

Retrieving the Baby

Feminist Theory and Organic Bodies

BY BEV THIELE

The feminism of the pseudo-man is passé.... Birth is a subject and object of an integrative feminist philosophy. (O'Brien 1981, 91-92)

... [T]here is no compelling reason to assume that the natural is, in essence, essentialist and that the social is, in essence, constructionist... it may be time to ask whether essences can change and whether constructions can be normative. (Fuss 6)

An understanding of the integrity of being and knowing, sense and sensuality, recognizes that mind cannot exist without the body, and our bodies cannot live without our minds.... To make sense we have to make knowledge with our experience, and, if, yes, forms matter, it is also true and significant for our worldly desires, that matter forms. (Brodribb 147)

Introduction

Put bluntly, the question I want to explore here is "how matter forms." How might feminists recognize, usefully understand, and theorize about our organic existence: about the body as biological entity—as matter—as well as social construct—as form? References to biology, to our organic existence, conventionally raise the hackles on good feminist necks, and with good reason. It properly invokes concerns about biological determinism: "Anti-feminist forces of darkness and evil" have historically justified women's subordination with

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reference to our particular (and apparently peculiar) bodies and biology. Our "special nature" is invariably deduced from our particular reproductive capacity (or, in their terms, "function"). And it is still the case that we need to be wary of the way determinist readings of biology are suggested by diverse projects aimed at demonstrating that women's bodies are more problematic than (and thus inferior to) men's bodies.¹ Nonetheless it is time to question feminist assumptions that biology necessarily invokes determinism and essentialism.

In the past 20 years, the persistent association of woman with body has encouraged feminists to pursue a strategy of disassociation and disavowal. Following Ann Oakley's early rebuttal of biological determinism, feminists mostly invest in some version of social constructionism, and those who stray too far face quick condemnation as essentialists. Gen-

erally we feminists have argued that gender and not sex is the crucial variable in sexual politics; that it is not the fact of biology (or biological difference) which matters, but the cultural meaning given that difference; that women are, like men, profoundly cultural entities, products of society not nature. The original distinction between sex and gender served to render biology irrelevant to a feminist analysis. In the 1980s, that distinction itself has been challenged, but only to accomplish a more complete effacement of biology. Feminists of very diverse persuasions (Delphy, Wittig, Haraway, Grosz, Butler) now agree that "the ostensibly biological reality that we designate as sex is itself an historical construct and, indeed, a political category" (Butler 261). Bodies are now "always already" cultural, to talk of a pre-social or biological body has become a nonsense. In recent feminist theory on corporeality and embodiment, the body is a shell, a surface to be inscribed, a terrain to be mapped, a discursive fiction. We are encouraged to conceive of the sexed body as "discursively produced, elaborated as an effect of the social rather than its tabula rasa, its prior object." As Diana Fuss goes on, our choice is between "the essentialist [who] holds that the natural is repressed by the social [and] the constructionist [who] maintains that the natural is produced by the social" (Fuss 3).

It is testimony to the strength of the conceptual opposition between essentialism and constructionism that to speak of the body's biology is invariably read as invoking the former. Yet, it is not my intention, in raising

the question about how matter forms, to argue for essentialism, or to deny the efficacy of the social constructionist strategy for the contemporary feminist project, or even to deny the power of cultural forces to shape experience, including bodily experience. But I would venture to suggest that an uncritical notion of biology is common to both the essentialist and the feminist social constructionist cum postmodernist, and moreover, that neither actually lives with their own bodies in the way in which they conceive the body to be—there is something else going on.

In "Notes Toward a Politics of Location," Adrienne Rich observes that to think about my body is an altogether different proposition from thinking about the body:

Perhaps we need a moratorium on saying "the body." For its also possible to abstract "the" body. When I write "the body" I see nothing in particular. To write "my body" plunges me into lived experience, particularly: I see scars, disfigurements, discolourations, damages, losses, as well as what pleases me.... To say "the body" lifts me away from what has given me a primary perspective. To say "my body" reduces the temptation to grandiose assertions. (215)

So, while I have no argument with the feminist rebuttal of the notion that woman is body, I would like to remind us that, nonetheless, women and men have bodies and that these are central to our particular and practical experience of our lives.

By making the body's biology incoherent in feminist theory, I suspect we have thrown the baby (and perhaps most particularly the baby!) out with the bath water. Mary O'Brien, in *The Politics of Reproduction*, demonstrates how reproduction has been marginalized in both "malestream" and feminist theory simply by virtue of its designation as biological and the particular rendering of biology given by conventional

social and political philosophies. In some ways we have adopted the logic of mind/body binarisms, and used it, as male scholars in the western philosophical tradition have often used it in thinking of the male body, to oppose and even deny the fact of our organic existence. To state the obvious: it is far from trivial, for our material lives and our intellectual preoccupations, that we are biologi-

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cal organisms, necessarily "natural," inextricably a part of "nature" both through our participation in organic processes and dependence upon natural resources. No matter what we think about the way we are as humans (and the western intellectual tradition has elaborate notions of what it means to be human and the difference between humans and animals), we all are born, grow, eat, sleep, defecate, age, and die. In this context, to elide the biological, to argue that it is irrelevant to the truly human, the cultural, the social, fails to think through something that intimately shapes our lived experience and will as inevitably end it all. In the end it is not biology which is irrelevant, but our elaborate notions of transcendence which are rendered irrelevant by us shuffling off this mortal coil.

The question I would ask then, is how we might make sense of our bodies and our embodied experi-

ences so as to recognize the organic without resorting to biological determinism, and the social without effecting the disappearance of the biological. Given the ascendancy of social constructionist perspectives within feminism, the question has to be phrased as how might we conceive of biology so as to allow us to take its "fact of our existence" seriously and examine its interweaving in our social lives. What are the possibilities of thinking a body's biology differently?

**Binary conventions: the self
against the body**

Clearly reproduction has been regarded as quite different from other natural functions which, on the surface, seem to be equally imbued with necessity; eating, sexuality and dying for example share with birth the status of biological necessities.... They have all become the subject matters of rather impressive bodies of philosophical thought (dialectical materialism, psychoanalytic theory, existentialism). The inevitability and necessity of these biological events has quite clearly not exempted them from historical significance. We have no comparable philosophies of birth. (O'Brien 1983, 20)

In the tradition of philosophical thought to which western feminism is heir and antagonist, body has become profoundly separated from self, from mind and soul. A series of dualisms reinforce this opposition between self and body: mind/matter, culture/nature, transcendence/immanence, the social/the biological. As feminists have frequently pointed out, these are not neutral distinctions. The binary terms are hierarchically ordered and mutually exclusive and are frequently mobilized in the positioning of women as inferior and subordinate to men. In developing social and political theory, the negative terms can be dropped

from sight. As Mary O'Brien argues, the understanding of reproduction as merely biological, and the biological as natural, justifies malestream philosophical neglect (O'Brien 1979) and the relegation of the reproducing body to the narrow perspectives of the natural and medical sciences (O'Brien 1981, 20).

The result of understanding the body through a series of dualisms has been not simply a philosophical and intellectual disregard for the body as lived, but the adoption of specific attitudes towards the body which we take as commonplace and certain. The view of biology as a "stable and unchanging" phenomenon underwrites the tendency for our technoscientific culture to regard the natural body as passive, mindless, intransigent, and in need of regulation. In this context, actual body changes become disorder (disease) and decay (aging). They are to be corrected and resisted. In contemporary metaphors the body is machine-like²: its actions and functions are set. It is, therefore, open to being acted upon, to being "fixed up" when it "goes wrong." It is something that we live with or in, rather than something we are.

There is nothing essential or necessary in this perspective on the body (see Duden). Even so, the specific certainties we hold with regard to our bodies have consequences, and these are particularly evident in our interaction with the medical profession.

We go to doctors in order to be told what is wrong with our bodies and so that we can be "made better." Western medicine is heroic in its approach: chronic illness, disability, and death symbolize its failure (Wendell 1996, 63). Its premise that the body can be controlled spills over from diseased to healthy bodies. The imposition of a set of normative rules to the healthy pregnant or labouring body, the ease with which chemical and surgical interventions are proposed and acceded to, and the technological mediation of our experience of a pregnancy and parturition³ all bear witness to this very particular

way the medical profession, and even we ourselves, regard our bodies.

Our certainties about what the body is, how it is conceived and experienced, how it is lived with/in, can also be revealed in the way we talk about our bodies and the way we treat those who do not have the kind of body we deem to be normative. In *The Woman in the Body*, Emily Martin points out that women frequently

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talk about menstruation, menopause, and labour as if these biological experiences are "separate from the self. They are 'the contractions,' 'the hot flashes' (not mine); they 'come on': women 'get them'" (78). Even more revealing is the way our cultural attitudes towards the body underwrite the social oppression of the disabled. As Susan Wendell points out, where societies embrace the myth that the body can be controlled, those who cannot do so are seen as failures (1996, 93–94).

It is important to recognize, as indeed Wendell does in relation to disability, that the effect of the disassociation of self from body is that able-bodied people are alienated from their embodied experience and existence: "The oppression of disabled people is the oppression of everyone's real body" (1989, 112).

The implications of this radical split between the body and self can be very different for men and women.

With the healthy adult male body as norm, men who are not "normal" may be treated merely as mindless bodies, but women's normal healthy bodies can have the same result. Thus, in addition to the central concept that "your self is separate from your body" is both the corollary that the body is a given and the notion that self is passive in relation to her body's "events." So, a woman's body is talked about as something she is subjected to, something she must "adjust to or cope with," and as something that [she] must control. Menstruation, menopause, labour, "are states you go through, or things which happen to you (not actions you do)" (Martin 77) but equally they are things for which you must be responsible and over which you must exert self-control. The classic example of this contradiction is the way labouring women will be told that the uterine contractions are involuntary, and yet they can be told to resist the urge to push (Martin 63). However, even though women's bodies are represented as different and problematic, they also allow the possibility of problematizing comfortable mainstream perspectives, of thinking past binary constructs which associate the mind and self with agency and assume the body is passive and irrelevant.

The body in feminist theory

While feminists have been active in developing the critique of the institutionalization and medicalization of women's bodies, that critique has rarely invited a rethink of the fundamental position we take up in regard to our bodies. This is most apparent when feminists issue theoretical challenges to the positioning of women on the negative side of binaries. What we have usually done is to manoeuvre or reposition women on the side of goodness and light: on the side of culture not nature, mind not body. Sometimes feminists (for example, in some formulations of ecofeminism) adopt the strategy of simply reversing the value accorded nature



culture, mind/body, reason/emotion, but whichever strategy, the basic dualist framework remains. We challenge the position and value accorded women in dualist hierarchies rather than the dichotomies themselves. So, for example, we ourselves have ignored and denied our biologies in order to be seen to be equally cultural as men, rather than question the conceptual framework which opposes the biological and the social. In writing of reproduction we reject as untenable theories which isolate women's reproductive capacity as the cause of women's oppression (see, for example, Firestone and some readings of De Beauvoir) and theorize motherhood and mothering as a social institution unrelated to the bodily processes that make us mothers. For us, as for the mainstream, our biologies are an inchoate/incoherent experience, beyond the scope of theory.

Paradoxically, I believe the same is true of recent feminist theory which ostensibly takes the body as its subject. Indeed it is as if the sudden willingness to theorize about the body

during the mid- and late-1980s marks the more complete effacement of biological sex from discourses on gender. Against this burgeoning of interest in the body, embodiment, and corporeality, is an almost scrupulous avoidance of the body's substance, its flesh, and blood existence.

Elsewhere, the biological body is disposed of much more simply (see Thiele). The gaze is exclusively fixed on the surface and scrutiny of the depths is constantly deferred in what Maxine Sheets-Johnstone argues is a "myopic cultural conception" (41). The surface is privileged because it mediates the active and the passive, it locates the impact of culture on the body.⁴

What is disallowed is the possibility that the body might be active rather than passive. The possibility of the body moulding and shaping itself, of biologies impacting on our lived experiences and culture, of our bodies as sources of meanings and not simply the object of them, will remain inadmissible "until the surface is seen to be the literal outer skin of a far deeper and denser body" (Sheets-Johnstone 41). To ask then how matter forms entails a reconfiguration of our conception of the body and of biology.

Thinking through the body

I chose a photograph that shows the head in the midst of the body.... There was some question about the suitability of using this picture. Some people find the picture gross.... Of course, that uncanny little head is surrounded by body for but a brief pause in an irrepressible progress. Things will soon be sorted out into their proper categories; mother, baby, doctor, nurse. At this point in history, thinking through the body only occurs in brief intervals, soon to be reabsorbed by the powerful narratives of mind over matter. Like the photograph, I want to

catch and hold on to those moments when something else occurs. (Gallop 8-9)

Jane Gallop is right to point out to those moments when something else occurs, and there are moments where something different has been done with the body in feminist theory. For me, the first crucial "moment" was the reconceptualization of reproduction achieved by Mary O'Brien in *The Politics of Reproduction* (1981). In an avowedly materialist project, O'Brien presented a way out of the impasse reached in the late '70s as marxist-feminists struggled to find a materialist basis for patriarchy which did not imply "biological reproduction." She pointed out that reproduction was as complex bio-social process rather than a mere biological event, and with that insight launched into an analysis of reproduction as material, historical, and dialectical. Unlike previous feminist discussions of reproduction, this conceptualization retains both the biological and the social, and admits the possibility of culture working out, in historically specific ways, the exigencies set by reproductive difference. Refiguring biology as process departs from the notion that it is fixed and unchanging,⁵ and opens the way for a consideration, not only of pregnancy and labour but also the commonplace minutia of bodily changes which we all experience as we grow and age, as we fall ill and regain health, as we feel more or less fit and well, as we menstruate or experience menopause, and as we confront more serious and permanent disablement through injury, chronic illness, or old age. It is here, in amongst this minutia of change and process that I believe the potential lies to regard an individual biology as profoundly indeterminate in itself and in its interaction with a society, and, for that reason, to admit biology—our flesh and blood existence—to discourses on embodiment.

For me, it was the experience of pregnancy and labour in the flesh (and not just through the pages of a

book on theory) which sharpened my sense of the bio-social as a process. O'Brien opened a door and let me see the world different. Living that first pregnancy and birth grounded her theoretical perspective in my experience. Not only did the experience of bearing and giving birth to Anna cross the boundary between body and society, but it also made more evident for me that the interplay is not a one-way process; that it is possible and important to admit the body's agency. The body can surprise, it is capable of resisting and disrupting cultural agendas, it can be a source of meanings not just subjected to meanings.

There are several other reasons why my pregnancy, rather than reflection on any of my short-term or more chronic illnesses, lent itself to this project. To begin with, as Iris Young notes, "pregnant existence entails ... a unique temporality of process and growth" which challenges traditional assumptions of a unified subject and the distinction between immanence and transcendence. It is "a paradigm of bodily experience in which the transparent unity of self dissolves and the body attends positively to itself at the same time that it enacts its projects" (Young 160-161).

Given the privilege we accord mind, it is hardly surprising that I should have sat down to first write this in my thirty-seventh year. With a few exceptions whose implications were effectively ignored, my younger body was a relatively comfortable thing. By that I mean that it was commonplace, so taken for granted and unremarkable as to be largely invisible in daily life. If it imposed on my consciousness at all it was as interruption/disruption (how often did I hold off going to eat, to sleep, to the loo, in order to finish some task); as inconvenience/burden (illness, regular severe pre-menstrual cramps, the occasional headache preventing the pursuit of previous plans and rhythms in my life); and as transient physical pleasures (the delicious sense of somnolence, sexual arousal, and orgasm, the rhythm of movement).

But my first-time pregnant body was not something I found I could take for granted, or temporarily forget. It constantly impinged on my consciousness because of its novel, immediate, dramatic, and continual transformation. A sense of transformation which I lived with from then until now, seven years and a second child later. I am still awaiting a sense of having my body wholly back to myself!

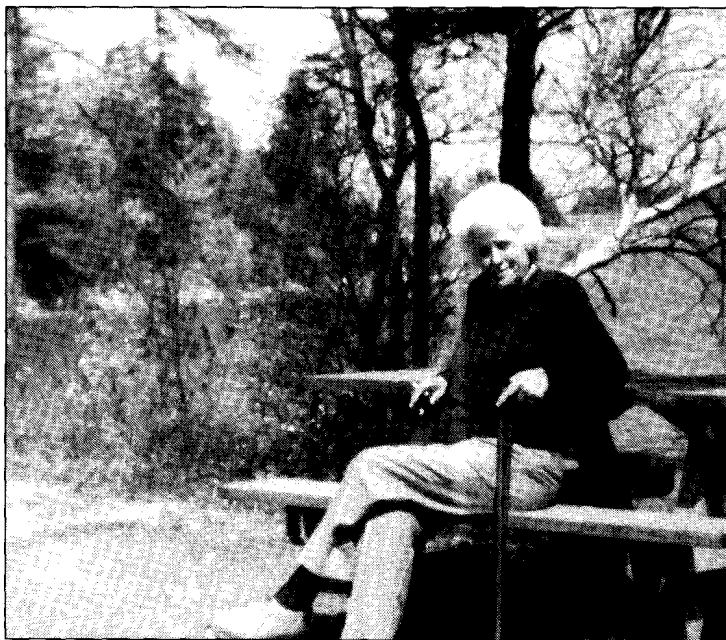
I certainly found pregnancy and labour a fascinating and pleasurable experience and this undoubtedly contributed to the possibility of positively attending to my body's processes. But not all women choose their pregnancies, or experience their pregnancies with pleasure, or have the desire or opportunity which I had to labour in my own home, in my own way, and in my own time. My experience simply cannot stand as representative for all women, it cannot even stand as normative. I was lucky to have chosen my pregnancy and to have escaped some of the more alienating and destructive possibilities of the medicalization of childbirth, and even the physiology of pregnancy. Nonetheless, whatever the particular configuration of an individual pregnancy and birth, it is unlike other bodily experiences in that its project is the creation of another, of what becomes not-me from me. This, more so than pain, illness or disablement, can become a project in which a woman may positively attend to her bodily processes.

While not all women, and given the medical model not even a majority of women, will experience their pregnancies as a challenge to the alienation of one's self from one's body it seems to me that it has a

greater potential to do so because, as As Young says, rather than the pregnant body disrupting the self's projects, the body is that project (160-61). And as Mary O'Brien would have added, even if, like the bee, she cannot help what she is doing, "unlike the bee, she knows that her product, like herself, will have a history ... and knows what she is doing" (1981, 38).

In the remainder of this paper then I want to use my account of my pregnancy and labour to think through the question of how we might think differently about our bodies. Firstly, I want to take up Mary O'Brien's point that biology is a process, not event, to challenge the assertion that essentialism must follow from taking biology seriously. In doing this we can rethink the body and its biology as active and that in doing so we also have the opportunity to think of it as undetermined, in any essentialist way. Thus we need not fear "that its ineluctable immediacy will leave us no space for change" (Kirby 7-8), rather our task is the constant and daily creation of ourselves in relation with our bodies.

Secondly I take issue with feminist theories of embodiment. I argue that the body is not a mere recipient of cultural inscriptions and disciplines, rather it sets ever-changing agendas which shape and are shaped by cul-



tural acts/inscriptions, and which can also interrupt and resist specific inscriptions we and others might seek to discipline our bodies towards. The body's biology is more a source and resource than merely an object. What this paper does not do, although it suggests the need to do so, is examine the implications of a reconceptualized (biological) body for our conceptions of the self. It is clear that notions of the body are implicated in particular conceptions of the self whether as humanist subject or discursively constructed multiple subjectivities. Rethorizing the body in order to dissolve the opposition between self and body does not do away with the question of the relationship between the two. It simply makes it more interesting.⁶

The body in process

There are a thousand ways of living a pregnancy, of having or not having a relationship of another intensity with this still invisible other. Really experiencing metamorphosis. Several, other, and unforeseeable. That cannot but inscribe in the body the good possibility of an alteration. It is not only a question of the feminine body's extra resource, this specific power to produce some thing living of which her flesh is the locus, not only a question of a transformation of rhythms, exchanges, or relationship to space, of the whole perceptive system, but also of the irreplaceable experience of those moments of stress, of the body's crises, of that work that goes on peacefully for a long time only to burst out in that surpassing moment, the time of childbirth. In which she lives as if she were larger or stronger than herself. It is also the experience of a "bond" with the other, all that comes through in the metaphor of bringing into the world. How could the woman, who has experienced the not-me within me, not have a

particular relationship to the written? To writing as giving itself away (cutting itself off) from the source? (Cixous 90)

Pregnancy has a way of dramatically bringing home to you that your biological state is by no means fixed. Firstly there is the dramatic bodily transformation evoked in Cixous' phrase "really experiencing metamor-

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phosis." Everything changes and changes again. What I felt one day, one week, one trimester changed in the next few days, weeks, in later trimesters. Pregnancy was a well-spring of unanticipated and unimagined sensations, of unpredicted and unforeseeable moments: the hardness of my belly; my body's specific dislikes; its capacity to react/recover (look at/smell food, throw up, then eat the food); the immediacy, the urgency of "the hungries" and "the sleepies," almost a refusal of the body to be denied or regulated; the constant changing shape and texture and sense of my body; its well-being; the wonder and the inexplicable sense of the interior.... There was the day when, four months pregnant, I was lecturing and glanced down at my notes to discover my breasts practicing lactation all down the front of my shirt, the same day that laughter shot two buttons from my skirt. There is no stasis or constancy in

pregnancy, there is not even a certainty of outcome. The ever-present possibility of miscarriage, decisions to be made about abortion, the possibility of premature labour, of being defined as "overdue" and induced, the chances of a cesarean. A pregnant woman lives with uncertainty, with the unknown, with their own particular and intimate process. The transformation is both physiological and existential. Not only does it throw into dramatic relief the processes of one's biology, it also exposes the ambiguities of self-body and self-other relations.

Experiencing one's insides as "belonging to another, another that is nevertheless my body" (Young 163) is itself something that only becomes definite over time. The separation between my self and the fetus within was gradually and subtly accomplished: "Are you feeling movements yet?" "Well, that depends on what movements feel like, is that flutter it or me?" The certainty of the not-me as not me had to await the stretching, somersaults, hiccoughs, poking me-poking "it" sensations of late pregnancy. Even the increasing recognition of the fetus as not me, as inside and other, does not detract from the heightened sensitivity to my body which increases as pregnancy progresses. While I am not privy to what my fetus feels, the exterior evidence of movement and the interior sensation of the other alive within fractures the simple interior/exterior of the body into intimate multiples. When I touch myself I feel it on two surfaces. When I touch another, I feel it just the once and this is how others, if they are lucky, may feel the fetus move. But when I touch the other that is within I can feel it on my inside, and my outside, through both sides of my belly and on my hand.

The bodily process of pregnancy is sharply collapsed by the drama of childbirth. I have no visual images of my labouring body, only an interior account of the hard work, the rhythm of effort/endurance and rest/respire. Only once or twice did I feel out of kilter with my body, overwhelmed

by a contraction that came "too soon," before "I" was ready. For the most part I laboured to give birth to this child with/in/through my body. Even here my body could surprise me. It set the terms of my labour: the anterior lip which resisted effacement for four or five hours wasn't "my" idea and I remember demanding of the form within "don't you want to be born?" I/my body had capacities and resources that amazed me: blessed endorphins, I swear I slept for 20 minutes at a time, between regular three-minute contractions. In labour I found a sense of being within the body that made the outside, even the outside of my own body, barely comprehensible: My birthing time and clock time were so mismatched that afterwards I could not tally it against the midwife's birth record; her reading of my body as tiring and needing rest contrasted sharply with my interior sense of not being tired at all; with all the pressure directed towards my anus I could not locate my cervix, had no sense of the labias stretching around the head, and didn't feel myself tearing (I was sure going to shit this baby out). The last contraction came as a complete surprise.

Anna did not pause on entering the world. Suddenly it was over, and immediately I could not recall that particular quality of pain that is a contraction. In the moment between intense pain and no pain, the solidity of my stomach, which had finally become familiar, was transformed into *blancmange*. The direction and force of contractions, muscle effort, and will disappeared in the mush. Nor do bodily transformations end with the dramatic transformation accomplished in the birth. Afterwards is the long long process of healing, of new bodily processes focused on the breasts and lactation and, for me, the long, long process of coming to terms with a body which looks different, feels different, reacts and responds differently.

Not only does my body change in dramatic and unforeseen ways but its changes are not the same configura-

tion for other pregnant women, other pregnancies. Indeed, the diversity of pregnant embodiment is an object lesson in biology as process: it points towards the incredible diversity and uncertainties in a biological process which both resists attempts to define a normative bodily experience, and interacts in very complex ways with the (more familiar) diversity of social contexts. Pregnancy may progress

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through a myriad of possible physical expressions from an incredible sense of well-being to chronic discomfort. I had nausea for a couple of months, an acquaintance had it for all nine months; another had severe sciatic nerve pain, another hemorrhoids, I had indigestion, I pulled muscles willy-nilly. Some women feel exuberantly randy throughout pregnancy, some for periods of the pregnancy, others not all. Their labours may be anything from easy to impossible and the outcome, unknown and uncertain. In this way the diversity of possibilities in the body renders it unpredictable and unforeseeable and in that sense indeterminate.

The diversity in the biological process is compounded by the diverse social circumstances in which women become pregnant, live out their pregnancies, give birth and care for children. Each compounds the other. So women may confront a pregnancy

that was planned or unanticipated; they may react with pleasure, or anxiety, or distress; their particular physiological pregnancy may have a variety of social consequences and costs; their social relations, financial circumstances, interactions with the medical institutions may be more or less enabling; their births may be good or bad, with a lot or little intervention; their post-natal recovery may be easy or difficult.

Pregnancy and labour is a complex biological process lived out in an equally complex set of social relations. In those multiple complexities there is ample scope for seeing biology as having an undetermined and active relation with the social: for understanding the relation between the two as an interaction/interweaving in which the biological can alter social experience and the social can alter biological experience. In this way it is possible to contemplate biology but escape biological determinism and contemplate the social without completely effacing the biological.

The active body

... the pregnant woman experiences herself as a source and participant in a creative process. Though she does not plan and direct it, neither does it merely wash over her; rather she is this process, this change. (Young 167)

To be sure childbirth is hard and often painful labour, a strenuous task peculiarly unsuited to being performed under a halo, but, equally clearly, it is a social and cultural affair ... a celebration and a rite. (O'Brien 1981, 9-19)

Pregnancy and labour then, are not just inscribed but lived. Rather than being passive the body itself is setting an agenda, defining a process and a pace. To argue that this body agenda is somehow "always already" socially constituted is to miss the

point that the body is full of surprises. It is to foreclose any discussion of the implications for "real" lives of their body processes (see, for example, Fuss 15–19). For me, one of the acute consequences of reproductive process was having to self-consciously live with not knowing, in any specific way, what was going to happen next and what it would be like. This is a condition of our existence, but rather than filling the future's void with plans on the assumption that everything was possible, I found myself constantly deferring making plans and taking decisions simply because I did not know what would come next, what it would be like next week, next month, at the birth, after the birth, what the child would be, would be like, and how it would shape the configuration of my life from the morning after.⁷ The sheer unpredictability of it all subverts the kind of self-control and social control we take for granted.

The drama of pregnancy does not stand as merely a special case, but figures as a reminder of the intricate interweaving of ourselves as biological organisms and social beings. I have discovered, for example, that I can no longer, and probably should never have taken my habitual sexual responses for granted. In the two years after the birth I went from placid complacency to impatience to despair awaiting a "return to normal" sexual responsiveness. I have had to come to terms with the fact that my body has changed, that my desire, arousal, and orgasms are configured very differently from before and that my body and I, I in my body, must now invent anew (reconfigure) my sexual pleasures. Under the rules of binaries, recognizing the body's agency usually means positioning the self as passive. I find it very easy, in confronting the post-partum "sexual drought"⁸ to see how one might position one's self as the victim of one's bodily process to see the body as acting against the self, or in spite of the self. But it also makes plain the pointlessness of the opposition. The body and self are "in

it together," both in terms of the problem and the solutions.

To try and think differently through our bodies is difficult. Both biological mischance and powerful institutional practices can make many women's grip on themselves as creative process tenuous indeed. Reviewing Emily Martin's work, Ruth Behar records her experience of a forceps delivery following 60 hours of posterior labour. After writing of her sense of demoralization after the birth and her feeling that her body had failed her, she observed:

Emily Martin would object to the way in these lines I have separated myself from the act of labouring, my body from me, the woman. Avoid the passive voice, guidelines for proper journal writing often tell us. Labour is like a hand you are dealt, the midwives told me when I came in to the hospital after my waters broke. Is there a passive voice that is not the voice of defeat but the voice of coming to terms with the hand you are dealt? Is there an active voice that keeps a memory of that passive voice? (735)

But, if "labour is a hand you are dealt" it is inseparable from how you play it. There is a world of difference between labouring in circumstances where the labour is actively managed for the woman's comfort and in accordance with her wishes (however those may change while engaged in the process) and where it is not. Is there a voice which merges endurance and management? Is there a way of thinking about ourselves as our bodies that merges the active and passive?

It is not only the negotiation of the self and the body around notions of agency and passivity which is at stake but also the positioning of the body vis-à-vis social practices. Recognizing the body's agency makes it possible for us to acknowledge that the body can disrupt social inscriptions. It allows the body to be understood

not only as a source of experience and as setting agendas, but also as a resource for resistance, as a source of new meanings. In the potential of the body to resist and disrupt social inscriptions lies the radical implication of Diana Fuss asking how essences change and social constructions are normative. I, for example, never knew that when you were pregnant your belly was not "soft." After all, it is supposed to represent all that is feminine, to evoke the quintessential female. I was amazed to find, almost immediately on becoming pregnant, that my stomach felt like a plank of wood and this tautness and hardness did not waver (it simply transformed from plank to boulder) until Anna was born and the belly turned instant *blancmange*. This body sense is decidedly at odds with representations of pregnant women (as soft, fragile, diseased, needing to take care, be cosseted) and, for me, it helped challenge and displace those representations. Moreover, on more than one occasion it provided the resource to resist particular inscriptions. Once, as I stood barefoot and very pregnant at the photocopier, a work colleague (male, Catholic) commented appreciatively that pregnancy made me look soft and vulnerable. The body belly-laughed. How, said I, as a father of four, had he managed to escape noticing that the pregnant body was not soft but hard as wood, solid as rock, and that far from vulnerable, it made me feel stronger and weller and more energetic than I had ever felt before or after! (Patriarchy retreated in confusion.) In a similar vein, body sense underpins a pregnant woman's protest to those who would cosset her ("but I am not sick") and can provide a basis for resisting medical definitions of herself, her pregnancy, and her labour. As Cixous writes in *Sorties*:

The relation bourne to the child must ... be rethought.... Rather than depriving woman of a fascinating time in the life of her body just to guard against procreation's being recuperated [by

phallogentrism], lets de-mater-paternalyze. Let's defetishize.... We are not going to refuse ourselves the delights of a pregnancy, which, moreover, is always dramatized or evaded or cursed in classical texts. For if there is a specific thing repressed, that is where it is found: the taboo of the pregnant woman (which says a lot about the power that seems invested in her). It is because they have always suspected that the pregnant woman not only doubles her market value but, especially, valorizes herself as a woman in her own eyes, and undeniably takes on weight and sex. (90)

Conclusion

The argument presented here is specifically aimed at claiming the body's biology as a feminist subject. It continues the conversation started when Mary O'Brien pointed out that reproduction was a complex process incorporating both biological and social moments. We can escape the tension between a dominant social constructionist orientation and a fear of essentialism which bedevils feminism, by recognizing that the body's biology is not fixed and is as fundamental to my being in the world as the culture through which I interpret myself and my experiences. The body is produced in and produces the social. Moving beyond the confines of that increasingly infertile opposition between biology and society would seem desirable, and not least for the opportunity it provides to discard rigid and normalizing constructions of the body. This woman's body may be an infant's, a child's, an adolescent's, or an adult's body. It may be a fertile or infertile body, a pregnant body, a menopausal or post-menopausal body, an ill body, a well body, an aging body. It is not a man's body for all that there will be times when, in a society in which men's bodies and men's lives are normative, it may pass as if it were a man's body. Those occasions when it can-

not pass are among those which give us a chance to get at "those moments when something else occurs" (Gallop 9) but which we all too often try to disguise and deny. Through them perhaps we can begin to theorize embodiment beyond the surface, radically shift our culture's preconceptions of women's and men's bodies, and begin to understand how "forms matter, ... and ... matter forms." (Brodribb 147)

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¹Such determinist readings are evident in the socio-biological project of reducing social structure to an expression of our genes; or the popular genetics project of hypothesizing the existence of a math gene particular to boys to explain why women can't do math; or the research into PMS which points to the way women's work suffers during their menstrual cycle, as if men's work never suffers from their headaches or hemorrhoids or hangovers.

²Emily Martin, in her book, *The Woman in the Body*, develops this medical metaphor of the body as a machine to incorporate reproduction and the entire process of work which the doctor and the woman is involved in the management of pregnancy and labour. The metaphor she suggests is that of the factory, the productive process, and the product.

³Barbara Duden suggests several con-

sequences of the routine reliance on "techniques of visualization" (e.g. ultrasound): it enables the fetus to become mentally "disembedded from the interior, from the innards of a woman and [to become] an agent in itself," to acquire "personhood, rights, patienthood and so on"; it "disempowers or incapacitates women to trust their own senses" in that they may not feel that everything is alright unless they can see it, unless they are continually monitored, and the same may be true of midwives and doctors who come to rely on the machine and sight to tell them what they used to deduce from their own senses and experiences. See also Iris Young who speaks of the way "the use of instruments provides a means of objectifying the pregnancy and birth that alienates a woman because it negates or devalues her own experience of those processes" (170).

⁴This surface tension can be preserved even in the face of the body's "insides": I have, for example, heard Liz Grosz, in discussion following a public lecture on "Lesbian Desire" which she presented at Murdoch University, August 1992, respond to a question about the need to recognize the interior of the body by explaining that a surface has two sides!

⁵Although it is still possible to conceive of it as fixed in process. This is the case with evolutionary models of change where feminist biologists have challenged the notion of biology as passive by pointing to the capacity of the organism to evolve. See, for example, Nancy Tuana's work. Nonetheless, it is not only on the scale of evolutionary time that biology changes but also within the scale of a lifetime.

⁶As Sally Gadow observes: "Let us grant for a moment that the critique succeeds in showing that the essence of human existence is embodiment, that the self is inseparable from the body, and that philosophy can no longer address problems of mind and consciousness in abstraction from their existential ground, the body. Even when we grant this the prob-

lem of the relation between the self and body is not solved; it only becomes more interesting. Body and self, though inseparable, are not identical" (86).

⁷The desires and hardly hoped for dreams of pregnancy suggest this lack of knowing and wanting to know: Unlike many of my contemporaries I did not avail myself of either ultrasound or amniocentesis so I did not know the sex of my foetus or if it was free of particular genetic conditions. For nine months I lived with the refrain: "Please be a girl, it'll be alright if its a boy but oh so much better to be a girl; please be well, it'll be alright so long as its born alive, but oh so much better to be healthy, be clever, be good." Even had I known it would indeed be a girl and healthy, I could not predict whether it would be free of colic or not, sleep reasonable hours or not, require special care, nor could I have predicted my own responses to having a child to care for and the redirection of my own ambitions and attitudes.

⁸A week or so after the birth, my partner was asked by a colleague how were we "coping with the sexual drought." At the time we were outraged at the implication that deferring sexual intercourse until tears healed, new routines and tiredness became more manageable etc, was an unwarranted imposition upon the male partner. Now, we are inclined to view the remark somewhat differently, together with the euphemistic treatment of sex in ante-natal classes: "Afterwards your partner may feel unloved." Ha!

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