This piece explores the various factors which shape one’s experience of pregnant embodiment: it demonstrates that these sensations are dependent not only upon learned biomedical presumptions of the body, but further upon various external relational, social and political factors surrounding one’s impending maternity. This essay uses a feminist phenomenological analysis to contextualize the specific circumstances that create pregnant embodiment, demonstrating that one’s sense of the pregnant body is socially/politically constructed as well as situated. A feminist post-structuralist analysis explores ways in which dominant medical and historical constructions of pregnancy/maternity and illegitimacy affect one’s encounter of pregnant embodiment.

POSSESSION

Theorist Maurice Merleau-Ponty conceptualized the “body subject”: the notion of holistic embodiment, wherein historical, social and political influences are brought together into the body (Abbay & O’Reilly, 1998). Embodiment indicates one’s sense of living within the body: a “life-text where we live in felt experience” as well as “construct knowledge” (Abbay & O’Reilly, 1998, p. 327). What, then, is pregnant embodiment? Following Merleau-Ponty’s body-subject principles, pregnant embodiment includes outside context as importantly as biological and sensory notions of the pregnant body.

For those of us who have ever been pregnant before, it is illustrative to consider the following questions. Was your pregnancy a product of stringent attempts? Was it a benign occurrence? Was it planned or accidental? Consider the pregnancy itself: is it recalled as something pleasant or unpleasant? Beautiful or terrifying? Do you remember pregnancy as completely wonderful, or completely awful? How did people react to the news of your pregnancy? Were they ecstatic, relieved, horrified or stunned? How did your doctor respond? How did the medical field conceptualize you, as a pregnant woman, at that specific moment in time? How did people respond to the sight of your pregnant body?

Pregnancy is a physical process and these evocations are not, however they are still relevant. We tend to believe, to assume and to talk about pregnancy as if it were a natural, universal event. As women, we talk about it with friends and families and to our doctors; we review the details as if we share solidarity in that we have lived through this biological process. We discuss the physical pleasures and discomforts, the sensations of our growing, moving bodies, as well as the changes in our lives and flesh that pregnancy aroused. We often speak of “pregnancy” and the “pregnant body” as if they describe a common, physical and female rite.

Throughout this paper, it is my intention to draw a psychic and social correlation between the body and the self. Indeed, pregnancy is a physiological experience, but it is far from universal. The experience of pregnancy is not only a physical event. The experience is constructed from biomedical discourses as well as external social and political forces. It is now time to consider a subsequent question to the above exercise: imagine that at the time of your pregnancy, any or all circumstances had been altered. Suppose you held a different job, a different home, or a different family. What if you have a differently-abled body, a different color of skin, or a different partner? What then? Would this still have been the same pregnancy? Would it still have felt like the same pregnant body? While the pregnant body may be a physical state in itself, pregnant embodiment — that is, the encounter of living within the pregnant body— is made up of a complex constellation of situated (phenomenological) knowledge. My experience, as well as those of
other women, has revealed that the pregnant body is a social and physical event that is mutually sustaining.

The reader will find that two feminist theoretical stances frame this narrative. Within a social atmosphere hallmarked by dominant notions of gender, race, age and ability, this paper will study the socio-physical construction of both the pregnant body and illegitimate birth. Feminist phenomenological theory carries with it the contention that some knowledges are experienced, not conceived. Like phenomenology, the notion of embodiment demonstrates that lived experience is contrived of individual and systemic contexts. We are “aware of our bodies or aware of the world through them” and our bodies represent a life-text as well as socially constructed knowledge (Andre, 1994, p. 10). Through a feminist phenomenological analysis, this paper will capture the voices of diversely positioned women including myself, and reveal our lived experiences of the politicized and specifically situated pregnant bodies.

Feminist post-structuralism recognizes that hegemonic language constructs its subject “by a discourse that weaves knowledge and power” (Alcoff, 1997, p. 336). The application of a post-structuralist analysis will reveal popular notions of the pregnant body, illegitimate birth, medicine, maternity and adoption. Indeed, popular concepts are subtle forces that invariably construct one’s experience of embodiment and maternity. This work will conclusively contend that the individual experience of the pregnant body is simultaneously shaped not only by learned biomedical presumptions of the “normal” body, but further upon various external relational, social and political factors surrounding one’s sense of impending maternity.

The term “possession” denotes becoming “owned and controlled, as if by demons” or “a territory ruled by an outside force.” It is this analogy that I choose to convey my teenage experience of pregnant embodiment (Neufeldt, 1990, p. 459). Here, I do not wish to indicate the child that grew within me as the colonizing agent or “demon”. Instead, it is the physiological changes akin to pregnancy intertwined with the hegemonic social, psychological, medical and political constructs of illegitimate conception that I have come to recollect and associate with a transient—though unforgettable—and invasive pathology: it entered my body, and, in a variety of uncontrolled and extensive ways, took over.

I sometimes dream of my pregnancy. In my sleep, I suddenly find myself as I am today: a 24-year-old adult, attached to the proverbial and emblematic belly of my former teenage self. I recoil, a response nonsensical to any outsider yet concise to my own appreciation of the expectant body: in these dreams, the need to tear the distended uterus from my body pervades all others: get rid of it. Get it out of me. Get rid of it or die. I awake, and for a momentous and clear instant, I understand where my waking-day claustrophobia comes from.

This is a story about possession of the body: that is, the physiological “not-me from me” that overtakes the body during pregnancy as well as the conceptually ambivalent “not-me from me” that is created by an adoption arrangement (Thiele, 1999, p. 55). Finally, this is a story about “awaiting a sense of having [the] body wholly back to [the]self” (Thiele, 1999, p. 55).

**BODY BETRAYAL: "MACHINE" MALFUNCTION**

This story begins with a feminist phenomenological analysis, and it begins like this: things were going so good. I had just finished tenth grade, a year of resolution, ambition and success. This was a period of growth and change —socially, academically, politically— despite familial attachments and a shared home with my liberal though not-quite-sure-what-to-make-of-his-teenage-daughters single parent. And the body: things were good there, too. Good, meaning that I never had to think about it, or perhaps that there was no sense of it at all.

Living with the aforementioned single parent, however, I believe that the realities of my adolescent body may not have descended upon me as suddenly as they did on other girls of my age. My mother had passed away when I was twelve, an age of notable development and consciousness of the body: and dying with her was any possible household dialogue on menstruation, budding sexuality or reproduction. At a time when most girls first confront conflicting and gendered notions of physical “womanhood” and a conceptual end to childhood, my sexual maturation occurred eventlessly (in the familial sense) and in due, orderly fashion (in the physical sense).

Much as feminist phenomenological theory contends, my experience of puberty involves “a sense of being engaged” with outside social forces: my sex, familial situation, and learned concepts of the body all contributed to my lived experience of embodiment (Hartsock, 1997, p. 218). Self-taught through mail order pamphlets from Playtex, my first period in no way mirrored the accounts of horror or fear of my girlfriends. Unlike many of my friends, I did not suffer the monthly “unexpected” arrivals or debilitating cramps that they complained about. My cycle—as the rest of my health—transpired, so to speak, like clockwork. Further, while most women react to the social significance of
menarche, that is, “as a girl’s social transition into emergent womanhood,” I had already internalized an early adult status and responsibility at the event of my mother’s death (Puri, 1999, p. 48). Childhood had already officially ended with my mother’s absence, and so my social position and maturing body paralleled one another without dispute: a conveyer-line like agreement of society and physicality. In all these ways, puberty and menstruation were simply another logical, expected step of acquired adult status: a multi-faceted maturity that occurred in socio-physical tandem. My appreciation of this body was contextual: the holistic atmosphere was that of normalized, sound machinery.

Feminist post-structuralism indicates that both past and contemporary medical discourses subscribe to the image of “the body as a model of industrial society” or machine (Martin, 1992, p. 37). The menstrual cycle, for example, is described as a mechanized system: “each month...the hypothalamus acts as elegant interpreter of the body’s rhythms, transmitting messages to...set the menstrual cycle in motion” (Martin, 1992, p. 40). My reading similarly conveyed the machine-like operation of my body—particularly my menstrual cycle—in which “actions and functions are set” (Thiele, 1999, p. 53). Puberty hence presented itself to me as simply a normal process of development within the “machine”: this was a synopsis that I had first learned (gratuities to Playtex) and then experienced (gratuities to my clockwork menstrual cycle).

The hegemonic model of health assumes that the normal, healthy body is unchanging. Health, based upon the prototype of the unchanging adult male body, is associated with “stability, equilibrium, a steady state” (Young, 1990, p. 169). At fifteen, I existed blissfully in this optimal state: 115 pounds for as long as I could recall, a static 28-day menstrual cycle that existed as “proof” that I was “perfectly normal and healthy”, no illnesses, and a sanctioned hiatus from the medical field (Puri, 1999, p. 55). Science tends to regard “the natural body as passive, mindless, intransigent”, and in need of regulation only upon the event of “actual body changes.” I understood my basically unchanging physiology as indicative of health and personal control (Thiele, 1999, p. 53). Yet, according to medical discourse, upon the event of change comes the notion of system’s failure within the “machine.” When the body experiences disability, illness, of even the natural aging process, “at every point in [the] system, functions ‘fail’ and falter” (Martin, 1992, p. 42). Although noticeable changes in bodily function are a normal aspect of female physiology and reproductive processes, medical discourse tends to view sudden disruption of the body’s “steady state” as a signal of “disruption or dysfunction” within (Young, 1990, p. 169).

On July 21, 1992, my father, older sister and I arrived on vacation in Germany. This date remains significant for me for a number of reasons: it simultaneously signifies the genesis of our trip and the due date of the period that never came: the first day that something physically was very wrong. Having already internalized popular biomedical notions of health, the sudden absence of “equilibrium” indicated a genuine cause for concern. Similarly, the cessation of menses (like descriptions of menopause in medical texts) suggested an internal “a process of breakdown, failure” (Young, 1990, p. 169; Martin, 1992, p. 43). This first uncontrollable and confusing sensation of disruption within the body began my conceptualization of “pregnancy as disease” (Young, 1990, p. 170). In context with dominant medical constructs of health—as well as the predictable portrait I held of my body until that point—I came to believe that pregnancy had descended upon my body like a sudden, unwanted pathology.

Feminist post-structuralism indicates that both the medicalization of our present century and ableist, classist and racist precedences within biomedicine combine to create the idea of “a perfectible body undergoing progressive improvement.” Western culture indeed understands that “the goal of medicine” is “the relief of [one’s] perceived lived body disruption” (Davis, 1995, p. 31; Young, 1990, p. 169). Medical care of most expectant North American women tends to pathologize the pregnant body and conceptualize pregnancy as a state of disability:

Even medical writers who explicitly deny that pregnancy is a disease view normal changes associated with pregnancy such as lowered hemoglobin, water retention, and weight gain as ‘symptoms’ requiring ‘treatment’ as part of the normal process of prenatal care” (Young, 1990, p. 169).

For those women experiencing an unplanned pregnancy, bodily disruption and symptomology is conception’s first, if not only presentation. The onset of normal pregnancy-related bodily change coupled with the crisis of accidental (often illegitimate) conception easily creates the image of an invaded, defaulting body. Off-guard and afraid, many accidentally pregnant women recall concentrating on the symptomology of and possible remedies for their pregnant bodies, instead of appreciating the reality of the pregnancy itself. Despite the dizzy spells, constant
fatigue and nausea that hallmarked my summer vacation in 1992, I never connected this strange and relentless illness with my absent period. “I thought I had some terrible disease,” a teenager recalled her pregnancy. “When my breasts began to swell and ache, I told [a boyfriend] I was afraid that I had cancer” (Moorman, 1998, pp. 30-31). For the unexpectedly pregnant woman, pregnancy appears as a disease both literally and emblematically. Physically, she experiences a condition implicitly conceptualized by medical professionals as “disease or infirmity”; figuratively, she is beset by personal emergency and doom (Young, 1990, p. 169). Birthmother and author Margaret Moorman encapsulates this notion succinctly when she speaks of her adolescent experience of morning sickness: “I was secretly ill, secretly heart sick, secretly panic-stricken” (Moorman, 1998, p. 38).

It is significant to note that in narratives of other women who had been pregnant teenagers, many had turned to the medical field for help: medicine, after all, cured all ills. One couple had “heard that if you douched after sex, you could stop the sperm, so [they] r ans around trying to find a douche bag” with the intent to counteract conception (Jones, 1993, p. 3). Moorman, in her adoption narrative Waiting to Forget, remembers how she and her boyfriend obtained pills that promised “when [she] was done with them, [her] period would come” (Moorman, 1998, p. 32). Throughout a secretive first trimester, she consults her doctor in her search for “something that would save [her]” from the reality of pregnancy (Moorman, 1998, p. 31). Such actions ascertain the perceived function of contemporary medicine: “when a patient consults a physician, he or she does so with one specific purpose in mind...to be relieved of some noxious element in physical or emotional life which the patient defines as disease” (Young, 1990, p. 169). In these teenagers’ attempts to deny, intervene or terminate pregnancy, they turn to medicine as the field which “continues to define itself as the practice that seeks cure for disease” (Young, 1990, p. 169). Moorman shows her faith in the medical field when she states “I knew nothing would come of the pills, but I couldn’t help being guardedly hopeful” (Moorman, 1998, p. 32).

After confirming my pregnancy and deciding to carry to term, I turned to the medical field for instruction. My pregnant body was labeled “high risk” because of my age, leading medical professionals to monitor my condition scrupulously. The specific medicalization of my pregnant body requires both feminist post-structuralist and phenomenological analyses. First, popular discourse on high-risk pregnancy constructs the mother’s body with a discernment of mistrust and fear. Due to my social position (young, and carrying a fetus spawned from accidental conception), my body was deemed unstable and unreliable. Historically, the illegitimately pregnant women were identified by social and political workers “not as endangered but as dangerous” (Lynn, 2001, p. 5). If “the pregnant teenager function[s] as an emblem of sexual-cultural disorder”, then the event of illegitimate conception signifies a female sexuality that is “dangerously uncontrolled and uncontrollable” (Reekie, 1997, pp. 77-78). The “rebelliousness” of procuring illegitimate conception is equated with a necessarily and thoroughly disobedient female body: “potentially unclean, disorderly, deceitful, disrespectful and corrupt” (Reekie, 1997, p. 77). The idea of the misbehaved woman whose predicament is a result of her own physical “gross and public departure from ‘good’ woman status,” delineates the boundaries of appropriate versus deviant female reproduction (Vance, 1984, p. 4).

Under the categorization of age and “legitimacy” within the medical field, the pregnant body loses its sense of agency. In my own experience, I quickly learned that this body was no longer my own: now, I had only the authoritative gaze of the medical field and my “duty of care” for the baby to direct it (Bordo, 1993, p. 84).

Thiele’s Retrieving the Baby (1999) and Bordo’s Are Mothers Persons? (1993) both suggest a similar theoretical discordance between individual subjectivity and the pregnant body. Bordo’s post-structuralist analysis of fetal rights and non-consensual medical interventions conveys the injustice that forced obstetrical supervision imposes upon “the hallowed ground of the subject’s body” (Bordo, 1993, p. 75). Detailing philosophical, legal and medical opinions regarding the impact of “unconsented-to treatment” upon the body, Bordo nonetheless points out the socially-sanctioned medical intervention and “levels of vigilance now expected of...pregnant women” (Bordo, 1993, p. 83). Within medical and “fetal rights” discourses, a pregnant woman can no longer claim her “human body as the home of [her] person”; instead, she is reduced to “a mere life-support system for a fetus” (Bordo, 1993, pp. 72, 77).

Likewise, in Thiele’s feminist phenomenological essay, the pregnant body is perceived as one of many bodily states that challenge one’s sense of subjectivity and self. Thiele effectively compares medical constructions of the body, “the view of biology as ‘stable and unchanging’” with the contrasting realities of pregnant embodiment (Thiele, 1999, p. 53). Indeed, the state of pregnancy is largely uncontrollable and “profoundly indeterminate.” Pregnancy “constantly impinge[s] on [the] consciousness because of its novel, immediate, dramatic and continual transformation” (Thiele, 1999, pp. 54-55). Thiele goes on to depict pregnancy as somewhat monopolizing agent in women’s lives: “rather than the pregnant body disrupting the self’s projects, the body is that project” (Thiele, 1999, p.
Like my own realization within the first trimester, pregnancy, more specifically, this pregnant body, was my first priority.

My/the body became steered by pregnancy. I do not recall actively resisting the countless medical tests or routines, but instead met them with reluctant acquiescence. This was required, I accepted, for the sake of “the viable, unborn child” that was “captive within the mother’s body” (Bordo, 1993, p. 85). How could it be treated as “a patient”, without my cooperation (Bordo, 1993, p. 85)? I internalized the medicalized and moral notion that “the pregnant woman is supposed to efface her own subjectivity, if need be” (Bordo, 1993, p. 79). It is important to note that as a potential birthmother, my “mechanical role in preserving the life of another” —that is, a child to be delivered unto a family of “economic, racial and heterosexual privilege” post-partum— became doubly significant (Bordo, 1993, p. 79; Wegar, 1997, p. 78). For the mother who relinquishes her child, the experience and memory of pregnant embodiment coalesces into this sentiment exclusively: she takes on “entirely mechanistic terms - as a fleshy incubator” (Bordo, 1993, p. 84). Politically speaking, medical concern for the birthmother’s health “extends only to the growing life [that] she carries within”: for “the moment she relinquishes that baby”, her physical “reality will be wiped out” indefinitely (Rolfe, 2001, p. 7).

Apart from direction from the medical field, the pregnancy itself further directed my body on a day-to-day basis. The necessity of constant self-supervision and sustenance prevailed as the pregnant body requested action and care on behalf of its owner; this evoked an ongoing negotiation of personal subjectivity and the body. Thiele refers to “the immediacy, the urgency of the pregnant body state: for example, one experiences sudden bouts of ‘the hungries’ and ‘the sleepies’, characterizing ‘almost a refusal of the body to be denied or regulated’” (Thiele, 1999, p. 56). I came to understand that my life now revolved around the mandatory maintenance of this body: “rather than being passive, the [pregnant] body itself is setting [the] agenda, defining a process and a pace” (Thiele, 1999, p. 57).

The notion of body betrayal and bodily control has been well documented by feminist analyses of anorexia, bulimia, self-injury and female embodiment. The search for symbolic agency over one’s own life has been fingered as the reason women turn against their bodies as “survival strategies in response to racism, homophobia, classism”, sexism and trauma (Thompson, 1996, p. 104). Feminist therapists ascertain that the experience of female embodiment alone (as well as many female rites of passage such as loss of virginity or onset of menses) are symbolically and socially relevant to women’s social subordination and sense of lost bodily control: many psychologists state that “it is no coincidence that body-control syndromes [such as eating disorders, self-mutilation] occur more often in women than in men” (Strong, 1998, p. 125). For example, changes in body contours, the constant possibility of male dominance through sexual assault, and finally, “the symbiotic possession of her body by another life during pregnancy” are all indicative of bodily powerlessness (Strong, 1998, p.125). In response to these events, she must confront both periodic loss of control over the body and a “psychological chasm between body and self” (Strong, 1998, p. 125).

Significantly, many women find pregnancy and labor to be “a fascinating and pleasurable experience” (Thiele, 1999, p. 55). Yet, when conception occurs amidst unpleasant or unanticipated circumstances, women must often contend with “some of the more alienating and destructive possibilities of the medicalization of childbirth, and even the physiology of pregnancy” (Thiele, 1999, p. 55). Pregnancy, entails a simultaneous experience of body and external circumstances: “a constant and daily creation of [the]self in relation with [the] body” (Thiele, 1999, p. 55). Physically and socially, the pregnancy became an all-encompassing project that controlled my body - and my life: the “project” of “the creation of another, of what be[came] not-me from me” (Thiele, 1999, p. 55). It was “as though the subjectivity of the pregnant body were siphoned from it and emptied into fetal life” (Bordo, 1993, p. 88).

It was actually some time between my suspicion of pregnancy and actual confirmation of it that I realized in how this misshapen conception had been allowed to occur. During an amorous encounter with my then-boyfriend, Grant, I noticed that the condom that he was wearing prior to intercourse already had ejaculate in it. “Did you already... Were you going to get another one, or were you just going to...” We stared at each other, myself eyeing him in terrified realization and mad disbelief. At that point the only thing that was keeping me safely in denial of my pregnancy was the assertion that we had used protection properly. A summer entry in my diary sometime thereafter pleads uselessly: “Grant! How could you do this to me?” (Pietsch, 1992). A similar statement could have been directed towards my body: the body that began this whole nonsense by conceiving without my consent.

SOCIAL BETRAYAL: AN ILLEGITIMATELY PREGNANT BODY UNDER SOCIAL GAZE
It is interesting how illegitimacy has been recognized both historically and contemporarily as a purely female transgression: “there really is no deviance labelling of ‘unwed fathers’” (Moorman, 1998, p. 34). Illegitimate conception represents a gender violation of large and multi-faceted proportion: within one event, patriarchal notions of femininity, motherhood, family and sex are simultaneously subverted. The illegitimately pregnant body stands as visible, ominous proof of extraordinary female sexuality. In failing to fulfill “social requirements for at least the image of chastity,” perceptions of insubordination and sexuality in the illegitimately pregnant woman become intrinsically interwoven (Adams, M., 1997, p. 105). She enacts disobedience by transgressing gendered sexual standards: “as parties to the [sexual] system, ‘good’ women [have] an interest in restraining male sexual impulses, a source of danger to women, as well as their own sexuality” (Vance, 1984, p. 2). Here, we see that the male party has performed no misdemeanor. Yet where “self control and watchfulness” are “major and necessary female virtues”, the woman is a “refractory girl” whose illegitimately pregnant body stands as “inescapable evidence of the…consequences of the pleasures of illicit sexual desire” (Vance, 1984, p. 4; Reekie, 1997, p. 79). Thus, the illegitimately pregnant woman is simultaneously conceptualized as sole impetus and victim of her own crisis:

Notice how the problem is phrased: a woman facing an unplanned pregnancy. The spotlight is focused full tilt on her; she has a problem, and of her own creation…We never hear of the dilemma of a man facing an unplanned pregnancy. We don’t have any moral judgments about this man either… Somehow she is alone with this problem that took two people to create (Rolfe, 2001, pp. 5-6).

Where gender functions as a governing and normalizing force in society, those who transgress the standards are constructed as sexual, social and moral deviants. In this socio-sexual system, it is easily the illegitimately pregnant woman who takes the blame. Since the 1960’s, unwed mothers have been surveyed not as victims “but rather [as] agents of larger social problems” (Lynn, 2001, p. 5). The correlation between improper female sexual practice, illegitimate maternity and social/moral disobedience is manifest.

The notion of ‘moral reproduction’ is not limited to gender norms either. Feminist analyses on the past and present-day population debate including movements for birth-control and global policies on fertility control and reproductive rights reveal the hegemonic and discriminatory championing of “more children from the fit, [and] less from the unfit” (Davis, 1981, p. 203). Contemporary studies expose the reality of unsafe, coerced or invasive birth control methods (including sterilization) implemented strategically upon Third-World, Black, Latino, disabled, immigrant and lower-class women (Davis, 1981, pp. 203-207). The phenomenon of blatantly racist, classist and ableist population control has prevailed with the ulterior motive of ensuring that “the prosperous whites of solid Yankee stock could maintain their superior numbers within the population” (Davis, 1981, pp. 200, 210). Within the hierarchical and discriminatory discourse of reproductive politics lies the attached assertion that marginalized people have “a moral obligation to restrict the size of their families” or their choice to reproduce at all (Davis, 1981, p. 210).

The illegitimately pregnant woman has clearly not honoured this social and moral obligation. Under societal gaze and the “illegitimate” title, pregnancy becomes a phenomenon that is physically viable (and visible), yet socially and politically forbidden. Susan Bordo states:

In this culture, the pregnant, poor, woman (especially if she is of non-European descent) comes as close as a human being can get to being regarded, medically and legally, as ‘mere body’, [as] her wishes, desires, dreams...are of little consequence and easily ignored in (the doctor’s or judge’s estimation) the interests of fetal well-being (Bordo, 1993, p. 76).

With her physical state tangible and undeniable, yet her moral and political status labeled as negligible, post-structuralism reveals that the illegitimately (and often poor) pregnant woman occupies a body fraught with irony. Discordantly, her physical body within which the “unborn child is literally captive” is a precious, life-sustaining object. Yet in her pregnant state, she is a blasphemy, a social pariah, and her maternal capabilities are questioned (Bordo, 1993, p. 85). The body of the illegitimately pregnant woman is “replete with contradictions” and thus the authenticity of my pregnant body was met with disbelief and chagrin from both outside and within (Reekie, 1997, p. 77).

Gail Reekie’s (1997) post-structuralist work conveys the stark contradiction between the socially constructed and the physical bodies of a pregnant teenager. It is a portrait of succinct irony: “youthful but
physiologically mature; childlike yet maternal; innocent while sexual; the object of compassion [sympathy] and censure” (Reekie, 1997, p. 77). Much like the pregnant body of the disabled woman, the body of the pregnant teenager is physically and socially “dangerously uncontrolled and uncontrollable”; further, both are thus deemed “incapable of doing a good job raising their child” (Reekie, 1997, p. 78; Report of the Equity Committee of the Interim Regulatory Council on Midwifery, 1993, p. 67). Paralleling the experience of many disabled mothers, my pregnancy was consistently received with “shock and outrage on the part of [my] caregivers” and was permeated by “family discussion of whether [I] could raise a baby” (Report of the Equity Committee of the Interim Regulatory Council on Midwifery, 1993, p. 67; Lipson & Rogers, 2000, p. 15).

While adolescent and disabled women are endowed with veritable fertility and working reproductive systems, the heterosexist and ableist undercurrents of dominant notions on family suggest that both the unmarried and people with disabilities should not reproduce (Report of the Equity Committee of the Interim Regulatory Council on Midwifery, 1993, p. 67). Despite the physical capacity for childbearing, systemic discrimination denies both groups the opportunity to realize that they are equally capable of “coping with motherhood” (Marris, 1996, p. 24). Maternity—if not sexuality and pregnancy—is constructed as an experience reserved only for the physically/racially/financially “fit.” As many disabled women, low income women, women of colour and single women attest to: “as soon as our doctors found out we were pregnant, they said we should have an abortion” (Davis, 1981, p. 214; Report of the Equity Committee of the Interim Regulatory Council on Midwifery, 1993, p. 67).

The birthmother learns that despite her physical capacity to sustain a fetus, she is neither psychologically, practically, nor emotionally adequate to raise a child. At the time, I internalized that “the baby’s only hope was to go to someone else as quickly as possible and be spared any further contamination” from me (Moorman, 1998, p. 66). This contradiction, manifested through my body, was indeed a profound reality throughout my pregnancy. An additional irony is incurred when one considers the adoption arrangement with which the process is concluded.

The institution of adoption exists as an option for (typically young, illegitimately) pregnant women. Through this arrangement, the advocates say, these girls can simultaneously provide for their children, bestow a gift to infertile couples, and then continue on with their normal, adolescent lives (Jones, 1993). Yet in truth, adoption (like the rest of my bodily experience of pregnancy), is often dependent on the marginalized position of the birthmother and her resultant acquiescence in place of choice. Politically speaking, an adoption arrangement is hinged upon the birthmother’s realization that she is a defective parent: that is, she must come to see that “the best thing that this mother can do is to deprive [the child] of herself” (Rolfe, 2001, p. 8).

Katarina Wegar’s post-structuralist essay, “In Search of Bad Mothers: Social Constructions of Birth and Adoptive Motherhood”, conveys the “patriarchal definitions of motherhood and femininity” and family present in Western adoption policies (Wegar, 1997, p. 77). As an institution that constructs family through “economic, racial and heterosxual privilege”, adoption is an official though subtle “vehicle [used] to preserve dominant norms of femininity, sexuality and family life” (Wegar, 1997, p. 78-77). As adoption advocates and policies typically “emphasize the dangers of unwed motherhood and the benefits of adoption” into an economically secure and established household, adoption indeed “reflects and reinforces gender, class and race inequalities in the larger society” (Wegar, 1997, p. 78). The distinction between adoptive mother and birthmother is strictly political, yet vital. Social worker and adoption critic Debbie Rolfe poignantly states:

So what happens if [a] birthmother goes on to marry and have other children [following relinquishment]? Because she has a man and some money, she can now make a family, be a real mother, and provide a child with love and support?...If you are married, and have a reasonable level of income, you are a more worthy parent than someone who is young, single and impoverished (Rolfe, 2001, p. 2).

The championing of adoption over single motherhood reiterates the social propriety of heterosexuality (traditional, married partnership), gender (feminized notions of maternity), class and race (again, the mildly eugenicist assertion that only the “fit” may parent, see Wegar, 1997; Davis, 1981). By definition, an “illegitimate” pregnancy is a pregnancy conceived “contrary to law, rules or logic.” By implication, the illegitimately pregnant woman is a law-breaker, a recreant, one who actively undermines and topples “the rules” (Neufeldt, 1990, p. 293). Ideologically, she is non-conformist and lawless: functionally, she is morally, socially and sexually aberrant. The illegitimately pregnant woman is everything that the legitimately pregnant (that is, sexual and reproductive within marriage) or single, non-
pregnant woman (that is, ostensibly non-sexual) is clearly not. Following politicized social categories and knowledges, as a society “we have decided that some people are more worthy parents than others”: Like the conception and pregnancy itself, this woman’s motherhood is socially illegitimate (Rolfe, 2001, p. 4). Indeed, unwed mothers violate dominant patriarchal ideals of family, sexuality and motherhood through their achievement of conception and maternity outside of marriage (Wegar, 1997). Yet the adoption arrangement can simultaneously “efface episodes of illicit sex” and conception, while the infant is transferred to a “normative [two-parent, heterosexual] family” (Solinger, 1992a, p. 346).

Internalizing social hegemones, many women reluctantly succumb to the adoption option: “birthmothers... saw surrender as their children’s opportun[y] to enter the traditional structures of society and ‘normal’ family life” (Jones, 1993, p. 27). Like other birthmothers, I recall contemplating my son’s adoptive parents in similar class-conscious terms: “the wonderful home, with the wonderful parents who were older, married, educated, and well-off _who were in every way better than I was” (Moorman, 1998, p. 66). This social reality stood in stark contrast with my physiological reality: I could conceive it. I could bear it. But “there’s no way you can keep it” (Jones, 1993, p. 15). Once again, the pregnancy represented a “psychological chasm between body and self” (Strong, 1998, p. 125).

The most “blatant examples of medical and legal disregard for personhood of certain groups... has been strongly shaped by the politics of race, class and gender”; the institution of adoption (the legal aspect), medicalization of expectant birthmother’s bodies, and socialization follows suit (Bordo, 1993, p. 75). In the face of systemic racism, classism, sexism, ageism and heterosexist judgment, the pregnant birthmother is reduced to “mere body”, and her maternity reduced to temporary “fetal incubator” (Bordo, 1993, pp. 75-76, 79). Much as Susan Bordo’s analysis found that the pregnant woman “is supposed to efface her own subjectivity... personal valuation, choice, and consciousness” for the “safety of her fetus”, many illegitimately pregnant birthmothers recall feeling “absent or nonexistent” throughout their pregnancies, “as if their... lives were being conducted by strangers” (Bordo, 1993, p. 79; Jones, 1993, p. 19). Indeed, much as women’s reproductive choice is limited to a “judge or doctor’s estimation of the interests of fetal well-being”, birthmothers become similarly “powerless and passive” as “they [parents, doctors, social workers] decide it would be best... to give up [the] baby for adoption” (Bordo, 1993, p. 76; Jones, 1993, pp. 19, 15-16). Here, the body of the illegitimately pregnant birthmother becomes an object separate from the self’s desires: her “valuations, choices, are expendable” (Bordo, 1993, p. 79). Life within the pregnant body (which is ultimately not her own) becomes “an out-of-body experience” (Moorman, 1998, p. 67). Aside from the life developing within her body, the birthmother is “for all intents and purposes... a person non grata” within the adoption triangle (Rolfe, 2001, p. 7). Succinctly, one birthmother recalls: “as my body became larger...I began to ignore it” (Moorman, 1998, p. 68).

Post-structuralist feminism recognizes that adoption further constructs the body of the illegitimately pregnant woman as racialized, sexualized and medicalized: the “white unwed mother [is] a fallen woman to be saved”, “a sexual delinquent to be controlled”, and “a neurotic girl to be cured” (Wegar, 1997, p. 78). For woman of color, in contrast, out-of-wedlock pregnancies have instead been explained “in terms of cultural rather than individual pathology.” This notion clearly constructs the Black pregnant body with a racist, essentialistic presumption (Wegar, 1997, p. 78). It is notable that fertility control and population policies in developing countries construct Black sexuality in a similar fashion: the “racist image is often that of the promiscuous breeder, populating the world irresponsibly, like an unspayed animal” (Bordo, 1993, p. 79). Here, the illegitimately pregnant woman of colour is conveyed as an emblem of her “deviant” culture (Wegar, 1997, p. 78). Race is a dynamic operating within the adoption establishment in that Black single motherhood did not challenge notions of femininity as did white motherhood: “black single mothers... mostly chose to keep their children and were encouraged to do so by social workers” (Wegar, 1997, p. 78). The Black unwed mother was apparently a hopeless case, or victim of her inferior race; in contrast, the “white, if slightly sullified” fallen woman could “regain [her] character” through an adoption arrangement (Reekie, 1997, pp. 81, 79).

Adoption advocates have consistently iterated that relinquishment is “the best solution” to teenage pregnancy, as it is “the only [option] that would enable them to become ‘normal’ teenagers again” (Jones, 1993, p. 15). Birthmothers are assured that following surrender (and despite their physiological experience of the pregnant body and birth), “life would merrily roll along, the way it had before”: she may “get on with [her] life _after this mistake was cleared up and the slate, to say nothing of[this] body_ was wiped clean” (Moorman, 1998, pp. 53, 70). Birthmothers agree that “at the end of [their] pregnancies, [they] were supposed to give up everything, [Their] babies, and past ‘sins’” (Reekie, 1997, p. 79; Jones, 1993, p. 45). Yet feminist phenomenology questions this notion: does the...
post-partum body truly relinquish its knowledge, experience, ‘sins’, with the child? Despite the social denial of the illegitimately pregnant body and birth inherent in adoption arrangements, the body remembers: “skin communicates. Skin signals. Skin tells a story...Sears, are also richly symbolic. They provide a permanent, physical record... of pain and injury” (Strong, 1998, pp. 17, 35). As I (and other birthmothers) have realized, pregnancy is etched permanently upon me via skin distention, changes in breast tissue and stretch marks:

I hadn’t realized there would be visible scars. I had been told, again and again, that I would give my baby up and put this all behind me. How could that happen if I, like Hester Prynne with her scarlet A, bore the sign of my disgrace forever? (Moorman, 1998, p. 68)

Like Moorman, I, too, received the permanence of my bodily scars from pregnancy with horror. Last summer _seven years_ after I gave birth_ I worried about the cleavage-enhancing bridesmaid dress that I am required to wear along with three other attendants. This body still holds the bittersweet nostalgia of the fifteen-year old “fallen woman” within, as well as the “not-me from me” that is today a seven-year old somewhere in Toronto (Wegar, 1997, p. 78; Thiele, 1999, p. 52).

All things considered, it is not surprising that the memories I hold of my pregnancy appear to me as inherently interwoven with my physical body; it is also not surprising that my emotional negotiations of this time in my life manifest themselves in me physically (for example, the aforementioned claustrophobia). Indeed, pregnancy is a physiological experience for most women: yet throughout my pregnancy, that is _all_ that it was. Throughout my pregnancy, there was little sense of impending maternity to look forward to, no tangible preparations (for example, decorating a nursery or buying infant clothes), and, in effect, no results. There was a pregnant _body_, yet there was no conclusive baby to mark the momentous occasion; there is nothing physical with which to remember this event, or even prove that it actually happened, except for this body.

As we know from the pre-Roe vs. Wade era, it is problematic to suggest that each expectant woman is obliged to bear and raise her child, accidentally conceived or not (Solinger, 1992(b), p. 40). Yet adoption’s hegemonic, patriarchal and ultimately class-conscious foundation, as both ideology and as policy, is flawed. Through an adoption plan, the illegitimately pregnant woman received a second chance to escape a label of deviancy: she could disavow her pregnancy, her illicit motherhood, and with these her previously insubordinate behaviour. While the institution of adoption functions as a vehicle to preserve dominant norms of femininity, sexuality and family, it could all at once erase the woman’s disgrace by (ostensibly) restoring her chastity and placing her infant into a standard married, two-parent home. Yet is this not an inherently sexist or moralistic goal for parenthood and reproduction at best? The message about reproduction here is twofold: not only is it true that “a repentant, reclaimed and purified self could transcend a body temporarily by sin”, but further, within a patriarchal social structure, “outside of marriage neither sex nor the resulting child [has] ‘reality’” (Reeke, 1997, p. 79; Solinger, 1992(a), p. 358). Do we agree (as we implicitly do by condoning adoption as a viable contemporary social policy) that outside of socially delineated sexual relations, biological motherhood becomes conditional, and if necessary, obsolete?

I regret the loss of my child. What I regret more is the haunting message of this body: why was this biological process so corrupt while placed and viewed as inside of my socially-situated body, yet is conceptualized as sound and legitimate in another’s? To take it a step further, why was it that the life that developed within me deemed ‘at-risk’, ‘in-crisis’ or ‘undeserved’ in my arms, is considered wonderful, ‘a gift’ and ‘correct’ in the arms of another? We need to question the base of the institution of adoption: the belief that “some women can make a baby but can’t make a family, while other women can’t make a baby but can make a family” (Rolfe, 2001, p. 2). What are our definitions of acceptable womanhood, family, and reproduction?

It is the notion of choice and maternal agency that constitutes adoption as an honourable option. Today, adoption still presents the (albeit unspoken) tenet that birthmothers come to relinquish their babies because they are somehow “permanently defective” or “different than and less than full mothers of [their] children” (Rolfe, 2001, p. 2; Lynn, 2001, p. 3). It is this doctrine that transforms the experience of pregnancy and life within the pregnant body into a maneuvered term of body estrangement, commodification and possession. While the pregnant body may be a physical state in itself, pregnant embodiment is a complex constellation of social discourse and political dynamics. My experience, as well as those of other women, has revealed that the pregnant body is a social and physical event that is mutually sustaining: “if, yes, form matters, it is also true and significant... that matter forms” (Thiele, 1999, p. 51).
REFERENCES


