

## Chapter 1

# Pregnancy and Childbirth

*Q: What is the rule for carrying the hand under the coverings?*

*A: The clothes should be properly raised at their lower edges, by the left hand, and then the right hand with the index finger lubricated, passed cautiously up the clothes without uncovering the patient.*

—*Obstetrical Catechism, 1854*

*Labor is an acute event terminating the chronic process of pregnancy.*

—*Fields 1990, 75*

Whether fictional or real, pregnancy and childbirth are historicized events. In contemporary North American culture, many women prefer to make choices about how they give birth according to their personal experiences and beliefs about what warrants a healthy, meaningful birth experience, even as they invite informed, caring, appropriate medical intervention. Most women today publicly announce their growing, expansive bellies in every setting imaginable from workplace to beach, and continue to work at jobs until days, even hours, before their deliveries. Many of these women resent the paternalistic intrusions of traditional hospital births, pre-

ferring homelike birth centers with more family attention than medical. Many women discuss pregnancy and childbirth explicitly with their partners, children, friends, and colleagues, not restricting such talk to closed-door sessions with their doctors.

Yet all this is a relatively new phenomenon. Until recently pregnancy and childbirth were private matters, restricting not only women's activity and dress, but their very narratives of the experience itself. Prior to the twentieth century, few women published anything, and those who did would have been unlikely to refer explicitly to pregnancy and birth. Privatized writing about these essential but shadowed women's concerns addressed hardships and fears obliquely within prototypically feminine formats—personal writings that were fragmentary and interrupted, a reflection of women's daily uncertainties, responsibilities, and culturally-induced inhibitions. Contemporary readers have discovered how these private genres of writing—diaries, journals, and letters—failed to consider essential physical questions. Instead, they revealed only veiled accounts of pregnancy and birth with little suggestion of physical changes during the nine months, or actual descriptions of labor and delivery. These writings indicated women's acceptance of pain as punishment, and included the fear and terror they associated with the very real mortality risk for mother and child. These writings also show that in private and profound loneliness, women adhered obediently to conventional impositions of pregnancy and birth; indeed, the very experience was seized from them.

Women were uneasy, anxious, and sick with worry. "Nine months of gestation," says historian Judith Walzer Leavitt, "was always a possible death sentence" (1986, 20). Sylvia Hoffert's careful study of attitudes about birth (1989) reviews personal comments in private writings: Sally Hughes, for example, wrote that she was in a state of "constant depression" (42); Millicent Hunt was "depressed in spirit" (42); and Elizabeth Parker said of her pregnant friend, she "looks so weak and miserable, I dread to see the end thereof" (43).

For many centuries, the phenomenon of birth with its inherent pain represented to both women and men an infliction by God for women's moral frailty. As Cotton Mather threatened in severely solemn and frightening words, childbirth was a serious travail with high mortality risks. According to Mather, mothers might "need no other linnen . . . but a *Winding Sheet*, and have no other chamber but a *grave*, no neighbors but *worms*" (quoted in Hoffert, 64). Slowly recognizing the destruction of the bodies and spirits of women, re-

formists began the difficult task of changing beliefs about the very nature of women's reproductive lives.

In this chapter we leap forward from centuries of restrictions and obliqueness regarding pregnancy and childbirth to rich, reflexive, frank, and diverse voices that are not silenced as were their foremothers. The selections illustrate the vitality and energy conveyed by Helene Cixous in a parallel she draws between childbearing and writing, urging women to speak of and from themselves so that generative forces of life are released, breaking old patterns and establishing more deeply reflective perspectives:

She gives birth. With the force of a lioness. Of a plant. Of a cosmogony. Of a woman. She has her source. She draws deeply. She releases. Laughing. And in the wake of the child, a squall of Breath! A longing for text! Confusion! What's come over her? A child! Paper! Intoxications! I'm brimming over! My breasts are overflowing! Milk. Ink. Nursing time. And me? I'm hungry, too. The milky taste of ink! (1991, 31)

## BIRTHING BABIES: A WHOLE NEW LANGUAGE HERE

*Profound local and systemic changes in maternal physiology are initiated by conception and continue throughout pregnancy.*

—Laros 1991, 232

During this century a number of events and developments occurred that brought about new challenges and opportunities for women's health. The ability to control reproduction represented new freedoms—and sometimes burdens. Women were no longer in bondage to their households if they chose not to be. Because of public health measures, family size diminished, maternal deaths declined, and newborns thrived. When insurance provided coverage by third-party payers, it became conventional for physicians to confirm pregnancies and enter into routine prenatal care of many women—those covered by insurance, anyway. Except for the poor and the otherwise marginalized who had no choices, North American women embraced medicalized childbirth, and when needed, sought the emerging reproductive technologies for the less than routine pregnancy. Increasing numbers of women were able to manage families and careers; pregnancies were no longer capricious events; parents

could be assured of fetal wellness, even gender; and childbirth could be scheduled to meet physicians' preferred schedules. It all sounded so good, until some women began reflecting on the implications of this medical management of their reproductive lives.

As women deliberated on their situations and began to use their own voices to reframe personal experiences, they began to question their loss of power and identity in matters dealing with their own bodies. Jessica Mitford posits in her provocative book *The American Way of Birth* (1992) that in the age of technology, from the obstetrician's point of view

the ideal venue for a safe delivery was the hospital, where he [sic] would have at hand all the most modern tools and accoutrements, not to mention the convenience to him of having the laboring mothers all in one place where assembly-line efficiency could be practiced. (47)

Still, even though the above scenario is routinely played out in North American hospitals today, an emerging phenomenon in the last half-century has been the movement toward less intrusive medicalized births, evidenced by the following: fewer drugs in labor and delivery; more midwifery and home births; more homelike hospital birth suites; and more family participation (versus more white coats) during labor and birth. These changes are, of course, well-documented in the medical, nursing, and sociological literature, yet fictions, again, are where we find some of the most unabashed, joyful breakthroughs from paternal parameters surrounding childbirth.

As the following stories and poems show, what had been withheld is "uncoiled, released, sprung" (Olsen 1976, 120). These are a kaleidoscope of literary portrayals of pregnancy and childbirth, selected to illustrate how language removed from the universalizing medicalized accounts can return us once again to the local, particular, singular woman telling us about a consciously lived, sensory event in her woman's life, filled with meanings *she* makes.

*The number of pregnancies a patient has had is described with the words gravida, para, and abortus. Gravida 4 (gr4) means 4 pregnancies, regardless of the outcome. Para 4 (p4) signifies 4 pregnancies carried beyond 20 weeks. Abortus 3 (ab3) indicates that 3 pregnancies ended before 20 weeks of gestation. A patient with four pregnancies,*

three deliveries, and one abortion is listed as gr4, p3, ab1.

—Dilts, Green, and Roddick 1979, 67.

Helen Chasin's poem, "The Recovery Room: Lying-In," considers postpartum procedures, an event not generally considered by poets. What used to be discursively off limits or simply deemed inappropriate has become fair game for women eager to describe birth as they have experienced it. Here the speaker's situation is common for hospital deliveries. She has been managed and delivered according to medical protocols; with her "pubic seam stitched back into secrets," she seems "wrapped in scopolamine," unable to "make it out of medicine" (1968, 19). Chasin presents a woman recovering from a medicalized childbirth, an event that now appears hazy, blurred, and disjointed to her. She has been acted upon, supervised mechanistically in an "ordeal that has almost nothing to do with love" (19).

This poetic account is a personal reaction of medicine's imposed production-line model of routinizations, specific timetables, medication schedules, and staff monitorings. The machinelike procedure is uninspiring and numbing, an example of medically managed births: ordeals without love. The poem echoes Regina Morantz-Sanchez's observation that modern woman has been freed by the "industrial order into more sophisticated forms of degradation" (1985, 353).

Carol Nadelson observes that pregnancy has been regarded as the "fulfillment of the deepest and most powerful wish of a woman, an expression of fulfillment and self-realization, a creative act, which affords many women the opportunity to explore new directions in their lives" (1978, 73). While a significant number of women would argue against this extreme elevation of pregnancy in the lives of *all* women, many women would agree that moments of mystery and awe—the first flutter or the outline of a hand in an ultrasound—can momentarily suspend their bodies' weariness.

Sandra McPherson's narrator illustrates some of these moments in the poem "Pregnancy" (1970, 55–56). The narrator describes her condition—not the *news* of her pregnancy, not the *outcome* of her pregnancy, but the *condition* of pregnancy—as "the best thing," so much that she would "always like to be pregnant." And her body: she has a "tummy thickening like a yoghurt,/Unbelievable flower." She is "highly explosive," connected to primordial rhythms, "nine months pulled by nine/Planets." And while she is

conscious of and celebrates her sensations of wonder and mystery, she leaves readers with the reminder that she's only one-third of this miracle: "three/Beings' lives gel in my womb."

But in spite of the joy associated with pregnancy—deferred as some of it may be—perhaps no other event in the life cycle is as filled with ambivalence as pregnancy and childbirth. Even for a very wanted or long-awaited baby, the enormous physical changes brought about by pregnancy can temper one's enthusiasm and lead to seemingly perverse ways of thinking. For example, in Joyce Carol Oates's poem "Baby" (1982, 11), the speaker provides an unexpected gothic twist on pregnancy. The title word, seemingly gentle and positive, assumes monstrous proportions as the poem unfolds. Inside the woman, who is merely "four walls and a ceiling," the mollusk-like, sausage-fingered baby grows "filling the room" until no air remains. The baby is all-consuming, carnivorous in its irrepressible growth. The image of the carrier, "a plump wattled purse," is one of entrapment, clearly not a vessel with fragile goods. The poem confounds traditional sentiments about pregnancy and motherhood, brought about by Oates's incisive ability to focus on the unexpected, unspoken impulses and ambiguities that some women might acknowledge during the strange wonders of pregnancy.

Kathleen Rockwell Lawrence's novel *Maud Gone* (1986) portrays a woman's account of pregnancy that also captures the ambivalence of the experience. After years of agonizing, endless conversations of "should we or shouldn't we," Maud settles happily into her first pregnancy at age thirty-three. Clearly the result of a "rational" decision, she nonetheless finds herself late in her pregnancy feeling like a "beached whale," jealously watching her hapless husband watching other women. How had this lapse from the mystical reverie of pregnancy occurred? She and husband Jack, both well-educated, affluent New Yorkers, had done everything right, including their foray into the cult of Painless Birth, Lawrence's cynical label encompassing every method under the rubric of natural childbirth:

It had been Jack's idea to sign on for Painless Birth. He had read about Xenia in *Business Week*: the remarkable story of her absolutely painless first delivery and how it had inspired her to begin Painless Birth to help other women. Ms. Olssen said there was no pain in childbirth. Pain is in the brain was her refrain, and if that brain were to be filled with images from na-

ture, there wouldn't be any room for pain. It sounded like some Barry Manilow song. (5)

Yet there was another deeper, more intimate reason for Maud's seduction by the litany of Painless Birth: "The promise, false, she knew, but still, a hope . . . the promise of NO PAIN. Maud was a chicken. A real coward. She was terrified of her imminent labor and delivery" (6). She, along with the other "preggers," those of the herniated belly buttons in the middle of swollen stomachs, were trusting, eager, vulnerable to such hope.

Readers find Maud's childish hope laced with cynicism in her inner dialogue as she sits in a Painless Birth class and watches herself, her husband, and the other women and their mates ("one was careful not to say husbands"). The beautiful, svelte Painless Birth instructor asks Maud's husband to pinch and twist ("vary, vary hard. Do not worry bout me. Yust keep twisting" [10]) the back of her smooth, taut thighs to demonstrate how serene one could be in a painless reverie if one just thinks about the ocean. Amazed, angry, and nauseated, Maud rushes to the bathroom. There she sits on the edge of the toilet, resting her head in her arms on the sink, staring at herself in the mirror for a long time wondering where the joy went:

She stood up and had a good look at her eight-and-a-half-month frame. All stomach, sticking right out there. She had gotten a lot of comments from a lot of folks about that stomach. Pregnancy, Maud found to her chagrin, puts a woman in the public domain. Pregnancy permits no secrets. It's the great common denominator. Everyone knows what it is, and everyone knows how you got that way. People make free with you. Some are solicitous. Some are jocular. Some are outright hostile. And you are pregnant. (13-14)

The class over, Maud and Jack leave, and readers continue to witness difficulties and fantasies and wonder not often found in clinical accounts of pregnancy and delivery. "Think this elevator can handle all you big girls?" (17) one ruddy father-to-be bellows on an elevator after a Painless Birth Class. At that moment Maud hates all men. But while her hatred does not last, her ambivalence does as she wanders through the last days of her pregnancy, still and again the



victim of patronizing humor clearly not funny to any woman with a herniated belly button.

#### BIRTHING BABIES: THE REAL DEAL

*She will begin to hold her breath, tense her abdominal muscles, and strain or bear down in an attempt to expel the baby each time the uterus contracts. As this occurs, the relatively high-pitched cry at the time of contraction changes to a sustained grunt, which can be recognized as indicting the second stage whenever it is heard.*

—Willson 1991a, 377

*A mild cleansing or Fleet's enema may be used to empty the rectum to prevent fecal soilage of the delivery area as the fetus descends in the second stage of labor. While some consider it "adding insult to injury," the enema gives the additional benefits of a cleaner field of delivery and obviation of the need for a bowel movement for a couple of days postpartum. These advantages seem to outweigh the minor and brief discomfort early in labor.*

—Fields 1990, 76

In recent decades women visual artists, film makers, and writers have begun a self-conscious exploration of women's bodies, leading to new, different, multilayered understandings of women's experiences. Formulized pregnancies and deliveries marked by prediction and control have begun to be replaced by more vigorous and direct images that challenge patriarchic assumptions about women's reproductive lives. H el ene Cixous's call for *l' criture feminine* has been realized in multiple truths by women determined to oppose forms of authoritarian discourse, to cross boundaries in literature, art, and film—and in biology and medicine. In spite of ancient protests of propriety and obscenity that are difficult to unload, pregnancy and childbirth have become rightful subjects of these border crossings.

In art, for example, Alice Neel's painting of Margaret Evans has been called the "very incarnation of physical and psychological vulnerability" (Tobey 1991, 15). Neel's frontally nude and very gravid woman holds herself erect to convey a sense of pride and tri-



umph for the condition signified by her swollen middle and engorged breasts, all the time gazing unblinkingly at the viewer. This painting contributes to the growing number of expressive works in which artists examine the female body with wider lenses. However unsettling to some, these wider, revisionary postmodern lenses reveal uncompromising pictures and spiraling perceptions of the variety and complexity of women's lived experiences. Like the Neel painting, some fictional portrayals of pregnancy and childbirth report and describe; others invade us, transport us, "pierce [us] to the entrails" (Cixous 1991, 13).

New voices and visions have created important intersections or meeting places for focusing on these lived experiences. Lucille Clifton's poem, "she understands me" (1987a, 134), is vividly real: "it is all blood and breaking," the narrative voice announces as the infant drops "out of its box." The voice speaks of "wetness," "emptying," and "squalling" without regard for medicine's aseptic, impersonal whiteness and sterility.

Linda Pastan's poem, "Notes from the Delivery Room" (1982, 26), focuses directly on birth with unexpected imagery. The narrative voice presents a witty, whimsical, thoughtful, and quietly joyful stream-of-consciousness of a woman in the delivery room. She begins abruptly with an image of how she must appear, "strapped down / victim in an old comic book," letting readers know she has been there before. Never quite victimized enough for indignation or readers' sympathy, she moves on to another metaphor for this delivery room scenario, one in which she is sweating laborer for the doctor-foreman.

Then, an abrupt change from the playful, slightly cynical image-making of this laboring woman. She pensively wanders to what the whole cycle of birth, life, and death should be:

Babies should grow in fields;  
common as beets or turnips  
they should be picked and held  
root end up, soil spilling  
from beneath their toes—  
and how much easier it would be later,  
returning them to earth.

What brings on this weightier metaphor, we do not know—perhaps the previous death of a child. But now she is back in the moment, a "new magician / who can't produce the rabbit / from [her] swollen

hat." Yet she does, and in this most elemental human act of giving birth, pares the moment to "just me, quite barefoot, / greeting my barefoot child." Pastan's poem reminds readers that birth is, in the end, primal and earthy, an event reduced and elevated to the wholeness and immediacy of women's corporeal experience.

Margaret Atwood is well known for *The Handmaid's Tale*, her disturbing science-fictional account of reproductive technologies in a dehumanized, ultrapatriarchic world. Less known is the short story, "Giving Birth" (1977), told in the first person by a woman unwilling to accept universalized, unexamined notions of pregnancy and childbirth. The idea of "giving" birth is questioned immediately and impatiently:

But who gives it? And to whom is it given? Certainly it doesn't feel like giving, which implies a flow, a gentle handing over, no coercion. But there is scant gentleness here, it's too strenuous, the belly like a knotted fist, squeezing, the heavy trudge of the heart, every muscle in the body tight and moving . . . the plunge, the rush down, the result. Maybe the phrase was made by someone viewing the result only. (225)

The speaker, looking down at her child in a playpen, thinking, remembering, *trying* to remember, tells us about another mother, a mysterious, dreamy Jeannie. Jeannie is not real, but a real enough invention for the speaker to watch as she tries to capture, or recapture, the vital, conscious, highly charged, fully lived moments of her own labor and delivery, an experience that must evoke reverberations in the minds of women reading the story who have experienced the same. Thus, in some ways, the story becomes more than Jeannie's experience. It is about women having babies: how they are managed, how they deny and are denied the experience, and the difficulty/impossibility in getting the experience back once it is gone to puzzle over it, relive its mystery, to search for its truths.

The story is a familiar one. Women do not "quibble over the terms" (228) but rather go along with prescribed, medicalized hospital deliveries: sitting in a wheelchair when perfectly capable of walking; submitting to an enema; surrendering to hospital gowns and labeling around the wrist; being prepped and sedated. But throughout this predictable, routinized experience, the speaker allows readers to enter her spiritual quest occurring with the physicality of the childbirth the invented Jeannie is experiencing:

She is, secretly, hoping for a mystery. Something more than this, something else, a vision. After all she is risking her life, though it's not too likely she will die. . . . She deserves a vision, she deserves to be allowed to bring something back with her from this dark place into which she is now rapidly descending. (235)

This dark place, she realizes, is not hell, but is like being inside trying to get out. A story she had read, about Nazi doctors tying the legs of Jewish women together, floats through her consciousness as she realizes how that could kill a woman. She wants to push but is told not to: "This is absurd. Why should she wait, why should the baby wait for them because they're late?" (238).

Atwood's figurative language is blazing now with imagery that helps readers to experience this extraordinarily corporeal event:

Jeannie grips with her hands, grits her teeth, face, her whole body together, a snarl, a fierce smile, the baby is enormous, a stone, a boulder, her bones unlock, and once, twice, the third time, she opens like a birdcage turning slowly inside out. A pause; a wet kitten slithers between her legs. (238–39)

A baby is born; there is no vision. Jeannie is not conscious of distinctive knowledge now that the birth is over. In fact, she is already forgetting what the experience was like, even as her hair slowly darkens in the days that follow, and she "ceases to be what she was and is replaced, gradually, by someone else" (240).

On one immediate level, the story challenges the medicalized, late twentieth-century North American hospital birth. But it is also about language and mystery, frames of reference, passwords and exclusions, and the importance of stories:

The point (for in language there are always these "points," these reflections; this is what makes it so rich and sticky, this is why so many have disappeared beneath its dark and shining surface, why you should never try to see your own reflection in it; you will lean over too far, a strand of your hair will fall in and come out gold, and, thinking it is gold all the way down, you yourself will follow, sliding into those outstretched arms, toward the mouth you think is opening to pronounce your

name but instead, just before your ears fill with pure sound, will form a word you have never heard before . . . ). (228)

Atwood's narrative voice in this complex story is informing us about the function and value of language to help us understand what we have experienced, and to give these experiences life with words. The economical, whitewashed language of clinical description is useful and important on one level only, telling us by design little of moments lived within. Such language is not intended to be "sticky" or bothersome enough to produce new sounds, "a word you have never heard before." But fictions do assemble strange, sometimes disparate sounds, the sounds Jeannie makes, causing readers to pause, perhaps, and wonder—to *think* about what they have just heard.

#### COMPLICATIONS: TROUBLED SILENCES

A study of depressed women by Dana Jack, "Silencing the Self" (1991), examines the effect of required passivity on women. She notes that "the active silencing of the self leads to . . . the condition of self-alienation" (176). Jack contends patriarchic culture "throws a wet blanket over the inner world of feeling and dampens its vitality" (168). Female "virtues" fantasized and idealized by patriarchy include submissiveness, responsiveness to others' needs, self-denial, self-sacrifice, and self-control.

But what are women to do with their inner worlds of feeling, dampened by that wet blanket but still smoldering? Write, perhaps? When Virginia Woolf exhorted women to write exactly what they thought, she was not talking about carefully rehearsed content. Rather, she urged that women get personal, tell the truths of their lives.

Some decades later Nancy K. Miller described the "witnessing 'I' of subjective experience" (1991, 14). This "I" was not included in earlier medicalized accounts of childbirth, and when pregnancy and birth varied from expected norms, witnesses often failed to appear there, too. Yet finally, women writers began to split the silence on pregnancy and birth taboos when they began to write explicitly of the unwanted pregnancy, abortion, adoption, miscarriage, infertility. Many are troublesome accounts that contain the subjectivities of individual women who, by giving these loaded events different

turns, remind us once again that no universalizing explanations exist for these events.

### Adoption

In "Unknown Girl in the Maternity Ward" (1960), Anne Sexton's painfully provocative poem, the speaker lingers over her "illegal" child, a "small knuckle" lying on the institutional bed. The mother has carried the child, her "sin," to term in defiance of conventions about unmarried mothers during the period in which it was written. In spite of the hospital's cold and disapproving mood, the beautiful, loving words whispered by this mother to her child reveal the depth of feeling and the ambiguities of her choice:

You blink in surprise  
and I wonder what you see, my funny kin  
as you trouble my silence. (34-35)

The tender lullaby is interrupted by references to those giving her care in an institution so critical of her situation: wanting only facts, the doctors are "enamel" as staff "scolds" her while she attends to the difficult separation that is her choice:

I am a shore  
rocking you off. . . .  
Go child, who is my sin and nothing more. (35)

Sexton, an extraordinarily sensitive poet to mood, nuance, and the intuitively unsaid, provides a female narrative voice that struggles with a consequence of pregnancy that is seldom given poetic treatment.

A very different image of an unmarried mother is found in Margaret Drabble's novel *The Millstone* (1965). Here is a woman whose career, we learn in the opening line, "has been marked by confidence and cowardice" (5). As readers come to know Rosamund, they find someone who is well educated, sophisticated, independent, and unmarried. They also find someone who is burdened with a quickly identified millstone: an unplanned pregnancy, which eventually will be transformed from something heavy and oppressive into the "faint, constant and pearly brightness" of baby Octavia (198-99).

Of course, reactions to any particular pregnancy depend on particular circumstances. At first, Rosamund was incredulous and "sat for a whole day in the British Museum . . . thinking about gin" (8) because gin, like quinine and hot baths, might induce an abortion. But her efforts to terminate the pregnancy by such means are foiled: the bath water was stone cold and the gin made her "gay and undespairing" (19). By default, Rosamund chooses to keep her baby without informing the father, who was merely an "incidental" figure anyway. Wavering between poles of confidence and cowardice, she remains compelling *and* unsteady in her lonely course. Once while recalling the tragic plight of Thomas Hardy's unmarried and pregnant Tess, Rosamund confesses:

Up to this point in my life I had always had the illusion at least of choice, and now for the first time I seemed to become aware of the operation of forces not totally explicable, and not therefore necessarily blinder, smaller, less kind or more ignorant than myself. (77)

Sometimes she is "driven to tears by the sheer embarrassment and absurdity of the situation" (61). Other times she scolds herself that it was nobody's business but her own. Even as cultural patterns enlarge conceptions of "family" to include those with single parents, Drabble's Rosamund reminds us of the difficulties and loneliness that may lace the pleasures of single parenting.

Lisa Woods's poem "Conspiracy" (1980) presents a darker side of adoption from a birth mother's perspective. Much publicity has been given to adoptive children seeking their birth mothers, birth mothers seeking their children. Many have been one-time reunions whereby questions, puzzles, and simple curiosities have been satisfied; others have initiated long-term relationships. But what of the searching birth mother who never finds her child? Woods's narrative voice tells us how one of these women feels:

Dear child,  
you never happened.  
That's what they'd  
have me believe—  
They drugged me  
during your entry  
into life  
to dull my memory;  
snatched your

newborn flesh  
from these unwed arms,  
falsifying records  
for the sake of Propriety  
(and some barren  
woman's pride);  
denied your existence  
to me—  
the one  
who gave you life—  
and turned me out, tainted,  
after harvesting  
the fruit of my womb  
(and called it CHARITY).

And now—  
15 years later,  
my Soul is bloody  
from pounding against  
iron Bureaucracies,  
trying in vain  
to clutch a morsel of proof  
that I once had a son . . .  
that these  
scars on my belly/  
wounds in my heart  
are not  
my imagination.

The narrative voice speaks to her unknown child directly, the child who seemingly "never happened." We quickly learn otherwise, that there is a real baby born and taken from his mother, drugged to lessen the potential connection between them. The authoritative "they," coldly depicted by the mother, seizes the baby from her improper (that is, not married) arms, falsifying records so that someone else could have her child. There is no sentimental connection between birth mother and adoptive mother here; the birth mother uses the loaded word "barren" to describe the adoptive mother whose embarrassment or insecurities over her infertility will be erased when "they" place a baby in her arms. The "they" here—doctors, lawyers, clergy—become her collective and coercive cultural surroundings whispering "shame, shame."



The narrator is bitter at the offenses committed because of her young, vulnerable, naive, and unmarried state, and from their attempts to purge her memory of the experience itself, to cast her out, "tainted / after harvesting / the fruit of [her] womb." But this woman remembers.

Coercion of birth mothers to relinquish their newborn babies is, unfortunately, not a historical phenomenon merely because of today's more relaxed moral codes, the availability of abortion, and the former custom of sending young women away to hide in unwed mothers' homes when dishonor and silence prevailed. Coercive child relinquishment still remains a practice in some areas of the world today (including the United States), and with such practice many birth mothers face lives of pain, depression, and longing.

Thus, it seems, the grief carried around by many women who lived through the physical and emotional trauma of giving birth only to have their babies quickly and quietly taken from them is a grief that is always *there*. In her poem about one woman's abortion, "the mother," Gwendolyn Brooks's narrative voice quietly describes a response similar to that of a birth mother who decides to allow her baby to be adopted: "You remember the children you got that you did not get" (1963, 4).

### *Infertility*

*Artificial insemination with donor sperm (AID) requires the wife to realize that a husband's agreement to AID is a profoundly important gift to her.*

—Leach 1970, 34

*Some women find it hard to attract male partners for whatever reason; others do not lack admirers but fear deep commitment (as symbolised by a genital relationship). Women in either category may understandably wish for a child by donor insemination before it is too late. . . . [yet] I am tired of the argument that no discrimination should be exercised vis-à-vis single women simply because fertile couples can please themselves.*

—Humphrey 1991, 798

*It has been estimated that 6,000 to 10,000 children are born annually as a result of artificial insemination and that approximately 10% of these children are born to single women.*

—Frank and Brackley 1989, 156

Matters relating to reproduction are often unpredictable, frustrating, and discouraging. A woman's inability to conceive when a baby is *wanted* can be deeply disheartening, especially if she had assumed that once she made the decision to become pregnant, it would quickly just happen. Yet often, it does not "just happen," and women find themselves in painful situations that call into question their private, sometimes previously unexamined or unspoken, assumptions about themselves and the gendered prescriptions for their reproductive lives. It is no wonder that when repeated attempts at conception fail, many women turn to medicine to "fix it . . . now." (Of course, these reproductive technologies are available only to privileged women who have the resources to pay the high cost of these interventions.)

Susan Sherwin notes that there is a "clear pattern of ever-increasing medical control over the various aspects of women's reproductive lives" (quoted in Jack, 117–18). By conceptualizing infertility as a "desperate" state, Sherwin posits that couples "seek to establish their 'normalcy' and worthiness of treatment by being eager and compliant thereby verifying the professionals' stereotypical expectations" (131). Assisted conception, therefore, strengthens the role of medicine and women's dependence on medical technologies, and raises the persistent issue of male control of women's reproductive potential.

Over twenty years ago in *The Dialectic of Sex*, Shulamith Firestone claimed that the perceived female "role" of motherhood was the very root of women's oppression. This prescriptive function could be systematically eliminated via existing reproductive technologies that exist and those yet to be developed, such as embryo gestation outside the womb in an artificial placenta. In this scenario, once the fetus reached full term, any caring person, woman or man, could attend to its development (Tong 1989, 74), and gendered roles regarding motherhood would be eliminated.

Similarly, Adrienne Rich made the distinction between the experience of motherhood and the institution of motherhood, the former being "*women* deciding who, how, when, and where to mother," the latter being *men* making these decisions for women



Mary Cassatt (American, 1844–1926). *Mother Louise Nursing Her Child*, 1899. Etching with drypoint on paper, 13 $\frac{1}{8}$  × 8 $\frac{7}{8}$  in. The National Museum of Women in the Arts. Gift of Wallace and Wilhelmina Holladay.

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(Tong, 87). Men, suggested Rich, have convinced women that unless a woman is a mother, she is somehow not fulfilling her "role." Thus, women often have babies to fulfill prescribed patriarchic gender identity, and when they cannot, they turn to reproductive technologies, another site of ideological battles. Like Firestone, Rich believed institutionalized motherhood should be displaced by women viewing their female biology as a resource rather than a destiny, and not merely *controlling* their bodies, but reveling in the wholeness and resonance of their physicality and the material dimension of their intelligence (Rich 1976, 31–32).

Fictions can enlarge such theorizing by considering various reproductive problems in profoundly personal ways. These fictionalized accounts may bear little resemblance to medical descriptions in textbooks or in the often abstract theorizing about reproductive technologies. Kelly Cherry's "What I Don't Tell People" (1990) is one woman's experience with artificial insemination with donor sperm (AID). Nina, a single, heterosexual woman "of an age that raises the risks [of pregnancy] significantly and who does not earn enough to pay for day care" (202), wants a baby. Without a partner wanting the same, and without a "boyfriend on the horizon," she decides that AID is the best route to go. Reasonably certain that she is able to conceive—she had a miscarriage with a former lover—all she needs is a donor, hopefully with some "good chromosomes," as an enthusiastic friend insisted. The donor is Angus, a friend of this friend, a twenty-one-year-old "whiz kid," handsome, virile, good-natured, generous man who travels quite a distance, taking a week out of his life to help Nina have a baby.

But why does Nina want a baby, now, alone, without much money? She tells the reason directly, with vulnerability, without apology:

Because I want to hold a baby in my arms, which I have never done in my life. I want to create a life that is independent of mine. I have a hunger for obligations, responsibilities. . . . I always wanted children. . . . I have just learned to drive so that I can chauffeur the kid to slumber parties and swimming lessons. Of course, no one ever asks a married woman to justify why she wants a baby. (202)

So, with Angus's assistance, she undergoes the procedure of AID in her doctor's office.

How does it feel, lying prone, alone with a doctor in an examining room receiving someone's sperm from a syringe? With a nearly detached matter-of-factness, Nina describes the procedure. To the strains of Muzak, the doctor squirts her with a syringe full of Angus's very fresh semen—"fresh" because it can be no longer than a half-hour from his "jack off into the little plastic vial" in Nina's bathroom to her naked-from-the-waist-down state in the doctor's office. After telling her to lift up her bottom so she can hoist her lower body on a platform he extends from the examining table, the doctor leaves the room.

What does she think during those fifteen minutes, waiting alone, motionless? In the absence of lovemaking with a partner during the act of creation, Nina is mindful of her spirit (and possibly that of her future child) during these impersonal, solitary moments of artificial insemination. She has brought two books: one, a collection of poems written by a now-dead friend whose "sweetness of spirit [she] would like for [her child]"; the other, some poems set behind the Iron Curtain, where another man she cares about lives.

Throughout the following days of waiting, Nina leads a rather routinized life: a meeting with a lawyer to sign an agreement full of words like Donor, Recipient, and Parental Rights (Angus has none); a quiet dinner party ("I want my friends to see what good taste I have, to understand that I have not gone bananas and hauled a weirdo in off the streets to impregnate me"); a visit to a bookstore for books on pregnancy and childbirth. All the while she waits and wonders if a baby is "writing its way into existence," her consciousness sensitively turned to the possibilities occurring each moment in her body. It is important to Nina that before Angus leaves he see her "in context." She thinks:

I want him to understand that I have a nexus, I am part of a community, I may be single but I am not without social meaning . . . my days overlap with the days of my friends like a chain of links. . . . I am not desperate. (209)

Nina is rubbing against the cultural grain here, and her voice helps readers to consider the codes regulating motherhood in North American culture: two parents are inherently better than one; a single woman is selfish (or pathological) if she willfully chooses to have a baby outside marriage or partnership; a single woman raising a