

Being Torn: Toward a Phenomenology of Unwanted Pregnancy

CAROLINE LUNDQUIST

In Pregnant Embodiment: Subjectivity and Alienation, Iris Marion Young describes the lived bodily experience of women who have “chosen” their pregnancies. In this essay, Lundquist underscores the need for a more inclusive phenomenology of pregnancy. Drawing on sources in literature, psychology, and phenomenology, she offers descriptions of the cryptic phenomena of rejected and denied pregnancy, indicating the vast range of pregnancy experience and illustrating substantial phenomenological differences between “chosen” and unwanted pregnancies.

It is crucial . . . that women take seriously the enterprise
of finding out what we do feel, instead of accepting
what we have been told we must feel.

—Adrienne Rich

In Pregnant Embodiment: Subjectivity and Alienation, Iris Marion Young draws from sources in literature, psychology, and phenomenology to provide an account of the lived bodily experience of pregnancy.¹ Young limits her analysis to women in “technologically sophisticated Western societies,” who have chosen pregnancy, where by “chosen,” she intends “either an explicit decision to become pregnant or at least a choosing to be identified with and positively accepting of it [pregnancy],” while acknowledging that throughout human history, most women have not chosen their pregnancies in this sense (2005, 47). Young’s revolutionary work paves the way for a more comprehensive phenomenology of pregnancy, one that gives voice to the multitudes of women who have not chosen their pregnancies, even in the limited sense she describes. In this piece, I underscore

the need for a phenomenology of pregnancy that is inclusive of the experiences of those *other* women—the women whose voices we find conspicuously absent from contemporary discourse on pregnancy and abortion. By examining two often marginalized types of pregnancy experiences—“rejected” and “denied” pregnancy—I hope to stress the need for a more inclusive phenomenology of pregnancy that both problematizes and supplements Young’s account, and also to gesture toward multiple avenues for future research in the phenomenology of pregnancy. By examining the phenomena of rejected and denied pregnancy, I intend to challenge the assumption that there is a narrow range of pregnancy experience that can be captured in a single, totalizing account, while acknowledging the value of expanding theoretical discourse on pregnancy via tentative descriptive categories of pregnancy experience.

CAUTION BEFORE CATEGORIES

In *Gender as Seriality: Thinking about Women as a Social Collective*, Young addresses the dangers of theorizing about women as a single group or category. The chief danger of such theorizing, she argues, is that “the search for the common characteristics of women or women’s oppression” may lead to normalizations and exclusions (1994, 718). Young believes that although “feminists do not need and should not want” a totalizing theoretical category of femininity, theoretical categorization is yet useful. Rather than rejecting the category ‘woman’ altogether, she therefore advocates a pragmatic approach to feminist theorizing in which categories, explanations, arguments, and accounts correlate to specific practical and political problems. “Pragmatic theorizing in this sense,” Young writes, “is not necessarily any less complex or sophisticated than totalizing theory, but rather it is driven by some problem that has ultimate practical importance and is not concerned to give an account of the whole” (719). The danger that some elements of experience will be normalized and others excluded applies to totalizing conceptions of pregnancy. Women whose pregnancy experience doesn’t mesh with socially constructed norms of pregnancy find themselves marginalized by the dominant discourse on pregnancy, which tends to focus on the positive facets of maternity to the exclusion of all else. Subcategories of pregnancy experience, if taken as totalizing, may likewise be problematic; the categories “chosen” and “rejected” pregnancy, for example, tend to gloss over the socially conditioned process of choice that accompanies the acceptance or rejection of a pregnancy. Here Young’s pragmatic approach to feminist theorizing is therefore helpful. Practically and politically useful categories of pregnancy experience may be delineated without the assumption that they capture the whole of such types of experience, each example of which, being radically subjective, is irreducibly singular. Theoretical subcategories such as “rejected pregnancy,” for example, can be used to address the conflict between certain

women's accounts of pregnancy experience and pregnancy as it is reflected in discourse and as the medical establishment, without the assumption that all women who reject their pregnancies have identical experiences, conceives of it. Via this approach to theorizing, any totalizing concept of pregnancy can be "deferred" such that feminist discourse on the subject can explore the social institutions and practices that qualitatively condition pregnancy experience, and maintain a space for accounts of pregnancy that do not fit easily into extant categories of pregnancy experience. In this paper, I adopt an approach akin to Young's by advocating the use of theoretical categories for practical ends, while acknowledging the dangers of totalizing conceptions.

PREGNANT SUBJECTIVITY: YOUNG'S ACCOUNT

The specific experience of women, Young argues, "has been absent from most of our culture's discourse about human experience and history"; pregnancy is no exception (2005, 47). Young approaches the subject of pregnant embodiment in what she thus perceives to be a novel fashion, by letting women speak for themselves. Drawing from references in literature and diaries, she offers a description of pregnant embodiment that "both develops and particularly criticizes" the phenomenological descriptions of Erwin Straus, Maurice Merleau-Ponty, and other existential phenomenologists (47). She begins by noting how such thinkers radically undermine dualistic metaphysics by locating consciousness in the body itself (48). Nonetheless, she argues, such antidualist thinkers still speak in dualist terms by drawing a distinction between the body experienced as subject and the body experienced as object. This dualism vis-à-vis bodily experience is born, Young argues, of the presumed unity of the subject. But pregnancy experience calls this unity into question. Young takes Julia Kristeva's remark as a starting point: "Pregnancy seems to be experienced as the radical ordeal of the splitting of the subject: redoubling up of the body, separation and coexistence of the self and another, of nature and consciousness, of physiology and speech" (quoted on 48). This description of pregnancy can be confirmed, Young argues, even outside of Kristeva's psychoanalytic framework: "Reflection on the experience of pregnancy reveals a body subjectivity that is decentered, myself in the mode of not being myself" (49). Women initially experience pregnancy as a change in the pregnant subject's own body: breasts swell and grow sensitive, the waistline begins to expand, and the belly's skin grows taut. But then something new is felt—a tickle, "like a gas bubble," something that both belongs and doesn't belong to the pregnant subject's body: "It is my feeling, my insides," but it is not; it belongs to another, "another that is nevertheless my body" (49). These odd sensations create the sense of splitting subjectivity; the movements of the fetus belong to the pregnant subject, are a part of her body, even as they seem to belong to another being.

Pregnancy, Young argues, also challenges the internal/external distinction, because for the pregnant subject, the internal space of her own body is also “the space of another.” Young notes how for Adrienne Rich, the embryo was not experienced as “external,” in Freudian terms, but rather as something inside and of her, “yet becoming hourly and daily more separate” (1976, 49). As the pregnancy progresses, the pregnant subject increasingly feels the weight and movement of this internalized other, yet even during labor and delivery the sense of split or decentered subjectivity endures. After delivering the child, the mother is surprised that something so other has been inside her all along, that this “yowling, flailing thing, so completely different from me, was there inside, part of me” (Young 2005, 50).

The shifting boundaries of the pregnant subject’s body likewise challenge generalized accounts of embodied subjectivity. Young writes, “In pregnancy I literally do not have a firm sense of where my body ends and the world begins” (50). As her very center of gravity shifts, the pregnant subject finds her customary ways of moving are no longer sufficient; there is a disconnect between her customary body and her body as it is at present (50). Her prepregnant body lingers in her movements and expectations such that she experiences her body as both herself and something other. The bulk that is both a part of the pregnant body and an unexpected other is more than some accessory akin to Merleau-Ponty’s feathered hat, it is contiguous with the pregnant woman’s own flesh, yet continually disrupts her way of moving in the world as it grows and changes (2002, 165).

Young notes existential phenomenology’s customary distinction between ‘transcendent’ and ‘immanent’ modes of bodily experience; as the subject actively engages the world, she experiences her body as a transparent medium, but when that engagement is disrupted, for example by illness, her bodily awareness becomes immanent, her body experienced as weighted, corporeal material. Young writes, “Being brought to awareness of my body for its own sake, these thinkers assume, entails estrangement and objectification” (51). Here again, she argues, pregnancy challenges phenomenological assumptions; the pregnant subject experiences movements that were once taken for granted, such as sitting, bending, and walking, not as impediments to her projects, but rather “as the projects they themselves are” (53). Thus Young concludes that in pregnancy, “the body attends positively to itself even as it enacts its own projects” (47).

Young’s account is confined to pregnant women who have chosen their pregnancies by, at the very least, choosing to accept them. She implicitly acknowledges the limitations of such an account while offering her descriptions of chosen pregnancy as normative; “I speak,” she writes, “in large measure for an experience that must be instituted” (47). Since the bulk of women worldwide do not choose their pregnancies, at least not in the sense of choosing to become

pregnant, there is a danger in drawing broad generalizations about pregnancy experiences from Young's descriptions. An examination of unwilling mothers' accounts suggests that the phenomenological experience of the subject who never comes to accept her pregnancy can differ radically from the experience of chosen pregnancy described by Young. Unwilling pregnancy is itself a rich and diverse category of pregnancy experience and one we should not subsume under a single totalizing description. Moreover, since so many factors contribute to the ways in which women internalize their pregnancies, caution must be exercised in any exploration that assumes women's willingness or unwillingness vis-à-vis pregnancy. I here confine myself to two tentative subcategories of unwilling pregnancy—*rejected* pregnancies, or those pregnancies that are unwanted yet must be carried to term, and *denied* pregnancies, or pregnancies in which the subject has no conscious awareness of her pregnancy until late in the gestational period—both of which serve to challenge and enrich Young's descriptions.

BEING TORN: THE LIVED EXPERIENCE OF REJECTED PREGNANCY

There is no lived experience comparable to pregnancy. In most cases, pregnancy, labor, delivery, and the postpartum period entail a wide range of new sensations and cryptic emotions for the pregnant subject. Pregnancy also entails disrupted perceptions of subjectivity, and shifts in perceived spatiality and temporality. Yet, although all women may experience similar phenomena during their time as pregnant subjects, something is lost in the assumption that their lived experiences are *qualitatively* similar. Where they undergo analogous biological processes, for example, the willing and unwilling pregnant subjects yet describe their experiences in very different terms. One difficulty in providing an account of unwilling pregnant subjectivity is that many of the ambiguities and paradoxes experienced by the unwilling pregnant subject are also present, though perhaps reflected in different ways, in positively accepted and even in expressly intentional pregnancies. A rich phenomenology of pregnancy must find a way to characterize the ambiguous experiences and ambivalent feelings of willing maternity as a "normal" part of pregnancy without simply normalizing the exquisite agonies of the unwilling mother.

Where pregnancy is chosen in the sense offered by Young, the chiasm of pregnancy is that of two subjects, one of whom is initially experienced as a part of the other. Throughout her pregnancy, the mother experiences a "privileged relation to this other life," whose movements belong ambiguously to both mother and child (49). The chiasm is ultimately fulfilled when the mother gives birth, seeing for the first time the tiny flailing being who has been with her, only ambiguously differentiated from her own flesh, for so many months. Though Young does not explore the mother-child relation after birth, it could be argued that the mother and child yet comprise an ambiguously differentiated pair even

then. The postpartum body often retains its pregnant form following childbirth, sometimes for months; the mother's breasts continue to swell and change; the newborn child is best comforted as her mother reproduces the feeling of the womb from which she has been expelled with hushing sounds, tight swaddling, and gentle rocking that mimics the mother's ordinary motions.²

Contemporary psychology acknowledges that the subjective differentiation of mother and child, as perceived by the pregnant subject, varies widely from one pregnancy to the next. Oftentimes, pregnant women form an attachment to the fetus qua individual during the second trimester, as the movement of the fetus helps make it "real." During the second and third trimesters, women "may respond to fetal movements by talking, offering reassurance, affections or reprimands for moving too quickly or forcefully," and often use language that expresses a growing sense of attachment, such as references to "we," instead of "I" (Denmark and Paludi 1993, 447). The development of attachment is reflected in a variety of different ways, and can vary temporally. Myra Leifer characterizes three patterns of maternal attachment during pregnancy. In the first, women show early and continued attachment to the fetus/child; in the second, they do not experience feelings of closeness initially, but evince such feelings after the quickening of the second trimester; and in the third, they experience little or no attachment throughout. Women who fit into the latter category generally perceive the fetus not as an "individual," but rather as an "annoyance" and an "intrusion" (1980, 447). Whether mother and child are differentiated fully at the moment of birth or not, their relation in the first two categories is that of two subjects—two centers of perception and consciousness—but in the third, their relation as perceived by the maternal subject is something quite different.

For the pregnant subject who never positively accepts her pregnancy, the sense of splitting subjectivity can be radically unlike the experiential mother-child differentiation of chosen pregnancy Young describes; a chiasm not of two subjects, but rather of a subject and some unwanted or menacing object, some less than human, perhaps monstrous creature, or the embodiment of the aggressor, in pregnancies resulting from rape.³ Women whose unwanted pregnancies must be carried to term may undergo the same basic biological processes as willing mothers, but these processes are yet perceived or interpreted in substantially different ways. Since they cannot convey their pregnancy experiences in unequivocally positive terms, it makes sense that women undergoing unwanted pregnancies may suffer in silence, especially in cultures where motherhood is taken to epitomize the feminine gender role. Where their voices are heard, whether in courtroom testimony, in personal diaries, or in fictionalized retellings, the descriptions are strikingly similar.

Following the Bosnian Civil War (1992–1995), Croatian journalist Slavenka Drakulić set about interviewing women who had undergone systematic rape in

so-called “women’s rooms” within Serbian-run internment camps. Rather than simply reporting her findings as she had originally intended, Drakulić opted to produce a fictionalized account of the lives of these women. In *S: A Novel about the Balkans* (2000), Drakulić uses the character “S,” a fictitious everywoman, to describe the atrocities of the women’s room and its aftermath, including the resultant pregnancies. In the novel, S does not initially recognize the fact that she is pregnant. After five months’ gestation, she is shocked and horrified when a visit to the doctor reveals that she is pregnant by one of her former captors. The doctor is not surprised at S’s lack of subjective awareness, saying that hers is “a normal reaction, that every person has not only psychological but also physiological mechanisms to protect them in extraordinary situations” (141–42). After learning she is pregnant, S is by turns annoyed, horrified, and disgusted by the changes happening to her body and by the thought of their source: a being conceived in hatred, destined, as she believes, only for death. S feels herself torn in two, her own body the battlefield of herself and her aggressors: “This is war, inside her, in her own womb. And they are winning” (143). She does not experience her body as attending positively to itself, but rather as a source of betrayal over which she has no control. Her body is weighted, objectified, the immanent flesh of existential phenomenology. Lying in a hospital bed, five months pregnant, S’s body is “like an inanimate object,” still held captive in the imprisonment camp.

After leaving the hospital, S notices a weight in her belly for the first time: “It is there, at the very bottom, like a piece of lead. A tumor which will grow and spread and become increasingly visible” (144). She is terrorized by the feeling that a cancer is growing inside her: “S. fought this alien body, the sick cells that multiplied inside her against her will. . . . When she shut her eyes she saw the foreign cells quite clearly, multiplying, occupying her from within. She saw herself as an enormous receptacle the sole source of which was to feed the voracious cluster of cells” (6–7).

What can it mean to experience one’s own flesh as a vessel for something radically other? In her phenomenological examination of sexual difference, Sara Heinämaa cites Simone de Beauvoir’s distinction between the active or instrumental (“I can”) body and the passive (“I suffer”) body that undergoes. The dreadful ambiguity of carnality, Heinämaa argues, belongs neither to the active body, which is “the instrument of the will,” nor to the passive body, which “suffers from the activity of external forces,” but belongs rather to the body that is *internally* divided, “a living body of a person dominated by involuntary movements and noncontrolled processes” (2003, 131). Pregnancy epitomizes this dreadful ambiguity; the pregnant subject, willingly or unwillingly, is seized by an alien teleology. Beauvoir notes how some women seem to want nothing more than to be perpetually pregnant or nursing, feeling that in pregnancy alone they are “at last one” with life: “With her ego surrendered,

alienated in her body and in her social dignity, the mother enjoys the comforting illusion of feeling that she is a human being, *in herself, a value*" (1989, 496). But this feeling, Beauvoir argues, is merely an illusion; the pregnant subject is not the agent in a creative process, but rather the site of an alien teleology—she does not *make* the child, but rather the child makes itself within her. Even so, to say that in pregnancy a woman merely undergoes is not yet to tell the whole story, for there are many senses of undergoing, born, perhaps, of the extent to which the pregnancy is "willed." In S's case, where the pregnancy is wholly unwanted, the sense of undergoing is a radical internal division between the "flesh which engenders flesh" and the desiring or willing subject who cannot control that incarnate teleological process. For the hypothetical subject who explicitly seeks to become pregnant, and positively responds to her pregnancy throughout its duration, perhaps this undergoing is not experienced as an internal rift at all.

S awaits delivery not as an "expectant" mother but rather as one who wishes to expel something radically other from her own flesh, to rid her body of a terrible burden (145). After the child is born, S finds it difficult to reconcile what appears to be a normal, healthy infant with her enduring conviction that the thing inside her was not human: "She has never thought of it as a child, only as a disease, a burden she wished to get rid of, a parasite she wanted removed from her organism" (7).

S's experiences are characteristic of the unwillingly pregnant subject who never comes to identify positively with her pregnancy. For such women, the fetus is *radically* other, even hostile. That the fetus is not perceived as an emerging subject during gestation is not necessarily problematic; as mentioned above, many mothers do not relate to their unborn children as individuals. What's more, projection of other figures (such as the infant's father, the pregnant subject's own mother, and so on), even monstrous ones, onto the fetus is a common feature of the pregnancy experience.⁴ But the enduring perception of the unwanted fetus as hostile being, or invasive growth, is unique to what I here term *rejected pregnancy*, and may have dangerous consequences following birth (see Lester and Notham 1986). There is a striking correlation between rejected pregnancy and infanticide, and the accounts of women who kill their newborn infants often reflect a perception of the infant of something other than a newly differentiated subject.

REJECTED PREGNANCY AND MATERNAL INFANTICIDE

Maternal infanticide, or the murder of a child within its first year of life by its mother, remains one of the most shocking crimes imaginable. Nonetheless, at present, laws regarding infanticide in most countries allow for lenient sentencing and psychiatric treatment, implicitly or explicitly acknowledging the

physiological and psychological factors that drive women to kill their young children (Spinelli 2003, xvi). In Canadian criminal code, for example, the very definition of infanticide requires that the perpetrator has “not fully recovered from the effects of giving birth to the child” and that “by reason thereof or the effect of lactation consequent on the birth of the child her mind is then disturbed” (*Criminal Code* 1985, R.S.C. s. 233). Despite a prevalent tendency among scholars to typecast mothers who commit infanticide as young, irresponsible women who are inadequately prepared for motherhood, an emerging body of research suggests that there is no definitive “type” of infanticide perpetrator. Further complicating matters, the prevalence and significance of infanticide varies widely within different social, cultural, religious, economic, and historical contexts. Although caution must therefore be exercised in any inquiry into the causes of or subjective motivations behind infanticide, where patterns do emerge, they ought to be examined. Infanticide as the culmination of rejected and denied pregnancy, due to its intrinsic ties to the lived experience of unwanted pregnancy, belongs properly to an inclusive phenomenology of pregnancy.

Not all women who reject their pregnancies are compelled to commit infanticide, but many women who commit infanticide offer descriptions of pregnancy experiences akin to those described by Drakulić. Most striking about these cases is that the women seem to commit the act “knowingly,” that is, with an awareness of what they have physically done, yet to feel that they have done nothing wrong. In a 1992 Canadian court case (*R. v. A.P.P.*, 1992, O.J. No. 1626), for example, “A,” a twenty-four-year-old Armenian woman accused of infanticide reported feeling disconnected from her actions, as if someone else has performed them:

She remembers seeing a lot of blood and seeing the baby, and feeling as if she were functioning under the control of a mental force within her, but which felt distinct from her. . . . There was no sense in her of the reality of what was happening or the true significance of her actions. She felt as if she was doing something she was supposed to be doing. (Kramar 2005, 125)

Infanticide is so shocking in part because there is an overwhelming expectation that women will positively identify with their newly born infants. But to the unwilling mother, the newly born child is not necessarily perceived as a child, or at least not *her* child. Even postpartum, when for most women the externalization of the infant’s body subverts any lingering monstrous imaginings, for mothers who reject their pregnancies the sense of the infant as “other” may endure, potentially motivating abuse or neglect of the newborn child.

Forensic psychiatrist Neil S. Kaye has interviewed over one hundred women accused of infanticide, including those involved in a number of recent high-

profile cases. Based on his interviews, Kaye argues that for many women who commit infanticide, "They don't really think about it [the fetus/infant] as a baby. They see it as a foreign object" (quoted in Buckley 2007). As the weight of her belly becomes increasingly disruptive, the woman who rejects her pregnancy becomes preoccupied with removing the "thing" from her body; says Kaye, "She wants it done and gone with." Often the women express relief at the expulsion of what they perceive to be a foreign entity. Their deliveries, which generally occur in private and without the aid of medical practitioners, are described as relatively quick and painless, and the women tend to resume normal activities soon after the birth. Often women who reject their pregnancies also conceal them, such that subsequent infanticides go undetected.

In 1997, Americans were shocked to hear the story of Melissa Drexler, the so-called "prom mom," who having concealed her pregnancy throughout its duration left her high school prom to give birth in a school bathroom before returning to the prom to dance and socialize with her friends. Drexler's delivery reportedly took less than a half hour, and after returning to the dance, witnesses say she behaved normally, "appearing to be just as she always was," and even "exhibited indications of somebody enjoying the prom" (Barton 1997). As shocking as Drexler's actions were, they are quite typical of mothers who commit infanticide (in Drexler's case, neonaticide, or killing an infant shortly following birth).

In 1970, a study conducted by psychologist Phillip Resnick revealed that although most mothers who kill older children are psychotic, depressed, or suicidal, women who kill newborns generally are not. Resnick called for a distinction between neonaticide and filicide, or the killing of children more than twenty-four hours old. Though there is generally little sympathy for women who kill older children, there is such sympathy for women who commit neonaticide. As mentioned, sentencing for confirmed cases of infanticide tends to be lenient. Forensic psychologist Barbara Kirwin reports that in nearly 300 cases of women charged with neonaticide in the United States and Britain, "no woman spent more than a night in jail" (quoted in Pinker 1997). It is difficult for most of us to know how to characterize these women, whether as monsters or victims themselves, thus public feelings of sympathy are often tempered with calls for harsh punishment. In the 1998 case of Amy Grossberg and Brian Peterson, who secretly delivered their infant at a motel before disposing of it in a dumpster, for example, a threatened death penalty was applauded by some vocal spectators but condemned by others.

In one sense, women who never positively identify with their pregnancies seem to fit Young's descriptions of pregnant embodiment; they experience progressive awareness of changes in their bodies, eventually become conscious of some "other" within them, and await delivery in much the same sense as the expectant mother. Even so, the splitting of bodily subjectivity seems more

akin to the splitting of the transcendent from the immanent flesh described by existential phenomenologists, and the differentiation of mother from child is not felt by the mother as that of two subjects, but rather of herself and something radically other. Even following delivery, mothers who reject their pregnancies may not feel any sense of attachment to the newly born infant, and so feel no remorse as disposing of what they experience as something quite alien.

In some cases of rejected pregnancy, mothers intentionally conceal their pregnancies from family members and friends; in other cases, however, women deny their pregnancies in another sense altogether. Whereas the rejected pregnancy phenomenon can at least be formally transposed onto Young's descriptions of pregnant embodiment, reconciling Young's account with the phenomenon of denied pregnancy is much more challenging.

DENIED PREGNANCY

Denial of pregnancy can occur as part of a psychiatric condition such as schizophrenia, but it almost always occurs independent of any such condition (Del Giudice 2007). Some pregnant women acknowledge they are pregnant, but fail to acknowledge the significance of that fact, and some women deny their pregnancies entirely. Psychiatrist Laura Miller therefore makes a useful distinction between *psychotic*, *affective*, and *pervasive* pregnancy denial (2003, 81–104). In some cases, these categories seem to break down, as with women who “pervasively” deny their pregnancies until the end of the gestational period, and then adjust well to motherhood following delivery, or women (such as S) who pervasively deny their pregnancies for months, and then acknowledge their biological reality while affectively denying being pregnant. In the descriptions that follow, I refer to the pervasive denial of pregnancy simply as *denied pregnancy*, as is it customarily known.

Denied pregnancy, or the lack of subjective awareness of a pregnancy until the end of the gestational period, is a fascinating phenomenon in part because it is so difficult to comprehend. For most of us, it is impossible to fathom how a woman could carry a pregnancy to term, or almost to term, without conscious awareness of her condition. It may thus be tempting to exclude the denied pregnancy experience from phenomenological inquiry into pregnancy, but such experiences are hardly marginal; recent work in cognitive science, psychosomatic medicine, and forensic psychiatry suggests that denied pregnancies are far more common than had once been assumed. One German study concluded that denied pregnancies occurred at a ratio of 1:475, a figure that is, as Marco Del Giudice writes, “hardly consistent with a rare, unimportant psychiatric condition” (2007, 2).⁵ Of course, it is also tempting to exclude denied pregnancy from inquiry into pregnant embodiment on the grounds that women who deny their pregnancies are deeply disturbed and thus ought to have no place in a

general exploration of pregnancy experience. However, as mentioned above, there is increasing consensus that psychotic states are rarely a feature of denied pregnancy (Neifert and Bourgeois 2000).

In cases of rejected pregnancy, women tend to undergo the basic physiological processes of pregnancy, though they subjectively experience them in a radically different way from women with chosen pregnancies. In at least one sense, then, rejected pregnancy fits into Young's account of pregnant embodiment. But in cases of denied pregnancy, where there is no subjective awareness of pregnancy, it is much more difficult to see how her descriptions can hold. What's more, the very biological processes of women who deny their pregnancies tend to differ markedly from their counterparts who are conscious of their pregnancies. Del Giudice writes, "Unfortunately, to date there has been almost no attempt to understand the phenomenon [denied pregnancy] from a biological point of view," thus there is little enough evidence regarding the physiological aspects of denied pregnancy.⁶ Using what evidence is available, he offers the first systematic description of denied pregnancy, focusing primarily on biological indicators. The majority of women who deny their pregnancies do not experience amenorrhea, or the absence of menstrual periods, nor do they report feelings of nausea; thus in denied pregnancy, the two most common indicators of pregnancy are generally absent. In cases of denied pregnancy, women often gain very little weight, if any. It is therefore unsurprising that low birth weight is also associated with pregnancy denial. Del Giudice concludes that what physiologically distinguishes denied pregnancy as a condition is a biological "favoring of the mother at the cost of the fetus," where generally the opposite is true of human pregnancy.

Sometimes denial of a pregnancy is so pervasive that it endures even postpartum, as, for example, in the previously mentioned case of "A": "Even after the birth of her child her denial was so pervasive that when asked by the staff at the [hospital] about whether or not she was pregnant, she continued to deny it. This, even in the face of evidence to the contrary" (Kramer 2005, 124). Another woman, having just given birth, heard her own infant cry and "thought someone else had delivered" (Miller 2003, 85; see also Bascom 1977). But even in cases this extreme, the mother's apparent desire to obliterate her pregnancy cannot expunge the biological fact that she is pregnant. One problem with referring to denied pregnancy as "denied," as Del Giudice notes, is that this term seems to assume the absolute passivity of the fetus. Although denial of pregnancy appears to entail real changes in the way that pregnancy and childbirth manifest themselves, the pregnant subject in these cases does not will her pregnancy out of brute existence, nor can she; biologically she remains, at least to an extent, what Beauvoir terms "life's passive instrument" (1989, 495).

The social characteristics of denied pregnancy are at least as fascinating as the biological. In cases where the pregnant subject denies her pregnancy,

often so too do her family, friends, and even her lover. Miller writes, “The phenomenon of collective deception and collusion in denial has been noted in nearly all cases of profound pregnancy denial. . . . Denial in others can be so profound that a sexual partner may not have noticed pregnancy despite having had sexual intercourse just hours before labor (2003, 85). Where there are no arresting signs of pregnancy throughout the gestational period, and none of the “buzz” of comments that typically accompany pregnancy experience, it stands to reason that women who deny their pregnancies would be shocked by the onset of labor, and even more so by the actual birth of an infant. Many women who have pervasively denied their pregnancies interpret the onset of labor as symptomatic of an illness, or food poisoning, or simply expect to have a bowel movement:

On the night of her delivery, V attributed her abdominal cramps to menstruation. While in the shower, she described vaginal pressure and bleeding and “felt something coming out.” She reported minimal discomfort: “When I saw the baby’s head come out, I did not realize it came from me. It did not hurt, and I did not feel unusual. I could see it but not feel it. It was not happening to me.” (Spinelli 2003, 110)

But even when physiological and social signs of pregnancy *are* present, they can be misinterpreted or dismissed such that the same shock accompanies delivery:

B had irregular menstrual cycles, so when she began to miss periods, she did not notice. Several months later, a friend of hers, noticing some weight gain, wondered aloud if B could be pregnant. B dismissed this fleeting thought. One day, she developed the sensation that she had to have a bowel movement. She sat down on the toilet. She later recalled being in a daze at that time and did not recall the next moments clearly. The next thing she knew, there was a dead baby in the toilet bowl. (Miller 2003, 85)

The term *denied pregnancy* is further problematic since denial, by definition, presupposes an initial acknowledgment, while women who deny their pregnancies seem to lack all subjective awareness of the biological facticity of their pregnancies. Cognitive models of denial may therefore be key to understanding pregnancy denial, since these models of denial do not require that a fact be consciously acknowledged; that women may subconsciously know, or at least suspect, that they are pregnant, without that awareness ever coming to the fore is perfectly reasonable within a cognitive framework. One cognitive model, as Miller notes, “posits that when conflicts or stressors loom, people appraise the

potential dangers they face. This process of appraisal can be either conscious or preconscious" (Miller 2003, 87). Once the appraisal is complete, the agent chooses a response "from his or her available repertoire of coping skills" (87). Denial is one such response, and is generally used when the agent cannot change the situation, or believes that she cannot change it. Miller writes, "Denial is an emotion-focused, rather than problem-focused strategy; threatening information is actively excluded from conscious awareness" (87). One type of conflict associated with denial is *cognitive dissonance*, born of a situation in which the agent's deeply held convictions come into conflict with what she perceives to be objective facts. Since the conflict can only be resolved via either some change in the situation or the abandonment of her conviction, "the fact may be denied in order for the conviction to be maintained" (88). Convictions regarding sexual permissibility, pregnancy, and parenting are often central to a woman's conception of herself and her place in society, such that preconscious abandonment of the fact of pregnancy may be less painful to the pregnant subject than the rejection of her deeply held convictions.

The mechanisms of denial are fascinating, and may serve to illuminate the denied pregnancy phenomenon in important ways, but the ethical conclusions born of cognitive analysis may ultimately be more meaningful. Understanding how internalized social norms can quite literally tear a subject in two, turning her against herself, ought to both give rise to compassion for women who undergo this experience, and also to keep all women mindful of the senses in which our own reproductive choices are conditioned. It might be tempting to judge rejected pregnancy an act of bad faith in which the pregnant subject assumes a sort of helplessness in the face of overwhelming social norms, but if the dissociation characteristic of denied pregnancy happens below the level of consciousness, to do so would be both unkind and descriptively incorrect.

At present, there is some debate regarding how pregnancy denial ought to be categorized qua pathology in the *Diagnostic and Statistical Manual* (DSM) and the *International Classification of Diseases* (ICD), where it is currently unrecognized. On the grounds that denial of illness "lends itself to conceptualization as a subtype of adjustment disorder," some have argued for this classification (Beier, Willie, and Wessel 2005). This view is commensurable with the cognitive model of denial discussed above, yet the analogizing between "illness" and pregnancy may be problematic. If this type of dissociation is deemed pathological, its biological merits ought yet to be acknowledged; some evolutionary biologists argue that the capacity to dissociate oneself from "denied" information has been retained by the human psyche due to its considerable adaptive value (see Pinker 1997). More problematic is the possibility that pregnancy denial might be categorized as a subtype of gender identity disorder, on the grounds that failure to incorporate one's reproductive apparatuses is a sign of incomplete gender identification. This view echoes the psychoanalytic account of femininity, in

which “successful conception and birth are equated with successful adaptation to femininity,” such that a woman’s feelings and attitudes toward the physical processes of pregnancy “are taken as an index of her attitude to her own femininity” (Parker 1995, 155). Within this framework, any expressed displeasure, much less outright rejection, of the pregnancy experience is taken as a rejection of the “forms of innate femininity” (156). The classification of rejected pregnancy as subtype of gender-identity disorder sadly disregards the many social and other circumstances that might lead a woman to reject a particular pregnancy, and also implies that femininity is intrinsically tied not to the capacity to become pregnant, but rather to the experience of actual pregnancy (where even the latter is objectionable to many feminists). Furthermore, gender identity disorder is itself a problematic category, which pathologizes such childhood behaviors as dressing in clothing and playing with toys not deemed gender appropriate, and is, in my view, much in need of reassessment.

The impetus for situating denied pregnancy within the DSM and ICD is commendable; classification of pregnancy denial as illness or psychiatric disorder might aid practitioners in diagnosing and addressing these cryptic cases. But since “there is no single dynamic underlying denied pregnancy,” and “any explanation of this condition defies simple conceptualization,” perhaps determining how or where to pathologize denied pregnancy should not be the chief issue. As Klaus Beier, Renhart Willie, and Jens Wessel argue, the primary question for physicians and psychiatrists vis-à-vis denied pregnancy should not be “Why do women deny pregnancies?” but rather “Why does *this* woman with *this* partner at *this* time in *this* situation deny *this* pregnancy?” Phenomenological enquiry into denied pregnancy would do well to follow this model, interrogating wherever possible individual lived experiences and, whenever possible, letting women speak for themselves.

It is difficult to reconcile the denied pregnancy phenomenon with Young’s descriptions, especially since the very physiological “signs” that give rise to splitting subjectivity don’t seem to be present in cases of denied pregnancy. Temporally, the transition from one subject to two is immediate, or almost immediate: the pregnant subject experiences herself as simply herself, then, here, suddenly, is another—if not another being then at least another *something*. It is tempting to excuse such experiences from a discussion of pregnant embodiment because they do not seem to *be* experiences of pregnant embodiment, but that is precisely the point—whether we yield to physicians or psychiatrists or simply listen to women’s own accounts we find that pregnancy experience is so diverse that pregnancy experience, as totalizing social construct, must called into question.

AMBIVALENCE AND CHOICE

So little has been written about rejected and denied pregnancy that it is difficult to draw many philosophical conclusions regarding these phenomena at present. Even more problematic is the lack of published firsthand accounts of rejected and denied pregnancies from which to draw. That women who radically reject or conceal their pregnancies are loathe to speak openly about their pregnancy experiences is hardly be surprising; more striking is that women seem reluctant even to express ambivalence regarding their pregnancies, despite the fact that ambivalent feelings are an ordinary part of most women's pregnancy experience. Rozsika Parker argues that contemporary pregnancy discourse bears witness to our culture's overpowering fear of ambivalence. Cultural attitudes toward ambivalence do a great disservice to pregnant women, who find themselves discouraged from expressing feelings about pregnancy in their full richness and complexity. Since acknowledging and working through ambivalent feelings is an important step when a woman is considering her reproductive options, the suppression, whether conscious or preconscious, of feelings deemed socially unacceptable may lead her to make decisions that are not in her own or her future child's best interest.

The difficulty of choosing is a key theme in Drakulić's novel, and reflects the complexity of reproductive decisions in environments where women's freedom is radically constrained by both social and practical forces. S is a fictionalized account, but is meant to reflect the experiences of the many women who were forced into "women's rooms," and perhaps more generally the experiences of all women who carry to term pregnancies resulting from rape. S's reactions to her pregnancy epitomize one particular response to unwilling pregnancy, but her experience is just one among many. Other characters in the novel embody alternate responses to their pregnancies. S's friend G wonders why S won't keep the child, since "the child is not to blame" (177). S cannot comprehend why G refers to "the child" and wonders why G talks "about the innocence of the child, and not about her own [S's] innocence? Is maybe she to blame?" (177).

By my reading, G's presence in the novel is key; even in cases of forced pregnancy, there is a common tendency to privilege the life of the child over the well being of the unwilling mother, so much so that victims of sexual violence often take up resultant pregnancies as if doing so is their only route to redemption.⁷ Since such women come to identify with their pregnancies, and even to "positively accept them," such pregnancies would be included under the umbrella of chosen pregnancy offered by Young. But to say that such pregnancies are chosen is to gloss over the socially overdetermined, potentially heart-wrenching process by which an unwanted pregnancy comes to be positively accepted. If women who choose to carry unwanted pregnancies to term do so chiefly because they have yielded to some unspoken collective conviction that delivering and even

raising a child resulting from rape is their only means of redemption, their only means of transmuting something despicable into something else, then what does it mean to say that they have “chosen”? Even if such women fit into Young’s scheme of pregnant embodiment, they yet call into question one of its grounds; an inclusive phenomenology of pregnancy ought to take seriously not only the ways in which these women’s pregnancy experience might differ from the lived experience of “chosen,” pregnancy but also the complex process by which so many unwilling mothers come to positively identify with their pregnancies.

The role of choice is key in phenomenological engagement with pregnancy, not simply as it relates to rape, but also more generally. It must be acknowledged, for example, that although the choice to carry an unintended pregnancy to term may always be socially conditioned, such conditioning doesn’t necessarily imply a lack of freedom; a constrained choice may yet be a morally significant one. Even so, to assume the autonomy of such decisions would ignore the powerful social forces, many of them internalized, that condition reproductive choices.

Vangie Bergum argues that ordinary notions of “choice” simply fail to capture the complexity of reproductive choices. “The decision to become a mother,” for example, is more complex than the rational decision-making process can ever encompass” (1997, 48). The choice to parent is unique in that it is a continuous, rather than a discrete, choosing, which must be reaffirmed throughout pregnancy and far beyond. The complexity of choosing vis-à-vis pregnancy may ultimately challenge the categorization of pregnancy experience as “positively accepted” verses rejected. Rather than diminishing the possibility of an inclusive phenomenology of pregnancy, however, the richness of this sort of choosing offers a fascinating new dimension to both phenomenological and ethical inquiry into pregnancy experience.

TOWARD AN INCLUSIVE PHENOMENOLOGY OF PREGNANCY

Contemporary discourse on pregnancy, with its attentiveness to the positive aspects of pregnancy to the exclusion of all else, continues to silence women who cannot describe their experience in unambiguously positive terms. Until women have the vocabulary with which to express ambivalent and even negative feelings regarding pregnancies, especially unwanted pregnancies, they will continue to suffer in silence. By offering a more inclusive account of pregnancy, feminist phenomenology has the potential to produce just such a vocabulary. The lived experience of pregnancy is so radically diverse, and so heavily conditioned, that it behooves feminist philosophers to continue exploring it. Theoretical categories of pregnancy experience will be useful in expanding discourse on pregnancy, but ought always to be tentative, responding as necessary to changes in the social norms and institutions that condition pregnancy experience, and to new accounts from pregnant subjects themselves.

The work of Iris Marion Young has paved the way for a feminist phenomenology that honors the richness and diversity of pregnancy experience and that can continue to challenge and enrich more conventional phenomenological descriptions. More important, the project of feminist phenomenology, and of a phenomenology of pregnancy in particular, is socially indispensable. As Young observes, the bulk of women have not historically chosen, and still do not choose, their pregnancies; by painting a vivid picture of the lived experience of unwanted pregnancy, feminist phenomenology has the power to confront us with the irreducible, often tragic experiences of those “other”—perhaps not so other—women, and so remind us of just how much is at stake in the battle for more genuine reproductive choice.

NOTES

Sincere thanks to Bonnie Mann for her insightful comments and constructive criticisms, and to Neil S. Kaye for taking the time to respond to my inquiries.

1. My analysis of Young is limited to the first half of her essay (on “subjectivity”); in the second, she argues that medical technology and the medical establishment are alienating women from their pregnancy experiences.

2. For a rich engagement with mother-infant postpartum ambiguity, see Simms 2001.

3. According to Parker, for example, the negative qualities of the assailant are oftentimes projected onto the fetus in cases of rape (1995, 203).

4. A feature of pregnancy experience that may serve to disrupt customary views of pregnancy. See, for example, Betterson 2006 and Shildrick 2002.

5. Totally unexpected deliveries are rare, occurring at a rate of 1:2500, according to some researchers (Wessel and Büscher 2002); the ratio of 1:454 corresponds to pregnancies discovered sometime between the twentieth week of gestation and onset of labor.

6. Del Giudice (2007, 250) favors the language of “cryptic pregnancy” in lieu of “denied pregnancy,” as he feels that psychological explanations have been insufficient.

7. Approximately 170 to 340 pregnancies result from rape each year in the United States. At least half of are carried to term; in one study, 28 out of 37 pregnancies were carried through to delivery (Mahkorn 1979).

REFERENCES

- Barton, James. 1997. Decision whether to charge prom mom awaits tests. *New York Times*, June 10.
- Bascom, L. 1977. Women who refuse to believe: Persistent denial of pregnancy. *American Journal of Nursing* (May–June): 174–77.

- Beauvoir, Simone de. 1989. *The second sex*. Trans. H. M. Parshley. New York: Vintage Books.
- Beier, Klaus M., Reinhart Willie, and Jens Wessel. 2006. Denial of pregnancy as a reproductive dysfunction: A proposal for international classification systems. *Journal of Psychosomatic Research* 61 (5): 723–30.
- Bergum, Vangie. 1997. *A child on her mind: The experience of becoming a mother*. Westport, Conn.: Bergin and Garvey.
- Betterson, Rosemary. 2006. Promising monsters: Pregnant bodies, artistic subjectivity, and the maternal imagination. *Hypatia* 21 (1): 80–100.
- Buckley, Cara. 2007. Safe-haven laws fail to end discarding of babies. *New York Times*, January 13.
- Del Giudice, Marco. 2007. The evolutionary biology of cryptic pregnancy: A re-appraisal of the “denied pregnancy” phenomenon. *Medical Hypotheses* 68 (2): 250–58.
- Drakulić, Slavenka. 2000. *S: A novel about the Balkans*. Trans. Marko Ivik. New York: Viking.
- Heinämaa, Sara. 2003. *Toward a phenomenology of sexual difference: Husserl, Merleau-Ponty, Beauvoir*. Lanham, Md.: Rowman & Littlefield.
- Leifer, Myra. 1980. *Psychological effects of motherhood: A study of first pregnancy*. New York: Praeger.
- Lester, Eva P., and Malkah T. Notman. 1986. Pregnancy, developmental crisis, and object relations: Psychoanalytic considerations. *International Journal of Psychoanalysis* (67): 357–66.
- Mahkorn, Sandra. 1979. Pregnancy and sexual assault. In *Psychological Aspects of Abortion*, ed. David Mall and Walter F. Watts. Washington, D.C.: University Publications of America.
- Merleau-Ponty, Maurice. 2002. *Phenomenology of perception*. Trans. Colin Smith. New York: Routledge.
- Miller, Laura J. 2003. Denial of pregnancy. In *Infanticide: Psychosocial and legal perspectives on mothers who kill*. Washington, D.C.: American Psychiatric Publishing, Inc.
- Neifert, Paige L., and James A. Bourgeois. 2000. Denial of pregnancy: A case study and literature review. *Military Medicine* 165: 566–68.
- Parker, Rozsika. 1995. *Torn in two: The experience of maternal ambivalence*. London: Virago Press.
- Pinker, Steven. 1997. *How the mind works*. New York: Norton.
- Rich, Adrienne. 1976. *Of woman born: Motherhood as experience and institution*. New York: Norton and Company.
- Shildrick, Margarit. 2002. *Embodying the monster: Encounters with the vulnerable self*. London: Sage Publications.
- Simms, Eva-Marie. 2001. Milk and flesh: A phenomenological reflection on infancy and coexistence. *Journal of Phenomenological Psychology* 32 (1): 22–40.
- Spinelli, Margaret G., ed. 2003. *Infanticide: Psychosocial and legal perspectives on mothers who kill*. Washington, D.C.: American Psychiatric Publishing, Inc.
- Young, Iris Marion. 2005. Pregnant embodiment: Subjectivity and alienation. In *Throwing like a girl and other essays in feminist philosophy and social Theory*. Oxford: Oxford University Press.

- . 1994. Gender as seriality: Thinking about women as a social collective. *Signs* 19 (3): 713–38.
- Wessel, Jens Endrikat, and Ulrich Büscher. 2002. Frequency of denial of pregnancy: Results and epidemiological significance of a one-year prospective study in Berlin. *Acta Obstetrica Gynecologica Scandinavica* 81: 1021–27.