goal of giving birth. In Ohio, a law meant to protect minors works like a revenge or "life lesson" for underage girls who get pregnant.

> Minors need permission from their parents before they can receive most any medical treatment, … [and there are doctors reporting] that just as frequently, there are cases where the mothers intentionally deny their teenage daughters an epidural–as a sort of punishment for getting pregnant…
> This gap in Ohio law [also] bars a young mother from the choice to have a C-section[23].

As per my work of disentangling pregnancy from childbearing, Elselijn Kingma similarly argues when challenging the assumed metaphysics of pregnancy that[24]:

> The *hooked-up-ness* of pregnancy suggests that whatever the mother does the foetus is always involved. It suggests that a doing-and-allowing construction (of harm) cannot be applied to pregnancy. When we constantly talk about pregnant women harming their offspring I think we get something very seriously wrong in the conceptualisation of that situation.

The moralistic paternalism and infantilization of women who cannot conform to the mother-role postpartum is exhausting and oppressive. The medicalization of the event as well as the "expense" of having to take time out for recovery (particularly in the American context, we barely "permit" maternity leave while the external and internalized demand is that she go back "to work" or get back to "being herself"—otherwise, something is "wrong") diminishes the opportunity for organic and spontaneous forms of new relation: how she can relate to the world, how she relates to the role of parent and as primary caretaker, how she relates to the "baby" or "child," and how she relates to herself—now in a condition that is irrevocable and unmediated.

***2) Don't you want a baby?***

We have a cultural model of pregnancy and birth that assumes too much when it comes to the ambiguities of desire and action in becoming and being pregnant. This model is already in operation in the silencing and erasure of women left to the margins postpartum. From Jennifer Wright writing for *Harper's Baazar*, "Why A Pro-Life World Has A Lot of Dead Women In It"[25]:

[18] Gender-reveal parties normalize gender binarism, rather than de-naturalizing sex/gender assumptions. Best stated here: "Gendering everything in absolute and binary ways can unknowingly gender the expectations we have for our children" (everydayfeminism.com, 2/7/2016). It is the controlled narrative of *expectancy* that is up for challenge here.

[19] Parenting—its obligations and its roles—needs to be re-narrated independently from biology, not only in defense of adoptive and alternative parenting, but for the freedom from the dominant narrative that includes "maternal instinct" as well as uncritical assumptions about parenting one's "own"/"biological" child. See Amy Blackstone's "There is No Maternal Instinct" for *The Huffington Post* (5/10/2017, ¶¶2-3):

> Despite our culture's deeply held belief that women are uniquely wired to want children, the notion of maternal instinct is a myth. Evidence for the idea that women are innately drawn to having children is scant, if it exists at all.
>
> Not one of the over 700 entries in Sage Publishing's *Encyclopedia of Motherhood* is dedicated to the concept of maternal instinct. Professor Maria Vicedo-Castello reviewed the history of scientific views about maternal instinct and concluded that "there is no scientific evidence to claim that there is a maternal instinct that automatically gives women the desire to have children, makes women more emotional than men, confers upon them a higher capacity for nurturance, and makes them better equipped to rear children than men."

[20] Instead, see "The Case for Conserving Disability" by Mark Leech (11/6/2013) citing Rosemarie Garland-Thomson's "The case for conserving disability" in *The Journal of Bioethical Inquiry*, (Sep 2012, 9[3]: p. 339–355).

[21] I call this the "childbearing teleology" in *The Pregnancy ≠ Childbearing Project* (Feb 2017, p. 189):

> I name this the *childbearing teleology*: the scripts and rituals that underwrite sociopolitical, gendered, and embodied expectations about pregnancy while overwriting and erasing the *existentialia* implied by the pregnant body. This teleology is exercised through a medical and cultural complex of guidance and instruction, asserting itself as what "everyone always" expects when the pregnant body "appears." There is very little meaning or ritual granted to the experience of miscarriage, except in the negation—as a "failed pregnancy."

[22] Reported by Barbara King for npr.org, "Babies' And Bankers' Hours: A Shift In U.S. Birth Patterns" (July 20, 2017).

[23] As reported by Esther Honig for WOSU Radio, "Unaccompanied In Pain: Gaps In Ohio Law Hurt Teen Moms" (Sept. 18, 2017).

[24] Kingma in an interview for *The Philosopher's Zone* (12/8 2014, ¶37).

[25] (Jun 19, 2017, ¶¶43-44).

> According to a study from the Transnational Family Research Institute, 49 percent of pregnancies in the United States are unintentional. The highest rate of unintended pregnancies fall to women of lower socioeconomic brackets between the ages of 18 and 24. So, the women with perhaps the most to lose by having to bear a child. In countries where abortion is an option, 54 percent choose to have one.
>
> And in countries where abortion is not an option? Well, a mother raising an unwanted child doesn't result in a child with the great home life that some conservatives might, bizarrely expect. Being "born unwanted" carries significant psychological risk. A study of children of women who were denied abortions experienced significantly more mental health problems and issues with conflict than wanted children. We also know that, legalized abortion accounts for a significant drop in crime by the time children are adults (in the '90s, following the legalization of Roe vs. Wade in 1973), and studies indicate that post-legalized abortion, we also saw fewer social ills like infanticide, teen age drug use, and teen age childbearing.

And it is not just the question of her desire—whether or not she "wants" to be pregnant or "wants" a baby—that I want to challenge here. It is also the character of her situated and ambiguous desire postpartum, evidenced by the ways in which we account for and diagnose the psycho-emotional impact after giving birth. The medical technologies involved in childbirth have not benefitted women as much as organized the birth event around efficiency and expediency against postpartum litigation and liability—umbrella-termed "maternity care"[26]. As Moore & Lorber argue it in "Birthing and Getting Born: Have Money or Be A Boy," (2002), for pregnant women, "economic resources can spell the difference between life and death" (p. 19), and, women demonstrably *do better* when they are literate and educated (p. 20–21)[27].

Access to good pre-natal care and birth control options are essential to the survival and sustainment of women and that seems better recognized as it serves the dominant narrative, but what of post-birth care? According to "The 4th Trimester Project," a study out of UNC Chapel Hill studying women two years postpartum, women are not prepared for the complexities after birth[28]:

> Strikingly, they've found that new moms very often aren't aware of possible complications, are too embarrassed to discuss their symptoms, and have no clue there are treatments that could help them. They get just one medical visit six weeks after birth, and that's often woefully insufficient for the issues they're dealing with.

Diagnostically, we are limited in terms of how we extend what services, which appropriate supports are needed, and when to intervene. From "Inside The 'Hidden Disorder' New Moms Are Afraid To Talk About" as reported by Catherine Pearson, there is the issue of not even having a diagnosis for the in-between situation given to women who cannot comply to the dominant narrative[29]:

> One reason why postpartum anxiety continues to be overlooked is that it doesn't exist as a standalone diagnosis. Instead, women may meet criteria for generalized anxiety disorder, for something called "adjustment disorder with anxiety" (in which symptoms develop within several months of a specific stressor)—or even for obsessive compulsive disorder (OCD). Before the release of [the] latest version of *The Diagnostic and Statistical Manual of Mental Disorders* (DSM)—the "bible" of mental health diagnoses—some perinatal mental health advocates lobbied to have PPA recognized as its own separate category. At the very least, they hoped for a postpartum onset modifier for generalized anxiety, like there is for depression. It would have sent a message that anxiety that begins during pregnancy (or within the first six months after a woman gives birth) is somehow distinct.
>
> As it stands, however, the DSM does not recognize much of a difference between anxiety in the postpartum period and generalized anxiety.

Again, women who miscarry or give birth to a stillborn, must labor under and against very complicated psychological and emotional conditions as a non-event or as a "failure"[30]. Very often, after giving birth, especially when it is a "successful" event of childbearing, the health of the woman *as a body* is emphasized. This is to say that the woman who successfully delivers is not necessarily "better off" in avoiding the harms of the dominant narrative. Here resides the underlying somatophobia: the body that has just given birth is managed and controlled—made *docile*[31]—treated as separable from the lived, embodied and sometimes thoroughly fracturing experiences given to the postpartum situation.

One story that is most revealing as to this complexity is told by Margaret Cheatham Williams as part of a *New York Times* series offering alternative narratives to the birth "event." Referencing "Yael's" attempted suicides postpartum, especially after coming to learn about her mother's postpartum depression

[26] Citing Barbara Duden's *Disembodying Women: Perspectives on Pregnancy and the Unborn* (Harvard UP, 1993) and Rebecca Kukla's *Mass Hysteria: Medicine, Culture and Mothers' Bodies* (Rowman and Littlefield, 2005), Bernice Hausman describes how "Biomedical measurements" determine the significance of motherhood, pregnancy and birth making her "a scientific object." She demonstrates how "there is no epistemic privileging of women." Hausman quoting Duden: "These technologies take this experience out of women's hands to define and put women in service of 'life'." From "Public Fetuses" in *The Health and Humanities Reader*, T. Jones, et al., eds., (2nd edition, Rutgers UP, 2016), pp. 189–190.

[27] From *Gender and the Social Construction of Illness*, (AltaMira Press, 2002).

[28] Alison Yarrow reporting for vox.com (6/26/2017).

[29] For *Parents Magazine*, reposted on *The Huffington Post* (7/14/2017).

[30] For example, a narrative from Sonya Reilly for *The Independent*, "The silence in the room was deafening" (7/2/2017, ¶¶15–16, 20):

> I can safely say that was one of the worst weeks of my life. I lived in a kind of limbo; my body still looked healthily pregnant but I knew the baby it carried was lifeless... I worried if I would be strong enough to bear the pain of labor knowing there would be no joy at the end. I worried about what my baby was going to look like after being dead for so long before its birth. I worried about needing to go anywhere that week because the goodwill and kindness of strangers toward pregnant women would cause me to breakdown if someone congratulated me or asked when my baby was due. …
>
> My heart bleeds for those women in the past whose grief was not acknowledged and who had to return to normal on leaving hospital after an extremely traumatic event in their lives.

[31] In reference to Foucault's concept of "Docile Bodies" in *Discipline and Punish* (Vintage Books, 1995).

and suicide: "Everything just felt impossibly heavy. … The gap between expectation and reality is where the pain is. And there I was experiencing a shitload of pain[32]."

There is an important instruction in her words: it is the imperative that the *aesthetics of expectation*—in what we expect in the norms and dominant narratives regarding women and their assumed value in "producing children"—be replaced with an *aesthetics of reality*—counter-narrating the invisible reality of the postpartum situation of which women have come to bear and to labor and from which they have "barely survived[33]."

To be clear, I am suggesting that those assumed "successes" in giving birth to "a healthy baby" carries its own set of ambiguities and complexities with both her situation and her desire. Added to this context is the deep and unabating misogynist and ableist somatophobia in contemporary culture. I return to Beauvoir and her insights on this as a "situation[34]":

> Few myths have been more advantageous to the ruling caste than the myth of woman: it justifies all privileges and even authorizes their abuse. Men need not bother themselves with alleviating the pains and burdens that physiologically are women's lot, since these are 'intended by Nature'; men use them as pretext for increasing the misery of the feminine lot still further, for instance, … by making her work like a beast of burden.

Evidence for this rests with the testimonies by disabled women and the way in which they might be unfairly examined and surveilled for their competence to "have babies" (or to raise their children) because of a disability. According to Kristin Lindgren, a disabled writer and mother[35], disability identity "falls between the cracks" but "[for] disabled mothers, the private, intimate acts of maternal care … call attention to interdependency and mutual engagement. They challenge us to reimagine caregiving as an act [that can] transform social institutions and cultural expectations" (p. 95).

As Lindgren acknowledges, that as much as we ought to make these private negotiations public and that these negotiations between disability and motherhood ought to "enter … public spaces through art, literature and policy" because "embodied practices of care can shape and reshape … norms" by attending "to the experiences of mothers who are ill or disabled [as it] opens up new conversations about both disability and motherhood," (p. 96), she at the same time fairly claims that: "Our decision about parenthood was a private one" (p. 92).

It is this privileging of non-normative phenomena postpartum as narrated by those most marginalized by the dominant narrative that I argue here has moral urgency—experiences which need significant and immediate attention. It seems to me a required response for how we have socially, economically, and culturally neglected the ways in which norms must be and have yet to be reshaped; as the harms of the dominant narrative could be remedied in part by what Lindgren suggests as a "thinking with stories" in order to find one's "place," and, perhaps, as she suggests, even for "reconceiving ideas like motherhood." (p. 91–92)[36].

***3) "Childbirth is killing black women in the U.S."***

> *Each year in the United States, about 700 to 1,200 women die from pregnancy or childbirth complications, and black women … are about three to four times more likely to die of pregnancy or delivery complications than white women*[37].

Contextualizing and analyzing the intersectional and intersubjective complexities of what happens "after birth" is mandatory for re-narrating and recovering narratives from the harmful, ableist dominant narrative of childbirth, and the variability of the postpartum situation. Taking care in *who* tells the story, *whose* stories and *how* they are shared are part of this work; also the work must include the alternative, difficult and important stories and have them bear *instructive* importance, credibility, and responsiveness to what we need to do to make the labor of birth better distributed—especially in terms of raced and classed injustices and oppressions.

As reported by Auditi Guha for rewire.com (¶¶p. 9–10):

> [One] report[38] indicates that many women were already struggling financially when they sought abortion care—half had incomes below the federal poverty level and three-quarters reported not having enough money to cover basic living expenses. Six months after being denied an abortion, women were three times more likely to be unemployed than women who were able to access abortion care. They were also more likely to be enrolled in welfare programs.

In July 2017, ProPublica with npr.org collected the stories of U.S. women who died in childbirth not only because, "The U.S. has the highest rate of maternal mortality in the developed world," but, more importantly, because the

> inability, or unwillingness, of states and the federal government to track maternal deaths has been called "an international

[32] Posted graphic video narrative in the NYT, "When Having a Child Doesn't Make You Happy" by Margaret Cheatham Williams and Jordan Bruner (Jan. 18, 2018). Cheatham Williams does a series of videos and reports on pregnancy and postpartum counter narratives for *The New York Times*. See also "Silence of Stillbirth" (6/22/2015).

[33] An example of this shift from the aesthetics of expectation (in which the *What to Expect When You are Expecting* version of both pregnancy and child-rearing is truly non-sense) to an "aesthetics of reality" is with *The Honest Body* project's series by Natalie McCain, (http://thehonestbodyproject.com/): "After the Baby is Born: A Postpartum Series."

[34] Beauvoir, p. 255–256.

[35] From "Reconceiving Motherhood" in *Disability and Mothering: Liminal Spaces of Embodied Knowledge*, Lewiecki-Wilson, et al., eds., (Syracuse UP, 2011).

[36] In my graphic novel narrative, I recount another woman's experience in our pregnancy loss support group in which, having experienced many miscarriages and having no children, she asks, "*Am I even a mother*?"

[37] Subheading title is taken from a headline on cnn.com (11/15/2017), epigraph is from ¶7 of this same article by Jacqueline Howard.

[38] "The Economic Impact of Denying Abortion Care May Be Bigger Than You Think" (2/7/2018). The report is published in *The Journal of Midwifery & Women's Health*, "Subsequent Unintended Pregnancy Among US Women Who Receive or Are Denied a Wanted Abortion," by Evelyn Angel Aztlan, Diana Greene Foster, and Ushma Upadhyay, (1/27/ 2018).

> embarrassment." To help fill this gap, ProPublica and NPR have spent the last few months searching social media and other sources for mothers who died, trying to understand what happened to them and why. So far, we've identified 134 pregnancy- and childbirth-related deaths for 2016 out of an estimated U.S. total of 700 to 900. Together these women form a picture of maternal mortality that is more racially, economically, geographically, and medically diverse than many people might expect[39].

It is my intention here, as I extend it from my "pregnancy ≠ childbearing" project, to liberate the knowledge of women and girls from the affective entanglements of the dominant childbirth narrative, especially as these entanglements dismember them from self-knowledge and self-directed narratives about their "situation." It is the survivability of childbirth that has me suspicious that the same entanglements that work against women who miscarry or abort their pregnancies are operative when it comes to her in the postpartum situation.

From Nicolas Kristof in *The New York Times*[40]:

> An American woman is about five times as likely to die in pregnancy or childbirth as a British woman — partly because Britain makes a determined effort to save mothers' lives, and we don't.
>
> Here in Texas, women die from pregnancy at a rate almost unrivaled in the industrialized world. A woman in Texas is about 10 times as likely to die from pregnancy as one in Spain or Sweden, and by all accounts, the health care plans proposed so far by Republicans would make maternal mortality even worse in Texas and across America.

He later adds:

> Saving lives also requires better prenatal care, yet more than a third of women in Texas don't have a single prenatal visit in the first trimester. One factor is that Texas politicians, on a rampage against Planned Parenthood, have in effect closed a number of women's health clinics.

And although Kristof is making an appeal to a "mother-saving" or "mother-loving" ideology, which I find to be neither a fair nor persuasive line of argument, it does further demonstrate how the prolife and neoliberal policies and policing of reproduction does much harm to women. This appropriation of women's bodies and desires for the sake of reproduction adds a further layer to the problematic, especially for women of color in that this "love of the mother" is part of the white-washing of the "mother" narrative. The cultural imaginary and the material history of childbirth has only shown to be a product of persistent anti-black racism[41].

I think it is the mother-blaming rhetoric and the underlying misogynoir that is the most harmful to women, constructing an untenable situation for women postpartum. As Tania Lombrozo argues it in "Using Science to Blame Mothers"[42]:

> These assumptions about each parent's roles and responsibilities transfer all too readily to research on the developmental origins of childhood health and disease. If we implicitly assume that mothers ought to have sacrificed, nurtured and known best, we'll tend to see them as "the cause" when a suboptimal outcome occurs—even when other causal factors were also at work and even when an individual mother may not be the most appropriate locus for intervention.
>
> Values infuse science in all sorts of ways, for better and for worse. The influence of values can be dangerous, however, when it slips in under the radar. In the kinds of cases Richardson and colleagues cite, it's all too easy for people to take themselves to be making value-free descriptive claims about what causes what. "That's just what the science tells us!" is the tempting but naive response.

Our technologies are not representative of the "full range of bodily possibilities"[43]; rather, they are designed for maximum surveillance and control of reproduction and maintaining hegemonic interests. These hegemonic interests carry uncritical, value-laden operative norms, specifically selecting for white, able-bodied privilege in ways that are fetishistic, phobic and even fanatic[44].

Somatophobia—the general and public aversion to the lived and non-normative body—is concomitant with the white-washed[45] motherhood and childbirth narratives allegiant to the dominant narrative. For example, Samantha Pierce, an African-American woman from Cleveland, Ohio, describes her experience postpartum for NPR's *Morning Edition* after her twins died only moments after being born[46]:

> [She] was devastated. For months, she couldn't bear to look at herself in the mirror, especially her stomach. She felt as if her womb was a cemetery — "a walking tomb," she says. "It was just walking evidence of loss, of failure, of not being able to hold kids in. I couldn't even do the one thing I was put on this planet for, which was bear children." (¶7)

These experiences also demonstrate a trend toward racialized disparity. As the NPR report cited above claims it: "Scientists and doctors have spent decades trying to understand what makes

[39] From "Lost Mothers" (July 17, 2017).

[40] Posted by NYT, "If Americans Love Moms, Why Do We Let Them Die?" (7/29/2017, ¶¶2–3, 17).

[41] A good account of this is by Feminista Jones for Opendemocracy.net in the context of anti-abortionists' appropriation of #BlackLivesMatter. She states: "And while white women have historically been encouraged to be mothers, African-American women were regularly denied opportunities to engage in any activity that didn't prove to be valuable to whites, including the development of their own families" (10/16/2017, ¶6).

[42] For npr.org (8/25/2014, ¶¶20-21).

[43] See Joel Michael Reynolds' TEDxEmory talk, "Transability or your body is not what you think," (7/7/2014).

[44] For a good reference point, see the documentary *Jackson* (2016), directed by Maisie Crow.

[45] For an account of this, see Margaret Andersen's "Whitewashing Race: A Critical Perspective on Whiteness" in *White Out: The Continuing Significance of Race*, (A. Doane & E. Bonilla-Silva, eds., NY: Routledge, 2003), in which whitewashing is the way in which "whiteness operates as an invisible norm" that also operates as a "cultural hegemonic" (p. 24–25).

[46] As reported by NPR's *Morning Edition* (12/20/2017), "How Racism May Cause Black Mothers To Suffer The Death Of Their Infants."

African-American women so vulnerable to losing their babies. Now, there is growing consensus that racial discrimination experienced by black mothers during their lifetime makes them less likely to carry their babies to full term" (¶10).

Much energy and resources are invested in constructing the causal and historical narratives for these disparities—from genetic, to socio-economic, to psychological. I would argue here that the epistemological weight is in the fact of it. By acknowledging that these harms already are operative—that it already *is* (not just how it has come to be)—we could also detect elements of both mother-blaming and the resistance to it embedded in many of these narratives. As Pierce states (¶¶44–45):

> "We really are hard on ourselves … [and] so we really need other women, especially other black women to say, 'I see you. You're doing fine. Keep going'."
> Pierce can't change how society treats black women. But she is trying hard to change how black women cope with stress. If they can make their bodies more resilient, it might give their babies a better chance of surviving.

Again, arguably, I find this to be an unsatisfying coping strategy to the systemic harms of misunderstanding and devaluing postpartum phenomena in that too much of the uncritical value in these narratives seems to still be about saving "the babies" and more specifically, "their babies." The management of shame and blame remains labor still to be done predominantly by those most marginalized by those same normative expectations given to the dominant narrative.

Whatever future work is to be done here, if I am persuasive about the urgency and demand in attending to non-normative postpartum phenomena, should also be done with due regard for the *interstitial*. From Kristie Doston citing Falguni Sheth (2014, p. 14)[47]:

> Detecting an interstice often takes significant work, again, much of which is itself philosophical labor. Merely physically traveling to an interstitial location, for example, a border, does not ensure that one has the perceptual capacity to detect interstices. And, as Sheth indicates, one does not need to travel at all. Interstices surround us at all times. Some of us dwell in them, aware of their existence via philosophical reflection on lived experience and/or advanced study of constitutive institutions. However, to conceive of interstices as physical locations to which one travels overlooks the reality that the interstices exist at our very feet, and that the awareness of these interstices requires philosophical labor, broadly conceived.

The recognition of harm through the statistical analysis and collecting of evidence seems to provide preconditions for either evading or appropriating whatever accountability is to be had in challenging and overturning the dominant narrative. I argue for new emphasis on counter-normative and counter-hegemonic formulations of pregnancy and postpartum based on an *aesthetics of reality against the aesthetics of expectation* given to the dominant narrative, effectively de-naturalizing the exernalizing and unsustainable norms that have become historically and culturally permissible sites of harm as well as unnecessary and disparate postpartum labor.

## A CONCLUDING AFTERTHOUGHT

There is a small subset of philosophers that argue an "anti-natal" theory, centered on the hypothesis that it is better to have never been born at all. In *The New Yorker*, David Benetar, an advocate for anti-natality, is cited as stating that most people assume "a duty to have children," yet this duty manifests only pain and suffering (¶8)[48]:

> They have high hopes for their children and these are often thwarted when, for example, the children prove to be a disappointment in some way or other. When those close to us suffer, we suffer at the sight of it. When they die, we are bereft.

Therefore, the anti-natalist argues, one is better off having never been born in the first place.

It is this "better off" calculus of utilitarian logic that is troublesome—in part—for its affinity to ableist thinking: "it is better to be dead than disabled"[49]. The anti-natalist assumes that with this central tenet of "being better off never having been born" that certain implications follow:

- There is less suffering outright because so much of being alive includes sustained suffering.
- This is a rational response to the problem of what is (perceived as) thoroughly non-rational, i.e., the state of pain and suffering.
- There are socio-political benefits including the reduction of the human population and its corresponding impacts. In one version, voluntary human extinction is suggested.

Like the claims made in the central part of this paper, the anti-natalist position again forgets the complex situationality of women who bear the emotional and affective (read: real) labor of childbirth. For many women around the world, "birth" is not a hypothetical abstraction by which to conjure hypermoralizing assumptions, therefore we cannot ride roughshod over the engendering of possible knowledge of what counts as valuable or as unnecessary suffering.

The anti-natal assumption is that only the rational, objective position can best control the birth narrative, as if there is a diagnosis to be had and a cure to be prognosticated. Women have long been subjected to hyper-rationalist, abstracted hypotheses about what is of "most benefit," what is "best," and conversely, what is "suffering," and how that ought to be managed or avoided. But, this subjection of women to

[47] Kristie Dotson's "'Thinking the Familiar with the Interstitial': An Introduction" in *Hypatia* Special Issue: "Interstices: Inheriting Women of Color Feminist Philosophy," (Winter 2014, Vol. 29, No. 1, p. 1–17).

[48] See Joshua Rothman's profile of David Benatar's work in *The New Yorker* (11/27/2017).

[49] Here too, there is an assumed affiliation between pain and suffering with disability and therefore, the ableist thinking is that death is preferable. As an alternative, see the mission of the advocacy organization, *Not Dead Yet* (http://notdeadyet.org/about).

perhaps well-intended but hyper-rationalist hypotheses—as we find ourselves situated to be the "beasts of burden" in the work of giving birth and in the labor of rearing children—has never been to our benefit and too often goes without our consent.

Attention to the under-narrated experiences "after birth" becomes morally obligating if we truly consider the disproportionate harms done to women postpartum. If the evidence points to systemic injustices and undue labor based on uncritical and intersecting biases, then, the norms and cultural imaginary that adheres to the dominant narrative needs to be challenged at every turn. As narrated by Olivia Exstrum for motherjones.com (¶¶7–8)[50]:

> The results for women forced to carry their pregnancies to term were bleak: They were more likely to be in poverty, less likely to have full-time employment, and more likely to receive public assistance for years later. Although women who were denied abortions slowly became more likely to have full-time employment, it took years for them to catch up to the women who had abortions. There were no differences between groups in race, education, or marital status when the study began, but those who gave birth were more likely to be younger than 20 years old, less likely to already have children, and more likely to be unemployed. Foster said this is because young people and those who have never had children are more likely to not realize they're pregnant until it's too late to get an abortion.

Effectively, this is to say that the careful inquiry has not quite been made by those who play with the anti-natalist hypothesis: What is *her* situation? What does she "after-birth" and she who is postpartum *know*? And therefore, what does she *need*? Critically, *how has it come to be that we do not even care to ask*?

Luce Irigaray in *Speculum of the Other Woman* describes this conflict between the dominant narrative, the cultural imaginary subsidizing the idea of a woman who wants to bear children as the most natural of gendered desires, and the precarity of the postpartum situation better than I can (p. 165–166)[51]:

> Woman, for her part, remains in unrealized potentiality — unrealized, at least, for/by herself. *Is she, by nature, a being that exists for/by another?* … Ontological status makes her incomplete and uncompletable. She can never achieve the wholeness of her form. … She is *both one and the other*. … She is equally *neither one nor the other*. …
>
> She alone is in a position … to question her function in this all-powerful "machine" we know as metaphysics, in that omnipotent "technique" of onto-theology. She functions — still — as choice, but a choice that has always already been made by "nature," between a male pleasure and her role as vehicle for procreation.

The anti-natalist is anti-phenomenological, usurping the phenomenal quality and knowledge-generating power over birth—the power of natality[52]—and denying her through masculinist speculations. It has been my argument here that all instruction about birth ought to come from her as she has been and may be put in a phenomenologically exceptional situation, to be relocated as she has come to disproportionally bear the labor of giving birth along with all of its corresponding ambiguities and outcomes.

## AUTHOR'S NOTE

JS is the author of *The Pregnancy ≠ Childbearing Project: A Phenomenology of Miscarriage* (Rowman and Littlefield International, Feb 2017) and *Addressing Ableism: Philosophical Questions via Disability Studies* (Lexington Books, Oct 2017).

## AUTHOR CONTRIBUTIONS

The author confirms being the sole contributor of this work and approved it for publication.

[50] "A Heartbreaking New Study Shows What Happens to Women After They Are Denied Abortions" with the subheading: "They face serious longterm economic impact" (1/18/2018).

[51] Ithaca, NY: Cornell UP, 1985.

[52] According to Victoria Browne in "Feminist Philosophy and Prenatal Death: Relationality and the Ethics of Intimacy" (*Signs: Journal of Women in Culture and Society* [2016], vol. 41, no. 2, p. 388–389).

> Hannah Arendt's concept of "natality," … signifies "the new beginning inherent in birth." For Arendt, natality is the condition for political and social change because the appearance of someone new and unique, at a particular moment in time, means that the future can be different from the past and present.

Browne is citing Arendt's *The Human Condition*, (2nd ed. Chicago: University of Chicago Press, [1958] 1998, p. 9, 246) as well as Adriana Cavarero's analysis of Arendt, *In Spite of Plato: A Feminist Rewriting of Ancient Philosophy*, (Cambridge: Polity 1995).

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