

Repro-Woman: A View of the Labyrinth (from the Lithotomy Position)

Brenda Waugh†

“‘Woman’ is only a position that gains its . . . definition from its placement in relation to ‘man.’”

-Mary Poovey¹

“[The question is how] the subject constituted himself, in such and such a determined form . . . through a certain number of practices which were games of truth, applications of power.”

-Michel Foucault²

“Nothing is more real than nothing”

-Democritus³

It is of me now I must speak, even if I have to do it with their language, it will be a start, a step towards silence and the end of madness, the madness of having to speak and not being able to, except of things that don't concern me, that don't count, that I don't believe, that they have crammed me full of to prevent me from saying who I am, where I am, and from doing what I have to do in the only way that can put an end to it, from doing what I have to do.

-Sam Beckett⁴

† Brenda Waugh is a practicing lawyer in Charleston, West Virginia. I wish to thank many beloved companions for their numerous and diverse contributions to my experience in birthing from which this article is drawn: My husband, Chris Quasebarth, and my children, Elexa, Dashiell, and Jasper, my birth attendants, Monica Andis, Nicole Schatz, Bill Pope, Meriem Keith, Ruth Walsh, and Donna Spellman. My appreciation also to my friends, Marie Ashe and Mary Ellen Griffith, and to my grandmothers, Helen Price Smith and Gladys Dunbrack Waugh, who have contributed many of the ideas, thoughts and emotions which are expressed in this article. My appreciation also to Anthony Chase, Barabra Katz Rothman, Jim Elkins, and Ester Zorn for their encouragement with this article.

1. Poovey, *Feminism and Deconstruction*, 14 FEMINIST STUDIES 51, 51 (1988).
2. THE FINAL FOUCAULT 10 (J. Bernauer & D. Rasmussen eds. 1988).
3. Quoted in S. BECKETT, *I CAN'T GO ON, I'LL GO ON i* (1976).
4. S. BECKETT, *THE UNNAMABLE* 51 (1978).

INTRODUCTION

This is a paper about a relationship of power; about structures which house oppressive powers; about a definition of an exclusively female experience—redefined and recreated by the masculine understanding of the experience. But from where I lie, it is easy to see, but hard to speak. I speak from a cold table, laid here, my arms and legs bound to a base which I do not claim—suffering the unknowing gaze, the unfeeling touch, of my captors. As I am laid here in the lithotomy position⁵—I can see only that which I am permitted to see. I can speak only in the voice—the tone—the pitch—from which one can speak when laid flat—on a cold table, in a foreign room. How did I get here? I didn't come here, I just opened my eyes and here I was, tied down. Through my pain, I will draw my letters and tell you about my friends in a hope that some of my horror will be heard.

In my weariness, will I choose the wrong path—wandering aimlessly? In my despair, will I reduce my view to an oversimplified, reductive argument of causes and effects? Stifled by this language . . . will it deceive me? Centered in my world which escapes definition, will this movement into the other side force me to the singular definition of women or birth?

I can only listen. Listen.

There might doubtless be a way to approach the dark area that motherhood constitutes for a woman; one needs to listen, more carefully than ever, to what mothers are saying today, through their economic difficulties and beyond the guilt that too existentialist feminism handed down, through their discomforts, insomnias, joys, angers, desires, pains and pleasures . . . One might, in similar fashion, try better to understand . . .⁶

5. The lithotomy position, for those who haven't been in it, is the position in which most American women are "delivered." Women are placed flat (or semi-inclined) on their backs with their legs tied up and spread apart in stirrups. See Haire, *The Cultural Warping of Childbirth*, INT'L. CHILDBIRTH EDUC. ASS'N. NEWS (special report) 17 (1972).

6. Kristeva, *Stabat Mater*, in *THE KRISTEVA READER* at 179 (T. Moi ed. 1986).

Once, I dreamed that I was having a baby. In my dream . . .

I dreamed that I was laying on a table in a room
with linoleum tile on the floor and
without any windows.

Across from me was a line of men,
seated behind a table.

They were lined up,
diagonally,
across the corner of the room. They were there,
dressed in white coats,
wearing tags with letters on them over
their
left pockets.

They were all there, lined up, staring at me.
Their eyes bore down onto my body.

The men were talking,
their murmurs fading into the unoccupied crevices of this
chamber.

And I was there,
laid on a table,
my legs together,
my arms stretched out to my sides—tied down.

I lie there,
naked, except for a sheet draped over my body.

Am I alive?
AM I DEAD?
Who are these men, what are they doing lined up
and looking?

It occurs to me that they are looking at me because they are
thinking about me and that they are thinking about how I
should go about

birthing my baby.

Confusion, disorientation. How did I get here? One of them starts moving towards me. I look at him. He retreats to regain his seat at the long table stretched diagonally across the room. The door opens.

Another line of men in long black robes,
walks in,
standing behind the white coats.

They are all looking at me. A black robe shoves a white coat towards me. He places a mask over my face. I feel the suffocation of the gases; my limbs become numb . . . I no longer feel my body . . . my mind drifts around the room in my confusion. Where is my body?

I see a white coat holding a glistening stainless steel knife, holding it, and plunging it into the abdomen. He slices the flesh and then tugs at the corners of his mark. He stabs into the muscles, stretched tightly across the abdomen. The blood spurts out of the veins of the body. The blood streams into the floor. Is that my body which this is happening to? Is this someone else? If it isn't my body, where am I?

The blood slowly dripping . . .
And now
what?

The white coat takes his gloved hand and plunges it into the body, (my body?) invading . . . to extract the person,
inside

“in the fetal state.”

What now? I can't go on. I can't bear to open my eyes, to watch this assault on me, on her, no. Stop. I scream, in the guttural tones of the primitive . . . the animal. I scream, a pitiful animal, limb caught in the hunters' trap . . . not dead . . . muscles caught in the sharp edges of the “v,”

the serrated edges of the blades of the trap.

But, by now, the black robes have turned their backs. They
are holding conch shells over their ears and pretending to
hear
the sound of the
ocean.

No one can hear me, and
I suppose, drifting here, disembodied, wondering if that is
me or her or another . . .
No one can hear,
and no one can see
me.
My scream.

I. THE DEFINITION OF "BIRTHING"⁷ AS PATHOGENESIS

Birthing woman as pathological? Abnormal? Who says? Look. A swollen
abdomen . . . blood . . . moans . . . pathology. Defining a transversed reality.
But see. Silence. Culture: nature. Culture—cause célèbre.

Who says? What says? What of? What relation?

Man: Woman. Normal: abnormal. Health: pathological. To be "pathologi-
cal." A narrow, singular and monotonous definition of "person"—person
confined by separateness and consistency of self. No waves, no tides, no
waning nor waxing. Isolated pond, never changing, never moving, never
vibrant.

And what about the ocean? The conch shell?

Women: pathological; needing treatment. Expert treatment. "Expert
treatment" of one sex. Menstruation? Pre-Menstrual Syndrome: PMS?⁸

7. "Birthing." I am using a verb, "birthing," rather than any other possible verb for this activity
for a distinct purpose. "To give Birth" is unsatisfactory since this term takes the "fetus" as the subject.
"To be delivered" takes the physician or birth attendant as subject. The subject in "birthing" rather is
the woman who, while sharing the activity with others, must not become the object of her own activity.

8. PMS—A SYNDROME? Normal becomes pathological. "[U]p to 90% of the female population
has recurrent premenstrual symptoms." Robinson, *Premenstrual Syndrome: Current Knowledge and*

Birthing? Confinement? Material construction. Sickness. Sick. Entombment of an ideology.

A definition gaining life, giving in to the relationship of power. Powerlessness. I wander, looking for the unobstructed view. Looking . . .

"I fail, no matter what I write, in this, that I should be linking the infinite—insane—richness of 'possibles' to the precision of meaning."⁹

Reification of birth as pathogenesis.¹⁰

Reification of birth as pathogenesis.

REIFICATION OF BIRTH AS PATHOGENESIS.

And then "the gradual reconstitution over the last 80 years of pregnancy as a distinct type of social behavior falling under the jurisdiction of the medical profession."¹¹

And so:

[T]he dominant cultural definition of the birth event in the United States is a medical one. As a consequence, the grounds on which obstetric practices are properly justified within this system are medical scientific grounds. (In other cultures, depending on the definition of the event, practices might be justified on the basis of family resources, by appeal to letting nature take its course, on the grounds of protecting mother and child from supernatural charm and the like.)¹²

It is no surprise therefore, that wherever scientific medicine is instituted, childbearing becomes absorbed into the medical domain. *This amounts to a redefinition of birth as a medical event.*¹³

Once, I went to a hospital, to accompany one woman in her travail. I

Management, 140 CANADIAN MED. ASS'N. J. 605, 606 (1989).

9. G. BATAILLE, *INNER EXPERIENCE* 38 (L. Boldt trans. 1988).

10. R. WERTZ & D. WERTZ, *LYING-IN: A HISTORY OF CHILDBIRTH IN AMERICA* x (1977). See also P. ARMSTRONG & S. FELDMAN, *A WISE BIRTH* (1990) and B. ROTHMAN, *IN LABOR: WOMEN AND POWER IN THE BIRTHPLACE* 50-77 (1982) for wonderful and complete discussions of the origins and implications of this definition.

11. A. OAKLEY, *THE CAPTURED WOMB: A HISTORY OF THE MEDICAL CARE OF PREGNANT WOMEN* 4 (1984).

12. B. JORDAN, *BIRTH IN FOUR CULTURES: A CROSS CULTURAL INVESTIGATION OF CHILDBIRTH IN YUCATAN, HOLLAND, SWEDEN AND THE UNITED STATES* 68 (1978).

13. *Id.* at 76 [emphasis supplied].

walked into the “labor room.” Her eyes were wide open. In her eyes, I saw, I see myself, squatting on my bed, my eyes wide open, “beseeching.” Hands gripping desperately to the steel bars of the “bed.” Imprisonment. Like before, I reach over and turn the lights off . . . permitting us to escape the harsh lines converging in front of us. And then, her own . . . relaxation . . . breathing . . . darkness . . . solitude.

The external fetal heart monitor argument enters, looking smug. The external fetal heart monitor argument is wearing a doctor costume. Lights up.

Monitor: Don't you care about your baby?

Women: Yes.

Monitor: You are going to cause your baby to die.

Women: Get out.

Soon, another woman came in. The women sat together, in a darkness broken only by the colored light bursting from the birthing woman. The rest of the hospital staff stayed away from the stillness of the cavern. The peaceful silence of anticipation dancing with the melodic presence of being—which accompanies women in our travail. She sat peacefully, cross-legged, eyes closed, breathing.

Next door (from outside of the cavern) the women heard a jaded sound. Another woman was screaming, and as she screamed the women heard a man scream: “Pant, pant, pant.”

But in the cavern, as she travailed, a radiated vision emanated from her—a vision of a beautiful woman sitting in a clearing, surrounded by giant redwood trees. Bright streams of golden, rose and violet sunlight blaze through the branches. Her warmth consumes us.

Soon, pushing.

She stops, “I'm so scared.”

“Tell us.”

This opening of emotion, of fear—confronting life and death—moving on.

Enter the delivery room argument costumed in a doctor's uniform. Spotlight up. Music down. Count ten.

Enter gurney. Woman is asked to sit on gurney, strapped down. Setting changes. Stainless steel, tile, artificial green.

Enter the munchkins dressed in artificial green. The woman is then lifted and moved to a stainless steel table. The munchkins tie her legs—spread far apart—to leg braces.

The munchkins put a sheet over her naked breasts, and then surround her, forming a semi-circle around the lower half of her body. They stare at her bulging perineum.

Munchkins in green: PUSH.

Push.

Push.

Enter the episiotomy argument dressed as a doctor. Episiotomy argument moves to center stage, just in front of the perineum and lifts a pair of scissors, sticking one blade into the woman's vagina. Pulling the blades together, he slices through delicate tissue and muscles.

Surgical blood drips to the floor.

A. The Definition of Birthing and the Relationship Between that Definition and a Masculine Desire to Control Nature

Nature—culture.

Now what? Sherri Ortner.

Nature—culture. Doing what? Sherri Ortner:

Specifically, my thesis is that woman is being identified with—or, if you will, seems to be a symbol of—something that every culture devalues, something that every culture defines as being of a lower order of existence than itself. Now it seems that there is only one thing that would fit that description, and that is “nature” in the most generalized sense. Every culture, or, generically, “culture,” is engaged in the process of generating and sustaining systems of meaningful forms . . . by means of which humanity transcends the givens of natural existence, bends them to its purposes, controls them

in its interest.¹⁴

What?

Roberto Unger—remold nature, to be closer to God? Roberto Unger:

Nature and culture are conceived as discontinuous realms, incommensurable with one another. Culture is the realm of consciousness, of symbols, and of freedom. It is constructed through the control of nature outside man and within him. It stands for the triumph of intelligence over the blind and stupid resistance of natural things to human will. The better culture controls nature, the more do its transactions with the natural world come to resemble those of God with His creation.¹⁵

“Man stands before nature
and society
as the grand manipulator.”¹⁶

Birthing women coalesce with nature, as nature. Modern man, the grand manipulator, craves control. Male birth attendants seize control of the experience, forbidding nature to sway in its own direction with the rhythm—of the birthing woman. Listen.

In defense of this operation, to cut away from the mountain top (one hundred and five tons in the bucket of the steam shovel) to reveal the seam of the coal (the cliff exposed, like an unfinished road, like a washboard, topsoil carried away, slate and pyrite exposed) they cited a vital contribution to the nation.

In defense of this operation, to cut into her womb (an incision made diagonally under her naval, across her abdomen or vertically under her naval to her pubis, or vertically to the right and below her naval) they cited his eternal soul. In defense of this decision (hemor-

14. Ortner, *Is Female to Male as Nature Is to Culture?* in *WOMAN, CULTURE AND SOCIETY* at 71-72 (M. Rosaldo & L. Lampher eds. 1974).

15. R. UNGER, *KNOWLEDGE AND POLITICS* 161 (1975).

16. *Id.* at 153.

rhage from the uterus into the abdominal cavity, severe pain, severe shock, infection of the wounds) they mentioned charity over justice.¹⁷

Charity over justice.

HE STANDS BEFORE NATURE

A nurse: "When a woman doesn't have any medication she'll deliver at her own pace. But an undrugged birth is a frantic event in a hospital. The doctors get very nervous. They're not in *control* and never quite prepared."¹⁸

BEFORE WOMAN

A doctor.

Without looking up, he asks Baya what's wrong with the next patient He won't look at the women, ever, ever The woman can't make head or tail of the table. At one point, she's kneeling on it Dr. . . . grabs the woman's feet, hails her down the table, to the edge and over From the woman, fluttering hands and "pa . . . pa . . . pa." If this is what he's doing to my feet, what's he going to do with the rest of me? From Dr. . . . hissing, spitting, cursing—

"Animal! Idiot!"¹⁹

AS THE GRAND MANIPULATOR

Another doctor.

"The big change for the future in obstetrics is the absolute control of labor medicine will be able to direct the dilation of the cervix and orchestrate uterine activity."²⁰

17. S. GRIFFIN, *WOMAN AND NATURE: THE ROARING INSIDE HER* 118 (1978).

18. S. ARMS, *IMMACULATE DECEPTION: A NEW LOOK AT WOMEN AND CHILDBIRTH IN AMERICA* 164 (1975) (quoting an anonymous nurse midwife) [emphasis supplied].

19. I. YOUNG, *THE PRIVATE LIFE OF ISLAM* 57-58 (1974).

20. P. ARMSTRONG & S. FELDMAN, *supra* note 10, at 127-28 (quoting *American Baby Magazine*).

HE STANDS BEFORE NATURE
BEFORE WOMAN
AS THE GRAND MANIPULATOR.

Creating the eternal soul from the refuse of his hollow abdomen. Taking and making by holding, in control.

Man-ipulator.

B. *The Historical Medical Control of Birthing Woman Through the Reification of Birth as Pathogenesis*

Manipulation. What is it for? Three hundred years of manipulation (or more). Marching one, hup two.

three.

four.

HE STANDS BEFORE . . .

- Male birth attendants
- Instrumental "deliveries"
- Definition of pregnancy by symptoms
- Certification of attendants and educational institutions
- Hospitalization
- Anesthesia and sterile conditions

MARCHING . . .

(Everywhere we go)

Our bodies thrust deep in the mud, the mud of this well-worn path, the path of the march . . .

(you will always know)

the march to the place where culture becomes the cause célèbre.

(That those)

And once, then sick, begging help from the expert.

(caissons go)

PLEASE . . . manage my delivery.

(rolling)

Deliver me from evil . . .

(along.)

TO THE BEAT

Fifteen hundred, A.D., women, we all attend other birthing women, friends, birthing, comfort, rituals celebrating ourselves, birthing ourselves.²¹ And now, what now? Still now? MALE BARBER SURGEONS. Men in the birth chamber. (Barbers?) What can they do?

OF THE

1588. Male midwives. The Chamberlen brothers.²² His forceps—"Come into my bed"—brought to bed. The invitation. Deception. He came, in disguise, and with him, concealed, inside a mysterious wooden box: his hands of iron. Once our secret; now his trick. Forceps. Control of birth. The moment of birth, depending not on nature, woman-time, but on man's tools. Welcome. The honor of your presence is requested

BOMBASTIC

"There's no getting rid of them without naming them and their contraptions, that's the thing to keep in mind."²³

We can never know what it was or how it was done. But only to talk about it; in a way, we can try to name it and then—begin to find the path back.

DISCOURSE

They said that we, women, were "vulgar," women midwives—dirty, uneducated and vulgar;

They said that the male birth attendants did something;

They said we would die in birth;

They said we were to suffer in birth. Such pain. Such intense pain.²⁴

21. For a discussion of birthing as a part of a communal passage into womanhood, see R. WERTZ & D. WERTZ, *supra* note 10, at 1-6.

22. The Chamberlen brothers were three men who led the movement in late 16th century England towards employing "male midwives." They achieved great success as midwives, in part because they invented forceps, the first obstetrical instrument. They attended births, often arriving near the time of delivery with forceps concealed in a box. They then tied a sheet over the laboring woman's body and their own arms in order to conceal their actions as they pulled the baby out with the forceps. See S. ARMS, *supra* note 18, at 19-20.

23. S. BECKETT, *supra* note 4, at 53.

24. The conditions under which women were trying to birth in the late 19th century led to immense pain, for which relief could only be obtained through trained physicians. A. OAKLEY, *supra* note 11, at 130. The "pain relief" once offered by midwives—companionship, knowledge, and trust—were lost when these birth attendants were replaced. P. ARMSTRONG & S. FELDMAN, *supra* note 10, at 125, 219-33. See also E. NOBLE, *CHILDBIRTH WITH INSIGHT* 50-51, 97 (1983).

They said they celebrate the individual.

They said that they could control nature.²⁵

CON-TROL. Male birth attendants.

The female midwife encouraged mobility in labor . . . the male accoucheur preferred restraint.²⁶ The female midwife encouraged a variety of strong, free positions for birthing . . . the male accoucheur demanded that the birthing woman lie flat.²⁷ The female midwife encouraged "welcome companions . . . to bear her pains to more advantage."²⁸ The male accoucheur forced the "crowd" of supportive friends and family out of the birthing chamber.²⁹

Written methods: a diagnosis of pregnancy: a formal/symptom/assessment.³⁰ Symptoms become the experience. Alone, defining the experience.³¹

SYMPTOMS—nausea, fluid retention and swelling, rise in blood pressure, presence of trace of protein in urine—

. . . Normal reconstructed as illness. Reconstruction (complete with carpet baggers.) Essence, beyond symptoms, vanished.³²

25. C. SCHOLTEN, *CHILDBEARING IN AMERICAN SOCIETY: 1650-1850*, at 99 (1985). *See also* J. LEWIS, *IN THE FAMILY WAY: CHILDBEARING IN THE BRITISH ARISTOCRACY, 1760-1860* 223 (1986) ("The aristocrats were accustomed, under other circumstances, to a large measure of control in their lives: why could not something be done to alleviate human suffering, however natural it was?").

26. A male "professor" of midwifery at the University of Pennsylvania wrote in 1826 that walking about during labor was a "preposterous custom" that "should be strictly forbidden." C. SCHOLTEN, *supra* note 25, at 44. Modern obstetrics adopts this "custom." F. CUNNINGHAM, P. MACDONALD & N. GANT, *WILLIAMS OBSTETRICS* (18th ed. 1989) states: "The normal mother and fetus need not be confined to bed early in labor prior to the use of analgesia." *Id.* at 312. However, in reality, women rarely remain mobile. "With cervical dilation and uterine contractions that cause discomfort, medication for pain with a narcotic . . . plus one of the tranquilizer drugs . . . is usually indicated." *Id.* at 328. The less medicalized approach returns to the view of the colonial midwife recommending mobility. *See* E. NOBLE, *supra* note 24, at 75-78, for her discussion of the benefits of mobility in labor and the difficulty in moving in the hospital.

27. C. SCHOLTEN, *supra* note 25, at 44.

28. C. SCHOLTEN, *supra* note 25, at 26 (quoting V. SEAMEN, *THE MIDWIVES MONITOR AND THE MOTHER'S MIRROR: BEING THREE CONCLUDING LECTURES OF A COURSE OF INSTRUCTION IN MIDWIFERY* 90-91 (1848)). Before 1860, the birth attendant would leave the birthing chamber, but the laboring woman would never be completely alone. SCHOLTEN, *supra* note 25, at 175. In 1830, family members, both male and female, were present at the English aristocrat's birth. J. LEWIS, *supra* note 25, at 171. The husband was rarely excluded. The Prince remained by Queen Victoria's side during the birth of the older child. "The prince was present at Queen Victoria's side almost all the time, there remaining to live and carry and comfort and help, to read and sing and summarize dispatches . . ." M. WARNER, *QUEEN VICTORIA'S SKETCHBOOK* 107 (1979).

29. C. SCHOLTEN, *supra* note 25, at 47.

30. A. OAKLEY, *supra* note 11, at 18.

31. M. FOUCAULT, *THE BIRTH OF THE CLINIC* 91 (1973).

32. "What they did was a good deal more complex; essentially, they constructed a schema of pregnancy which systematized what was taken to be the everyday experience of pregnant women. Thus systematized, this experience then came to be represented as technical-medical knowledge." A. OAKLEY, *supra* note 11, at 14 (discussing early medical textbooks). The symptoms are further defined by

Now-locus of birth, from the home to the hospital.³³ But hospitalization brought sickness-death . . . an epidemic of puerperal fever. Fear. Threatened by the fever, women flocked to the hospital for protection. But what? But who?

THE PHYSICIANS caused the epidemics.
The physicians, working in the hospitals,
The physicians, spreading the bacteria from the dead to the living.
The physician: a promise of safety—a death sentence.³⁴

Promises to eliminate bacteria; to employ fastidious cleanliness. Cleaning what? Women. Women? Women. Shaved pubic hair.³⁵ Emptied bowels.³⁶ “The prep”: “prepped” for the relinquishment of control, under the authority of illusory necessity: medical necessity.

The 1920’s. “The roaring twenties.” Trauma created by “medical

objective and scientific tests. See F. CUNNINGHAM, P. MACDONALD & N. GANT, *supra* note 26, at 129-58; I. BOBAK & M. JENSEN, *ESSENTIALS OF MATERNITY NURSING* 245 (1987) (Symptoms of pregnancy include nausea, disturbances of urination, fatigue, the sensation of fetal movement.).

33. MacKenzie, *Rural Midwifery Practice*, PRACTITIONER 269 (1925). For a discussion of the gradual reappropriation of birthing, see C. SCHOLTEN, *supra* note 25, at 103-104 (“As women increasingly controlled the frequency of pregnancy, so too physicians worked to control the conditions of childbirth. They accomplished this control by increasing use of surgical instruments; by administering anesthesia to diminish or even eliminate the pain of childbirth; and finally, toward the end of the nineteenth century, by taking birth out of homes altogether and moving it into the hospital.”).

34. See E. SHORTER, *A HISTORY OF WOMEN’S BODIES* 133 (1982) (reporting that in 1860-1869, 31.1 per 1000 women died from puerperal fever in hospital births, and 5.7 per 1000 in homebirth, excluding those who died from perforated uteruses and cesarean sections followed by the fever). No one can ever know how many women died in birth at the hands of their trusted physicians. No statistics are available on exactly how many women died in the United States from childbed fever. For a discussion of the conditions the women were purchasing, see Fletcher, *Balancing the Baby Budget*, 111 THE CENTURY MAGAZINE 419 (1925-1926); Dunbar, *To the Baby Debtor*, 67 GOOD HOUSEKEEPING 35-36 (Nov. 18, 1918).

35. In 1936, WILLIAMS OBSTETRICS recommended shaving for the first time. E. SHORTER, *supra* note 34, at 186, 191. See also I. BOBAK & M. JENSEN, *supra* note 32, at 389 (suggesting that purpose of the “shave” is “to facilitate repair and curtail infection.”). Shaving a woman’s pubic hair may actually promote infection. See Haire, *supra* note 5, at 14. What psychological effect is imposed on a woman when a stranger approaches her prior to her birthing and shaves off her pubic hair?

36. The enema also continues to be employed by many physicians in the 1990’s. The function is allegedly to insure that “fecal matter doesn’t contaminate the area.” F. CUNNINGHAM, P. MACDONALD & N. GANT, *supra* note 26, at 313. However, when asked why he continued to employ enemas, one physician responded: “Frankly, I don’t wish to be shat upon.” N. COHEN & L. ESTNER, *SILENT KNIFE: CESAREAN PREVENTION AFTER VAGINAL BIRTH (VBAC)* 162 (1983). See also I. CHABON, *AWAKE AND AWARE* 133 (1966) (“[A]n empty lower bowel means that no fecal matter will be expressed when the baby is born.”); Romney & Gorden, *Is Your Enema Really Necessary?* 282 BRIT. MED. J. 282 (1981).

necessity." Welcomed obliteration.³⁷ Ether inhalation and chloroform.³⁸ Rendered lifeless, escaping the torture. General anesthesia. Epidural and spinal anesthesia. Disassociated from herself, birth becomes "a scene at a railroad station where the workers were trying to make sure the train arrived on schedule. Numb from the waist down, she concentrated her attention objectively on other people's activity."³⁹

Floating into euphoria she reclined on the doctor's table, woman released everything on her back on the doctor's table, woman released everything she had—her power, her work, her responsibility and her baby—to the authority of the physician who willingly took it.⁴⁰

Anesthesia necessitated forceps.⁴¹ Forceps penetrate the woman's vagina, now widened by a surgical cut: an episiotomy.⁴² Anesthesia, forceps, episiotomy, "Who's looking now?"

Sick.

Here's looking at you.

If he's a busy man he may have other patients to serve at the same time. However, you need to have little fear that he will neglect you. It won't help much to have him sit by the bedside and hold your hand throughout the labor—in fact, such a procedure would be good neither for you nor for him. It is far better that he come in with a fresh point of view at the time when he is needed. His judgment will as a rule be better than if he had been watching you helplessly for hours.⁴³

A woman asked, "Can I have my family with me?"

37. "Obliteration" was often the goal. In the 1920's the pain relief was provided by "twilight sleep" which included first an injection of morphine and then scopolamine. Scopolamine is merely an amnesiac. "[T]he procedure dulled awareness of pain and, perhaps more important, removed the memory of it." R. WERTZ & D. WERTZ, *supra* note 10, at 150.

38. A. RICH, *OF WOMAN BORN* 189 (1976); S. ARMS, *supra* note 18, at 21.

39. R. WERTZ & D. WERTZ, *supra* note 10, at 189.

40. See S. ARMS, *supra* note 18, at 51.

41. See Avard & Nimmod, *Risks and Benefits of Obstetric Analgesia: A Review*, 12 BIRTH 215 (1985); Husemeyer, *Epidural Anesthesia and Assisted Delivery*, 90 BRIT. J. OB. & GYN. 594-95 (1983).

42. F. CUNNINGHAM, P. MACDONALD & N. GANT, *supra* note 26, at 323. Bobak and Jensen define episiotomy as "an incision made in the perineum to enlarge the vaginal outlet." I. BOBAK & M. JENSEN, *supra* note 32, at 920. Women often dread the episiotomy, suffering as they heal. See N. COHEN & L. ESTNER, *supra* note 36, at 194; V. ELKINS, *THE RIGHTS OF THE PREGNANT PARENT* 60-64 (1980); S. KITZINGER, *THE COMPLETE BOOK OF PREGNANCY AND CHILDBIRTH* 141-42 (1989).

43. Stafford, *Tell Me Doctor*, LADIES HOME JOURNAL, Feb. 1951, at 31.

Certainly not. Your husband might be permitted to see you for a short interval from time to time, but as to anyone else—not if I can help it. One of the very good reasons for being in a hospital is to get away from well-meaning but uninformed advisors Let's say we have reached the point where the patient feels great pressure in the region of the outlet Now is the time when she must be taken to the delivery room and made ready for this actual birth event. There she is placed upon a specially devised table equipped with stirrups, which sustain her legs with knees flexed in an appropriate position for delivery. Her hands are also effectively restrained Now the delivery is ready to take place and this will be managed slowly and carefully by your doctor, while you are sound asleep In all probability you will know nothing and feel nothing until you suddenly awake and hear, coming from what will probably seem a great distance, a lusty little Wa-a-a-ah.⁴⁴

And now? What now? 1920. 1980. 1990 . . . Compulsory hospitalization. Illusory choice. The illusion of choice.⁴⁵ Illusion that pacifies. The 1980's Progress. A lie. In the 1940's less than 5% of all births were cesarean sections, yet by 1985, many hospitals reported a 38% cesarean rate.⁴⁶

Placed on a table, all limbs restrained . . . knocked unconscious or given a regional anesthetic, (knocked up and knocked out) no feeling left from her breasts down. A woman's body "draped." A stiff green partition, slicing into her abdomen. The cheap carnival "trick" where the woman—sawed in half—lives.⁴⁷

44. *Id.* at 162.

45. B. JORDAN, *supra* note 12, at 88. *See also* Y. BRACKBILL, J. RICE, & D. YOUNG, BIRTH TRAP 187 (1984).

46. A true cesarean rate is not available since many hospitals report less than complete statistics. From my experience and confidential conversations with nurses, I estimate that the cesarean rate at most hospitals that I have visited is at least 38%. *See also* Grisanti, *The Cesarean Epidemic*, NEW YORK, Feb. 20, 1989, at 56-61.

47. Before you have a cesarean section a nurse will shave off your pubic hair and slip a catheter into your bladder In the operating room sterile drapes are put around your tummy and if you are going to be awake a screen is erected at about waist level so that you do not see the surgery. Your tummy is washed in antiseptic solution You will be given an epidural or general anesthetic. When your whole tummy is numb or you have become unconscious, a small cut is made through the lower abdominal wall below your navel Packs of surgical gauze are pressed in to keep other organs out of the way. A horizontal slit is made through the muscle and the bag of waters bulges through it. The obstetrician pops the bag and sucks out the amniotic fluid . . . and uses one blade of the forceps . . . under the baby's presenting part to ease it out of the small opening.

S. KITZINGER, *supra* note 42, at 310-11.

Listen.

The magician slices into her body and extracts the baby . . . passes it along to the nursery. Control, his desire to control her, to have her, is satiated.

C. *The Legal Control of Birthing Woman Through the Reification of Birth as a Pathogenesis*

The law. Compulsory hospitalization-control. Babies who are born in the hospital die more frequently from birth-related induced injuries than babies who are born at home.⁴⁸ "But what if something should happen?" Something is happening!

STOP! SPECTATOR, STOP your infernally infested inferno. A tower of Babel screaming the language of the lies of oppression. This towering inferno . . . This INFERNAL MACHINE by Jean Cocteau:

Watch now, spectator. Before you is a fully wound machine. Slowly its spring will unwind the entire span of a human life. It is one of the most perfect machines devised by the infernal gods⁴⁹

The oracles were clear. Against them, an ordinary woman feels weak and lost⁵⁰

STOP! STOP that infernally infested inferno. A tower . . .

REALIZE that it is by words, and by the hand, and by the gun, that your power is seized. Male-controlled legislatures, and the physicians who woo them, send women to the castle of illness to be delivered by the king-pins of pathology.⁵¹

It took two tries to get the needle for the spinal in the right place I couldn't feel myself breathe from the anesthesia and because I was partially shaved, painted orange, draped in green, I.V. in one arm, the BP [blood pressure] cuff on the other, and strapped down spread-eagle on the table to have my baby. No one could (or would) take one of my hands and let me feel my chest move as I took a breath. Andy, poor thing, was in the OR with me. I say, "poor thing" because I think he was sure he was there to watch his wife be sacrificed to some chrome and green god.

Jami, in N. COHEN & L. ESTNER, *supra* note 36, at 55.

48. See Burnett, *Home Delivery and Neonatal Mortality in North Carolina*, 244 J. A.M.A. 2741, 2743 (1980).

49. J. COCTEAU, *THE INFERNAL MACHINE* 6 (1963).

50. *Id.* at 80.

51. For comprehensive surveys on judicial and legislative actions regarding homebirth, see Wolfson, *Midwives and Home Birth: Social, Medical, and Legal Perspectives*, 37 HASTINGS L. J. 909, 929-33 (1986); Cuddihy, *Legislation and Nurse Midwife Practice in the United States*, 29 J. NURSE MIDWIFERY 55 (1984). In 1985, 85.4% of all physicians were men. BUREAU OF THE CENSUS, U.S.

The legislature . . . the doctor . . . the judge . . .

Legal discourse. Leaving now, the world I know, my world. Leaving the world where Alice Bowland saw herself in another birthing woman's eyes . . .

Alice Bowland and two other midwives were charged with violating the California Business and Professions Code for attending births. The women contended that pregnancy and birth are not sicknesses or illnesses and that the statutory regulation did not apply to them.⁵² The California Supreme Court in *Bowland v. Municipal Court*,⁵³ answered that contention by deciding that pregnancy is a "physical condition," and thus the midwives' activity constituted a "treatment."⁵⁴

Legal mandate. Doctors' orders. Judicial order. Merge. ORDERS. Disorderly orders.

Lisa Wilson, due to religious beliefs, refused insulin treatments which were recommended by her physician in her thirty-fourth week of pregnancy. A probate judge ordered her to submit to all recommended medical treatment, and the appellate judge affirmed the order.⁵⁵

Another woman. A prosecutor charged Pamela Rae Stewart with child abuse when her baby died a few weeks after birth. During her pregnancy a physician diagnosed Ms. Stewart as having placenta previa.⁵⁶ Her physician

DEP'T. OF COMMERCE, 108TH ED., STATISTICAL ABSTRACT OF THE UNITED STATES 95 (1988). State legislatures were 84.5% men. *Id.* at 248. The United States House of Representatives in 1987 contained 412 men and 23 women, and the Senate 98 men and 2 women. *Id.* at 244.

52. *Bowland v. Mun. Court*, 18 Cal. 3d 479, 488, 556 P.2d 1081, 1084, 134 Cal. Rptr. 630, 633 (1977). I am using the term "lay midwife" as distinguishable from a "certified nurse midwife." Today, both midwives attend birthing women. A lay or empirical midwife receives her training through apprenticeship and usually works with other lay midwives. A certified nurse midwife is a registered nurse with extended training in birthing. She usually works under the supervision of a physician. For a more extensive discussion, see Davis, *The Midwife: A Profile*, in HEART AND HANDS: A GUIDE TO MIDWIFERY 3-7 (1981); Note, *Childbearing and Nurse Midwives: A Woman's Right to Choose*, 58 N.Y.U. L. REV. 661 (1983).

53. 18 Cal. 3d 479, 556 P.2d 1081, 134 Cal. Rptr. 630 (1977).

54. *See Bowland*, 18 Cal. 3d at 491, 556 P.2d at 1087, 134 Cal. Rptr. at 636. The *Bowland* court refused to address the question of the relative safety of homebirth, claiming that it is a question for the legislature. The court should have heard and addressed these arguments since in properly assessing the relationship between the state's interest in health and welfare of the fetus and the mother and the legislation, the court would have recognized that the state interest is not necessarily furthered by the prohibition of certain attendants, especially those included to attend homebirth.

55. *In re Baby Wilson*, 81-108 AV, County of Calhoun, Michigan (1981)[on file with YALE J.L. & FEMINISM].

56. *See Bonavoglia, The Ordeal of Pamela Rae Stewart*, MS. 92, 95 (July-Aug. 1987); N.Y. Times, Nov. 23 1987, §1 at 1, col. 2. *See also* Wash. Post, May 5, 1985, at A1, col. 3 (discussing case of Rhonda Murphy, who pleaded not guilty to murder charges when her baby died shortly after birth); Marcotte, *Crime and Pregnancy*, 75 A.B.A. J. 14 (Aug. 1989) (discussing case of Melanie Green, who was charged with manslaughter and supplying drugs to a minor when her child died two days after birth when medics determined that cocaine was in child's bloodstream; Grand Jury refused to return

then advised Ms. Stewart to report to him as soon as her labor started. The prosecutor claimed she didn't. Ms. Stewart was jailed after her son's death.⁵⁷ Eventually the judge dismissed the charges despite the prosecutor's pursuit of a murder charge for Ms. Stewart's failure to follow through on medical advice.⁵⁸ Is this prosecutor's position, like that of the judge in Ms. Wilson's case, a demand that women submit unquestioningly to medical technology in birthing? Is this a mandate, punishable by incarceration? How deep is the desire for control and to what extent will it be pursued?

II. THE DEFINITION OF "INDIVIDUAL" AS HOSTILE AND SINGULAR

A. *The Development and Reliance Upon the Western Definition of "Individual" as Hostile and Removed from Other Individuals*

"I have to go on. Perhaps in the end I shall smother in a throng. Incessant comings and goings, the crush and bustle of a bargain sale. No, no danger. Of that."⁵⁹

I can't go on "For I feel my tears coursing over my chest, my sides, and all down my back. Ah yes, I am truly bathed in tears."⁶⁰

It gets worse. My view, it gets worse. Not that I can't see, but that sometimes I can—clearer and brighter, the garish details emerge. Plainly emerge . . . as I can plainly see . . .

Who is the individual? Whom is individual freedom for?

An individual-conceiving, being pregnant, birthing and suckling?⁶¹ Stop.

I went to see a play, "1000 Airplanes on the Roof," about another alienated man, "M" (any relation to Baby M, I wonder?). An alienated man who traveled in and out of time until he was abducted by alien beings. Traveling, "because, like all beings, they hope to see themselves in the face of another."⁶² Alien. Looking to see . . . "M," an individual born of his

indictment and charges were dismissed).

57. Bonavoglia, *supra* note 56, at 52.

58. *Id.*

59. S. BECKETT, *supra* note 4, at 5.

60. *Id.* at 23.

61. "In any social situation, the possibility exists for alternative definitions of the situation, alternative social realities. Which version is accepted and acted on is a reflection of the power of the participants. The consequences of course depend on the definition of the situation. *Those who define, control.*" Rothman, *The Social Construction of Birth*, in *THE AMERICAN WAY OF BIRTH* at 105 (P. Eakins ed. 1986) [emphasis in original].

62. From a theater program, *1000 Airplanes on the Roof*, by D. Hwang, performed in Washington, D.C., Dec. 1988.

experience of alienation and differentiation.

People are separate—alienated.⁶³

“And it is postulated that each organism is a product of a struggle for existence among the molecules. That the human body is a product of warfare among its parts.”⁶⁴

Listen. “What that material state of separation existentially entails is not a perpetual celebration of autonomy, but rather, a perpetual longing for community, or attachment, or unification, or connection.”⁶⁵

That moment—the moment when I was no longer one?

Listen. Julia Kristeva. “FLASH—instant of time or of dream without time; inordinately swollen atoms of a bond, a vision, a shiver, a yet formless, unnamable embryo. Epiphanies. Photos of what is not yet visible and that language necessarily skims over from afar, allusively.”⁶⁶

Birth—the separation of the connection. The moment of birth Then another contraction. Contraction. Pushes. Placenta—sacred organ.⁶⁷ Sacred *nous* pulsating the umbilical cord—the placenta—the place where two flow into one.⁶⁸

“I want to eat it, keep it.”⁶⁹

And then, ripped from the womb, thrown in the garbage. “It has to be part of that capturing of the womb by the professional managers of childbirth that in law it is the duty of the professional deliverer at least to dispose of this marginal, fairly unpleasant, but undoubtedly useful, organ.”⁷⁰ Insignificant to the expert, a final moment of “attachment and separation.”⁷¹

Woman—participating in reproduction—breathing in concurrence and

63. See generally Gabel, *The Phenomenology of Rights-Consciousness and the Pact of the Withdrawn Selves*, 62 TEX. L. REV. 1563 (1984).

64. S. GRIFFIN, *supra* note 17, at 30.

65. West, *Jurisprudence and Gender*, 55 U. CHI. L. REV. 1, 9 (1988). West suggests a humanistic ethic in this article which would be based on our feelings of connectedness. See also Kristeva, *supra* note 6, at 182.

66. Kristeva, *supra* note 6, at 162.

67. Midwives in the south had a very special and ritualistic treatment of the placenta which “reflected the pervasive view that the afterbirth was an extension of the human body, or part of life.” Holmes, *African American Midwives in the South*, in THE AMERICAN WAY OF BIRTH, *supra* note 61, at 282.

68. “Nous” is a Greek word meaning the highest intellect. I borrow the word for this special kind of knowledge between mother and her “fetus” because it is a highest knowledge, and because “nous” is also a French pronoun meaning us. Thus, I am speaking of a “nous” which is a kind of intimate, “us” knowledge between the two who are at once, one.

69. P. CHESLER, WITH CHILD: A DIARY OF MOTHERHOOD 117 (1979).

70. A. OAKLEY, *supra* note 11, at 176-77.

71. B. ROTHMAN, THE TENTATIVE PREGNANCY 111 (1986).

concert—syncopated similitude. At once! Herself and Other. Freely sharing temporal sensations. Imagine a sameness, a solitude of duality. Imagine a connection which destroys boundaries, where subject and object become this one, a middle voice, an undifferentiated relationship: “One in which the subject and object are often the same It abolishes distance and may therefore be seen as the form in which a distinct erotic component is present.”⁷²

“I can’t go on.” This middle voice—in my language? Who is she? Who is she “attempting to fight her way out of a state of confusion between self and other to struggle to clarify the relation between ‘I’ and ‘you,’ *but in the end it succeeds only in expressing the inability of its language to do so.*”⁷³

Will I say other? Will I say one? Will you spin in confusion, frantically twisting in contorted conundrums? Listen. “You are moving. You never stay still. You never stay. You never ‘are.’ How can I say ‘you,’ when you are always other? How can I speak to you? You remain in flux, never congealing or solidifying. *What will make that current pass into words?*”⁷⁴

“A middle voice”—the place where self and other merge—A society monomaniacal in celebration of individualism—differentiation drowns the place. But he said.

“He said . . . isn’t it just” “She said: It looks. Don’t you think it looks a lot like rain?” “He said: Isn’t it. Isn’t it just.

72. Bartkowski, *Feminism and Deconstruction: A Union Forever Deferred*, 4 ENCLITIC 70, 72 (1980).

73. B. JOHNSON, A WORLD OF DIFFERENCE 190 (1987) [emphasis supplied].

74. L. IRIGARAY, THIS SEX WHICH IS NOT ONE 214 (1985) [emphasis supplied]. The language of law is clearly deficient to discuss this deep experience of love, and of hate, of tranquility and of turmoil. Wendy Savage is an English obstetrician whose license was revoked for attending VBAC homebirths. She described her feelings of this language which defines birth by analogy. “At one point the chairman asked what was the difference between a trial of labour and a trial of scar. Mr. Kennedy helped him out: *Your concern is whether it is going to get unzipped along the old scar line.* Again I felt conscious of the women behind me—so mechanical it sounded, not like one’s uterus, the place where a child is nourished and grows.” W. SAVAGE, A SAVAGE INQUIRY: WHO CONTROLS CHILDBIRTH? 115 (1986) [emphasis in original].

The insufficiency becomes exaggerated in the courtroom, especially in the cases of forced treatment when these women are forced into court, often without an attorney. Jordan & Zorn, *Court-Ordered Caesareans: An Ethical Dilemma*, 5:3 THE CLARION 9 (1987). In a survey of twenty cases of court-ordered intervention, 88% of the cases took six hours or less to obtain a court order, and in a full 19% of the cases took less than one hour for the hospital to get the order. Kolder, Gallagher & Parsons, *Court-Ordered Obstetrical Interventions*, 316 NEW ENG. J. MED. 1192, 1193 (1987).

Isn't it just like a wom-an?"⁷⁵

He (Unger) said:

[T]o be conscious is to have the experience of being cut off from that about which one reflects: it is to be a subject that stands over against its objects. A prerequisite of the distinction between subject and object is that the subject be capable of defining its relationship to the object as a question to which different answers might be given. The subjective awareness of separation . . . defines consciousness⁷⁶

"She said: it's hard. It's just hard. It's just kind of hard to say. "He said: Isn't it. Isn't it just like a wom-an?"

And, then, he said. And then, he said. He said and then: "[t]he dominant consciousness in the liberal state includes a characteristic view of the relation . . . between man and his fellows . . . [which] underlines the separateness of person, the artificial character of society, and the ties of reciprocal need and hostility among individuals."⁷⁷ Relations.

"She said: It takes. It takes one. It takes one to. It takes one to know one."

"He said: Isn't it just like a woman?"

Wait. Individuals. Hostile individuals.⁷⁸

75. L. Anderson, *Big Science* (recorded for Massenet in 1982).

76. R. UNGER, *supra* note 15, at 200.

77. *Id.* at 19.

78. "With the fetus seen as a separate patient, the obstetrician has come to see the mother as a potential adversary . . ." B. ROTHMAN, *supra* note 71, at 28. The adversarial view is adopted by legal and medical critics. See Robertson, *Procreative Liberty and the Control of Conception, Pregnancy and Childbirth*, 69 VA. L. REV. 405, 455 (1983) ("Where the need to preserve the unborn child's life or health conflicts with the mother's wish for vaginal delivery, the child's interests should take priority. If the mother's insistence on vaginal delivery causes death or injury of the child, the mother could be subject to civil liability or criminal prosecution."). See also Raines, Editorial Comment, 63 OB. & GYN.

“She said. She said it. She
said it to no. She said it to
no one”

Another time I was summoned to the hospital by a doctor. As soon as I got off of the elevator, the electronic fetal monitor argument (dressed in the costume of a doctor) rushed towards me, streaming miles of papers behind him.

“Are you Mrs. Waugh?”

“Ms. Waugh, yes.”

“The problem with Mrs.”

I LOATHE this . . . in the hospital Mrs. . . . A woman, in her travail . . . without her name. When I had a baby in the hospital, they would always come in.

“Mrs. Waugh?”

I would think about the Mrs. Waughs I had known, alive and dead.

One, the dead one, rumor has it that her husband fetched her away “from her people.”

deep in the mountains of
West Virginia.

“She wasn’t even wearin’ shoes and she had long braided hair.”
and he moved Mrs. Waugh to town,
into his house.

Later, the next Mrs. Waugh, at sixteen, was moved into that same house.

She had a baby, he was breech, they tried to turn him.

“Lord, how I labored. Thought I would die. Lord I turned blue. I remember waking up and seeing Misses Waugh and Mr. Waugh and mom and dad all a standing around my bed. I thought I had died.”

And the next; the last Mrs. Waugh.

Who went into labor with toxemia—with me—at eight months. She

598, 599 (1984) (“The physician has a fiduciary duty to his patient, and in this instance there are two patients with competing interests: the woman who refuses the cesarean and the fetus whose health depends on it.”); Jurov & Paul, *Cesarean Delivery for Fetal Distress Without Maternal Consent*, 63 OB. & GYN. 596 (1984).

was twenty. She labored all alone for hours, undrugged. Moments before she was to birth me, they knocked her out.

I guess that I'm glad that there won't be any more Mrs. Waughs.⁷⁹

Hordes of papers—garbled statistics. “Excuse me.”

I went into the birthing room with that Mrs. They had an oxygen mask on that Mrs. Stillness—interrupted only by the tone of the fetal heart monitor and the periodic intrusions by the munchkins or the doctor. Interventions . . . even a “fetal scalp sample” where he crawled into bed with the Mrs. and stuck his long thing up her vagina to get a blood sample, by sucking it out of the scalp of the baby.

Did he need the assurance,
that the Mrs. already had?

Finally, the birth.

“And they said it couldn't be done.”

“Who said?”

“The nurses . . . They were all betting that we'd section her.”

Sometimes, my friends ask me if I feel like I'm going to puke at births.

79. Or are there? Who says?

This article was originally solicited for a law review symposium issue on reproductive rights. After a lengthy correspondence, I received a letter informing me that the law review no longer intended to publish this article since “the piece did not ‘work.’”

This letter was addressed to :

“MRS. Brenda Waugh”

I remind myself that this editor of a symposium issue on reproductive rights—in 1989—assumes that I am

a

Mrs.

[Author's note: At the request of the members of the *Yale Journal of Law & Feminism* who edited this piece, and against my recommendation, I have deleted the specific reference to the law review and the editor.]

She said: She said it. She
 said it to no. She said it to
 no one. Isn't it. Isn't it just?
 Isn't it just like a woman?

Your eyes. It's a day's
 work to look into them.
 Your eyes. It's a day's
 work just looking into them.

B. *The Medical Incorporation of the Definition of Women as Hostile and Alien to Their Children in Directing the Definition of Birthing Women*

Divided—altered. This lie of division, stimulating mayhem. The berth where two become one—swallowed by patriarchal cavities. The question: “the mother or the child?”⁸⁰ It's not possible. There is *only* one.

Institution. Institutionalized, hospitalized, differential treatment of mother/fetus invades the moments and days after birth. The mother pushes her baby from inside of her body. A physician severs the umbilical cord. The hospital personnel whisk the baby to a corner, taking woman's baby, of her body, away. For the first time in this long attachment, woman and child are separated. Severed.

Adversarial. “Honey, only let her nurse for a few minutes on each side or your nipples will get sore.” What? Will my baby steal away infinitely at my breast? What kind of beast would suck its mother dry?⁸¹

The continued development of a technology that renders a woman invisible—and her “fetus” emerges visible and separate: x-ray, b-scan, ultrasound. “The continued development of a technology that renders the fetus

80. The question has its own history In 1733, the Messieurs les Docteurs en Theologie de la Faculté de Paris posited: “Enfin, se l'on ne peut sauver que la mère ou l'enfant, en se servant de l'opération césarienne, sans espérance bien fondée pour l'autre, lequel des deux est-on obligé de préférer?” [*trans.*—Finally, if one can save only the mother or the infant in doing the cesarean operation without hope of saving the other, which of the two should be chosen?] S. GRIFFIN, *supra* note 17, at 118. Are the needs divergent? Can one be saved over the other? Cf. P. TITUS, *THE MANAGEMENT OF OBSTETRICS DIFFICULTIES* 740 (1940) (discussing craniotomy (perforation of fetal skull, evacuation of its contents, crushing skull) for delivery of hydrocephalic baby and decapitation of fetus in transverse lie presentation). But note that he suggests that these operations don't necessarily save anyone, due to the high incidence of incurable infection, fatal hemorrhages and ruptures of the uterus. *Id.* at 749.

81. How do women feel about this early separation? See P. CHESLER, *supra* note 69, at 119: “Little one: what are *you* doing right now We could steal you ‘This is a stickup. We want *him*. No-name over there!’ (Strange, how hospitals make you feel criminal for having normal emotions.) . . . Our separation is unnatural.”

visible, that gives obstetricians more and more direct access to the fetus itself . . . exacerbated the problem. Doctors developed a relationship with the fetus, the separate patient within."⁸² Mother out of focus . . . out of view.

Womb transparent?—Invisible woman?—Can even a remnant of her polyphonic song survive bisection?

Object. The medical object. Object of gaze. Object of touch. Enter the clinic: examination. A passive source of knowledge—an object.

"[I]n the clinic where one is dealing only with *examples*, the patient is the accident of his disease, the transitory object that it happens to have seized upon"⁸³ It is understandable, then, that medicine should have had such importance in the constitution of the sciences of man—an importance that is not only methodological, but ontological, in that it concerns man's being as object of positive knowledge."⁸⁴

The "touch" objectifies—transmogrifies—in dynamic placidity. The "gaze" as the moment when the physician thrusts his knowledge on his patient as he looks at her in evaluation—creating an unwelcome intrusion—a distance. The "gaze" transforms the subject into his object.

The "gaze"—thrust upon the patient. Foucault discusses the power relationship that "the gaze" creates.

He had asked for help of which he was the absolute subject, insofar as it had been conceived specifically for him; he was now required to be the object of a gaze"⁸⁵ The access of the medical gaze . . . was the result of a recasting at the level of epistemic knowledge (*savoir*) itself, and not at the level of accumulated, refined, deepened, adjusted knowledge (*connaissances*).⁸⁶

The medical patient: the gaze.

82. B. ROTHMAN, *supra* note 71, at 28. Nelson, Buggy & Weil, *Forced Medical Treatment of Pregnant Women: "Compelling Each to Live as Seems Good to the Rest"*, 37 HASTINGS L. J. 703, 717 (1986), argues that medicine has developed so that physicians now treat the fetus as a separate patient. A. OAKLEY, *supra* note 11, at 174, discusses a way of describing pregnancy as being "a rather astronomical view of the fetus seen as floating gravity-less and attached by its supply line to the spaceship of its mother" Rothman also agrees that we have adopted this view of the fetus which is reinforced by photos showing the in utero fetus. She observes that in these photos, the mother is not actually the spaceship. In these photos, she is invisible. Woman is "empty space." B. ROTHMAN, *supra* note 71, at 114.

83. M. FOUCAULT, *supra* note 31, at 59.

84. *Id.* at 197.

85. *Id.* at 83.

86. *Id.* at 137.

The obstetrics patient: the touch.

In gynecology/obstetrics, the “touch” augments the “gaze.” During the “touch”—a “vaginal examination,” “a pelvic,”—the birth attendant penetrates the woman’s vagina with his hand and explores placements of organs, size of the pelvic outlet, cervical dilation and effacement, station and presentation of the “fetus.”⁸⁷

The “touch” appeared historically synchronous with displacement of women birth attendants. The function of “the touch”? “[W]e may pass our finger up the vagina . . . and make a moderate degree of pressure . . . after which we may say to her, ‘There ma’am I have done something that will be of great use to your labor.’”⁸⁸ What has he done to me? What is “the touch”? Who is it for? What does it do? Like the gaze, it transmits power. And—as with the gaze, where no person is seen—the touch doesn’t involve “touching.”

Labor. The hospital.

Hands, poking inside, checking dilation.

Another probe—longer . . . rammed into the uterus; an internal electronic fetal heart monitor, checking the heartbeat.

Pushing—and now a phallus, longer, forceps—pulling the baby. And then the head, visible.

Hands: tools.

The scalpel slices through the perineum (an episiotomy)

Blood drips from the wound onto the floor.

Bare tissue weeping

—blood.

Pregnancy and childbirth, action into inaction—object of action. The birth attendant, the actor, or the subject, “delivering the baby.” Objectifying norms that dictate the course.

Object. Birthing woman. Birthing machine. “The beauty of the machine model was that nearly anyone, even a sausage stuffer, could grasp the idea of

87. See I. BOBAK & M. JENSEN, *supra* note 32, at 374-77.

88. R. WERTZ & D. WERTZ, *supra* note 10, at 82. For a similar modern finding, see Donovan, Gupta, Savage, Thornton & Lilford, *Is Routine Antenatal Booking Vaginal Examination Necessary for Reasons Other Than Cervical Cytology if Ultrasound Examination Is Planned*, 95 BRIT. J. OB. & GYN. 556, 557-59 (1988) (arguing that prenatal vaginal exams are unnecessary, and finding that while 55% of women found exams unpleasant, 77% of women found them reassuring).

birth."⁸⁹ The early male midwife training on the mock woman—mannequin—made of leather, beer, a doll and cork.⁹⁰ Training on objects—with films where birth is presented as the expulsion of a bloody gob through a bald perineum. The woman in these films with no face, no arms, no voice, readily becomes an object of manipulation, obstetrical intervention. A woman who is delivered.⁹¹

The doctor, as medical student—studied plastic patients—mock women. The doctor, as attending physician at a birthing, becomes subject. And woman? His mock woman. Listen.

“My God I can’t push like this. How can I push like this?” she wailed. She was already transformed, by the ties, by her position, by the green-clad bodies surrounding her, into an object strapped onto a table. Years later, I watched an anatomy class doing cardiovascular surgery. On dogs. What I recognized in retrospect is that of all of the people there I was the only naive bystander, the only one who didn’t know what was in store for these dogs. They were for all practical purposes dead. What looked alive to me was for them *x* minutes from death. Similarly, the physician standing there, scrubbed and ready, already saw Susan, my friend, as minutes away from a body to be delivered. I still saw her as Susan, the child-woman, wanting to give birth to her child.⁹²

Object. Check the setting. Check the dial. Norms—evaluating the progress of birthing women.⁹³ The medical expert: who cannot own the sensations of the birthing woman; who can only measure objective evidences of her

89. R. WERTZ & D. WERTZ, *supra* note 10, at 42.

90. *Id.*

91. See, e.g., *Obstetrical Anesthesia Part I, Part II* (Univ. Tex. Med. School 1984); *Complications of Pregnancy-Prenatal* (Stafford 1978).

92. B. JORDAN, *supra* note 12, at 115-16.

93. The “norm” is defined in numerous texts. See E. PAGE, C. VILLE & D. VILLE, *HUMAN REPRODUCTION: ESSENTIALS OF REPRODUCTIVE AND PERINATAL MEDICINE* 391 (1981). For a discussion of the norm of gestational length and how that norm has become the standard by which all pregnancies are measured, see Gibb, Cardozo, Studd & Cooper, *Prolonged Pregnancy: Is Induction of Labour Indicated? A Prospective Study*, 89 *BRIT. J. OB. & GYN.* 292 (1982). Likewise, current medical thought accepts the “norm” of labor which is defined by “The Friedman’s Curve.” This is the curve which is produced when a variety of labors are plotted on a graph. This curve then becomes the standard, desired labor. See Friedman, *Patterns of Labor as Indicators of Risk*, *CLIN. OB. & GYN.* 172 (1973).

sensations: blood pressure, "cervical dilation," "fetal heart tones."⁹⁴
Valuation. Evaluation.

Personal, intimate experiences, measured by the experiences of others. Each woman's uniquenesses—interpreted by her physician—transforming her into the defective object—a lazy uterus; dystocia; uterine dysfunction; an incompetent cervix or an inadequate pelvis. And then—manipulation, intervention, to conform to the measurements of the objective norms.

C. *The Law and its Incorporation of the Definition of the Birthing Woman as Hostile and Alien to Herself Directs the Force of the Law*

Adversarial. Not adversarial. In this courtroom, in this country, in this country courtroom, individuals are singular and adversarial.⁹⁵ Adversity—the jurisprudential NORTH STAR. All conflicts are adversarial, and best resolved through adversarial processes.

Drenched in precedent, ever seeking analogy. A fetus is like . . . A fetus is like . . . any analogy of adversarial "other":

patient,
victim of crime,
neglected child,⁹⁶

94. The following tests are administered upon admissions to provide objective knowledge regarding the status of the labor: temperature, pulse, measurement of urine sample for protein and glucose, blood pressure, blood test to find hematocrit, a nitrazine test for rupture of membranes, vaginal exam for dilation, effacement and station, and finally a "strip" is produced from running the Electronic Fetal Heart Monitor which will objectively (but perhaps inaccurately) state the length and intensity of contractions and the fetal heart rates and decelerations. See F. CUNNINGHAM, P. MACDONALD & N. GANT, *supra* note 26, at 307-312. Compare Davis, *supra* note 52, at 187: "Sometimes you can tell by her posture, breathing and expression that's she's moving on (and there's no need to check)." The following treatises provide numerous standards and many photos of aberrations: D. DANFORTH, *OBSTETRICS AND GYNECOLOGY* (1982); E. TAYLOR, *BECK'S OBSTETRICAL PRACTICE AND FETAL MEDICINE* (1976); F. CUNNINGHAM, P. MACDONALD & N. GANT, *supra* note 26.

95. For a critical discussion of the adversary system, see Shaffer, *The Unique, Novel, and Unsound Adversary Ethic*, 41 VAND. L. REV. 697 (1988).

96. There must be countless cases where women lose custody of their children due to activity during their pregnancy. "The Nassau County Department of Social Services reportedly obtained removal orders for 33 babies over a six month period in 1988 on the basis of a positive toxicology report. New York City's Human Resources Administration has obtained 'hundreds' of removal orders under a similar policy according to general counsel Bergdall." Jost, *Mother Versus Child*, 75 A.B.A. J. 84 (April 1989). For a comprehensive summary of these and other cases, see Note, *Pregnancy Police: The Health Policy and Legal Implications of Punishing Pregnant Women for Harm to Their Fetuses*, 16 N.Y.U. REV. L. & SOC. CHANGE 277 (1988). But see *Reys v. Superior Ct.*, 75 Cal. App. 3d 214, 141 Cal. Rptr. 912 (1977) (holding child endangerment statute not applicable to woman addicted to heroin who failed to seek prenatal care); *In re Ditricks Infant*, 80 Mich. App. 219, 263 N.W.2d 37 (1978) (interpreting "child" not to include unborn children, yet giving state 60 days to find another way to invoke jurisdiction over child); *In the matter of Steven S.*, 126 Cal. App. 3d 23, 178 Cal. Rptr. 525

personal service customer?⁹⁷

Separate interests.

A third person. The claim of the child against the mother for personal injuries sustained *in utero*.

Legal discourse. In *Grodin v. Grodin*, a state court held that summary judgment was improper in a case where a child sued his mother for having taken tetracycline during her pregnancy.⁹⁸ In permitting the action, the court specifically stated that "the litigating child's mother would bear the same liability for injurious, negligent conduct as would a third person."⁹⁹

In a similar case, *Curlender v. Bio-Science Laboratories*,¹⁰⁰ a child, by his parents, brought a wrongful life action against a laboratory for negligently performing a test for Tay-Sachs disease on the fetus while in utero. While permitting the parents to recover against the laboratory, the court, in dicta, further suggested that a mother could be held liable in similar circumstances if she made a conscious decision to proceed with a pregnancy with full appreciation of the fact that a seriously impaired infant would be born.¹⁰¹

The law: maximizer of individual freedom through imposition of restraints on individual hostility Fetus, given the legal status of "other" in relation to the mother. Implying not only that the mother and "fetus" are separate and adversarial, but also that the courts (or physicians) are better situated than the mother to decide what is the best course for the "fetus."

This is legal coercion—force—JUSTICE.

(1981) (holding fetus not "person" under statute defining persons who could be adjudged dependent children by juvenile court).

97. *Wright v. Olin Corp.*, 697 F.2d 1179, 1188 (4th Cir. 1982).

In attempting to find the more appropriate analogy as between these two objects of safety concerns, it may be helpful to think of unborn children of workers as a special category—though one with quite unique characteristics—of all invitees and licensees legitimately on business premises and exposed to any of its associated hazards.

Id. at 1189.

98. *Grodin v. Grodin*, 102 Mich. App. 396, 301 N.W.2d 869 (1980). At least one court has refused to apply the hostile "other" analogy to this relationship. In a recent case involving the mother's liability for unintentional injuries sustained by the "fetus" before the mother birthed the child, the Illinois Supreme Court refused to hold the mother liable. The court noticed that the mother was not in an adversarial position towards the fetus, stating that "[n]o other defendant must go through biological changes of the most profound type, possibly at the risk of her own life, in order to bring forth an adversary into the world." *Stallman v. Youngquist*, 125 Ill. 2d 267, 278, 531 N.E.2d 355, 360 (1988).

99. *Grodin*, 102 Mich. App. at 400, 301 N.W.2d at 870.

100. 106 Cal. App. 3d 811, 165 Cal. Rptr. 477 (1980).

101. *Id.* at 828-29, 165 Cal. Rptr. at 488.

For when justice is gone, there's always love. When love is gone,
there's always force. When force is gone, there's always mom.
Hi mom.¹⁰²

The courts assume and foster this singular and adversarial definition of "individual" when they specifically order pregnant women to submit to unconsented and unwanted medical treatments. The first reported case of forced medical treatment on a pregnant woman was in 1964 in New Jersey: *Raleigh Fitkin-Paul Morgan Mem. Hosp. v. Anderson*.¹⁰³ In a one-page, per curiam opinion, the court ordered a woman, thirty-two weeks pregnant, to have a blood transfusion.¹⁰⁴

Years passed . . . *Roe v. Wade* . . . *Eisenstadt v. Baird* . . . keep your laws off my body . . . *Jefferson v. Griffin Spalding County Hosp. Auth.* In *Jefferson v. Griffin Spalding County Hosp. Auth.*, Mrs. Jefferson, despite medical advice, refused to undergo a cesarean due to her religious be-liefs.¹⁰⁵ Upon the hospital's petition, the court ordered the state to take temporary custody of the fetus, and ordered Ms. Jefferson to submit to the cesarean.¹⁰⁶

In an unreported case, a physician recommended a cesarean section for an "obese, unmarried" woman when an electronic fetal heart monitor indicated that the "term fetus" was suffering from fetal hypoxia. When the mother refused to be sectioned, her physician contacted the hospital administration, which convened a hearing in a hospital emergency room. The judge declared that the fetus was neglected and ordered a cesarean section.¹⁰⁷

The legal rationale behind these decisions was extended in 1985 when a court appointed an attending physician as special guardian for an 18-week-old fetus and ordered the guardian to "exercise his discretion to do all that in his medical judgment was necessary to save its [the fetus'] life."¹⁰⁸

102. L. Anderson, *supra* note 75.

103. 42 N.J. 421, 201 A.2d 537, *cert. den.*, 337 U.S. 485 (1964). For a discussion of these cases and the legal issues implicated, see Note, *supra* note 96, at 319; Annas, *Forced Cesareans: The Most Unkindest Cut of All*, in *Hastings Center Rep.*, June 1982, at 16; Nelson, *et al.*, *supra* note 82.

104. *Raleigh*, 42 N.J. at 421, 201 A.2d at 537.

105. *Jefferson v. Griffin Spalding County Hosp. Auth.*, 247 Ga. 86, 274 S.E.2d 457 (1981).

106. *Id.* at 89, 274 S.E.2d at 460.

107. Bowes & Selgested, *Fetal versus Maternal Rights: Medical and Legal Perspectives*, 58 AM. J. OB. & GYN. 209 (1981).

108. In the Matter of Jamaica Hosp., 128 Misc. 2d 1006, 1008, 491 N.Y.S.2d 898, 900 (N.Y. Sup. Ct. 1985). Where is the line drawn, on this, another slippery slope? At viability? That line was suggested in *Taft v. Taft*, 338 Mass. 331, 446 N.E.2d 395 (1983) (vacating order for woman to receive forced surgery to prevent miscarriage until fetus becomes viable). See Rhoden, *Trimesters and Technology: Revamping Roe v. Wade*, 95 YALE L.J. 639 (1986) (discussing ways to maintain spirit of *Roe* while facilitating vanquishment of threat of technological tyranny); Such, *Lifesaving Treatment for*

"Ailies, they know it well, I never understood, I haven't stirred. I've said, said I've done, and I've been as they who said it. I've said nothing, I haven't stirred, they don't understand, I can't stir" ¹⁰⁹

A language . . . void in words to describe the indivisible relationship of two. Division of the indivisible strains logic. Logic dividing the indivisible into parts which must be balanced . . . a "balancing test": "Whether the benefit to the fetus of the intervention outweighs the harm to the mother of the coerced intrusion."¹¹⁰ But the scale is out of balance: women sitting weightless, mothers even lighter . . . invisible . . . on these scales of injustice. Listen.

But should the mother—*We were urged to weigh* they argued risk her life *the mother's life* when she is not herself in a state of grace? *against the life of her unborn*. Does she not risk her own eternal soul? *We were urged to weigh our lives against the lives of our children* And to give one's life for one's brother is considered an act of ardent charity, they say, therefore these metaphysical decisions always being difficult . . . *we did not choose each other* that the life of the unborn infant should be preferred over the life of the mother. *We never chose ourselves.*¹¹¹

In the balance, the risks posed to the mother are ignored; the miracles of neonatal technology applauded. The potential complications of cesarean section, including the increased risks of infection, hemorrhage, other morbidity and mortality, are minimized.¹¹²

Risks. What kind of a risk is thrust upon a young woman by introducing her to motherhood with a legally sanctioned assault? What kind of a burden does the state inflict upon a new mother when it deems her incompetent to care for her child, even before its birth? What kind of hazard does the state forge when we disparage a woman's caustic emotional pain?

the Nonviable Fetus: Limitations on State Authority Under Roe v. Wade, 54 *FORDHAM L. REV.* 961 (1986).

109. S. BECKETT, *supra* note 4, at 126-27.

110. See Robertson, *The Right to Procreate and In Utero Fetal Therapy*, 3 *J. LEG. MED.* 333, 353 (1982) (identifying issue as "whether the mother's interest in bodily integrity is great enough to override the unborn child's interest in life and well-being, when parental autonomy alone is not. The answer depends in part on the extent and risks of the forcible intrusion and the value granted to bodily integrity, a right the limits of which have not been defined.").

111. S. GRIFFIN, *supra* note 17, at 119 [emphasis in original].

112. NAT'L INST. OF CHILD HEALTH & HUMAN DEV., *DRAFT REPORT OF THE TASK FORCE ON CESAREAN CHILDBIRTH* (1980).

A woman's interest in an aesthetically pleasing or emotionally satisfying birth should not be satisfied at the expense of the child's safety. Having undertaken to bring a child into the world by conceiving and by forgoing abortion, the woman has undertaken a legal and moral obligation to give birth in a way that will yield a healthy child.¹¹³

Is this pain so stabbing that even medicine's miracle drugs cannot dull it?
Is this a cry which cannot be silenced?

I will say this as best I can—from here—the lithotomy position—it gets harder and harder to speak. When the patriarchal lie of the hostile adversary seizes us, puts us into this suffering position—the one from which I speak—the experience is reconstituted for him, and for me. And it is reconstructed in accord with the hostile. Forced into the pain of pushing in this position, I, too, begin to see my child within, as other. And this is the unbearable pain which is not natural to my travail. It is with this torture that I howl, the sound of a maimed animal.

And in this pain, it comes: a different ambivalence toward a child within, created by the force of the defining. Listen.

Like a beached whale
the phrase
keeps bubbling up—
Flopped
gracelessly
upon unyielding sand
and pebbles
I lie
on the hard confines
of
this narrow bed
clothed in
white sheets
pain
and slow ticking time

Later . . .
heaved over

113. Robertson, *supra* note 78, at 453.

onto
my left side
I complain
tremulously
resenting this disturbance
of my tenuous
hold on the spasm
screaming up my back

Rubber gloves

grobe
measuring
assessing
probing your skull
to monitor
your fragile
pounding
heart

(Do anything—
get this child
out)
You don't exist—
my cramping uterus
is numb now
to the sensuous pressure
of your limbs
heels
knees
fists
head
bum
wriggling so long
within
you
are
stone now
muscled and gripped
tight in my belly

the dials flip
and gibber
"You must
get this child out"
Voices squeeze tight
rubber hands
grope again
inside

Bed races
mazing
through halls
into white lights
flashing off
icy steel.

I'm lugged
from bed
to table
a gasping mask
a beached whale
a vein opened
feet cold
your hand please
needled
into a vortex
spinning light
metal on metal
voices
sucked
spiraling
down
(don't rip me
open yet
I'm not gone)
Welcome
oblivion
from the terror
of your birth/your death
plucked from

my belly
 beached
 on unconscious sands.¹¹⁴

I can't go on . . .

"For I feel my tears coursing over my chest, my sides, and all down my back. Ah yes, I am truly bathed in tears."¹¹⁵

The womb, a mere object. An object seized—ceasing to be the property of the seized—expropriated.

A Washington D.C. Judge: "I'll be darned if I'm going to have a baby born that way."¹¹⁶ In June 1988 he confined Brenda Vaughan to jail until she birthed her child. The police arrested Ms. Vaughan for writing \$721.98 of worthless checks. Upon commitment, jail officials administered a routine urine test and discovered traces of cocaine in Ms. Vaughan's urine. When presented with this information the judge jailed Ms. Vaughan for her own good. In his cool objective language of his law, the judge assessed all of the "relevant" factors in imposing his sentence. The contents of Ms. Vaughan's womb became "[t]his public official's business."¹¹⁷ The judge became the subject of this story—the judge who saved a helpless child to be born "drug-free." "Born-free?"

Another judge confined an unidentified woman until she birthed her child Reports do not name her. In the seventh month of her pregnancy, a woman who had been previously diagnosed as schizophrenic continued to refuse to seek prenatal treatments. Since her illness was controlled with medication, the state produced insufficient evidence that committal was in *her* interest. The physicians nonetheless were awarded an order committing her until birthing, for the well-being of "the fetus."¹¹⁸

And what of "her"? Who is "she"?

I feel a crack; a crack in the earth—caused by blasting too deep. Listen.

114. Fedberg, *Whale*, in N. COHEN & L. ESTNER, *supra* note 36, at 43-45. For other first-hand accounts of birthing, see BIRTH STORIES: THE EXPERIENCE REMEMBERED (J. Ashford ed. 1984); N. SOREL, *EVER SINCE EVE: PERSONAL REFLECTIONS ON CHILDBIRTH* (1984).

115. S. BECKETT, *supra* note 4, at 23.

116. *D.C. Judge Jails Woman as Protection for Fetus*, Wash. Post, July 23, 1988, at A1, col. 5.

117. *The Case of Brenda Vaughan*, Wash. Post, Sept. 4, 1988, at C8, col. 1. See also N.Y. Times, April 23, 1984, at 18, col. 5 (discussing case of another woman whose physician sought court order to force her to "immediately stop taking non-prescription drugs").

118. Soloff, Jewell & Roth, *Civil Commitment and the Rights of the Unborn*, 136 AM. J. PSYCHIATRY 114 (1979).

Trying to think through that abyss: staggering vertigo. No identity holds up. A mother's identity is maintained only through the well-known closure of consciousness within the indolence of habit, when a woman protects herself from the borderline that severs her body and expatriates it from her child. Lucidity, on the contrary, would restore her as cut in half, alien to its other—and a ground favorable to delirium. But also and for that very reason, motherhood destines us to a demented *jouissance* that is answered, by chance, by the nursling's laughter in the sunny waters of the ocean.¹¹⁹

Recalling now, disunity and alienation. That alienated man, "M," in the play . . . after being visited by aliens, falls into unconsciousness. Awakening in the hospital, he is questioned by the doctors. He denies his memories so that he will not be judged disturbed. "As M denies his experiences, the memory of them begins to fade."¹²⁰

This collective memory of an experience of harmony . . . now faded.

III. THE DEFINITION OF PROCREATION AS SEXUAL INTERCOURSE . . . A FRAGMENTED MOMENT AND THE DOMINATION OF THE WOMEN'S SEXUALITY

Questions. Burning questions. Scalding. Reproduction: a brief ejaculation? A meaningful, positive, post-birth bonding experience?¹²¹ My patience with this confinement is wearing thin. This aching is overtaking my body, cramping my muscles as I am strapped in this awkward position. But from where I lie, I see reproduction lasting from conception through weaning, and on and on—no fragments—no division. Unceasingly continuing, from conception through weaning—an arpeggio—a transient unity—a continuum. For women, for men . . . is it a different question? Is procreation momentary—a brief encounter—planting one's seed? Is procreation "seven minutes in heaven?" When does the experience begin and when does it end? What definition will govern—continuous or momentary? That which is momentary—interrupted jump start—stop. Spermatic, sporadic.¹²²

119. Kristeva, *supra* note 66, at 179.

120. 1000 Airplanes on the Roof, *supra* note 62.

121. See generally M. KLAUS & J. KENNEL, PARENT-INFANT BONDING (1982).

122. M. O'BRIEN, THE POLITICS OF REPRODUCTION 53 (1983) ("Male reproductive consciousness is a consciousness of discontinuity . . . The alienation of his seed separates him from natural genetic continuity, which he therefore knows only as an idea. To give this idea substance, man needs praxis, a way of unifying what he knows as real with an actual worldly reality. Men must therefore make, and

Understanding fragments—modified into fragments—this experience is
 interrupted
 by the tone
 of the fetal
 monitor:

Codification as . . . “copulation,” “conception,” “first trimester gestation,”
 “second trimester,” “third trimester,” “first stage labor,” “second stage labor,”
 “third stage labor,” “post-partum,” “lactation” . . . parts of a whole. Then
 becoming—animated by conventions, convictions, convection—“the right to
 procreate”—to copulate, removing the experiences of being pregnant, birthing,
 suckling.¹²³

Birth as procreation . . . control . . . hospital . . . male birth atten-
 dants . . . the lies compound. Climax.

Where women once understood their experience to be their own year-long
 journey into knowing, learning their *nous*, their selves, their bodies, their child
 within—a year-long experience enveloping women’s sexuality—the modern
 experience is separated, and recreated. Plastic supplants flesh . . . Hands of
 iron ripping creation into masculine, miniscule fragments, numbness . . . then
 nothing. Where midwives, women birth attendants once attended, now the
 experts play their part: gynecologist, fertility specialist, obstetrician, office
 nurse, labor nurse, neonatal specialist, pediatrician.

The legal definition of procreation construes the privacy right to procreate
 only to the heterosexual masculine right to intercourse. Now, plundering the
 woman’s right to procreate . . . her right to suckle her infant, her right to
 birthing, and her right to caress her gestating “fetus.” Legal discourse . . .

A woman’s right to procreate allows her to decide whether to bear or
 beget a child up to the point of viability during pregnancy. Once she
 has decided to bear a child by conceiving and then not aborting
 through the second trimester, however, her right not to procreate
 stops.¹²⁴

The United States Supreme Court frames the constitutional right to

have made, artificial modes of continuity.”). *See also id.* at 52-53; *id.* at 132.

123. *See Robertson, supra* note 78, at 437 (“To analyze the maternal-fetal conflicts that arise in the course of pregnancy, one must first distinguish the question of procreation from the question of managing the pregnancy.”); *id.* at 428 (“Because fertile married persons have the right to add children to the family, infertile married persons must have it as well: a legal distinction based on the natural lottery of physical equipment is not reasonable.”).

124. *Robertson, supra* note 110, at 359.

procreate by constraints of masculine experiences as including only the right to heterosexual intercourse. In cases which delineate the right to procreate, the court never alludes to suckling, gestation, or birthing as included within that right.¹²⁵

Appellate courts have failed to find privacy interests implicated in women's experiences of procreation and birthing. In *Fitzgerald v. Porter Memorial Hospital*, Evelyn Fitzgerald appealed to the Seventh Circuit to require that a state-operated hospital allow a birthing woman to select and be accompanied by a companion (in her circumstances, the father).¹²⁶ The court failed to find that any privacy interest was implicated:

But deciding the question whether the child shall be born is of a different magnitude from deciding where, by whom and by what method he or she shall be delivered We are not persuaded that the married partner's special interest in their child gives them any greater right to determine the procedure to be followed at birth than that possessed by other individuals in need of extraordinary medical assistance.¹²⁷

Once it had accepted the definition of birth as pathology, the court "bowed to the expertise of the medical profession" and declined to recognize the constitutional right which would substitute for the professional judgment of the staff of the hospital.¹²⁸ Lower courts have also failed to find that any privacy interest is implicated in women's experience of procreation.¹²⁹ In one case, *Leigh v. Board of Registration in Nursing*, the Massachusetts Supreme Court upheld a statute which prohibited the practice of midwifery by any nurse who was not specifically authorized as a nurse midwife by the Nursing Board, and required that all births attended by nurse midwives take place in licensed clinics. The court rejected arguments that the statute unconstitutionally infringed on a pregnant woman's right to privacy in her decision of homebirth, since she could select an unlicensed attendant. Most disturbing was the fact that

125. See *Bowers v. Hardwick*, 478 U.S. 186 (1986); *Roe v. Wade*, 410 U.S. 113 (1973); *Eisenstadt v. Baird*, 405 U.S. 438 (1972); *Griswold v. Connecticut*, 381 U.S. 479 (1965). For a detailed discussion of formal rights, see Note, *supra* note 52; *Special Projects: Legal Rights and Issues Surrounding Conception, Pregnancy, and Birth*, 39 VAND. L. REV. 597 (1986).

126. *Fitzgerald v. Porter Mem. Hosp.*, 523 F.2d 716 (7th Cir. 1975).

127. *Id.* at 721.

128. *Id.* at 722 (Sprecher, J., dissenting).

129. See, e.g., *Bowland v. Municipal Court*, 18 Cal. 3d 479, 494-95, 556 P.2d 1081, 1089, 134 Cal. Rptr. 630, 638 (1976) (Right of privacy does not protect woman's choice of manner and circumstances in which her baby is born.).

the court did not find any fundamental right to choose a birth attendant—to choose the person with whom a woman wishes to exercise her procreative freedom.¹³⁰

The narrowness of the judiciary's concept of the right of privacy is aptly illustrated by the California Supreme Court's decision, *People v. Pointer*.¹³¹ Ms. Pointer was charged with the endangerment of her two young children. The state based its charges of abuse on the fact that Ms. Pointer suckled her two-year-old child contrary to her doctor's advice "that breastfeeding Jamal (the child) while she was herself on a macrobiotic diet was hazardous for the infant."¹³² In sentencing Ms. Pointer (for reclaiming and fleeing with her children) the trial court ordered that she have no unsupervised visits with her children, and that she have no custody of any children, including her own, without prior court approval. The court further ordered Ms. Pointer to refrain from conceiving during the probationary period.¹³³

On appeal, the state supreme court vacated and remanded the provision proscribing conception, and suggested that "less onerous conditions" such as requiring Ms. Pointer to submit to periodic pregnancy testing might constitutionally achieve the state's purposes.¹³⁴ The court's opinion further suggested that upon discovery of pregnancy, Ms. Pointer could be required to submit to a regimen ordered by an allopathic physician¹³⁵ for the duration of her pregnancy, and left open the possibility that, at birth, she could be ordered to relinquish custody of the infant. The court speculated that this course of action would not infringe upon any privacy right. Again, a court has construed the privacy right in narrow, masculine terms.

In a footnote, the Supreme Court of California stated, "It deserves to be noted that the condition imposed did not include a prohibition on sexual intercourse. As the trial judge stated at the sentencing hearing: *I would never require somebody to have no sexual activity; I don't think that's even suggested.*"¹³⁶ The trial court recognized the fundamental right to procreate

130. *Leigh v. Board of Regis. in Nursing*, 395 Mass. 670, 683, 481 N.E.2d 1347, 1354 (1985).

131. *People v. Pointer*, 151 Cal. App. 3d 1128, 199 Cal. Rptr. 357 (1984).

132. *Pointer*, 151 Cal. App. at 1131-32, 199 Cal. Rptr. at 359. A macrobiotic diet is a diet comprised of 50-60% whole cereal grains, 5% soups, 20-25% vegetables, 5-10% beans, and occasional supplementary foods. M. KUSHI & A. KUSHI, *MACROBIOTIC PREGNANCY AND CARE OF THE NEWBORN* 72 (1983).

133. *Pointer*, 151 Cal. App. at 1133, 199 Cal. Rptr. at 360.

134. *Id.* at 1140, 199 Cal. Rptr. at 366.

135. An allopathic physician is one who treats disease through the use of a remedy which produces effects different from those which the disease itself causes. *WEBSTER'S NEW WORLD DICTIONARY* (3d College ed. 1988).

136. *Pointer*, at 1141, n.12, 199 Cal. Rptr. at 365, n.12. One lower court judge has suggested that

only as a legally protected right to sexual intercourse. The privacy interest, the right to procreate, does not include Ms. Pointer's right to suckle Jamal; to choose her birth attendant; to be pregnant; or to enjoy an unmolested pregnancy.

Courts, unaware of the continuum of the procreative experience, deny women the right to procreate. For women, the pure joy in reproduction—the *jouissance*, the cadence, the power—transcends one moment. Germaine Greer:

[T]he suspicion was first implanted by the behaviour of my female cats, who wept piteously when it was time to undergo the gang rape which is feline intercourse, and purred continuously while in labour, even when the labour was obviously painful, and purred all through their suckling, not stopping till the kittens were weaned. The triumphant tom-cat may have enjoyed his brief ejaculation, but the females purred for eight weeks.¹³⁷

NOT a question about birth preferences.

NOT a question about flowered wallpaper and brass cribs and hanging spider plants.¹³⁸

A QUESTION about the state. A state controlled by men who, through their rules and structures, are:

- (1) FORCING women to procreate with certain persons-
- (2) FORCING women to procreate at certain places-
- (3) FORCING women to procreate in certain ways-

In the lithotomy position. And the "certains" are not uncertain. They are prescribed by definition and implemented by relations of power that force women to submit to unwanted sexual activity. And from where I lie, in the

the privacy right may be implicated in birth choices. The state filed murder charges against a California lay midwife, Marianne Doshi, when a baby died following a home birth attended by Ms. Doshi. The charges were dismissed on a pretrial motion, but the judge took the opportunity to suggest that the right to choose the place and manner of birth may be protected by the Constitution. "And I think these people [the parents] probably have the right under our constitution . . . I really have a feeling that these people should be able to make their own options to this thing [the birth] . . . I hope this case is not carried out any further." M. Burns, *Partial transcript of a 995 Motion to Set Aside Indictment*, unpublished, San Luis Obispo, California, reported in R. DEVRIES, *REGULATING BIRTH* 123 (1985).

137. G. GREER, *SEX AND DESTINY* 219-20 (1984).

138. I am referring here to "birthing rooms," which many hospitals have installed in addition to delivery rooms. See M. MCCARTNEY & A. VAN DER MEER, *THE MIDWIFE'S PREGNANCY AND CHILDBIRTH BOOK: HAVING YOUR BABY YOUR WAY* 44-45 (1990).

lithotomy position—my legs are spread open and tied to steel braces. And you, standing there, probing with your tools. I can see it all, as it is. Me lying here, forced open; you sitting there, staring—stinging—snapping my lips with your cold tools . . . and without my knowingly or willingly consenting.

A. *Domination of Sexuality Through Definition of Women's Sexual Experiences as Outside of "Procreation"*

A power relation, created by the social construct of sexuality. The question of gender: one of dominance, the masculine reappropriation of sexuality.¹³⁹ Procreation, a kind of redefining of this word. Procreation for women is not necessarily momentary or fragmented. Rather, procreation for women can encompass all parts of our experience as women, from orgasm to weaning and perhaps beyond or before.

Male-controlled medical and legal institutions conspire to dictate to women the quality and quantity of our experiences throughout pregnancy, childbirth, and lactation. Dictating, controlling our behavior . . . forcing us to accept their "treatments" without our consent.

Listen to Ayesha Madyun:

"I felt overpowered.
I felt they were dominating me.
I felt I was being raped."¹⁴⁰

Susan Estrich argues for a clearer understanding of rape in her book, *Real Rape*.¹⁴¹ She argues that the accepted definition of rape as being the unconsented-to penetration of a woman's vagina by a man's penis, in a dark alley, by a stranger who has a gun, is clearly inadequate.

Women are raped by men we know, and by men we do not know. Women are raped by men who force us into sexual activity against our will through physical, mental, emotional and many other types and degrees of force.

She says:

Listen. She says:

"The right to seduce—the right of male sexual access in appropriate

139. See C. MACKINNON, *FEMINISM UNMODIFIED* 49 (1987).

140. Ayesha Madyun, quoted in Jost, *supra* note 96, at 84 (describing her experience of court-ordered cesarean section).

141. S. ESTRICH, *REAL RAPE* (1987).

relationships—continues to be protected.”¹⁴²

Estrich argues for reforms, which will produce a definition and an understanding of rape based on women’s experience and not on men’s experience. She argues that “[i]n rape the male standard defines a crime that, traditionally by law and still predominately in practice, is committed only by men against women. The question of whose definition of ‘force’ should apply, of whose understanding should govern, is critical.”¹⁴³

I felt overpowered.
I felt they were dominating me.
I felt I was being raped.

Catharine MacKinnon likewise argues that women’s understanding of their experience of rape should govern. She has stated that:

The crime of rape . . . is defined around penetration. That seems to me a very male point of view on what it means to be sexually violated. And it is exactly what heterosexuality as a social institution is fixated around, the penetration of the penis into the vagina. Rape is defined according to what men think violates women, and that is the same as what they think of as the sine qua non of sex.¹⁴⁴

She states further that “[p]olitically, I call it rape whenever a woman has sex and feels violated.”¹⁴⁵

I felt overpowered.
I felt they were dominating me.
I felt I was being raped.

Did Evelyn Fitzgerald feel violated when her physician threw her companion out of her birthing chamber?¹⁴⁶

I felt overpowered.

142. *Id.* at 71.

143. *Id.* at 60.

144. C. MACKINNON, *supra* note 139, at 87.

145. *Id.* at 82.

146. *Fitzgerald v. Porter Memorial Hosp.*, 523 F.2d 716 (7th Cir. 1975).

Did Ruby Pointer feel violated when a group of men forbid her from suckling her infant?¹⁴⁷

I felt they were dominating me.

Did Ruby Pointer feel violated when the judges suggested that she could be ordered to submit to any treatment that one man decided would be in her best interest . . . including perhaps numerous pelvic exams? Penetrating internal fetal monitors?¹⁴⁸

I felt I was being raped.

And did Sonia Charley feel violated when the physician stuck a foot-long pair of steel tongs up her vagina when she did not want them?¹⁴⁹

I felt overpowered.

Do women feel violated when a person orders certain intimate physical activities performed upon them? Sexual activity?

I felt they were dominating me.

Were these women engaging in a sexual activity? Who says? Who can say? Who will say?

I felt I was being raped.

Is it not then also possible to define "sex" as penetration? Intercourse? Can "sex" mean what a woman feels it means?

Sex does not only mean ejaculation.

MacKinnon argues that the relationship is sexual . . .

certain procreation is sexual . . .

and that the social relationship involves domination and submission . . .¹⁵⁰

and that the very social relationships which I identify . . .

147. *Pointer*, 151 Cal. App. 3d 1128, 199 Cal. Rptr. 357 (1984).

148. *Id.*

149. *Charley v. Cameron*, 215 Kan. 750, 528 P.2d 1205 (1974).

150. C. MACKINNON, *supra* note 139, at 32-45.

physician-patient . . . judge-physician-woman . . . are those relationships of domination.

I felt overpowered.
I felt they were dominating me.
I felt I was being raped.

B. Medical Domination of the Birthing Woman

Domination. Domination of women's bodies with medical reason. Once we are denied our own definition of sexuality, this relationship of power (which is created through objectification of our sexuality) then emerges.

Once, we weren't all alone, like this, surrounded by a circle of strangeness. Once, other women, friends helped us. Free, then, to look to a mother, friend, or midwife: "How did you cope with this?" Listen.

We said each of us in our own way had to learn to trust each other. We said what we had learned in the hospitals was not to trust these women . . . We said if there was tearing it was along the lines of the old wounds. We said we discovered we had trusted her wisely, that to yield to her was to yield to ourselves.¹⁵¹

Stop now. The stranger, the male barber-surgeon, displaced the friends. Now forced, to him, for support? For knowledge? Where you gonna turn to? Dependent . . . now submissive.

C. Legal System's Domination of Sexuality in Birthing

Women's experiences are defined by men's, subordinate.

Birthing: excluded from procreation. Denied the definitional constitutional protections. So? Excluded by definitional domination, definitions.

Stop. Stop it now. Birthing, sex, birthing, sex, desire. Birthing? Sex? Submission, now, unconsented-to touchings, penetrations. Doctrine? Doctrine! I know about the doctrine. No medical procedures can be performed in absence of consent of the competent adult recipient of the treatments. The courts force pregnant women into submission—depriving them of a right to give or withhold consent. Consent is presumed.

151. S. GRIFFIN, *supra* note 17, at 198-99.

Cases. A discussion of cases. The legal discourse. In one case, the woman's birth was altered by an unconsented-to penetration, forceps. When Sonia Charley suffered a dislocated coccyx during the birth of her daughter, Michelle Charley, Ms. Charley sued her doctors.¹⁵² Although Ms. Charley had expressed her fear of forceps, she had also left the final decision to the doctor. The attending physician ignored Ms. Charley's objections and employed forceps during the delivery. The court found that this Mrs. had consented, based on customs of medical practice. "All the medical experts agreed that specific consent to the use of forceps is never obtained by medical practitioners prior to their use."¹⁵³ The court outlined the custom:

In childbirth the mother normally assists the birth of the child through the use of muscles in her pelvic region which aid the child in his [sic] passage from the womb to the outside world In order to reduce pain during labor it is quite common today to provide women with anesthetics. A common type of anesthetic is used called epidural anesthetic which has the effect of numbing the mother's body below the waist. In addition to numbing the mother's body, an epidural anesthetic restricts the use of the lower muscles and hence reduces the *power* of the mother to assist the child in being born. The result is that with an epidural anesthetic the mother needs more medical *assistance* to deliver her child.¹⁵⁴

Clearly, the standard of consent is different for men than for women. For men, consent is not "implied" in such non-emergency situations.¹⁵⁵ The different standard is demonstrated in a distinction made by the Minnesota Supreme Court in its discussion of battery in *Kohoutek v. Hafner*.¹⁵⁶ The court held that Ms. Kohoutek suffered a "negligent non-disclosure claim" when she was damaged by a procedure during birth to which she had not consented.

152. *Charley v. Cameron*, 215 Kan. at 755, 528 P.2d at 1207-1209. *See also* *Henry v. Bronx Lebanon Medical Center*, 53 A.D.2d 476, 385 N.Y.S.2d 772 (Sup. Ct. 1976) (once going to hospital, patient consents to all practices in hospital); *Patterson v. Van Wiel*, 91 N.M. 100, 570 P.2d 931 (Ct. App. 1977) (finding informed consent in obstetrical case involving anesthesiologist). *See also* *Jurow & Paul, Cesarean Delivery Without Maternal Consent*, 63 OB. & GYN. 596, 597 (1984) (discussing woman who refused cesarean but didn't actively resist when physician gave her general anesthesia; once out, physician performed cesarean).

153. *Charley*, 215 Kan. at 755, 528 P.2d at 1209.

154. *Id.* at 752, 528 P.2d at 1207 [emphasis supplied].

155. *See* *Bang v. Charles T. Miller Hosp.*, 251 Minn. 427, 88 N.W.2d 186 (Minn. Ct. App. 1958).

156. *Kohoutek v. Hafner*, 383 N.W.2d 295 (S.Ct. Minn. 1986).

Ms. Kohoutek had checked into the hospital planning a cesarean birth due to medical complications. The staff, without consulting Ms. Kohoutek, augmented her labor, resulting in a vaginal birth and subsequent injuries.¹⁵⁷ The court distinguished Kohoutek's "negligent nondisclosure claim," from a lack of informed consent or assault, relying on *Bang v. Charles T. Miller Hospital*.¹⁵⁸ In that case, a man had entered the hospital for a prostate operation. No one told Bang that his spermatic cords would be severed in the course of the operation, and he apparently was deprived of the opportunity for informed choice between the certain severability of the spermatic cords or a chance of infection. The *Bang* court held that the man had established a claim of battery.¹⁵⁹

Through games of truth and applications of power, judicial and medical discourses merge into a force which dominates birthing women. Force, propelled by the institutionalized definition of women, reconstructs us according to male experience. Force which guarantees the domination of our sexual experience of birth without our consent.

Seized, the pious rhythm of birthing decrescendos into a monotonous recession.

CONCLUSION IN TWO PARTS

Part One: *Viewing the Labyrinth*

I have engaged in a discussion, a journey through a labyrinth, exploring three definitions of person and experience accepted as truths: the definition of the experience of birthing as an illness, the definition of individual as hostile and singular, and the definition of the experience of reproduction (sex) as momentary and isolated. These definitions operate to control birthing women's experiences in accord with the experience of the definer—man.

In defining, as in painting, we seek to use symbols or words to represent emotions and experience. Before the French Impressionist painters, Western painters painted in a representational style.¹⁶⁰ They viewed themselves, as

157. *Id.* at 297.

158. *Bang*, 251 Minn. 427, 88 N.W.2d 186.

159. *Kohoutek*, 383 N.W.2d at 298.

160. See H. ARNASON, *HISTORY OF MODERN ART* 47 (1986):

Impressionism in French painting, and its expansion throughout the world, has long been thought of as an ultimate refinement of Realism. The more Realist artists of the mid-nineteenth century attempted to reproduce the world as they saw it, the more they realized that reality rested not so much in the simple objective nature of the natural phenome-

definers, as being the objective eye, the unbiased camera, which captured the universal representation of the subject, then object. The French Impressionists recognized that any representation is drawn by the artist. Therefore Monet's water lilies are not water lilies; rather, they are Monet's record of his experience of the lilies.

In defining those flowers as lilies, I cannot positively exclaim that a lily is a lily, only that it conforms to my experience of what a lily looks like as I observe the flower. To another, it may be something else. Certainly, to the water lily (the object), my verbal or my pictorial representation (a definition), does not fully represent the lily.

Women are being defined, not by the experience of themselves, but by another model of experience, male experience. And like Monet, when men move to redefine our experience, they carry with them the baggage of their own consciousness, desires, and experiences. There is a wide gap between what women experience during the reproductive process and what the male definition explains as the experience. It is of this gap that I have written.

The reconstruction of birthing as pathology is based on the masculine experience of physical continuity from birth until death. Whenever women deviate from that experience, we are labeled as ill or pathological, and are delivered to the control of medical institutions. These institutions facilitate cultural control of nature. Man, in his infinite frustration to control nature, seizes woman and expropriates her experience. Seized in his territory, she becomes the target of further manipulation. Woman seized, her individualism expropriated, her self raped, her experience denied. She becomes an invisible actor in the drama of her own body.

The reconstruction of the birthing woman as singular and hostile towards her "fetus" follows as well from the experience of men. The understanding of persons singular and hostile, as alien to each other, independent, follows particularly from the experience of men. This definition does not account for any feeling of concurrency and tranquility in duality which women may feel towards their children. Thus, when birthing women become defined and named by men, through the experience of men, the definitions become wholly inadequate for women. A war, a battle ensues where "the fetus" becomes the survivor between the singular hostile "others" inhabiting the same body.

And finally, the reconstruction of reproduction as segmented experience based on the masculine experience reconstructs birthing. Reconstructed so that women are denied our own experience and are thrust into the patriarchal

domination and control. Alone, our sexuality stolen.

And what of our voices? Our screams? Our cries? Women are silent. Silent because, from the lithotomy position, our voices are muffled. Silent because the bombastic dialectic of medical and legal discourse obliterates our own voices. Listen.

Part Two: *Leaving the Labyrinth—Birthing in My Own Way*

Ouch.

Uchghemmmm.

Oooh.

Ouch.

I close my eyes and am transported
to the climax
of the cliff:
where my being stretches
into the sacred
space of the heavens.
And I scream
as I feel my shivering
cause the ground beneath
me to
shake. Causing it to crack into
the very core.

And then,
the arcs of light
speed from the crack and
encircle my head and the song of the earth
blossoms into
lilacs
streaming to
the sun.

And I grunt, uttering songs from our center.
how is it—
feeling and
there in a second—

Emerging into
the water
I feel the light again—
as a

piercing beam . . .
flying from the ocean
 and then burning a deep
 and
 sturdy
 burrow into the sand
 on its shore.
Coming up
 behind the
 oak tree
 anchored firmly into the shore.
Making a mark
 extending through
 the center of the
 tree.
Uggh.
Ouch.

A pain—
The light transversing the center,
 a cracking tear from the
 blemishes on my breast
and then
into my
abdomen.
 Twirling left
 and then right
 while muscles dance
to the song
 fleeing from
 the lilac.
The glow soon overtakes the
 cavern,
 until it too
 begins to
 blossom into the colors of the earth.
Singing in
 the hues of
 indigo blue
 and cadmium red as

they too merge into
a giant stream
of lilac,
bubbling, babbling, streaming
through the shores.

Sweetness in the
tightness, growing as it
becomes a
strange
twisting which I come to
know.

It transverses into my
body
and makes
(as it moves into my pelvis)

a thrusting
a twisting of
an outstretched limb
which grows through the
crevices of the

lilac.

I'm afraid here—

Will this twisting take over me, carrying me far
from this
effervescence and into a
greyness

where smooth
tiny stones will
envelop me
until I
am covered? (Unable
to breathe.)

And then I feel a thousand little pings which are coming so
fast down into and through me—ending at the very bottom of
that very place
where I am nested to the

earth.

Roots flow from my head through my spine
into my spine.

And then escape through a hole
built from beads.

Where does the heat go?

Is it what is producing this flow?

Closing my eyes I again feel
the sweet petals of the lilac

peeled

from the stem

then

growing again

from inside the

stamen—

It again blossoms.

At a speed

where

one circle comes and goes and
leaves and grows again into
the center.

A rhythm

finding a rhythm of the work

finding a rhythm

which pulsates my body

and ejects me into

the lilac arc

of my rainbow.

Rainbow spilling into the tiny rectangle

which only

hours ago was a rectangle filled with other
functional rectangles.

But now the rhythm

stimulates them into a

series of those

swishes—

which make this rainbow

stream into my room—

and the rectangles

also begin

to undulate into

amorphous shapes

without function.

And suddenly my room
(once a series of boxes)
is now soft clay
filled with honey bees which
move the tiny particles of the
dense clay
creating a hummm
 which
 overtakes me.

And we are all moving
 in a vibration of creation
 with the honey bees.

The arcs streaming in
 and in streaming
 take on the waves of the sea
 and the roots from
 my back.

And we all undulate
 to the time
 of the honey bees.

Deep collapse.
 A sudden silence.
 and blackness.
 Lamp black.
 When I am and when I am not—
 This blackness.
 How?

Now it is black.
 the bees—I can't hear them.
 the rainbow—vanished.

I am flat again.
 A thin dollop of batter.
 sitting on
 a hot grill
feeling only
 the strange warmth
 permeating my
 skin
 from an

unknown
iron griddle.

Hearing—seeing nothing—
suddenly black-hole.
But not a hole
because I am
thin and
flat (a tortilla—crepe—pancake)
edges drying
tiny prickles
of heat
on every inch of my body.
The thin edges heated to brittleness.

Universal heat.

And melting warmth.
Then rolled into
a cylinder and
now
a flute.
Fine tones flying from my body—
a sound I have never heard; such purity
in the cylinder—
the flute.

A pebble
falls through the flute
causing a tiny
sound to seep out
each tiny hole as
it falls.
—creating a symphony of those
odd tones.
A symphony which again
takes unusual form—
The pure
tranquility of
time is pushed by
the tiny pebbles—
a visual tone
comes too
with

the tiny crystals of the
keys of the
flute—
refracting
light
 until the room is
covered with
 tiny morsels of transparent
 glowing
 moving
 colored light.
In the
 tiny colors
 of the sun.
They begin to pulsate again all around
 the room
 until the tiny sparkles
 are dense—bouncing off
 each other
 and creating more
 light
 and pulsating color.
Soon, they begin
 to dance
 I feel the tiny morsels of
 crystal
 lights
tickle my body
the inside and the out.
 The lights spring so happily and so rapidly
 until my whole body is again
filled with a
 symphony of tiny colors of light—
coming from this prism
inside of my body
 near the base of
 my
 spine.
The tiny lights
 create a great sensation

piercing against; into every inch
of my body
 until even my
 ear lobes begin to
howl—
 in my ecstasy.
 Overwhelmed by my prism;
my body
 stretches out until
 my fingers
 become the branches
 of the tree.
My womb
 scoops up the pebbles on the beach
 and rocks them
 gently
to the rhythm
 of the song
 of the flute.
And for a time we sway—
 to the time of the tree
 the waves
 the light
 the flute.
gentle rocking
 swaying
 slower now and
 more temperate
my womb—feeling the
 tiny pebbles
 move with each sway—
my vagina fills full with pulsations
 walls of a cavern
 pulsating into the expansive space of infinity while all the while remaining
the
cradle of the
silk
threads
of creation.

1991]

Repro-Woman

61

Moving: pulsating: vibrating
the tones of the honey bees inside of the
walls;
becoming-calling

to . . .

