SPACEMEN AND INVISIBLE WOMEN:
AN EXAMINATION OF PREGNANCY AND
REPRESENTATION

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By

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INTRODUCTION

In the dim recesses of the tiny biology museum at the University of Saskatchewan, stands a display case holding several three dimensional models of a pregnant uterus and fetus. They demonstrate the later stages of pregnancy and birth, culminating with the model of a newborn baby which lies at the bottom of the case.

On our last visit to the museum my daughter Lucy became riveted by this display. I could barely look at it, finding the image of a dissected and truncated pregnant female body deeply disturbing. But with the ruthless scientific zeal of a four-year-old, Lucy planted herself firmly in front of the case, and refused to be enticed away by the little monkeys in the next case around the corner. After studying the models for what seemed like endless minutes, she asked: "Are these real?" I told her: "No, they're make-believe." She looked at them for a while longer then asked if the baby at the bottom of the case was real. "No," I replied, "they are all make-believe things."

There is nothing unique or unusual about Lucy's fascination with the process of pregnancy and birth. I believe that most humans, at one time or another, feel the need to know where they come from. What we may not learn, however, when we view representations of that origin is that although they generally stand for what is real they do not encompass reality. There are always other features of that reality which remain invisible, are ignored, or, are forgotten. In fact, the representations and evasions pertaining to human reproduction reveal many of our deep-rooted cultural biases and anxieties about pregnancy and birth.

According to feminist theorist Susan Bordo, "We ... have no 'direct,' innocent, or unconstructed knowledge of our bodies; rather we are always 'reading' our bodies through various interpretive schemes." In this thesis I contend that images and other

representations of pregnancy affect how we view and actually experience pregnancy. But while representation is often predicated on experience, experience always exceeds representation, leading to ruptures and discontinuities between the lived experience of events and any representation of them.

In chapter 1 I begin with a discussion of one of my pregnancies and the renewed sense of embodiment I experienced as a result of undergoing the physiological processes of pregnancy. Chapter 2 details a brief history of the medical scrutiny and surveillance of pregnancy, and the effect that this has had upon some women's lived experiences of pregnancy. Chapter 3 contains a critical deconstruction of the kinds of fetal representations which circulate in the popular media, leaving pregnant women almost completely out of the picture.

This thesis comes out of my desire, as an artist, to represent some of the most profound experiences of my life. As such, it allows me to question the validity of existing representations of pregnancy and provides me with the impetus to continue with my project of creating representations which reflect, but are not expected to contain, my experience of pregnancy.

Many contemporary theorists from Michel Foucault to Barbara Duden² have contributed to a view of the human body which describes it as something that transforms over time in order to incorporate different knowledges, and various sets of beliefs. Each historical manifestation has, in turn, affected how we relate to ourselves as bodies and how we experience our various bodily functions.

The dualistic logic of traditional Western thought, exemplified by Cartesian theory, sees the body in opposition to the mind and therefore as something which must be transcended in order to achieve objectivity and true knowledge. The Cartesian Body is one which desires its own dissolution in order to achieve a fixed certainty. In reaction, postmodernism has reconceived the body as a "dream of limitless multiple embodiments."³ But in the end, this view, like the Cartesian model, continues to strive toward the possibility of what Susan Bordo calls "epistemological conquest."⁴ Rather than desiring the Cartesian view from

² Specific references will appear in later footnotes.
⁴ Ibid.
nowhere, the Postmodern Body desires a view from everywhere. Because it refuses to acknowledge its limits, and is able to endlessly recreate itself, the Postmodern Body endeavours to evade responsibility for history, place and the specificity of experience.

I would like to propose a third model, that of the Located Body, as a means of framing my discussion of the pregnant body in representation. The Located Body is one which acknowledges its own mortality and the limits of its existence. It speaks from a specific point of view, which may shift over time, but remains attached to a particular history and a particular body.

Underlying any written text are discontinuities of time and positionality. The way a text is eventually presented often obliterates the paths that were travelled in order to reach certain conclusions and positions. Traditionally, academic texts represent their authors as Cartesian Bodies, that is, as disembodied voices. Assumption of a Postmodern Body, within a text, would allow a fluidity of movement between various positions. The Located Body, which I will endeavour to assume, will speak from a specific position which is always affected by what I know and experience. From within and without this text, which has been worked on over a period of two years, my own history has played itself out in extremely significant ways which has affected what it has finally become.

When I began I was the mother of a two year old child, still reeling from the impact of her pregnancy and birth. In the meantime I became pregnant a second time, and gave birth to a severely brain-damaged son, who consequently died at four months of age. Described only factually my experience appears as something both stark and meaningless, but obviously these events have had a tremendous impact on all aspects of my life, and by extension on the writing of this thesis. Rather than attempting to subdue this text into a seamless representation, I have chosen to leave in some of the discontinuities of time and perspective as they occur within the text. My Located Body is never entirely absent from this text, but neither is it ever entirely present.

5 The term "Located Body" comes out of Bordo's discussion surrounding "locatedness," Ibid., 142-5.
Chapter 1

MY BODY, MYSELF: RECLAIMING EMBODIMENT

The theme of embodiment discussed in this chapter is crucial to the development of my thesis, since a notion of embodiment is often what is completely left out of representations of reproduction. By embodiment I mean the experience of actively living within one's body and thereby acknowledging the significance of one's physical self. However, within the images and texts I have studied which describe reproduction the actual place within a woman's body where these events unfold is never acknowledged. Indeed, images of the unborn commonly represent the fetus as a tiny, autonomous being, suspended in 'outer space.'

In an attempt to integrate a lived experience of reproduction into my project, this chapter also includes personal accounts of my experience as a pregnant woman. I will discuss my own realization of embodiment through the conditions of pregnancy, in contrast to my usual disembodied state. The more customary estranged relationship to the physical self is a condition which I would consider endemic to contemporary notions of the self. I believe this estrangement is part of our Cartesian legacy, which necessarily allows a lesser value to the body in order to assign greater value to the mind. The separation through fragmentation of the body from our notions of self is perpetuated by conventional scientific narratives which describe the body as a system of discrete parts which can be manipulated and exchanged without apparent affect to the whole organism. I will describe how this view of the body is particularly significant in relation to the development of the technologies used in relation to pregnancy, labour and birth.

I believe that acknowledgement must be made, by those who produce representations of reproduction, of the actual terms and conditions of individual women's lives and experiences. Rather than seeing reproduction as another biological abstraction it must be

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7 The sources I have used within my study have usually come from popular media, these include: newspapers, magazines, popular science journals, pregnancy and birth manuals, and books for children which describe reproduction.
integrated into a new form of body materiality which incorporates a woman-identified definition of subjectivity.

**Lessons in Embodiment**

For the second time in four years, the second time in my adult life, I find myself in an unusual circumstance: I feel embodied, I feel as if I truly live within myself as a physical being. The situation is perplexing and curious. I know it is the result of my entrance, for the second time, into the conditions of pregnancy.

Although nausea and fatigue seem strange as first lessons in embodiment, they signal to me a heightened awareness of the limits as well as the extent of my physicality. I must take time off and change certain conditions in order to proceed. Much of my life has been spent avoiding the acceptance of such bodily limits, the need for food and sleep, at certain designated times and in certain quantities. My resentment stems from the assumption that these are merely irritating interruptions to the real business of life. My fragility, or rather, the significance of my physical needs, during pregnancy, requires that I acknowledge and accept these limitations with grace. These are needs which *are* important, which *do* matter. I find myself resting, even *napping* during this time. Fittingly, along with this self-imposed indolence comes a remarkable nonchalance about impending deadlines and projects. I still want to complete these things, but somehow it doesn't seem so overwhelmingly necessary to do so right *now*. The significance of time has undergone a radical transformation for me. Time measures smaller and smaller units, which do not necessarily have any connection to problems and issues in the future. I find that the new terms of my embodiment require me to live much more in the present, answering to the needs of the here and now.

How is it that I could live all of my adult life without feeling that I lived it as the physical being I so obviously am? Despite the frequent equation between women and their bodies, I am aware that women often live this kind of contradiction: we carry on as if our bodies were simply appendages to our real selves, selves which somehow don't require an acknowledgement of that which is of the body. At the same time, we are taught an obsessive relationship to our bodies, one which, in the end, also serves to discount and ignore our lived-in-the-body experiences.
For women, one's body is often the site of intense anxiety, self-loathing and severe critique. In *Of Woman Born* poet and feminist theorist Adrienne Rich outlines the problem as such:

I know no women—virgin, mother, lesbian, married, celibate—whether she earns her keep as a housewife, a cocktail waitress, or a scanner of brain waves—for whom her body is not a fundamental problem: its clouded meaning, its fertility, its desire, its so-called frigidity, its bloody speech, its silences, its changes and mutilations, its rapes and ripenings.8

So it is with a certain degree of circumspection that I examine the conditions of my pregnancy, bringing with it as it does the conditions for embodiment, which, although not actively sought, have evaded me throughout my adult life. I admit to a certain resentment, that this situation, which so much depends on my acknowledgement of another body, within my own, is the one which allows me access to the terms of my own embodiment.

I am anxious to avoid the implication that pregnancy is the ultimate and 'natural' means that I as a woman have of gaining access to the conditions of embodiment which I describe. Pregnancy is obviously experienced quite differently by each woman, in different social circumstances, and in different moments in her life. According to feminist theorist Michelle Stanworth, the research of Kristin Luker

... suggests the possibility that while for many middle-class women pregnancy may be a scarce resource—time out from a hectic professional life to enjoy the sensations of being a woman—for a greater proportion of working-class women pregnancy may be more a taken-for-granted prelude to social motherhood, not an experience to be cherished in itself.9

It may be, then, that my experience of embodiment is a luxury I am able to experience as a result of my age, class and other social circumstances. My particular circumstances, my personal history, have given me access through this venue of pregnancy. I cannot assume that I would have experienced pregnancy in the same way when I was twenty, or, if it came about without my volition.

The body I put forward here, my own pregnant body, should not be mistaken for a 'real' body—with particular access to a specific 'truth' about embodiment.10 Like Sociologist Elsbeth Probyn's anorexic body, the pregnant body I present within this paper is of necessity "a representation forged for my argument."11 But simply because a body is acknowledged to be a representation does not discount its ability to elucidate a position or lead to knowledge of a given body, at a given moment in time. Such are the characteristics of the Located Body, which cannot ever represent itself entirely, but endeavours to speak from a specific, acknowledged position, which may change over time, but will nonetheless always be related in some way to the present speaking subject.

My intent, speaking from the position of a Located Body, is to ensure that my position is not mistaken for a 'real' or generalized position for women, in relation to pregnancy and embodiment. What might be construed as a coherent account of these conditions would always privilege my 'reality,' and thereby deny the validity of another woman's 'reality.' What I desire, then, is an opportunity to speak as an embodied pregnant subject, but not to have my speech confused with an embodied pregnant 'reality.' Within my own history what I am experiencing is a unique phenomenon, which, for me, points to a different way of living in the world. Speaking of this difference again transforms the experience, rendering it malleable, and contingent in and through the very act of representation.

As for seeing pregnancy as a 'natural' phenomenon, which enables me to return to the 'natural' conditions of embodiment, I am under no illusion that such a 'natural' relationship to reproduction, has ever existed for women. In this case, what is 'natural' might be seen as a desire to bear children that is shared by all women, in all places and at all times. To believe in such a fiction denies the very real agency that women have always endeavoured to exert in relation to their reproductive capacities:

The thrust of feminist analysis has been to rescue pregnancy from the status of 'the natural'—to establish pregnancy and childbirth not as a natural condition, the parameters of which are set in advance, but as an accomplishment which we can actively shape according to our own ends.12

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10 By putting quotes around words such as 'real' and 'truth' I hope to point to the dubious value they have for me within my discussion. I would like to suggest that since they define abstract values which have little to do with the heterogeneity of lived experience I am concerned with here.
11 Elsbeth Probyn, "The Body Which is Not One: Speaking an Embodied Self," Hypatia 6.3 (Fall 1991), 113. Instead of regarding a reference to one's own body as "designating a unified point," Probyn is concerned with representing the body as articulating "certain conditions of possibility." Ibid., 114.
12 E. Lewin as paraphrased by Stanworth, "Reproductive Technologies," ibid., 34.
The Fragmented Self

So, what does it mean, to my notion of myself, however contingent this may be, that my body is not usually imagined as a unified whole, as a cohesive self, which implicitly integrates my intellectual, emotional and physiological selves? Contemporary science perpetuates a notion of the body as a system of discrete parts, which can be manipulated and treated apparently without affecting the whole organism. When parts and organs can be moved from one body into another, concepts of the self as a physically unified subject must obviously be subject to drastic revision.

In The Woman in the Body anthropologist Emily Martin utilizes interviews with a wide range of American women to discover their views about their bodies and their bodily processes. The central motif which emerges from these interviews is the belief that "Your self is separate from your body." Martin describes a number of other corollaries which also emerged in the interviews in relation to this motif: "Your body is something your self has to adjust to or cope with.... Your body needs to be controlled by yourself.... Your body sends you signals.... Menstruation, menopause, labor, birthing and their component stages are states you go through or things that happen to you (not actions you do).... Menstruation, menopause and birth contractions are separate from the self. They are 'the contractions,' 'the hot flashes' (not mine); they 'come on;' women 'get them'."

These notions about a fragmentation of one's bodily processes can be seen as representations of the widely held belief that as women, as people, we can separate our selves from our bodies. This idea, in turn, can foster the belief that our bodies are something we own. Sociologist Barbara Katz Rothman describes the problem as follows: "while ownership is a useful legal analogy for one's relationship to one's 'own' body, it is certainly far from the essential experience of being embodied people."

In contrast, historian Barbara Duden describes a very different relationship between women and their bodies in The Woman Beneath the Skin. Within this book she discusses how

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14 Ibid., 77.
15 Ibid., 77-78.
German women in the early eighteenth century described their bodily experiences to the physician Johann Storch, who later published an eight volume casebook to instruct other physicians about women's diseases. Since Storch often quoted these women verbatim, Barbara Duden was able to trace a relationship between these women and their bodily experience which is very much in contrast with what I, as a women, experience today.

In doing so she was also able to describe a very different relationship to medicine for women, in which the physician is seen as just one of a number of sources that a woman might turn to to seek assistance with a particular physiological problem. Furthermore, what might be deemed physiological was seen as a much larger area by these eighteenth century women, for it appears that they would not have differentiated between what one experiences emotionally, or intellectually, and what one experiences physically. Each of these systems of experience was seen as inextricably linked and intimately affected by the others:

One thing that impressed me very much is that this physicality, this body, that they talk about as being in no way is mentally objectified. So when a woman talks about a pain in the area of the heart, it is her pain, it is her self. What she talks about is, say, the story of her life and there is no body as a physical body that could mentally be abstracted and be delivered to medical care.... These women don't have a body, they are.18

One area of particular significance to women which has been profoundly affected by the Cartesian view which separates the self from the body, is the contemporary experience of pregnancy, labour and birth. Here, within this unique and literal form of embodiment, where it would seem impossible to separate out the bodily experience from one's identity, various medical procedures, which have come to be used with greater and greater frequency, result in a mistrust of and estrangement from one's own feelings, and body knowledge.

Procedures such as ultrasound scanning, and amniocentesis, which were once used only in "high-risk"19 pregnancies, have become more and more part of the normal prenatal care of all women. Barbara Duden explains how this affects a woman's perception of her pregnancy:

18 Barbara Duden, "History Beneath the Skin," (Transcript from Ideas) CBC Radio (October 7 and 8, 1991), 5.
19 What actually constitutes "high-risk" is another instance of the increased pathologizing of pregnancy, since some physicians have come to see all pregnancies as "high-risk."
In a way no pregnancy then is doing well if you do not have this technological invasion and rectification of the interior ongoings being seen on the screen. And this tells a woman that she herself cannot trust what she does on her inside, that she needs the technology and the professionals to continually tell her, 'Yes, it's still okay, it's still okay.'

What is known in and through the body becomes amateur knowledge which is never as significant as professional knowledge, gained through the use of technology. During my first prenatal check-up I was struck by the fact that the examination consisted of the doctor, or her nurse, using various devices, such as scales, needles, a blood pressure gauge, and a doptone (electronic stethoscope) to abstract information from my body. Not once, during the examination, was a question asked of me. Even when the doctor palpated my abdomen to gauge the size of my uterus, it seemed more as if the information arose from her expertise, rather than from my body. The information I could give, through my lived experience of my pregnancy was not considered significant.

Other new reproductive technologies, such as IVF, allow for a further fragmentation and dispersal of the processes of pregnancy and birth:

Human eggs, sperm and embryos can now be moved from body to body or out of and back into the same female body. The organic unity of fetus and mother can no longer be assumed, and all these newly fragmented parts can now be subjected to market forces, ordered, produced, bought and sold.

Pregnancy and Fragmentation

What does all of this mean for women in relation to their personal experience of pregnancy, labour and birth? How does this affect our view of ourselves as people, as mothers? The title of Barbara Katz Rothman's book about prenatal testing called *The Tentative Pregnancy* underlines the difference that these procedures can make to one's experience of pregnancy. Apart from whatever difficulty women may encounter with the clinical procedures themselves, there arises a curious state of suspended relationship to one's pregnancy, while awaiting prenatal test results.

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20 Duden, "History Beneath the Skin," ibid., 8.
21 Martin, 19-20. See also Stanworth, "Reproductive Technology and the Deconstruction of Motherhood," 16.
Barbara Katz Rothman describes a contrast between when pregnant women are able to acknowledge their pregnancies, both publicly and privately, and how this acknowledgement is affected by whether they have chosen to have amniocentesis or not. Those women awaiting test results (at a time which coincides with when the first fetal movements are generally felt) were not able to acknowledge the movements within themselves until after the positive results of their tests became known to them. Acknowledgement of what one experiences within one's body is deferred until it is deemed appropriate by external indications.

Rather than wishing to describe women as universally victimized in relation to these disturbing issues emerging around reproduction, I am interested in the ways that women avoid the loss of subjectivity that some critics of the new reproductive technologies seem to think inevitable with their development.\textsuperscript{23} A false binary is set up by these critics which suggests that by not rejecting these technologies outright, we necessarily capitulate to them.\textsuperscript{24} Attendant to our capitulation is our loss of personhood and personal volition. I believe that these views ignore the very real interventions that women have always made in relation to the terms and conditions of their lives. They also ignore the differences between women, which in turn affects how each woman responds to the current issues affecting reproduction.

Whether reproductive technologies are viewed with hostility or seen as a means of empowering oneself, depends on who you are. That we are all women does not mean that our response to these interventions will and must be the same.\textsuperscript{25}

Likewise, my fascination with the terms of my embodiment through the vehicle of pregnancy should not suggest that this fascination is one which is shared by all pregnant women. Conversations with other women about pregnancy, which may begin from an


\textsuperscript{24} Stanworth, 17.

\textsuperscript{25} One of the many interesting issues raised by Emily Martin's \textit{The Woman in the Body}, was her account of why middle-class women were more likely to use a medical model to describe menstruation, while working-class women often avoided the use of such models. She proposes that since middle-class women have more invested in the hegemonic systems which put forward such models, their interpellation by them is more to be expected. Martin, 110.
assumed common ground of experience, often serve to delineate the incredible variety of experience and interpretation that the circumstances of pregnancy allow.

"Indeterminate Constancy"

Within my discussion of an embodied self, I am most concerned that we acknowledge that we live our lives within very specific bodies, and that these bodies shape our experience whether or not we acknowledge that shaping. In her essay "Renaturalizing the Body (with the Help of Merleau-Ponty)" philosopher Carol Bigwood expresses a similar concern:

> We need a new model of the body that leads neither to biological determinism nor to gender scepticism and cultural relativism. The body must be understood as culturally and historically contextualized, on the one hand, and yet as part of our embodied givenness, on the other. 26

This "incarnate genderized body" 27 is one which acknowledges the affect that living in the world within specific bodies, at specific moments, has upon our understanding of ourselves and our world. Rather than situating itself as a fixed entity this incarnate body maintains an "indeterminate constancy" 28 in relation to the indeterminate conditions within which it finds and places itself.

My relationship to pregnancy is one which is marked by ambiguity and uncertainty. How I feel, and how others perceive me cannot be clearly marked or defined. What I feel is often at odds with what I am told. Am I sick or am I well? Is this experience wonderful or is it awful? Am I in control or have I given up control? Do I accept the identity given me as a pregnant woman or do I contradict it? Am I fulfilled or am I frustrated? Can my identity exceed my role as a pregnant woman, as a mother, or does it become subsumed by it? Can I defend the specificity of my material experience as a pregnant woman, yet still submit it to critical analysis?

The pregnant embodied self that I am continually undoes and remakes itself in relation to what I experience around and within me. After a sleepless night, during which I suffer from indigestion and insomnia, I long for the disjuncture from my bodily experience that certain drugs would allow. Alas, they're not approved for pregnant women, so I must live

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26 Carol Bigwood, "Renaturalizing the Body (with the Help of Merleau-Ponty)," *Hypatia* 6.3 (Fall 1991), 57.
27 Ibid., 61.
28 Ibid., 66.
through and within my self-induced discomfort: it must have been that damn chocolate I had before bedtime. As a pregnant woman, the significance of my embodiedness is something which I may reject from time to time, but it is very difficult to relinquish entirely.

According to feminist theorist Iris Marion Young traditional phenomenology proposes that awareness of the body is something which occurs primarily when one is suffering from fatigue or illness. Within this understanding, awareness of the body necessarily means that one becomes estranged from oneself and the enactment of one's projects: "I cannot be attending to the physicality of my body and using it as the means of the accomplishment of my aims." To accept one's physicality means that one must accept a movement away from the role of a subject, towards the role of an object.

But, is it always necessary to view awareness of one's body as a debilitating experience? Rather than reiterating an irreconcilable binary between immanence and transcendence of the physical self, is it not possible to imagine the two states in permanent correspondence? While I attend to my physical self, my pregnant self, I do not necessarily feel alienated from the rest of my concerns, as a student, or as an artist. Although my relationship to these concerns is different, less fraught than before, I am not diverted from my "business" simply because I am pregnant.

Conclusion

To continue to see ourselves as fragmented beings, whose parts do not necessarily function coherently requires giving up responsibility for our physical selves at a time when a subjective position for the self is very much at risk. The development of medical technologies which progressively view the body as a disparate collection of autonomous parts obviously affects how individuals will view and care for themselves. Contemporary pregnancy, labour and birth procedures increasingly serve to discourage an understanding of these processes as continuous and embodied. These developments make a position which acknowledges the "indeterminate constancy" of one's bodily self difficult to maintain. The body is increasingly seen as something which is insignificant, incidental and troublesome.

30 Ibid.
At a time when my body is *most* demanding of my attention, I am discovering that my physical needs are *not* at odds with any of my other needs, but are, in fact, continuous and consistent with them. Awareness of my bodily self does not estrange me from myself, in fact, it connects me to myself in a more complex way. Rather than seeing this circumstance of embodiment as one which signifies a loss of control and ability, I can see it as a means of taking charge of myself as a physical being. I am able to reclaim a part of my experience which has been lost to me. My body, at this moment a pregnant body, does not stand between me and my desires, rather, it becomes an embodiment of these desires, and the most useful and obvious means of attaining them.
Chapter 2

SURVEILLANCE AND CONTROL: THE CARE OF PREGNANT WOMEN

The condition of pregnancy brings with it new and unusual circumstances for the pregnant woman. What on one level is a very personal and private experience seems to necessarily become at the same time something which is both social and public. The relationship that a pregnant woman has to her body, to medical technology and to the other people who have a stake in the outcome of her pregnancy is automatically heightened.

In this chapter I describe the advent of an organized system of health care and relate this to the development of contemporary obstetrical practices which utilize various systems of surveillance in the care and treatment of pregnant women. I use the term 'surveillance' to refer to a method of care which depends on systematized supervision and close observation. Ultimately this system of care seeks to normalize the body so that it may become better invested in and consumed by the political and scientific fields.

I am specifically concerned with the adverse effects that this kind of scrutiny has upon women's experience of their pregnancies. However, I do believe that it is possible for women to reclaim, in spite of these conditions, a subjective relationship to their own reproductive experience.

The Advent of Health Care

In his essay "The Politics of Health in the Eighteenth Century" philosopher Michel Foucault described a critical period of change, in relation to our understanding of the modern western body, which occurred midway through the eighteenth century. At this time

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31 Although my sources are not explicit as to the geographic parameters of their studies, I assume that these discussions relate specifically to a history of western, industrialized nations, particularly those in central Europe.

an organized system of medical care began to develop and consolidate itself into a distinct power base, in response to an increased concern with "social economy:"

The biological traits of a population become relevant factors for economic management, and it becomes necessary to organize around them an apparatus which will ensure not only their subjection but the constant increase of their utility.

There emerged, within this developing politico-medical establishment, an increased concern with the various aspects of disease, as well as "a whole series of prescriptions relating...to general forms of existence and behaviour (food and drink, sexuality and fecundity, clothing and the layout of living space)." These prescriptions, which amounted to a new form of discipline, were directed specifically at the body and sought to "regulate its very forces and operations, [and] the economy and efficiency of its movements." In doing so this discipline produced what Foucault describes as "subjected and practiced bodies, 'docile' bodies." Thus, within this type of discipline the body becomes simultaneously more productive and more subjugated.

One of the key images that Foucault uses to describe the methodology of this form of discipline is the Panopticon. I found philosopher Sandra Lee Bartky's description of this model to be particularly useful:

Jeremy Bentham's design for the Panopticon, a model prison, captures for Foucault the essence of the disciplinary society. At the periphery of the Panopticon, a circular structure; at the center, a tower with wide windows that opens [sic] onto the inner side of the ring. The structure of the periphery is divided into cells, each with two windows, one facing the windows of the tower, the other facing the outside, allowing an effect of backlighting to make any figure visible from within the cell. "All that is needed, then, is to place a supervisor in a central tower and to shut up in each cell a madman, a patient, a condemned man, a worker or a schoolboy." (Foucault, Discipline and Punish, p. 200.) Each inmate is alone, shut off from effective communication with his fellows, but constantly visible from the tower. The effect of this is "to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power;" each becomes to himself his own jailer. (p. 201) This "state of conscious

33 Foucault uses this term to refer to an interest in the economic management and preservation of the labour force. Ibid., 176.
34 Ibid., 172.
35 Ibid., 176.
37 Michel Foucault, Discipline and Punish (New York: Vintage, 1979), 138, as quoted in Bartky, ibid., 63.
and permanent visibility" is a sign that the tight, disciplinary control of the body has gotten a hold on the mind as well. In the perpetual self-surveillance of the inmate lies the genesis of the celebrated "individualism" and heightened self-consciousness which are hallmarks of modern times. For Foucault, the structure and effects of the Panopticon resonate throughout society: Is it surprising that "prisons resemble factories, schools, barracks, hospitals, which all resemble prisons?" (p. 228)\(^\text{38}\)

The invasion of the domestic lives of the general population by an organized system of health care meant that one's understanding of family life and its relationship to the concerns of the body underwent a radical shift. Since it is generally women whose lives are most circumscribed by family life, it therefore follows that women have been most dramatically affected by the politico-medical control which has since become a normal and accepted feature of this domain. With the development of systematic medical care for the family, a covert method of regulating and controlling the roles and activities of women within the family was also acquired.\(^\text{39}\)

**Panoptics of Pregnancy**

The area of family most affected by increased medicalization was, and continues to be, reproduction. Before the rise of the modern professional specialities of obstetrics and pediatrics, in the early 1900's most women looked toward other women for assistance during pregnancy, labour and childbirth. Childbirth took place within the woman's own home without any specific medical care being given during pregnancy.

The increased professionalization of prenatal care follows the course of any other field of professionalization in that doctors practicing within a field defined as obstetrics become "the exclusive owners of expert knowledge"\(^\text{40}\) in this particular area. This "expert knowledge" becomes a valuable commodity which should not be shared indiscriminately with anyone, including the patient to whom it applies.

At the same time as pregnancy came under more institutionalised scrutiny, it also came to be viewed as a condition which was necessarily pathological, therefore requiring and justifying greater technological intervention and control. Sociologist Ann Oakley suggests

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\(^{38}\) Bartky, ibid., 64-65.

\(^{39}\) Ann Oakley suggests that as women lost control of childbirth as one aspect of their domestic activities, they also came under greater control in other related areas. "From Walking Wombs to Test-Tube Babies," Stanworth, *Reproductive Technologies*, ibid., 37.

\(^{40}\) Ibid., 46.
that the redefinition of pregnancy as a pathological condition was "an obstetrical necessity" since (and here she quotes William Arney) "the continued existence of obstetricians depended on their ability to capture childbirth, all of it, treat it, and hold it firmly as part of their project."^{41}

Simultaneous with this move away from a view of pregnancy and birth as essentially normal, pregnant women themselves came to be treated with less respect and consideration, and more as objects within a medical process. Their bodies came to be viewed as mere receptacles for the real material of pregnancy, the fetuses within their bodies, who would eventually become the desired economic subjects.

The development of new and routine systems of prenatal care, such as the opening of milk depots,^{42} Schools for Mothers^{43} and antenatal [prenatal] clinics,^{44} in the early part of the twentieth century, ensured the "mass surveillance of pregnant women in community and hospital clinics."^{45} Another advantage of this type of centralization which Ann Oakley points out is that "it is much easier to control people when you have got them all in the same place."^{46}

In an effort to improve their credibility and professional standing within these situations, as well as to discredit the simpler, less intrusive methods of midwives, obstetricians were quick to begin utilizing new technologies such as the foetal stethoscope, to assist them in their diagnosis and treatment of pregnant women. According to Ann Oakley the stethoscope can be seen to represent "a general shift in medicine from making a diagnosis on the basis of what the patient said, to making one on the basis of so-called 'objective' mechanically produced evidence."^{47} By reducing the body to a machine it becomes possible to imagine that all conditions of the body are necessarily understandable and any problems which result within its mechanism can be treated with a technical solution.

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^{43} Ibid., 43.
^{44} Ibid., 50-58.
^{45} Oakley, "From Walking Wombs," 40.
^{46} Ibid., 52.
^{47} Oakley goes on further to describe how Laennec, the French physician who invented the stethoscope, "argued that technologies of physical examination (consultation, palpation and percussion) were superior to the traditional method of talking to the patient, who after all might be ignorant or prejudiced, or in fact, deliberately misleading." Ibid., 43.
As an urban, white, middle-class Canadian woman the prenatal care that I am entitled to, and in some ways obliged to take advantage of, consists of a series of steps which are designed to place me under the direct and indirect supervision of an extensive health care system. 48

Initially, I will make arrangements to begin or continue a relationship with a doctor who will oversee my entire pregnancy. I have discovered that many women like myself, who are older (over 35), seek the services of a specialist, since we already have been taught to see ourselves at greater risk within pregnancy than younger women. Generally, a woman will begin her prenatal visits by having the doctor confirm her pregnancy, then a series of monthly appointments will be set up so that various tests may be performed on an on-going basis to monitor her progress and health. Towards the end of her pregnancy the appointments will occur more frequently, until she is seeing her doctor on a weekly basis. Once the woman goes into active labour, she is expected to contact her doctor, who will meet her at the hospital to assist her with the safe delivery of her baby. If, for some reason the labour does not proceed as expected, the doctor will decide what measures should be taken to ensure its progress.

In addition to seeking the care of a doctor, pregnant women (like myself) will probably read a number of books designed to answer questions about pregnancy, labour and birth. These offer a wide range of perspectives, but generally, the books which are most popular, most available and are most often suggested by doctors, are the ones which reflect a medicalized view of pregnancy, labour and birth. In addition to these measures, pregnant women (like myself) usually take a prenatal class of some sort, at least for the birth of their first child. Since these classes are often set up by the hospital in which they will give birth, one of their important features is that they teach the pregnant woman what to expect from her hospital visit, and in doing so, are able to create a more compliant patient in advance of necessity.

What in fact is established throughout this routine is a panoptics of pregnancy which serves to deliver pregnant women as subjected, practiced and docile bodies to the gaze of the medical profession. Sociologist Anne Queniart uses the term "risk factor ideology" to

48 Feminist theorist Rosalind Pollack Petchesky points out that "middle-class culture ... values planning, control and predictability in the interests of a 'quality' baby." However, she does go on to suggest that most women, regardless of their class would prefer predictability "and will do what they can to have it." "Foetal Images: the Power of Visual Culture in the Politics of Reproduction," Stanworth, Reproductive Technologies, 74.
define a "set of doctrines that legitimate new social behaviours, constructing objective conditions of danger in order to justify new modes of intervention" within pregnancy.\footnote{Anne Quéniant, "Risky Business: Medical Definitions of Pregnancy," \textit{Anatomy of Gender: Women's Struggle for the Body}, eds. Dawn H. Currie and Valerie Raoul (Ottawa: Carlton University Press, 1992), 164.}

Women are taught that their experience of pregnancy requires the interpretation and intervention of health care professionals. The panoptics of pregnancy are designed to maximize medical control over pregnant women, which may, as a result, thwart opportunities for creating alternative strategies which will empower them.

"A Window on the Womb"

In her essay "Organs Without Bodies" philosopher Rosi Braidotti suggests that the development of any technology is inevitably linked to aggression. According to Braidotti "the human technological subject is an eminent warmonger."\footnote{Rosi Braidotti, "Organs Without Bodies," \textit{Differences} 1.1 (Winter 1989), 149.} Certainly within the development of the various obstetrical visualization techniques over the last fifty years there has been a concern with gaining mastery and control over a process which has always confounded and fascinated science.

According to Ann Oakley "possessing a window on the womb has always been a powerful motive for the professional providers of maternity care."\footnote{Oakley, \textit{The Captured Womb}, 156.} Thus, the routine use of x-rays during the early 1900s up until the late 1950s, when they were eventually discredited as being a health hazard to the fetus, have since been replaced by the use of obstetric ultrasound.

Ultrasound was a technology initially developed during the First World War as a means of detecting enemy submarines underwater.\footnote{Oakley, "From Walking Wombs," 44.} Its use as a tool of surveillance within obstetrics has developed and expanded so that while it was once used only in the case of 'high-risk' pregnancies, it has come to be used in the routine care of virtually all pregnant women living in countries with insurance-based health-care systems.\footnote{Ibid., 45.}

The fact that ultrasound as a monitoring technique was and continues to be framed as a tool of surveillance and logistic analysis within the medical paradigm owes much to its
militaristic origins, as well as to a form of visualization which is, as Rosalind Pollack Petchesky puts it, "patently voyeuristic." Petchesky goes on to quote (adding her own emphasis) a "Dr. Michael Harrison writing in a respected medical journal about 'foetal management' through ultrasound:

The fetus could not be taken seriously as long as he [sic] remained a medical recluse in an opaque womb; and it is not until the last half of this century that the prying eye of the ultrasonogram ... rendered the once opaque womb transparent, stripping the veil of mystery from the dark inner sanctum, and letting the light of scientific observation fall on the shy and secretive fetus... The sonographic voyeur, spying on the unwary fetus, find him or her a surprisingly active little creature, and not at all the passive parasite we had imagined.

Philosopher Donna Haraway argues that "the technologies of visualization recall the important cultural practice of hunting with the camera and the deeply predatory nature of photographic consciousness." The terms which are used to describe the development and uses of various prenatal monitoring techniques often evoke the same attitudes of aggression as those found in military exercises. A sense of mastery over the information thus gathered is thereby intimated. What is the impetus for the medical profession to gain such control over reproduction in general and pregnancy in particular?

**Pregnancy and Marginality**

The technologies which allow visual access to the fetus within the body of a pregnant woman serve to distinguish two actors within the drama of pregnancy. Before the advent of such technologies information about a pregnancy was only available from the pregnant woman herself. She was the central source of information and concern. It was necessary to consult her directly, speak to her, and touch her body, in order to gain information about her pregnancy.

Pregnancy has often been viewed with a certain degree of ambivalence within a wide range of societies, both historical and contemporary. This ambivalence is reflected in various

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54 Petchesky, 69.
55 Ibid. This text was originally quoted in Ruth Hubbard, "Personal Courage is not Enough: Some Hazards of Childbearing in the 1980's," Arditti, ibid., 348-349.
customs and taboos associated with pregnancy. According to childbirth educator Sheila Kitzinger:

The pregnant woman is in ritual danger. That is, she is thought of as being exposed to risk herself because she is in an 'in-between' state, not yet a mother and yet no longer a virgin or simply a bride. She has left one status behind but has not yet been accepted in another. So she is in a marginal state of existence. And here the French use an adjective, 'liminaire'... 'of the threshold,' to describe the rituals which help her through this difficult process, and enable others to protect themselves, in turn, from the dangers she presents, for there is very often an additional element of contagion. As she is passing through this transitional phase of identity she is then also a threat to others.57

Could anxiety about this "marginal state of existence" provide the impetus for the development of technologies which purport to clarify and define so many aspects of pregnancy? In this way it becomes possible to alleviate what sociologist Hilary Graham describes as the "threatening marginality"58 inherent in pregnancy. These measures serve a useful function: "By identifying symptoms, by formalising a pattern of behaviour peculiar to pregnancy...the influence of [the pregnant woman]...is channelled and controlled."59 Donna Haraway suggests that the reason that "women have had so much trouble counting as individuals in modern Western discourse" is that

... their personal, bounded individuality is compromised by their bodies' troubling talent for making other bodies, whose individuality can take precedence over their own, even while the little bodies are fully contained and invisible without major optical technologies.60

In her essay "Pregnant Embodiment: Subjectivity and Alienation"61 Iris Marion Young describes how our current model of health is predicated upon the notion that the healthy body is one which does not undergo change. In this way health becomes something which only "adult men who are not yet old"62 are capable of having, since many aspects of women's normal life cycle, such as menstruation, pregnancy and birth and menopause, are about bodily change and transformation.

59 Ibid.
61 Iris Marion Young, ibid.
62 Ibid., 56.
During pregnancy women experience some of the most radical changes within their bodies that it is possible for an adult human to experience, and yet pregnancy is something which is completely normal and not generally a hazardous experience. It is only when pregnancy is placed within the medical model that it becomes something which is pathologized. Pregnant women are thus distinguished as being in need of constant care and medical supervision.

The desire to establish standards of normative behaviour for both pregnant women and their fetuses seems to be behind many recent obstetrical developments and practices. By thus reducing, or ignoring, the uncertainty and individuality of each pregnancy, labour and birth, it becomes possible to maximize medical control and efficiency.

Pregnancy is an experience which conventionally defies a notion of the inherent separateness of individuals. By being able to clearly delineate two separate bodies within pregnancy, through the use of these visualization techniques, pregnancy can now be understood and described within the modernist economy of the individual.

The increased medicalization of pregnancy serves to estrange the pregnant woman from the continuous process going on within herself, and has the potential to alienate her from the fetus which is at once a part of her, but yet not her. Thus, while the routine use of a dopitone (an electronic stethoscope) may in some cases prove valuable to the pregnant woman, in other cases it may serve to frustrate and alienate her from her pregnancy:

The first time I heard the heartbeat I wasn't as excited as my husband, and I couldn't figure out why I wasn't excited, and then I finally realized that the reason I wasn't excited is because my doctor gave me the heartbeat. It's like he took it away from me because he said, "Here's the heartbeat." I mean, he is the one who arranged that I could hear it and I sort of felt like, well, this is my baby's heartbeat but I can't hear it unless he does it for me. Maybe I'm a real independent person or something, but I felt funny that we had to rely on him. I wanted to do it myself.63

An emphasis on the surveillance and control of pregnancy, through the use of various imaging techniques, requires that pregnant women must necessarily defer to standards and systems which originate beyond themselves, which do not have anything to do with their lived experience of their pregnancies. Once again the significance of seeing is reiterated and

63 Martin, 72.
valued over other ways of knowing. Thus, the objective, detached (scientific) view is seen as more valuable, more useful than the subjective experience of the pregnant woman herself.

Coincidental to the devaluing of one's subjective experience is the development of a mistrust for one's own interpretation of this experience, and a loss of confidence in one's own way of knowing in and through the body. As Barbara Duden points out, once a pregnant woman is implicated in a system of prenatal surveillance she often will require and, or, desire its continued use throughout her pregnancy. To remain reassured, she will need to see the fetus again.64 Hilary Graham suggests that women themselves become increasingly infantilized throughout the process of pregnancy:

The pregnant woman is in need of protection and guidance, both emotionally and physiologically—roles performed, respectively, by her immediate associates and by the personnel of maternity services.65

Consequently a woman learns to relate to the experience of her pregnancy through a mediator, her doctor or the technician who controls the technology. It is as if one always needs someone from outside the experience to interpret and direct its course.

As I have suggested earlier in this chapter, even when they are not under its direct surveillance pregnant women are often inscribed by the standards that a system of prenatal care imposes. We are taught to compare ourselves, endlessly, with other pregnant women, in order to reassure ourselves that our pregnancy is normal. We become self-regulating subjects of the panoptics of pregnancy even when we are not functioning directly within its gaze.

Intensive standards of normalcy are continually being developed through the new prenatal technologies of amniocentesis and ultrasound. It has become increasingly difficult for pregnant women to have any recourse against such literal standards in spite of the fact that they can and do produce needless anxieties. In The Woman in the Body Emily Martin writes of her own experience:

My own second child was found by sonography [ultrasound] to be too small for her gestational age (even though at present very little is known about the details of fetal growth). Doctors immediately raised the frightening

64 Duden, "History Beneath the Skin," 8.
65 Graham, 294.
specters of "microcephaly" or "placental insufficiency," which were only finally dissipated when she was born a normal seven pounds twelve ounces.\textsuperscript{66}

Other women of my acquaintance have spent time needlessly worrying about such possibilities as placenta previa and low birth weight as a result of the information given to them from their ultrasounds. These incidents give me cause to wonder how valuable such time-based information is, in light of the fact that pregnancy has been shown, time and time again, to be a process which is constantly in a state of flux and revision.

Reclaiming Subjectivity

The description of pregnancy as a period of waiting or "expecting" reveals how much the discourse of pregnancy leaves out the subjectivity of women.\textsuperscript{67} Babies don't suddenly appear at the end of nine months. They emerge, painfully, from the inside of their mother's body. She has lived with the effect that their growth and development has had upon her body throughout their entire gestational period.

Nor are babies the "product of the doctor's services"\textsuperscript{68} whom he or she "delivers" to the awaiting mother. Though the pregnant woman does not "plan and direct [the process] ... neither does it merely wash over her, rather she \textit{is} this process, this change."\textsuperscript{69} Pregnancy is an experience which one does not master, but a process which one lives in and through.

It is not enough that the interpretation of a "successful reproductive outcome"\textsuperscript{70} is only that the mother and baby are both alive at the end of the process. I believe that women have the right to a deep sense of personal satisfaction from their experiences of pregnancy, labour and birth.

In some cases, the use of these new obstetrical technologies proves to be valuable assets to pregnant women. Some may feel that they gain power within their pregnancies by taking

\textsuperscript{66} Martin, 145.
\textsuperscript{67} Young, 53-54.
\textsuperscript{68} Rothman, 157.
\textsuperscript{69} Young, 54.
advantage of the additional information that technologies such as ultrasound and amniocentesis provide:

The material circumstances that differentiate women's responses to obstetrical ultrasound and other technologies include their own biological history, which may be experienced as one of limits and defeats. In fact, the most significant divider between pregnant women who welcome the information from ultrasound and other monitoring techniques and those who resent the machines or wish to postpone 'knowing' may be personal fertility history. 71

This is not to suggest that those women who have experienced "limits and defeats" within their reproductive history must necessarily be seen as passive subjects within contemporary obstetrical practice. I believe that it is still possible to maintain an empowered position in relation to the technologies being used within obstetrics, provided one manages to find a venue to represent one's empowerment. This may be something as simple as a woman taking away an ultrasound photograph in order to incorporate it into her family album. The image thus becomes something which is understood within her terms and conditions, rather than something which abstracts and objectifies her experience.

Conclusion

Through institutionalized prenatal care some of the uncertainties and ambiguities of pregnancy can be addressed. By identifying specific symptoms and their treatments, and by normalizing various aspects of pregnancy, a belief in the possibility of a high degree of control in the outcome of pregnancy has become possible. Unfortunately, along with this dependence upon a notion of control comes a lack of regard, even a contempt, for individual pregnant women who seem to thwart all efforts to standardize their experience: they will interpret their pregnancies within very different contexts and conditions, and they will allow their previous histories to colour how they feel.

The specificity of each pregnant woman's experience, in the end, enables her to evade the totalitarian demands of the panoptics of pregnancy. In this way a controlling view of pregnancy will never be able to replace the lived experience of pregnancy. Our surrender will never be complete. There will always be certain moments within pregnancy which refuse to be characterized by a standardized norm. There will be events which will cause

71 Petchesky, 76.
alarm one moment, and be resolved, without intervention, the next. There will be sensations and experiences which will continue to evade the possibility of representation within the framework of obstetrical practice.

Thus, in describing pregnancy as a condition which requires medical monitoring and control, such a representation necessarily produces alongside itself an image in which pregnancy will always exceed the control that medicine can exercise. 72

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72 This argument was used by Mary Poovey in her discussion of hysteria in "Scenes of an Indelicate Character: The Medical Treatment of Victorian Women," Uneven Developments: The Ideological Work of Gender in Mid-Victorian England (London: Virago, 1989), 37.
Chapter 3

THE INVISIBLE WOMAN: READING FETAL REPRESENTATIONS

In our culture we tend to equate vision with knowledge, and privilege it above all of the other senses. ⁷³ We paradoxically assume that "vision connects us with the truth as it distances us from the corporeal:" ⁷⁴

For Cartesian epistemology, the body—conceptualized as the site of epistemological limitation, as that which fixes the knower in time and space and therefore situates and relativizes perception and thought—requires transcendence if one is to achieve the view from nowhere, God's eye-view. Once one has achieved that view (has become object-ive), one can see nature as it really is, undistorted by human perspective. ⁷⁵

The result of such a belief is that it prompts the subject to discount their felt experience and privilege the information which can be apprehended only through the use of technology.

Within this chapter I will discuss the problematic nature of the representations of fetuses which appear in popular media sources. These images, which are assumed to represent pregnancy, fail to represent the fetus in relation to the woman's body within which it is located. The fetus is thereby distanced and differentiated from the pregnant woman, who remains invisible within these representations. Thus, these images perpetuate a notion which, in the end, serves to undermine the subject position that women have in pregnancy, and creates a condition which may be defined as the "invisible woman." ⁷⁶ Finally, I will point to the necessity of reclaiming these images from popular culture and reintegrating the now invisible woman into them.

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⁷³ For a feminist examination of the role that vision has played in Western thought see Evelyn Fox Keller and Christine Grontkowski's "The Mind's Eye," Discovering Reality, eds. Sandra Harding and Merrill B. Hintikka (Dordrecht: D. Reidel, 1983), 207-224.
⁷⁴ Ibid., 209.
⁷⁵ Bordo, "Feminism, Postmodernism, and Gender Scepticism," 143.
⁷⁶ Ann Oakley points out that "sociological research on parent-child relationships is child-centred, not woman focused ... motherhood becomes the child's not the woman's experience," "A Case of Maternity,"
⁷⁷ Similarly pregnancy has become the fetus' experience, rather than the pregnant woman's.
My use of the term "fetal representations" refers to two types of images: those which are produced electronically, as through ultrasound scanning, and those which are produced photographically. Although these two types of images may be seen to serve different functions (the electronic images are more specifically diagnostic than the photographic, and therefore more abstract and difficult to read), both types produce similar problems in interpretation. Within the scope of this paper, I will be focusing primarily on photographic representations of fetuses, with an occasional reference to those produced electronically.

**Pregnancy and Representation**

As I write this chapter I am six months pregnant, and very much interested in considering what this information means to other people, and how they treat me as a result of knowing it. This pregnancy, and a previous pregnancy which resulted in the birth of my daughter, have affected my identity in a profound and irrevocable way. Whether these new conditions of my existence delight or dismay me, I find myself caught in a mode of identification which has less to do with my lived experience of maternity, and more to do with the kinds of representations which describe and frame it. Many of the representations about motherhood remained invisible or insignificant to me until I became pregnant. Those that I fail to perceive directly may still affect how others perceive me. Sometimes it is in my power to refuse these meanings, but often it is not.

Contemporary scientific narratives have come to describe the body and its processes as a series of systems which are made up of discrete parts and events. This view of the body is particularly significant to the development of the new technologies used in relation to pregnancy, labour and birth. Reproductive technologies, by which I mean any of the methods, both old and new, used to assist or interfere with reproduction, use this model of the body to approach reproduction as if it were a series of disconnected events, rather than a continuous process. Each of these events can be broken down into smaller and smaller segments which can be manipulated and reorganized, apparently without affecting the whole process. It could be said that this view of reproduction reflects and reiterates what feminist theorist Mary O'Brien describes as men's alienated and discontinuous relationship to reproduction,\(^\text{77}\) which traditionally allows them relevance only at the very beginning of the process, and, perhaps, at the end.

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However one may respond to these new developments in reproduction, I believe that the manner in which these new technologies are being developed, and how they are represented indicates quite clearly how women's relationship to reproduction is generally perceived. Furthermore, I believe that these views of reproduction seriously affect how women come to experience these events themselves.

Within the images and texts I have studied which describe reproduction the actual place within a woman's body where these events unfold is rarely acknowledged. Furthermore, images of the unborn commonly represent the fetus as a tiny, autonomous being, suspended in "outer space." This kind of representation reflects the contemporary obstetrical practice of treating the fetus as the primary patient within prenatal care.\(^78\)

What does it mean to our understanding of pregnancy now that a distinction is continually being made between the pregnant woman and her fetus? Instead of seeing fetal representations as provisional and symbolic representations of pregnancy, we have come to see them as standing for the experience itself. Until recently the pregnant woman and her fetus were considered a single unit. As Barbara Duden points out, a generation ago a pregnant woman was not seen as carrying a fetus; instead, she was pregnant.\(^79\) By referring to the fetus as a distinct entity we necessarily differentiate two bodies, and become unable to acknowledge the more complex dyadic relationship of pregnancy.

**Fetal Photography**

Photographic images of the unborn have been in popular currency since 1962, when *Look* magazine published an article entitled "Babies Before Birth,"\(^80\) from the soon-to-be published book, *The First Nine Months of Life*, by Geraldine Lux Flanagan. Three years later photographer Lennart Nilsson published a series of photographs entitled "Drama of Life Before Birth" in *Life* magazine (figure 1).\(^81\) In August 1990 the same magazine and the same photographer published a new series entitled "How Life Begins" (figure 2).\(^82\) Remarkably, the conventions of this type of photography have not changed in the

\(^{78}\) For a discussion of two instances where the "rights of the unborn child" were given precedence over the rights of the pregnant woman, see Kelly E. Maier, "Assessing Reproductive Wrongs: Feminist Social Work Perspective," Currie and Raoul, 147-160.

\(^{79}\) Duden, "History Beneath the Skin," 13.

\(^{80}\) Geraldine Lux Flanagan, "Babies Before Birth," *Look* 26.12 (June 5, 1962), 19-23. This article was brought to my attention in Petchesky, 61.


\(^{82}\) Lennart Nilsson, "How Life Begins," *Life* (August 1990),
intervening twenty-eight years. Fetal photography continues to represent the fetus "as primary and autonomous, the woman as absent or peripheral."

Fetal photography has emerged simultaneously with the development of a new range of reproductive technologies. Many of these technologies are dependent upon the construction of visual representations of the various phases of pregnancy, labour and birth. As previously suggested, the desire to see becomes a paradigm for the pursuit of knowledge. We place a high degree of significance on the ability to fix something for our visual scrutiny. The term "fix" is crucial to a notion of looking, since mastery over the subject allows for scopic fulfilment. "Fixing" also places the subject outside of the normal logic of time and, in some cases, location. When a pregnant woman is shown her fetus on an ultrasound monitor (figures 3 and 4), what is inside her body is shown as if it were outside her body.

Fetal photography has developed without any apparent concern for the inclusion of the subjective experience of pregnancy. (Or, the subjective position is being transferred from the pregnant woman to the fetus.) When fetal photography is framed as the representation of "Life Before Birth" only the life which is developing within the process (the fetus) is referred to. These photographs make no reference to how the existing life (the pregnant woman's) is affected by the processes contained and sustained within her body.

I am interested in trying to understand how these consistent images of the unborn function, and how they describe (or fail to describe) a position for women in relation to reproduction. I am interested, for example, to see how some of these purposes dovetail with the concerns of anti-abortion activists, since those who have made the best use of these images are the various organizations concerned with disallowing women access to abortion, in the interests of the "rights of the the unborn" (figure 5). That the "right-to-life" position has been able to appropriate the use of fetal photography to bolster its argument points to the success that these images have had in helping to create the myth of the fetus as an autonomous individual. Images of embryos and fetuses have become puppets for "right-to-life" advocates, through which their propaganda is given voice. What is not referred to by

83 Petchesky, 62.
84 Braidotti, 152.
85 In contrast, Choice activists don't require the creation of an imaginary speaker, since the women for whom abortion is a necessity already have a voice, although not necessarily a forum in which to use it.
the "right-to-life" usage of these images is any reference to the complex relationship between the fetus and the pregnant woman.

Like most of the photographs we encounter in our daily life, the position of the camera and photographer in fetal photography is never openly acknowledged or represented. Their effect upon the subject is assumed to be of no consequence. In fact, it seems quite likely that either the fetus or the pregnant woman are dead or transfixed in some way, since the photographer would be unable to have visual access without a radical assault on either one or the other of the two bodies in question (figure 6). The only photographs I have encountered which specifically acknowledge a passage through the body of a living woman represent a distorted view of the fetus, which is caused by the special lens required for use at such close range (figure 7).

The actual scale of the embryos and fetuses pictured is rarely acknowledged, in spite of the fact that during their early weeks they are usually photographed at enormous magnifications. This recurring ambiguity tends to reiterate a fictitious autonomy for the fetuses, rather than representing them as part of and dependent upon the pregnant woman's body.

Sex is another attribute of the fetuses which is wilfully blurred within these representations. Rosalind Pollack Petchesky points out that throughout the Look article the fetus is continually referred to as "he" "until the birth ... when 'he' turns out to be a girl."86 Perhaps granting all fetuses male sexuality while in utero might be seen as a further means of ensuring them greater autonomy and agency within the terms of a patriarchal economy.

Another of the recurring visual features of conventional fetal photographs is the representation of the fetus as if it were floating in a black field, interrupted by tiny pinpricks of light, very much like "outer" space (figure 8). This representation of the fetus as a tiny little spaceman gained wide currency through the film 2001: A Space Odyssey87 The fetus' life support system appears to emanate outward from the fetus itself, rather than being a part of the larger organism, that is, the pregnant woman, which necessarily houses it. Again the relationship between the pregnant woman and the fetus is lost, subtracted or

86 Petchesky, 62.
minimized. The experiential interplay between two subjects has no place within these representations.

Within these representations the fetus is generally represented in a head up, feet down position, which is, in most cases, a misrepresentation of how the fetus is actually oriented, unless the fetus is in the breech position or the pregnant woman happens to be standing on her head. Furthermore, unusual lighting techniques highlight significant features, such as hands, feet, face or genitalia, as if offering up proof of the distinct personality of the fetus (figure 9). In contrast, images of pregnant women tend to neutralize differences between pregnant women, and present them as a homogeneous group, with shared characteristics.

The Fetus as a Transitional Object

Barbara Duden reminds us that when we see an image of a fetus on a real-time ultrasound scanner what we are seeing is in fact an illusion, an "electronic mapping of physically defined matter, matter as it is being defined in physics." The image that results from this technique is simply one means of representing the fetus, which, at this historical juncture, has gained overwhelming prominence. The impetus behind the development of various fetal visualization techniques can be seen as an effort to understand and normalize the various stages of reproduction. In this way it is assumed that some of the vagaries and uncertainties of reproduction can be overcome.

In describing current fetal representations as illusions which offer a means of overcoming uncertainty I am reminded of a discussion put forward by writer and psychiatrist Jeanne Randolph in her essay "The Amenable Object." Here Randolph proposes that the psychoanalytic work of D.W.Winnicott, which describes the concept of "the transitional object," may be useful as a model for analysing artwork.

Winnicott's use of the term "transitional object" is a reference to the kinds of objects which appear in a child's life between the ages of six months and two years. These objects, such as a blanket or a floppy toy, help the child differentiate herself and her body from her mother's body and self, as well as help to subdue the anxiety which results from such a separation. The objects are "transitional" in that that they mark a developmental transition

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88 Duden, "History Beneath the Skin," 5.
for the child "between experiencing the mother as an extension of self and experiencing the mother as separate from self." It is a phenomenon which exists between fantasy and reality and which Winnicott considered "to be the first use of a symbol, and the first instance of using an illusion to aid in experiencing what is real."

We can imagine, for a moment, that fetal representations function as transitional objects which are able to provide a subjective, bodily based experience as objectively perceived phenomena through the use of technology. Those who make use of these fetal transitional objects tend to interact with them as if they (the fetal representations) have a life and reality of their own beyond the technology which brings them into being. What is lacking is the acknowledgement that these images are temporary, provisional illusions which should not be mistaken for the lived experience of pregnancy. The difficulty which results from this lack of acknowledgement is that we begin to replace the lived experience of pregnancy with a symbol of pregnancy (the imaged fetus).

The kind of prenatal care which a pregnant woman (living in industrialized Western society) is routinely given makes extensive use of visualization techniques which produce a representation of the fetus which is appropriated by medical technicians, compared to standardized norms, and then returned to the pregnant woman through technical jargon which must necessarily be interpreted by technicians and other specialists. The differentiation which occurs between the pregnant woman's body and this transitional object, the fetus, does not assist the pregnant woman in experiencing "what is real," and may, in fact, estrange her from her own bodily experience.

In her article Randolph proposes that one of the features which distinguishes the amenable object is its ability to engage its viewers in a subjective position through which they "can find in this object an external form through which to elaborate their own existence." Its ability to do this is, in part, dependent upon the fact that the amenable object "is in some sense incomplete" and that "it retains ambiguous elements that allow leeway for the viewer's impulse to play with the illusion that has been created." When fetal representations are presented as if they were complete and unambiguous they disallow a

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90 Ibid., 27.
91 Ibid.
92 Ibid., 30.
93 Ibid.
94 Ibid., 34.
95 Ibid.
The Invisible Pregnant Woman

It would seem that a concern with how the unborn fetus is represented does not necessarily include an acknowledgement, nor even consideration, of the pregnant woman who carries that fetus within her body, and the significance of her participation in its growth and development. The fetus comes to be represented as if it were something which is distinct from the pregnant woman, and consequently beyond her direct control. Her relationship to the fetus is simultaneously ruptured and repaired by technology. She is asked to depend upon information given to her, rather than upon information which originates from her own experience. In short, her subjectivity is denied and she is required to identify with an illusion which originates outside of her experience.

Like the transitional object fetal representations "extend perceptual capacities" but at the expense of the pregnant woman's subjectivity. We are asked, like viewers of the film The Silent Scream, to identify with the fetus who, in fact, has not yet acquired a subjective position, as we understand it, for itself. Instead, its subjective experience is entirely constructed and predicated upon the absence of the pregnant woman's experience.

When fetal representations are used as if they are "real," or worse, as if they are more real than the pregnant woman's own experience, their symbolic function is forgotten and the possibility that there are more than one means of representing and interpreting an experience is denied. Fetal representations also fail to acknowledge and represent more than one subjective position, and in doing so negate and make invisible the pregnant women who carry the represented fetuses. Rather than creating an extended and fictional perceptual capacity based on the position of the fetus, the capacity to imagine oneself as

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96 For a discussion of how women resist and respond to these kind of ruptures between representation, see Emily Martin, *The Woman in the Body.*
97 Randolph, 32.
98 *The Silent Scream* is a "right-to-life" propaganda tool which purports to present the fetus' point of view during an abortion. For a discussion of the film and its meaning see Petchesky, "Foetal Images."
99 Barbara Duden reminds us that there is a fundamental difference between what is felt and what is seen, "History Beneath the Skin," 7. For a fascinating discussion of the differences between how one feels and sees one's own body, see the beginning of the chapter entitled "Natural Shocks" in Jonathan Miller's book, *The Body in Question* (London: Jonathan Cape, 1978) 14-23.
two within one should be investigated. Simultaneity and ambiguity are aspects of pregnancy which should be engaged with rather than denied.

When I began to investigate representations of pregnancy it became evident to me that women's bodies are seen as adjuncts to the real material of pregnancy, which is the fetus within the woman's body. Pregnancy is not represented as an event in and of itself. As mothers-to-be pregnant women come to be represented as passive rather than active agents in the process.

The proliferation of images of fetuses around us means that when we encounter a pregnant woman we look through her to the fetus we know lies inside of her. Her unborn child becomes what Duden calls "the public fetus." We think of this tiny creature as something which should be acknowledged, should be responded to—often at the expense of the pregnant woman's right to privacy. Does she become a mere container for that person inside of her? As she is in the process of producing a new individual does she lose her own individuality? Contemporary pregnancy, labour and birth procedures increasingly serve to discourage an understanding of these processes as continuous and taking place within one's own body and control.

**Conclusion**

I would like to argue against a view which sees pregnancy as an out-of-the-body experience. I refuse to accept that women are mere adjuncts to the real material of pregnancy, which is the fetus within the woman's body. The meaning of pregnancy is dependent upon and directly linked to an individual woman's own personal history and social context. It is a significant event, in and of itself, regardless of whether a live baby is produced at the end of the process. We need to find ways of acknowledging the experience of women who undergo the conditions of pregnancy, and whose lives are intimately affected by the process taking place within themselves. We must find ways to acknowledge the effect that pregnancy has upon women's lives, both in the collective sense and in the individual sense. Fetal representations, as they appear now, fail to do this.

There is much to be gained by interrogating these images and this technology, and demanding voice and visibility within them. I would like to suggest that fetal images may

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100 Duden, "History Beneath the Skin," 11.
be useful for certain women to use as a means of visibly elaborating their experience of pregnancy. But this is possible only if the images are within the user's direct control and are understood to be incomplete and provisional.
SUMMARY AND CONCLUSION

Recent trends in medicine and other related fields have radically altered the way that pregnancy has come to be represented. In the preceding chapters I have outlined a shift away from a perception of the pregnant woman's body as the most significant locus of meaning in pregnancy, towards a view which privileges the fetus, and seeks to differentiate it from the body of the pregnant woman. As a result, not only has our general perception of pregnancy been transformed, but the experience of pregnancy has also been affected.

In chapter 1 I discussed issues concerning the concept of embodiment with particular reference to my own experience of pregnancy. In doing so it was not my intent to put myself and my experience forward as a generalized representation of pregnancy, but rather, by defining myself as a Located Body I sought to represent myself provisionally in relation to a specific set of circumstances. The impetus for representing myself as embodied and located was a response to the disembodied nature of the representations of pregnancy I found in circulation around me.

In chapter 2 I described the advent of an organized system of health care which serves to subjugate pregnant women within a panoptics of pregnancy. This form of medical scrutiny has the capacity to cause women to doubt the value of their own subjective experience of pregnancy, although I believe that lived experience will always exceed standardized knowledge. The intent of this discussion was to question the institutionalization of pregnancy and to identify the role that visual representations of pregnancy have taken within contemporary medical practice.

In chapter 3 I examined the problematic nature of representations of fetuses that appear in popular media, and the affect that these images have upon the understanding and experience of pregnancy. What I found particularly disturbing is how these representations show the fetus as primary and autonomous, while failing to describe any position for the pregnant woman herself. This chapter was intended as a critical deconstruction of popular media against which alternative representations might be formulated.
As an artist I am trying to recuperate images of the unborn to suit my own needs and understanding of my pregnancies. I am at once offended and engaged by these images which seem to deny my very existence. I refuse to be left out of the picture in relation to my own reproductive identity and experience. Pregnancy is not an out-of-the-body experience.

By way of conclusion what I propose, in relation to the representation of pregnancy, is an acknowledgement of the ambiguity inherent in this experience. Contemporary visualization techniques make it impossible for us to continue to view the pregnant body as absolutely singular, but to differentiate the unborn fetus within the pregnant woman's body as an individual is also inappropriate. The blurred boundaries of self and other which occur during pregnancy should not necessitate the obliteration of one or the other body within its representation.

In refuting the persistent dualisms of Western traditions Donna Haraway suggests that, "One is too few, but two are too many."\(^{101}\) So is it also with representations of pregnancy: we are offered a singular "public fetus" which is available through recent technological innovations. But this view leaves out the pregnant woman who chooses to house and nurture the developing fetus. The pregnant woman who makes this choice is no longer singular in the way she was before she became pregnant, but neither is she doubled. Perhaps the rigidity of a numerical system is the problem here. Is it really necessary to distinguish how many bodies there are in pregnancy? Is it possible to describe the complex dyadic relationship which exists between the pregnant woman and her future child?

Throughout this thesis it has been my intent to engage in a series of critical readings of representations of pregnancy. These readings can also be used as the basis for producing other alternative representations of pregnancy. They point to the value of acknowledging the lived and embodied experience of pregnancy in articulating a representation of that experience. They also substantiate any effort made to appropriate technologically produced data and shape it to meet individual needs and experience. In the end, these readings suggest that representations which reflect the lived experience of pregnancy will necessarily remain provisional, incomplete and ambiguous.

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Figure 1. Cover of *Life* magazine, 1965.
Figure 2. Cover of *Life* magazine, 1990.
Figure 3. Ultrasound image.
Figure 4. Ultrasound scan
Is this a Choice?

Or a Child?

*There are alternatives to abortion... There have to be.*

Saskatoon Pro-Life
P.O. Box 7141, Saskatoon S7K 4J1

Figure 5. Right-to-Life advertisement.
Figure 6. Dead fetus.
Figure 7. Distorted fetus.
Figure 8. Outer Space fetus.
Figure 9. Fetus detail.
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