

Child, birth

An aesthetic*

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We have entered a time [...] that confronts us with a radically new threat. It is a time when, outside and inside the specialized language of medicine, pain threatens to become entirely meaningless.

(Morris 1991: 77)

Pain's resistance to language is not simply one of its incidental or accidental attributes but is essential to what it is.

(Scarry 1985: 5)

Giving birth is both everyday and extraordinary. For most of us, it will be the most painful experience of our lives, and (unlike a broken leg or a burst appendix), we know this in advance. Yet the lived experience of this pain is elusive, despite the proliferating genre of the "birth story" – a first-personal, vernacular, and often over-plotted account of late pregnancy, labor, and delivery that has found its own niche in parenting magazines, midwifery websites, and birthing books. I suspect that most women write these narratives a considerable time after their child's birth, because they are, generally speaking, pleasantly vague, and colored mainly by the primary emotion left long after the fact: typically either regret that such a dreadful experience was not handled better by someone or other, or rose-colored relief that the whole ordeal is well in the past. Try looking for close descriptions of the physical experience of giving birth and you will mainly find medical sources that elucidate the analgesic options available to those giving birth in hospitals. The experience is pain, and the pain is awful, goes the refrain, but nowadays we can make it go away. This promise of absence does not leave much incentive for imaginative projection or psychological preparedness. It only encourages knowing the quickest route to the labor ward. The top demand on your birth plan, a woman in the gym locker room told me in an urgent tone when I was thirty-five weeks pregnant, should be that they have to do the epidural first thing when you get to the hospital. Don't take no for an answer. I admired this unequivocal approach: going in with an ambivalent attitude to the offerings of Western medicine is likely to result in confusion all around. Better to seize the rare

opportunity for powerful drugs on the government's dime and make the whole experience as painless as possible.

My son was born at home in the middle of a frigid February night, exactly as we had planned. Whatever the pros and cons, a home birth guarantees one thing: no pharmaceuticals. I confess to having taken a kind of pride in my intention to deliver with nothing but a hot bath and gumption, but I do understand that it is not for everyone. Proximity to people wearing scrubs makes many women feel more secure, and if lady luck does not smile on your labor then at a certain point it ceases to matter what you intended. Because the pain of childbirth is not necessarily an indicator of damage, but rather a typical part of a predictable physiological process, and because it is not inflicted by anyone else (unless you count the baby, which seems both anatomically incorrect and unfair) for me it invited a certain kind of attention. What would it mean to watch this pain, to be with it, to witness sensation of the most extreme and urgent kind without indulging my aversion? Could something be learned from a nasty, brutish, and likely not short enough event that I had determined to endure? Now, reflecting much later, I wonder, how could by far the most excruciating experience of my life also be the most joyful, profound, and spiritually transformative?

The more I *know* about giving birth, the more I realise that any meaning I attribute to my pain is much less my own than I like to think: it is hugely dependent on my historical moment, national context, class, and relationship to Western medicine. The more I try to *write* about giving birth, the more I also realise that my pain is mute, elusive, liable to evade representation. These factors mitigate against a good birth story: historians mostly concur that our contemporary culture has an unusually narrow repertoire of aversive, negative meanings for pain, while philosophers have argued that pain is notoriously hard to convey in language. When the pain concerned is childbirth, telling one's story is even harder: this is a political battleground, with all manner of actors vying to make sense of someone else's experience for their own ends. Perhaps I should stop writing now, but I won't. The space carved out for the meaning of pain in childbirth is my first theme, but my second remains that experience it fails to ask after.

On pain in childbirth

Narrating a positive relation to one's own experience of pain in childbirth carries political risks. Surely it is a part of women's liberation to be free from Eve's curse? A British midwife – a male one, if it is not mean-spirited to point that out – generated controversy recently by suggesting that labor pain is a "rite of passage" that prepares one for the challenges of caring for a newborn.¹ This claim provoked women with all manner of childbirth experiences to object: should we not then torture any prospective father to better galvanize his parenting instincts? Or perhaps stick pins into that one-in-a-thousand woman who finds childbirth less than agonizing? Despite the wisdom of some of his views

on contemporary medical practice. Denis Walsh was apparently insensitive to two aspects of the history that precedes, and, arguably, informs his remarks. First, with the mid-nineteenth century invention of anesthetic agents (ether and chloroform), the necessity of pain in childbirth was defended by religious misogynists who declared it God's will (and punishment) for women. Genesis 3:16 famously reads, "To the woman he said, 'I will greatly multiply your sorrow in childbearing; in sorrow you shall bring forth children, yet your desire shall be for your husband, and he shall rule over you.'" The precise connection between labor pain and patriarchy deserves perhaps greater elaboration, but nonetheless this verse and the sentiments it evokes informed historical opposition to the use of anesthesia in childbirth. Early defenders were compelled to engage in biblical exegesis in order to show that pain per se could not be divinely ordained (Simpson 1995 [1849]: 400).

These debates had their secular elements: on the one hand, it seems as though some male commentators wanted to trivialize women's experience of pain in childbirth, plausibly motivated by an epistemic discounting of women's testimony about more or less everything.² On the other hand, clergymen and physicians alike insisted that women were intended by God and nature to suffer in childbirth – and indeed that such suffering has positive consequences. In his 1849 *Treatise on Etherization in Childbirth*, American midwife Walter Chan-ning reports that he wrote to a "medical friend" asking for data on his use of ether and chloroform, and reprints the anonymized but much-quoted reply: "The very suffering which a woman undergoes in labor is one of the strongest elements in the love she bears for her offspring. I have fears for the moral effect of this discovery, both on the patient and on the physician."³

The second reason that Walsh should have hesitated has everything to do with the later, psychoanalytic habit of associating femininity with masochism. Following and reworking Freud, for example, Hélène Deutsch argues that the conflation of pleasure and pain is a necessary – even biologically inspired – part of the feminine psychic economy, due in part to the discomforts associated with defloration and childbirth. Even Deutsch, however, in lamenting the mastery of medical science over "normal physiologic processes," stresses that drugs do not only relieve pain, but also diminish "woman's active part in the delivery process, her lasting pride in her accomplishment, the possibility of rapid reunion with her child" as well as, more controversially, depriving her of the opportunity to gratify her masochistic desires (Deutsch 1945: 247). To laud pain, again, plays into this tradition, which risks attributing unconscious attachments to painful experience to women at the expense of examining how suffering is forced upon us.⁴

The development of the continuous epidural block in obstetrics in the late 1940s changed some of the philosophical aspects of the debates about pain: women requiring pain relief no longer needed to be semi-conscious or unconscious during labor but rather could have only a local loss of sensation. Nineteenth-century physicians had worried about everything from the possibilities for sexual arousal under the influence of chloroform to the extinguishing of the "vital spirit"

that characterized human agency. These concerns had largely fallen away by the twentieth century, replaced, as historian Ariel Glucklich (2003) contends, by a medical model that understands pain as a neurological indicator of tissue damage with no redemptive qualities for the patient. As more and more women gave birth in hospitals, and the medical technologies surrounding birth became more complex, perinatal health care became, as many feminist commentators have described, increasingly overseen by (male) physicians rather than (female) midwives. If, in the nineteenth century, male physicians were suspicious of ether, in the later twentieth century the epidural was one of the technologies that guaranteed obstetric dominance over midwifery, and it is more likely to be midwives who suggest that even now, when a woman can give birth fully conscious but without significant physical pain, analgesia diminishes the experience of birth.⁵ This history frames the horns of my dilemma: in the twenty-first century a pregnant woman in Canada can give herself over to medical birth and risk the objectification it too often entails while gaining access (in theory) to hard-won technologies of pain relief, or she can opt for a midwife-attended birth at home (or, if she's lucky enough to live near one, in a birthing center) without the possibility of pharmaceuticals.

To opt for the latter, then, is often as much a negative choice as a positive one: it is not necessary to have read Foucault to have a sense of the risks of entering a totalizing institution where management of one's body-as-object is of paramount importance. Pain in this context can be understood as the price you pay for being allowed to bloody your own sheets in peace, and, given how incredibly painful childbirth is, that is a costly right. However, it is different than the lesser pains of an acute kidney infection or a broken arm, both of which have had me hustling to Emergency for the blandishments of Western medicine. The pain of childbirth has a purpose, and is a predictable part of the process of delivery. It also has a guaranteed end in the not-too-distant future – although just *how* distant becomes a pressing concern when you actually get to it.

In other ways, though, labor is like all pain. It struggles to find a way into language. While physicians learning to diagnose are advised to ask their patients for adjectives to describe their sensations – burning, stabbing, dull, aching, cramping, and so on – in the face of agony these words fall away, and there is only the demand of the body for an ending. Linguistic communication approaches zero. In her brilliant book *The Body in Pain*, Elaine Scarry argues that, unlike other states of consciousness – love, fear, hunger – pain "has no referential content. It is not of or for anything" (1985: 5). Putting it another way, Ludwig Wittgenstein famously argued that pain illustrates a different way of using words than our usual process of definition: I can point to my cat and say "cat," in a way that my child will eventually grasp, but I cannot point to my pain to show what that word means (1953: §293ff). I can exaggerate my pain, or minimize it, but it is terribly hard for someone else to say what criteria they could use to know that I am doing so – as insurance adjusters and parents faced with a sick child well know. I cannot in any literal way make my pain into an object for you to see, but the worse it gets (ironically) the less able I become to

tell you about it either. It disrupts my usual intentions and capacities and turns my attention inward, summoning me to the here of my body and the now of its sensation, while taking me away from intersubjective life, "the body's commerce with the world" (Leder 1990: 74). *In extremis*, we lose our words, which are all we have.

As Scarry points out, for the sufferer the reality of pain is the epitome of certainty, while for the witness to pain, its existence is always opaque, in doubt. Because pain lacks an object, she suggests, even when expressed it is always vulnerable to appropriation by this skeptical onlooker, its characteristics made into fodder for some cultural project that exceeds the representation of sensation. Scarry uses this fact about pain to build a political case against torture, which is often misrepresented as an information-seeking exercise; but pain's resistance to expression and its corollary availability for cultural repurposing also explain why birth stories are so empty of specifics and so narratively predictable.

Putting life into language is one way of remembering, so perhaps I have also explained why pain is liable to forgetting. Jesus himself is quoted as saying that "a woman giving birth to a child has pain because her time has come; but when her baby is born she forgets the anguish because of her joy that a child is born into the world" (John 16:21). It is true that sometimes the thrill of the baby takes over from other physical sensations, and there may be a physiology peculiar to childbirth that makes its intensity disappear from memory with alacrity; but try precisely to recall the discomfort of stubbing your toe, and you will find your mental content also vague and allegorical. So the articulation of pain in general is ontologically frustrated, while contemporary medical models insist on pain's literal and hermetic erasure.

This erasure has a political timbre: we used to believe that infants cannot feel pain (thus was circumcision of male babies justified), and many people still use the claim that a very young child will not consciously remember painful incidents as a rationale for not trying too hard to avoid hurting her; likewise, another pernicious and largely discredited belief for which Descartes is often blamed is that animals are incapable of feeling pain. Children, animals, women: the triumvirate of the insensate or behaviorally unreliable. Of course, the cow may bellow and twitch in the slaughterhouse, and the baby might scream at the scalpel's cut, but these pieces of evidence cannot prove pain, any more than the laboring woman's wails should provoke more than wry smiles and a rush to strap on the fetal monitor. Childbirth happens in the interstices of these realities, which, taken together, work against the conscious, autonomous remembering of birth and its pains. Articulating the lived experience of the pain of childbirth thus goes straight from ontological challenge to epistemic irrelevance.

Philosophically speaking, therefore, everything is stacked against successful literary expression of pain, and accordingly there is very little of it. When I think of evocative first-personal representations of extreme physical torment – from Fanny Burney's epistolary description of her agonizing 1811 mastectomy to James Frey's controversial 2003 account of unmedicated root canals – I see capable writers with the benefit of leisure and hindsight struggling to capture

experiences that take their meaning from local worlds, and yet must be painstakingly translated for their intended readers.⁶ A part of our modern context is that agony is often avoidable, and fewer and fewer people have had any experience at all of the kind of life-shattering pain that must have been ubiquitous among our ancestors. Combine this larger ignorance with the more local politics of medicine's indifference to women's voices, and it becomes almost impossible to carve out a space for writing. It gets worse. Even as I do not know what I can possibly say about giving birth, I also doubt my right to say it: my experience is no purer (and no more representative) than anyone else's, my story no less liable to reflect only adaptation to the existing cultural script.

These reflections, however, recommend only epistemic and political humility, not abandoning the project. I put it this way only because I am a philosopher, but when I was pregnant I longed to read a birth story written by a phenomenologist. Communicating the experience of pain is an art as much as a logical impossibility, and as art it does not aspire to mirror nature. So my own comments are offered in the spirit of responding to a philosophical challenge of representation rather than staking a claim to truth.

Limit-experience

Labor usually starts off as something most women have experienced. The uterine muscles begin to contract just as they do to cause menstrual cramps. Except that they just keep on contracting, harder and harder, and because my full-term pregnant uterus was the size of a basketball and while pre-pregnant it was the size of my closed fist, the sensations were exponentially more intense. Still, at lunchtime on a Sunday my partner and I were strolling around the neighborhood on a path we now call "the labor loop," and I made it back up the steepish hill where we live without feeling put upon. As afternoon turned into evening, when the waves of pain were more discrete and identifiable, we started to watch the Oscars. I managed to remark wittily (I thought) that Hugh Jackman's song and dance routine was more excruciating than labor.

Then abruptly, just as Jack Black was announcing the award for Best Animated Short, the tempo changed. My attention became entirely focused on my body, and I lost the capacity to speak in sentences. I had to stalk up and down the landing to deal with the pain, clenching my fists and yowling with each new wave of shooting, burning tightness. This entirely novel sound: where did it come from? It is a kind of low keening in the back of the throat, a groan or a moan, as primeval as a rainforest fern. Scarry writes that "physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned" (1985: 4). In having a baby, in other words, one recalls, just briefly, the state of pre-verbal infancy. This might seem infantilizing, but some philosophers see it otherwise: freedom, they suggest, can only be known by finding the limits of our human subjectivity. A "limit-experience" describes a physical event that, by virtue of its very intensity, fractures the self's

understanding and bursts the bounds of its hitherto imagined possibilities. Because a limit-experience is grounded in one's body and evades capture by processes of subjectivation, it cannot be conveyed in language. Rather it can only be represented in outline, by describing the techniques that circumscribe it. That is why it is important to have the experience, rather than reading about other people having it. In his irritatingly sensational biography of Michel Foucault, James Miller writes that

through intoxication, reverie, the Dionysian abandon of the artist, the most punishing of ascetic practices, and an uninhibited exploration of sado-masochistic eroticism, it seemed possible to breach, however briefly, the boundaries separating the conscious and unconscious, reason and unreason, pleasure and pain – and, at the ultimate limit, life and death

(1993: 30)

This sounds to me in many ways like giving birth – which was obviously, for Foucault, not an option. I am living birth after the fact through its narration, as a possibility fully contained in language and thus bearing its own relation to the tropes of history and culture, but I lived it first as a limit-experience that suspended my selfhood and my capacity to speak.

Before long, as the contractions seemed to press upon each other in waves of burning intensity that suffused my entire lower body, I gasped out that I could not do it, could not take any more, and wanted to know how many more I would have to endure. Our doula took a Zen approach: “you’ve got through this one. Rest. Don’t think about the next one, or how many more.” This philosophy is utterly familiar to me from years of meditation practice: once you start wondering when the bell is going to ring, you have lost it. Be with the experience of sitting. Be in the moment – even if this moment is the worst of your life. This kind of in-the-moment focus cannot be bought; it can only be approximated after years of grinding practice, wearing away the habits of mind that make us flit from thought to thought, recoiling from our aversions and indulging our attachments. The pain was worst when I ditched the meditation practice, and just howled my way through a contraction, clenching every muscle and pushing myself off my seat as if upward momentum could take me away from the source of the agony. It was no less exquisite but easier to bear when I dove into it, finding its burning center, observing it. But just as I can only sit meditating for thirty minutes or so before I give up much pretense of trying, so I could only maintain a positive attitude for so long. Scarry remarks that in the depths of pain, the claims of the body utterly nullify the claims of the world; we are left with “an increasingly palpable body and an increasingly substanceless world” (1985: 34). My awareness turned inward, not toward calm but toward the mess of sensation and the steely panic of my body’s life.

Interoception – our sense of the inside of our bodies – is notoriously patchy. This is just as well: if I were constantly and simultaneously aware of my blood circulating, my kidneys excreting, my gut digesting, and so on, there would be little room left in my consciousness for anything else, including the more

important information coming from my five senses. If I start to jog I can soon tally my heartbeat, however, and a sharp new pain deep in my abdomen might signal an infected appendix; interoceptive awareness emerges most often when the homeostatic balance shifts. It can also be developed with practice, as when yoga teachers instruct, “turn into the pose. Feel the head of the femur twist in the socket.” For years, those words are just words accompanied by an unconnected movement, then incrementally, perception creeps up to the edge of consciousness. Now I can feel those bones.

My labor was a colossal interoceptive experience – a host of body parts that had lain mostly dormant to perception were suddenly present in blooming, buzzing confusion. While he was still confined in my womb, seconds before each contraction began, my baby would burrow his head downward and simultaneously kick off with his feet under my ribs, like a foolhardy spelunker trying to pass through a tight squeeze. That wriggling feeling signaled the imminence of another wave of hurt, and each time it happened I could feel myself gasp, tightening and trying not to tighten, knowing that my resistance only exacerbated my suffering yet failing in the face of such mammoth sensation.

A lot of women say that the end of the first stage of labor – “transition,” when the cervix reaches its maximum expansion – is the hardest. Let me concur. There is a peculiarly psychological quality to the pain, which is not only magnified in quantity but also altered in kind. I read somewhere that one of the symptoms of transition is “despair.” Despair, an unbearable existential awareness of the enormity of the undertaking, the inexorable turn of the screw – say what you like. It is awful. I was in our walk-in shower cubicle, alone, with hot water futilely spraying against my lower back, when it happened. There was a shift: a contraction hit that included not only a final escalation of the agony that preceded it, but also a nerve-jangling, teeth-on-edge feeling. Imagine a whole room full of students simultaneously drawing sharp nails down a blackboard. That sensation of the tight squeeze, of an anonymous body part that had been a strait for thirty-eight years opening to an estuary, all the while screaming its reluctance, became intolerable. Then, almost immediately, came another contraction. And, with no effort of will on my part, the potholer was wriggling his way to freedom as mystery muscles in my lower body began the greatest peristaltic act of their career. It was still agony, but also a tremendous relief to feel the physical and energetic release of a horribly large object moving inexorably down and out.

Birth, and after

I recommend stepping into a hot bath two minutes before you give birth. It can distract you from a host of nasty burning, stretching sensations and focus the mind wonderfully. Reaching down, I felt a large, firm object between my legs. It was wrinkled and slightly furry to the touch, like a catkin or the scalp of a bloodhound. Relentlessly pushing outward, it expanded and grew into a knob-bly ball under my hands. Instantly, in a moment of epiphany, my entire

consciousness changed. From the head-nodding coma of an endorphin-soaked dream, I woke up, into the fullest and most alive state of alert presence. My eyes felt bright and I was aware of every detail of the drama unfolding as my body split in two. The midwife was vigilant, reaching into the murky water and feeling that the baby's head was halfway out. "Give a little push," she said.

That final gush of liquid and flesh is literally ecstatic: *ek, out or away from, stasis*, the place it stands. Moving apart from me, blissfully. Suddenly there is something there, something huge, and, more to the point, that object is no longer compressed into my body's cavities, confined and hidden. My body is light and limitless space, and my child is coming up through the water – grey, vernix-coated, slippery, and contorted. He's beautiful and screaming in my arms, and I do forget my anguish. This moment is profoundly ethical. We were one, perhaps, and now maybe are two, but in our doubling is the first instant of recognition. It is an ethics that is an aesthetic: the coming-into-existence for my son was also the moment of my own destruction and creation. For a minute or two, I am completely in the present moment. It is a tiny, precious slice of enlightenment, at the point of maximum intensity and impossibility. It is the death of the subject. But also a birth.

Notes

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1 "Pain in Childbirth 'A Good Thing'" <http://news.bbc.co.uk/2/hi/health/8147179.stm>. Walsh made his original comments in an interview with *The Observer* newspaper, July 12 2009: <http://www.guardian.co.uk/lifeandstyle/2009/jul/12/pregnancy-pain-natural-birth-yoga>. (Both sites last accessed December 16, 2010.) The reporting on Walsh's comments takes them out of the context of the research he was being interviewed about. His larger point in that work is that the medicalization of birth leads many contemporary women to see epidural anaesthesia as the only way of coping with the experience, despite the risks and losses it entails (of which those same women are typically unaware). This is surely a lack of choice and autonomy that need not imply women are lacking in Stoic virtue or that pain is a necessary preparation for parenthood (see Walsh 2009).

2 See Walter Channing's rebutrals of this tendency, 1849: 135–37.

3 Anonymous physician, Boston, January 22 1848. Quoted in Channing 1849: 142. Negative moral effects on the physician might include an increased risk of sexual impropriety: women laboring under anesthesia were sometimes sexually disinhibited, while male physicians sometimes took advantage of their vulnerability to sexually assault them. This could also be a foreshadowing of the later more widespread use of anesthesia to erase the inconveniently conscious and complaining woman from the male doctor's experience.

4 The relation between pain, femininity, and masochism in Deutsch and more broadly is clearly hugely complex and extends through and beyond the psychoanalytic tradition to writing on sado-masochistic sex, including masochistic practice as a limit-experience.

5 Indeed, this is one of Walsh's claims. See Walsh 2009: 91–92.

6 See Burney 1995 [1812] and Frey 2003: 61–71. Frey's account raises the interesting epistemic twist of being largely fabricated while posing as a memoir: see Rybak 2003.

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