

an irreducibility of one to the other. The goal of sexual difference is *not* complete reversibility.

8. The statistics in the preceding paragraph are from Neal and Hammer (2007, 52–53).

WORKS CITED

- Bigwood, Carol. 1991. "Renaturalizing the Body (with the Help of Merleau-Ponty)." *Hypatia* 6.3.
- den Dulk, Laura. 2005. "Workplace Work-Family Arrangements: A Study and Explanatory Framework of Differences Between Organizational Provisions in Different Welfare States." In *Work and Family: An International Research Perspective*, ed. Steven A. Y. Poelmans. Danvers, MA: Psychology Press.
- Grosz, Elizabeth. 1994. *Volatile Bodies*. Bloomington: Indiana University Press.
- Hamington, Maurice. 2008. "Resources for a Feminist Ethics of Care in Merleau-Ponty's Phenomenology of the Body." In *Intertwinings: Interdisciplinary Encounters with Merleau-Ponty*, ed. Gail Weiss. Albany, NY: SUNY Press.
- Irigaray, Luce. 1985. *This Sex which Is Not One*. Trans. Catherine Porter. Ithaca, NY: Cornell University Press.
- . 1996. *I Love to You*. Trans. Alison Martin. New York: Routledge.
- Merleau-Ponty, Maurice. 1962. *Phenomenology of Perception*. Trans. Colin Smith. London: Routledge.
- . 1964. *Signs*. Trans. Richard McCleary. Evanston, IL: Northwestern University Press.
- . 1969. *Humanism and Terror*. Trans. John O'Neill. Boston: Beacon.
- Neal, Margaret, and Leslie Hammer. 2007. *Working Couples Caring for Children and Aging Parents*. Mahwah, NJ: Lawrence Erlbaum.
- Sullivan, Shannon. 2001. *Living Across and Through Skins*. Bloomington: Indiana University Press.
- Wendell, Susan. 1996. *The Rejected Body: Feminist Philosophical Reflections on Disability*. New York: Routledge.
- Weiss, Gail. 1999. *Body Images: Embodiment as Intercorporeality*. New York: Routledge.
- Williams, Joan. 2000. *Unbending Gender: Why Family and Work Conflict and What to Do about It*. Oxford: Oxford University Press.
- Wollstonecraft, Mary. 1891. *A Vindication of the Rights of Woman*. London: T. Fisher Urwin.
- Young, Iris Marion. 1995. "Pregnant Embodiment: Subjectivity and Alienation." In *Feminism and Philosophy: Essential Readings in Theory, Reinterpretation, and Application*, ed. Nancy Tuana and Rosemary Tong. Boulder, CO: Westview.

14 The Aesthetics of Childbirth

Peg Brand and Paula Granger

INTRODUCTION

All human life on the planet is born of woman. . . . In the division of labor according to gender, the makers and sayers of culture, the namers, have been the sons of the mothers. There is much to suggest that the male mind has always been haunted by the force of the idea of *dependence on a woman for life itself*, the son's constant effort to assimilate, compensate for, or deny the fact that he is "of woman born." (Rich 1986, 11)

Images abound of women throughout the ages engaging in various activities. But why are there so few representations of childbirth in visual art? Feminist artist Judy Chicago once suggested that depictions of women giving birth do not commonly occur in Western culture but can be found in other contexts such as pre-Columbian art or societies previously considered "primitive," such as the pre-Columbian Aztec goddess Tlazolteotl pictured in the act of childbirth (Chicago and Lucie-Smith 1999, 54; Chicago 1985, 34).¹ (See notes for web links to images not represented here.) Often these cultures worshipped fertility figures whose power as earth goddesses extended to rich soil, good crops, and healthy human offspring. In contrast, Western culture—particularly imagery influenced by European Christianity—depicted the Virgin Mary only *after* the birth of the Christ child, bypassing the act itself. Chicago's own exploration of the theme resulted in the creation of *The Birth Project* (1980–1985): an unprecedented series of eighty handcrafted works of art created in a variety of needlework techniques by more than 130 artisans that celebrate the experience of birth and a woman's transformation into motherhood (Chicago 1985).²

But why is *The Birth Project* an aberration from today's norm? What are the reasons that childbirth remains a taboo subject in our visual culture? Why is the birthing experience—so pervasive for women—so infrequently celebrated, even by female artists?

In earlier times, it was not as uncommon to see explicit images showing women involved in the act of childbirth. Although some contemporary art

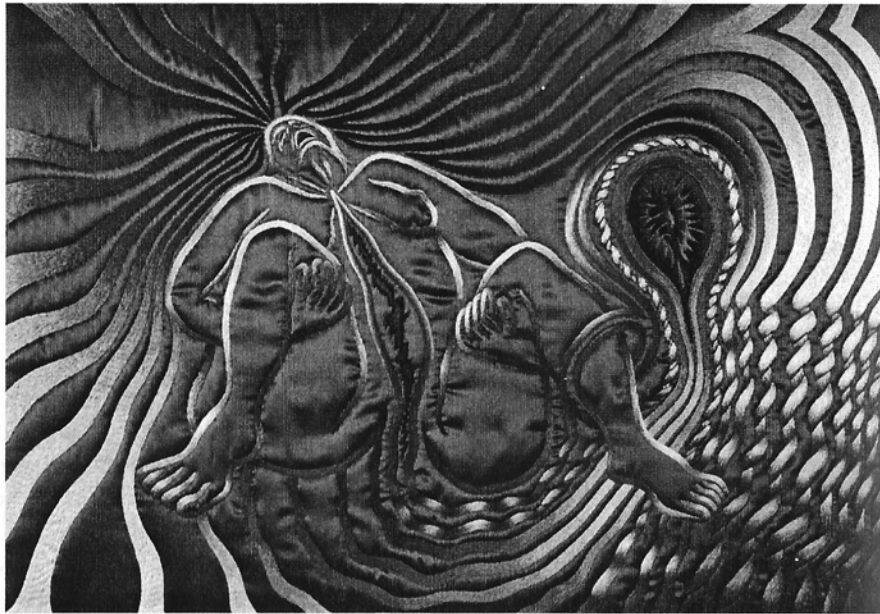


Figure 14.1 Judy Chicago, *Birth Tear E 2*, 1982, executed by Jane Gaddie Thompson. DMC floss on silk, 15 in. x 22 in. Courtesy of the artist and Through the Flower.

pieces showcase women during pregnancy, most picture them after delivery. One is hard-pressed to find artworks that depict actual crowning at birth, and when found, the subject is usually controversial. Why is this? We argue that long-standing philosophical underpinnings of a Western bias against women have added to the censure of reproductions of childbirth; these underlying principles include (1) sexism, (2) fear of the body, (3) intolerance and distaste for images of pain, and (4) suspicion and distrust of female power—individual and especially communal.

Childbirth is a process, but we focus here on the actual act of the deliverance of the child.³ A theoretical grounding functions below the art world and mainstream visual culture to continue to inhibit the production of explicit images of women giving birth. The aesthetics of childbirth is a fragile visual arena—fraught with accompanying issues of female identity, feminine self-consciousness, and even (at times) feminist self-censorship. Interestingly, a definite erosion of the taboo is beginning to take place that appears to be precipitated less by the avant-garde of the art world than by the demand of ordinary women seeking—for themselves—the visual reality of human birth. Women have taken it upon themselves to liberate the dissemination of real birth images and in so doing have defied the taboos that inhibit the patriarchal art world. They have become modern midwives, so to speak, of the pictures of birth.

CULTURAL TRENDS: STILL A TABOO

One provocative example of our culture's reaction to the visual representation of what Judy Chicago called "the moment of birth" (Chicago and Lucie-Smith 1999, 54) can be found in viewer response to "A Monument to Pro-Life: The Birth of Sean Preston" by Daniel Edwards.

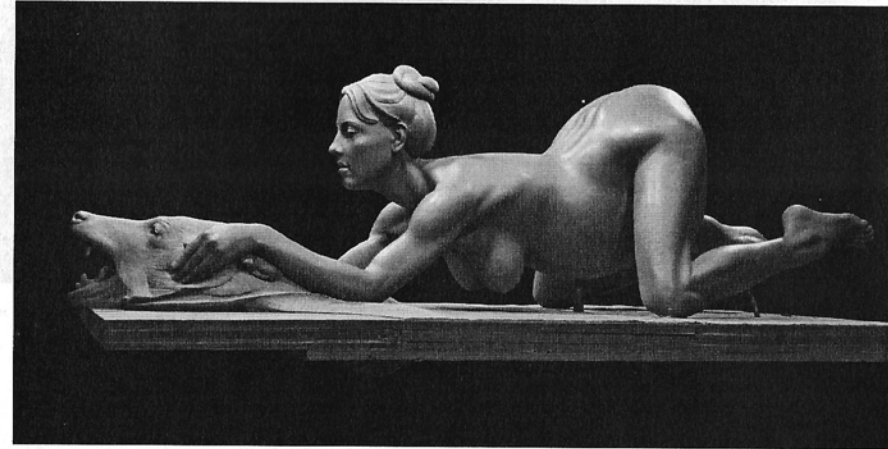


Figure 14.2 Daniel Edwards, "Monument to Pro-Life: The Birth of Sean Preston." 2006. Life-size. Courtesy of the artist and Capla Kesting Fine Art.

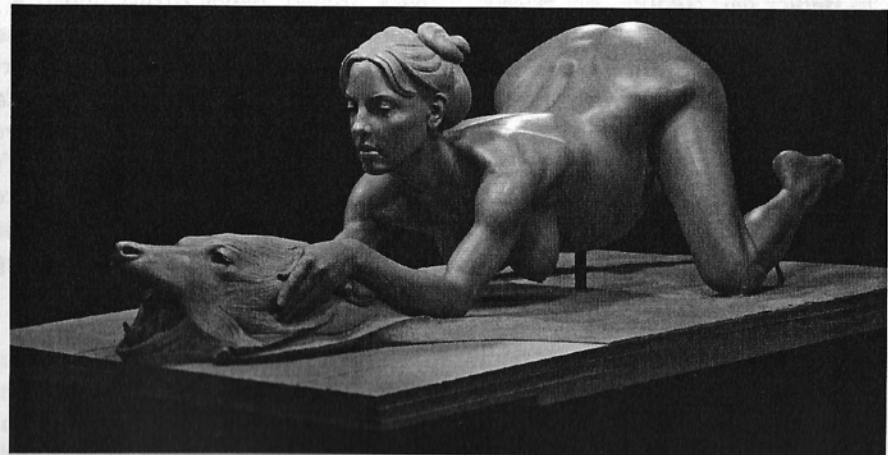


Figure 14.3 Daniel Edwards, "Monument to Pro-Life: The Birth of Sean Preston." 2006. Life-size. Courtesy of the artist and Capla Kesting Fine Art.

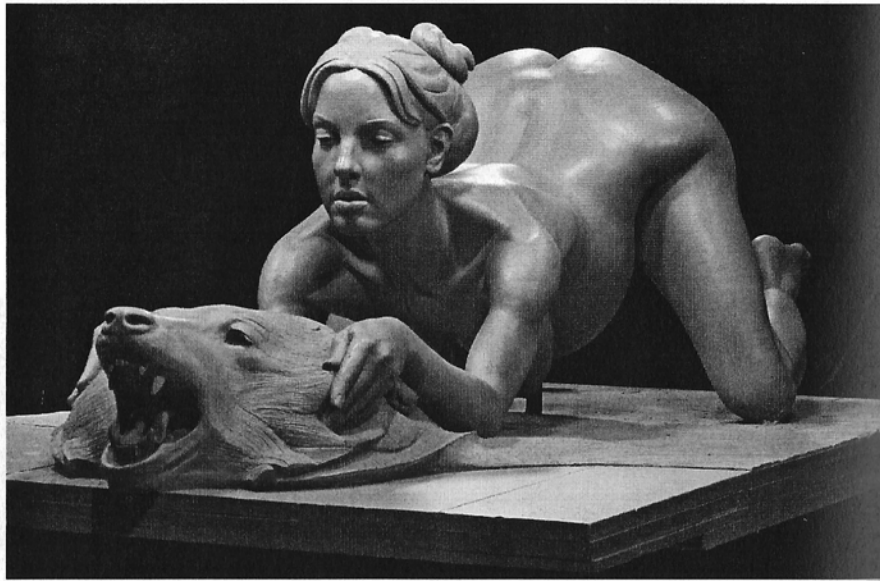


Figure 14.4 Daniel Edwards, “Monument to Pro-Life: The Birth of Sean Preston.” 2006. Life-size. Courtesy of the artist and Capla Kesting Fine Art.

Debuting in 2006 at Capla Kestling Fine Art in Brooklyn, the sculpture realistically depicts Britney Spears, nude, down on all fours and splayed out on a bear-skin rug, giving birth to her son, Sean Preston. According to the gallery’s press release, a Madame Tussaud wax figure of Spears doing a stripper’s pole dance was the visual inspiration for the artist’s decision to depict her “seductively posed . . . back arched, pelvis thrust upwards” (Romero 2006).⁴ This aspect of the work was apparently missed by the conservative pro-life movement that rallied to its support for what it perceived was a celebration of family values. Gallery codirector Lincoln Capla likewise claims the sculpture applauds the decision to place family above career: “A superstar at Britney’s young age having a child is rare in today’s celebrity culture. This dedication honors Britney for the rarity of her choice and bravery of her decision” (Romero 2006). Interestingly, however, the gallery’s official press release photos omit any shots of the actual crowning of the birth, leading one critic to muse:

The whole affair leaves the mind clanging with cognitive dissonance, resulting from the collision of elements: the teen idol celebrity, the conservative anti-abortion movement, the explicit (yet sanitized) representation of nudity and birth in a culture so titillated by the former and, often, squeamish about the latter. (Romero 2006)

What, we might ask, does this writer mean by the term “squeamish”? In researching the work online, one might think there is a stricture on the act of taking a picture of the sculpture from the back, which clearly shows the crowning of the baby’s head. The only image that appears on the Internet of this sculpture from the back is actually a picture of a *cast* version and not the actual work itself—recognizable by the hinges visible at the joints (Jesse 2006).⁵ In a world where people can Google anything they want, including images of men and especially of women in compromising and demeaning positions, it is impossible to find a professional picture of the crowning of the child’s head in this piece. The absence of such a photo, in addition to the scarcity of similar birthing images, speaks volumes about the overall cultural climate. As a society, we routinely and profitably glorify pregnancy and motherhood in what one (now defunct) website called the “What to Expect Pregnancy Universe,” yet we are squeamish at the sight of an actual birth (Kukla 2005, 121).⁶ An entire business resulting in women’s online postings has developed from images of fetuses taken by fetal sonographers (whose shops are often located in suburban strip malls) with names like Womb with a View, Womb’s Window, Sneak Peak Ultrasound, Baby Waves, and Peek-a-Boo. At least one critic noted the obsession within “our image-oriented society” as follows: “We need a film clip (something to put on YouTube, perhaps?) to prove that what we think is happening is real and meaningful” (Epstein 2010, 200).⁷

Consider another example: audience reaction to Eve Ensler’s *The Vagina Monologues*, particularly the section titled “I Was There in the Room” (Ensler 2008). Audience reaction is markedly uncomfortable when the performance turns to the natural human intolerance for pain during childbirth. Comical to those performing, many people exhibit their discomfort with body shivers, wrinkled noses, furrowed brows, and the occasional gasp. Although the title of the performance is well known in advance, and the audience is therefore well aware that the performance will focus on vaginas, many are not prepared for the frank and disarming discussion of birth. Consider the differing approach to pain in our visual examples so far. In “Birth Tear E 2,” Judy Chicago shows a woman realistically screaming in pain; in another work, “Creation Drawing #2” (not pictured here), she notes, “I was trying to take the cries and screams of a laboring woman and create a visual wail” (Chicago 1985, 12). Alternately, in “A Monument to Pro-Life: The Birth of Sean Preston,” Daniel Edwards sanitizes the situation, showing no pain at all; he places Britney on a bear rug, trading on her sex appeal with a cliché soft-porn pose. Undeniably anti-squeamish, this monument to pro-life is remarkably pain free.

Although it is clear that images of pregnant women (at least the Virgin Mary) abound in the art world and have become a norm—one standard mode of representing female bodies—art viewers have yet to visually embrace the climactic end to pregnancy. Can considering the pivotal role of

women in the history of childbirth against the backdrop of men's predominance in the history of medicine, visual art, and philosophy help to explain the continuing restrictive cultural climate?

HISTORICAL IMAGES: REASONS WHY A TABOO EMERGED

Images of childbirth itself were not as uncommon in earlier times. Egyptian motifs show the goddess Ritho giving birth to the god Ra, accompanied by midwives, as well as images of mortal women in childbirth (Arab 2010).⁸ The one thing that connected the divine and the mortal was the act of childbirth, which took place within the context of shared female knowledge. It is reported that as far back as 1500 BCE or earlier, women had access to explicit information about sex, pregnancy tests, abortions, and contraceptives (Epstein 2010, 5), and Egyptian priests (not midwives or physicians) utilized the technique of podalic version, or the turning of the child in its problematic descent through the birth canal (Rich 1986, 132). In addition, we have images from Hellenistic art, Roman art, and art from the Renaissance. What they share is an interior scene with a birthing mother surrounded by a community of women, whether midwives, family, or friends. In fact, friends of the laboring woman came to be called "gossips" as in "God sibs," or "siblings of God," and it is assumed that as they waited, they busied themselves with talk about others (Epstein 2010, 6). Men were routinely absent.

A good example of an early group image of women is from the Temple of Hathor at Dendera in ancient Egypt that depicts a squatting woman in the birth position assisted by Hathor and Taweret, goddesses revered at the time.⁹ Hathor is an ancient, predynastic goddess who was goddess of the sky and sun, and the queen in power (in dynastic times) of music, dance, and the arts. Like Isis, she was a mother goddess to all and was "depicted as a cow bearing the sun disk between her horns, or a woman in queenly raiment wearing the sun disk and horns on her head" (Parsons 2010). The other goddess, known as Taweret—the Great Female—was

the ancient Egyptian goddess of maternity and childbirth, protector of women and children. . . . She was both a fierce demonic fighter as well as a popular deity who guarded the mother and her newborn child. She was depicted as a combination of a crocodile, a pregnant hippopotamus standing on her hind legs with large breasts and a lion. . . . All of these animals were man killers, and as such she was a demoness. All three animals were regarded as fierce creatures who would kill to protect their young. (Seawright 2011)

Moreover, like Hathor, Taweret was also a goddess relating to fertility. She was a goddess of harvest who also helped with female sexuality and pregnancy.

Like most Egyptian designs, the composition from the temple is symmetrical with a central focus on the woman who squats, hands on bent knees, elbows pointing out, within an architectural framework that resembles a doorway but more appropriately might be a chair or, in fact, a throne. (This might be Hathor giving birth to her son, Ihy, also known as Harsomtus or Horus.) The goddesses offer aid with outstretched hands, extending a tender and protective touch. The birthing woman assumes the position matter-of-factly; there is no visible indication of pain on her face nor apparent struggle or tension in her body. One gets the sense that this is the most natural of acts, culminating the process of a pregnancy brought to term, with little or no travail. It is interesting to note that the deepest part of the carved relief is exactly at the location where the crowning will take place. Atypical of the shallow relief artisans carved at the time, the pending moment of birth is encased deeply within the stone, as if hidden in semidarkness, away from prying eyes and other possible lurking dangers. Most likely, this image provided consolation to numerous women—whether royalty or not—who visited the temple dedicated to Hathor, reassuring them that these goddesses were watching out for them as well. On a more symbolic level, it instructed viewers that women could—and should—be expected to help other women in childbirth. When women worked together, everyone benefited. They felt no need to include men in these depictions given that women and goddesses, sharing and passing down folklore, were able to adequately handle the birth of the newborn.

One childbirth scene, a Hellenistic Cypriot limestone sculpture said to be from the temple at Golgoi (310–30 BCE), reinforces the fact that women continued their own communities of physical support and accumulated wisdom.¹⁰

A standing attendant, whose head is missing, supports the mother from behind. At the foot of the couch, a seated attendant holds the newborn child. In classical antiquity, childbirth was generally the concern of midwives, as male doctors were called in only for difficult cases. Several of Hippocrates' treatises discuss childbirth, beginning with the onset of labor as it relates to the movement of the fetus. The most detailed account of labor and delivery is in the first-century A.D. handbook entitled *Gynaecology*, which was written by the Ephesian physician Soranus (98–138) for midwives. Soranus envisioned delivery on a birthing chair; he describes the dilation of the cervix and the breathing technique to be used in the delivery. He also emphasizes that the midwife and assistants, as depicted in this limestone sculpture from Golgoi, must reassure the mother. (Metropolitan Museum of Art, 2010)

Consider a similar Roman example of a woman on a birthing chair supported by midwives.¹¹ Three types of midwives administered to women in Roman times: "the obstetrical midwife, her female assistant, and the

female priest who chanted prayers for a successful delivery” (Rich 1986, 133–34). Women offered each other solace and wisdom drawn from prior experiences of childbirth, whereas male doctors were called in only for so-called “difficult” cases, a male doctor presumably having more experience with such atypical occurrences. The handbook written by Soranus, which was in use for more than a thousand years (and was clearly out of date by then in light of the evolution of actual practice), was specifically directed to midwives;¹² it may seem there was little doubt that they and their assistants could handle most births and male doctors were content to grant women their own private space. A deeper look, however, reveals another strand of thought, one more suspicious, condemning, and long lasting when it came to women, their bodies, and birthing communities.

The early history of medicine shows that as far back as Hippocrates’ treatise *Epidemics*, from the fifth century BCE, women’s reproductive bodies were held to be highly suspect: mysterious, unstable, and potentially dangerous. Hippocratic medicine treated the female body as “structured around a *hodos*—an open route extending from the orifices of the head to the vagina,” and the uterus was thought capable of not only expanding and contracting but also “wandering throughout the female body, causing disease and distress as it traveled”; hence, the origin of the term “hysteria” and its meaning, “the wandering of the womb” (Kukla 2005, 5). For Hippocrates, the womb was the origin of all female disease and because of its unpredictability, its movement, and its pivotal role as the locus of gestation, it was also considered capable of creating monsters, that is, deformed infants, when things went awry. When a deformed infant was born, none other than the pregnant woman was to blame due to the prevailing sentiment, later augmented by Plato’s theory of the appetite which persists in some contemporary lore that a pregnant woman’s cravings are evidence of an insatiable womb, replete with an appetite of its own, lacking reason and control (Tuana 1992, 1993).

An independent womb, traveling throughout the body and enticing foreign substances within, was additionally suspect given Hippocrates’s belief that a woman’s skin was “spongy and porous, making it especially permeable, and making women in turn more susceptible to passions, less protected against corrupting ingestions, and more voracious in their sexuality” (Kukla 2005, 5). Given these pervasive ideas about women’s bodies and the related dangers to which men might be prone in their presence, men successfully avoided most births while women comfortably attended and assisted at them. But the underlying philosophical rationale behind giving women their own womancentric and woman-controlled birthing spaces was double edged in that women’s bodies—defined as unpredictable and unmanageable—were left on their own *because* their bodies, unlike those of men, were seen as being so problematic. Gratifying as it is to see sculptural depictions of several women attending a birth, one can only surmise that if one individual woman was considered suspect by physicians and

philosophers, a group of women must have been even more so. Also, a woman overstepping her so-called “natural” bounds of submission to men was more than suspicious; it was unacceptable, perhaps unthinkable. Let us now consider the role of the midwife, the most knowledgeable of the support group, and how her role changed over the course of history.

A stone relief from Isola Dell’ Sacra, Ostia, dating from the first century CE portrays a woman using a birthing chair, aided by a midwife ready to assist below and an assistant who holds the woman steady from behind.¹³ A mythic folk hero who continues to inspire midwives today emerged from third century Athens by the name of Agnodice, her story comes down to us through Hyginus, a Latin author of the first century CE, and provides telling evidence that men are not only suspicious of the intelligence and intentions of an individual female who surpasses her allotted station in life but are even more fearful of the power that arises when women band together:

A certain maiden named Agnodice desired to learn medicine and since she desired to learn she cut her hair, donned the clothes of a man, and became a student of Herophilos. After she learned medicine, she heard a woman crying out in the throes of labor so she went to her assistance. The woman, thinking she was a man, refused her help; but Agnodice lifted up her clothes and revealed herself to be a woman and was thus able to treat her patient. When the male doctors found that their services were not wanted by the women, they began to accuse Agnodice, saying that she had seduced the women and they accused the women of feigning illness [to get visits from Agnodice]. When she was brought before the law court, the men began to condemn Agnodice. Agnodice once again lifted her tunic to show that she was indeed a woman. The male doctors began to accuse her all the more vehemently [for breaking the law forbidding women to study medicine]. At this point the wives of the leading men arrived saying “you men are not spouses but enemies since you are condemning her who discovered health for us.” Then the Athenians emended the law so that freeborn women could study medicine.¹⁴

Even if this story is fiction, the power of folklore is mirrored in the widely held view of women, particularly midwives, who are considered less capable than men, a sentiment most fully promoted in the fourth century BCE by Aristotle who succinctly deemed women to be not just inferior to men, but defective beings. Feminist philosopher Nancy Tuana notes the influence upon Aristotle by the ancient writer of myths, Hesiod:

Hesiod described woman as man’s punishment, for man must spend his life balancing the good and bad in woman lest her bad qualities overwhelm her good ones. Both Plato and Aristotle agreed with Hesiod,

arguing that the passions must be controlled by reason, but woman's inferior rational faculties are inadequate to control her own passions. (Tuana 1993, 80)

This sentiment influenced Western philosophy through succeeding generations. It is not surprising to discover that men eventually came to usurp the role of midwife, although centuries would pass before this actually happened. The combination of sentiments from Hippocrates, Hesiod, Plato, and Aristotle lent credence to the beliefs that women were less rational, less controllable (certainly as it pertains to their bodily functions), less virtuous (more apt to succumb to temptations from outside the body, i.e., influences upon their appetites), and therefore less than fully human. If women are deemed incapable of individual control, how much more threatening is the "group think" of women, particularly when they challenge or oppose male power? The legacy of Aristotle's thinking proved a powerful underlying rationale for justifying the end of female midwifery. Eliminating the female assistants as well as the midwife's assistants eventually provided a philosophical rationale to destroy the long-enduring support and power of these female communities.

Somewhat later, in the twelfth century, we see an image of a midwife and her assistant helping to guide twins into the world (Nunnery World Scriptorium Timeline 2010).¹⁵ This image is explicit and clear, showing two heads in the crowning that emerge from a woman who appears to have no birthing chair but rather hovers awkwardly in space, held up by an assistant. The women in attendance seem nonplussed by the event in contrast to the birthing woman, who turns away, holds one hand to her mouth, and extends the other aloft in an unnatural pose. Taken from a codex, the style reflects the standard lack of perspective, patterned background, and simple figures of medieval manuscript illumination. Unlike earlier depictions in which the crowning is hidden in darkness when the view is frontal (the Egyptian) or averted by posing the woman in profile on a birthing chair (Greek and Roman), the Middle Ages often relished a more literal interpretation of biblical stories and human ills by utilizing more realistic and even grotesque manners of style. Ugly gargoyles and fearsome devils routinely adorned churches; a similar bravado was used to depict full frontal nudity in this unabashed portrayal of the moment of birth. Surprisingly, within such a strict, hierarchical, male-dominated Christian context, a community of women still persists.¹⁶ The influence of Aristotle is held at bay, at least for a while, but images of crowning at the moment of birth soon begin to fade from view.

During the Renaissance, women were often pictured within "confinement rooms," decorated with painted wooden chests and various objects around the pregnant woman indicating higher class and status.¹⁷ They were either seated next to or reclining in elaborate beds with heavy drapery. Surrounded by various helpers, one of whom might comfort or bathe the

newborn, these scenes were often commemorated on double-sided painted wooden childbirth trays, platters, or bowls as forms of domestic art (Musacchio 1999, 4). The trays were given as gifts to pregnant women for good luck. The moment of birth, however, is not itself portrayed; rather, a woman might be shown swooning or leaning on another while labor begins or pictured reclining in bed, covered with blankets. In an Italian example, a midwife tends to the woman seated on a birthing stool: one hand is placed between the woman's legs, partially hidden by her skirt, awaiting delivery. When the woman is shown in bed recuperating from the birth, friends bring her trays of fruit and food—a deliberate and playful self-reference to the gifted trays themselves. The infant is nearby, being fed by a wet nurse, and a definite air of celebration fills the room. Very rarely is a man shown in the scene, and if he is, he is the husband lending moral support.

For the next few centuries, the private domestic sphere in which midwives operated began to change drastically, and by the eighteenth to nineteenth centuries, women's private pregnancies culminating in female-centered birthing communities were usurped by the public domain of the male-dominated medicalization of childbirth. The first encroachment upon female midwifery is attributed to a marketing wizard in the Middle Ages, Dr. Eucharius Rösslin, who published the first book focused solely on pregnancy and childbirth in 1513 that became a best seller (translated into at least five languages) for two hundred years, *The Rose Garden for Pregnant Women and Midwives* (Epstein 2010, 15). Translated into English in 1540 as *The Byrthe of Mankynde*, the text contained a poem that insulted midwives, encouraged other male physicians to denounce their work, and spearheaded the change in sentiment toward female-only birthing occasions (Epstein 2010, 16). Men, ever wary of female physicality and midwives' skills, were urged "to abhor and loathe the company of women" (Rich 1986, 138).¹⁸

But the decisive shift in thinking is attributed to the invention and secretive use of forceps by "man midwives" of the Chamberlen family, who began their business in England in 1569 and extended their reach into the 1700s. Not only did they force a change in women's birthing position—by moving them off the birthing stool to a prone position to use the tool to extract a fetus stuck in the birthing canal—but they also secured an increasing number of grateful women as their clientele that resulted in driving female midwives out of business (Epstein 2010, 20–29). (Midwives also lost their business to men when they were accused of witchcraft when something went wrong with their deliveries.) Forceps were generally in use until the 1880s when, like today, caesarean-sections became more popular:

pre-forceps birth was a social and spiritual event. The midwife—the female midwife—crouched in front of the laboring woman rubbing the perineum with oils and herbs. Often, she used a birthing stool, a doughnut-shaped chair that allowed gravity to help the baby slip out.

No men allowed. Post-forceps, men would gradually become a routine presence. Doctors did not like stools. They preferred the patient lying in bed where they could use their tools with ease. (Epstein 2010, 18)

Rich devotes an entire chapter to the transition from “hands of flesh” to “hands of iron”:

The masculine “hands of iron”—the forceps—were, and still are, often used with mechanistic brutality and unconcern to hasten a normal labor, causing brain damage to the infant and perforation of delicate tissues in the mother, both totally unnecessary. The wasteful and disastrous split in the profession must be laid at the door of male prejudice and the power of a male-dominated establishment to discredit and drive out even the most talented women practitioners. (Rich 1986, 142)

Judy Chicago continues the history of the gradual decline of midwives within the context of medical education in her extensive research to create *The Birth Project*:

After the Revolutionary War, American doctors traveled to Europe for instruction. Near the end of the eighteenth century, formal training began in the United States, and, by 1807, five American medical schools offered courses in midwifery. Some professors of midwifery began to call themselves obstetricians, or professors of obstetrics, shunning the term “midwife” because of its feminine connotation. At first, training in midwifery was offered to men and women alike; but because women were excluded from the developing medical schools, they were discredited as the most desirable childbirth attendants. (Chicago 1985, 192)

By the early nineteenth century, women’s birthing still occurred at home, but it was no longer the open and shared “natural” social event it had been up until that time; it became a formalized and private affair with the mandatory presence of a male doctor who supervised “the patient.” Midwives protested, but doctors argued that women’s intellectual inferiority and inability to be sufficiently trained to the specialized (no longer “natural”) task of caring for birthing women left no choice but to reserve the domain of obstetrics exclusively for men. The midwives’ *joint* protest at the time probably served to confirm and intensify male suspicion and distrust of communities of women.

A similar alienation of women from the practice took place abroad as well. In seventeenth-century Europe, numerous treatises on gynecology, obstetrics, and midwifery were authored by physicians for a broad reading audience—particularly pregnant women and their female midwives. These texts included the first obstetrical drawings of the female body (stylized, not realistic), obstetrical tools, and monstrous births (Kukla 2005, 8). Pregnant

women were warned directly of “sights and substances that could pollute or deform the womb” (Kukla 2005, 11). As female midwives were dismissed as inadequate birth facilitators, male doctors predominated, which caused changes in the texts and their usage as well. They became authoritarian documents cited by doctors to their “patients” thereby inserting themselves as middlemen between the pregnant woman and the necessary medical information. The medical institutionalization of female pregnancy and birth had begun. Women were no longer in charge; a doctor was needed at all times during delivery and particularly during the dangerous time of pregnancy when her uncontrollable appetites, cravings, passions, and desires might go astray and cause deformity or death within the womb.¹⁹

In tandem with the rise of doctors’ paternal monitoring of their subjects, Rousseau introduced unprecedented public attention to the maternal body as a matter of civic pride and responsibility with his famous Enlightenment treatise on the education of children titled *Emile, or On Education*, published in 1755 in France. Rousseau proposed a notion of rationality along Platonic lines that involved a harmony of reason and emotion, but advocated that the education of girls into their proper social roles of wives and mothers be different from that of boys (Tuana 1992, 47). Girls should be educated to perform their duties, namely, to “please men, to be useful to them, to make herself loved and honored by them . . . to make their lives agreeable and sweet” (Rousseau 1979, 365). Women were to learn to use their coquetry to charm and satisfy their husbands, as they also learned to obey. This submissive devotion was necessary to insure the proper working of the state. In a brief passage of *Emile*, Rousseau wrote his only words on the topic of nursing, which had a profound influence on both the French Republic and Enlightenment thinking and continue to influence views on breastfeeding today:

Do you want to bring everyone back to his first duties? Begin with mothers. You will be surprised by the changes you will produce. Everything follows successively from this first depravity [wet nursing]. . . . But let mothers deign to nurse their [own] children, morals will *reform themselves*, nature’s sentiments will be awakened in every heart, the state will be *repopulated*. This *first* point, *this alone*, will bring everyone *back* together. (Rousseau 1979, 46)

Rousseau pressed mothers to be the originators of a natural human order within society. They were responsible for self-regulation and self-legislation that gave rise to a “general will” of cooperation within Enlightenment democracy. Rousseau’s thinking requires the maternal body to conform to the newly stated ideals of social order and, moreover, “closely follows Plato’s discussion in Book IV of the *Republic* on the key role of the nurses, mothers, and early childhood practices in forming the bodily foundation for the properly free and civically appropriate citizen”

(Kukla 2005, 41). There is no doubt that pregnant and lactating bodies became subject to increased public scrutiny, monitoring, and male control. The depiction in the art world of birthing women becomes similarly controlled; as mounting taboos arise to circumscribe women's roles and subsequent actions within society, a similar proscription against the depiction of birthing bodies takes hold in the realm of fine art. Childbirth is not a major topic until the twentieth century when women start to challenge the taboo.

CULTURAL TRENDS: CHALLENGES TO THE TABOO

It would be some years later before artists such as Frida Kahlo and Judy Chicago come on the scene to offer faint lights of hope at the end of a very long and dark tunnel. Kahlo, the well-known Mexican artist experienced serious medical problems upon the apparent loss of a fetus in 1932 while visiting the U.S. with her husband, Diego Rivera, who had been commissioned to do work in Detroit. *My Birth* is one of two paintings that depict her pain and suffering at that loss (Zamora 1990, 45–46). Nothing like a celebratory crowning, Kahlo's image is somber and terrifying. Kahlo is alone on the bed, with no one present, much less a community of women as support, and the covering of her face—as if she herself were dead—additionally referenced the fact that she had lost her own mother in the same year.²⁰ A second painting from 1932 titled *Henry Ford Hospital* shows Frida alone again, lying bleeding on a bed, with red ropes tied to a fetus hovering in the air against the backdrop of a dismal and diminished landscape of Detroit in the background.²¹

In contrast, Chicago's *The Birth Project* celebrates women's empowerment through the act of birth; nevertheless, she did not hesitate to depict the pain or minimize the physical difficulty most women experience. She suggests that the taboo against images of birthing in art gradually began to erode when men were allowed to attend the births of their children in the 1970s; in fact, she recorded her own attendance in 1980 at a friend's birthing experience, while executing drawings that played a role in the execution of the larger artworks in the project. Epstein offers a similar rationale to the softening of the mandated physician-only attended births as being emblematic of a time when women were becoming empowered and challenging physicians' authority in the delivery room. She cites the rise of the use of natural birthing techniques, for example, Lamaze (which developed first in Europe in the late 1950s; Epstein 2010, 109–28) and the advent of 1970s "freebirthers" who sought a birthing experience free of all medical intervention, usually in the privacy of one's home, attended by family (Epstein 2010, 169–86).

Chicago's introduction of vivid birth imagery—both at the individual level of a single woman's lived experience and also the allegorical level

of goddess and creation imagery—was an astonishing feat within the art world of the 1980s. It followed her controversial debut in 1979 of *The Dinner Party*, which depicted the rise of female empowerment against the oppression of patriarchy, so-called "cunt imagery" meticulously hand painted on china plates (Chicago 1996). *The Birth Project* was also collaborative, inviting more than one hundred workers to lend their skills in needlework to the final artworks, some of which took up an entire gallery wall, for example, *Earth Birth* (1983, sprayed Versatex and DMC floss on fabric, 63 in. x 135 in.; Chicago 1985, 100–1) and *Birth Trinity NP* (1983, Paternayan yarn on 6-mesh canvas, 51.5 in. x 133 in.; Chicago 1985, 114–15).

Imagery from *The Crowning* is a particularly apt subject for us to explore through Chicago's work. She executed the subject matter in a variety of mediums: preparatory drawings; (batik) quilting that included details of lace and (reverse) appliqué; embroidery with DMC floss on silk; crochet that utilized more than seventy thousand stitches in one work; and multihued needlepoint on mesh canvas, for example, *The Crowning NP 4* in which DMC floss is strategically combined with yarn to utilize bargello and basket weave stitches (Chicago 1985, 45). No squeamishness here, as Chicago and Yablonsky create a rich texture of hues and powerful black lines that combine to effectively transmit the act of birth at its crowning achievement (pardon the pun). Yablonsky's comments at the time are still

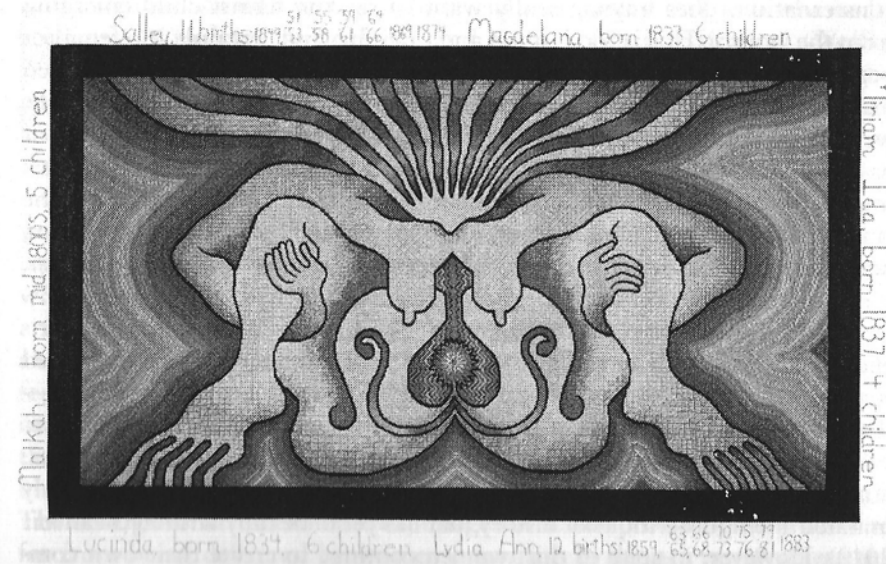


Figure 14.5 *The Crowning NP 4*, 1984. Needlepoint by Frannie Yablonsky. DMC floss and Paternayan yarn on 18-mesh canvas. 30.5 in. x 51 in. Courtesy of the artist and Through the Flower.

appropriate today, forcing us to wonder why, more than twenty-five years later, the art world is still slow to recognize the power of these and similar images honoring women and their emerging identities who, as active agents, give birth through pain and procreate the species:

Today, in the midst of breathing techniques, fetal monitoring machines, and obstetrical procedures, the fact that birth is a celebration is often lost. Prints of these images should be on the walls of labor rooms to remind the birthing woman, doctors, nurses, and families of the celebration of giving birth. (Chicago 1985, 46)

Two other examples of crowning are worth noting, the first by Jonathan Waller, who reports that as a British painter and father, he had difficulty in the 1990s exhibiting his realistic series of birth paintings, such as *Mother No. 27* from 1996 (Chicago and Lucie-Smith 1999, 54–55). Sara Star recently introduced a religious aspect to the depiction of crowning—a rare departure from the art world’s norm of sanitized female nudes and no births—for instance, in her work *Crowning: Mary Giving Birth to Christ*.²² Neither of these artists have enjoyed much exposure in the art world, a sure sign that their works are neither popular nor well known, and a possible sign that the content of their works is not deemed worthy or appropriate for so-called high art/fine art consumption, such art that is often purchased for its capacity to be a profit-enhancing long-term financial investment. The insertion of religious content into an image of crowning is certain to cause consternation: does anyone really want to see the Christ child emerging from the womb? This is too human and ungodly, and certainly too female a beginning. Recall the quote by Rich at the beginning of this chapter; if men resist identifying with their female origins, how much more reluctant might we be to acknowledge the human female origins of the Son of God? All of us—men and women—are much more comfortable conjuring up numerous images of the Virgin Mary suckling her child calmly and lovingly after the traumatic and lowly human event. We romanticize the nativity by placing her in a stable: just an earlier version of the Renaissance confinement room, minus the women.

To what do we owe this continuing lack of representation of an experience that all naturally birthing mothers share? Patriarchy has long oppressed women, which has resulted in many facets of women’s lives being hidden—the ones deemed unpleasant or unimportant by great literary and philosophical thinkers. *History* routinely deletes or devalues women’s lived experiences; Simone de Beauvoir’s argument for woman’s status as the second sex certainly initiated a feminist critique of history that has yet to be fully written (Beauvoir 2010). However, in spite of this, women continue to create their own communities made up of friends and family and midwives to help them through the difficulties of birth. Note the growing number of Afghan women trained as midwives today in a country with the world’s second highest death rate of

women during pregnancy and childbirth; with 80% of women giving birth without any skilled help, only one-third receives any medical care at all during pregnancy (Grady 2009).²³ As mentioned earlier, common to many of the images we studied were depictions of women surrounded by communities of support—communities that survived in spite of oppressive forces. Unfortunately, such communities could not prevail when male doctors replaced midwives and sterile hospital beds replaced familiar home settings. Doctors became increasingly important at delivery as well as throughout pregnancy, and by the twentieth century, hospital stays for birthing women were standard. Before 1900, 5% of women delivered at a hospital; by 1970, the number had jumped to 99% (Leavitt 1986).²⁴

A recent phenomenon on YouTube is a perfect example of how women long for, and have revived, a network to educate and share (Wollan 2009). According to Eugene Declercq, a professor at the Boston University School of Public Health, “a hundred and fifty years ago women viewed birth on a pretty regular basis—they saw their sisters or neighbors giving birth;” it wasn’t until the late nineteenth century that birthing moved out of living rooms and bedrooms into hospitals. It is not surprising that most women then, like today, had few opportunities to witness live births, relying only upon word of mouth and perhaps on a family member’s personal video footage. But all that has changed as birthing videos have begun to appear on YouTube, numbering in the thousands, ranging from “women giving birth under hypnosis, to Caesarean sections, to births in bathtubs” (Wollan 2009). In fact, some videos have been reportedly watched more than three million times. As one mother whose video is posted online unabashedly recounts, “Childbirth is beautiful and I’m not a private person” (Wollan 2009). On display is real birth—pain included. In addition, women who post their videos are eager to communicate with others by email to maintain a virtual community of women, both inquisitive and supportive, to disseminate information and pass on accumulated firsthand knowledge.

Some have found the graphic nature of public childbirth videos controversial and even “gross” as evidenced by an online forum hosted by *Parenting* magazine. As reported at this venue, reactions are split between those who think the postings of home videos are great and those who think they are gross, ranging from “I think it’s great for moms to see all the different and real ways women give birth” to “My question is why do these people feel the need to post it on the Internet?!” (Wollan 2009). But the cultural impact is indisputable as even childbirth classes have taken advantage of the options available online to use unedited, candid, graphic footage of birthing situations in contemporary (primarily home, not hospital) settings. The floodgates have been opened; images of actual crowning abound. And far from being delivered by women operating in the art world where the taboo is still strong, they have been launched by ordinary women seeking knowledge and offering a community spirit of power and empowerment reminiscent of ancient practices.

Another challenge to the current taboo comes from the recent world of Hollywood filmmaking, and again, not from the avant-garde art world. Judd Apatow, writer-director of *The 40 Year-Old Virgin* made a conscious decision in his 2007 film entitled *Knocked Up* to include an “original” way to document the birth scene of the main female character who is impregnated by a less-than-serious twenty-three-year old Los Angeles pothead. Searching for ways that defied previous limits, Apatow “was determined to show as much as the audience could bear, even if it meant he had to include a shot of the baby in the minutes before it leaves the mother” (Caddell 2007):

I just want to show what is real . . . I show a crowning shot because if I don't show that, then I am just doing an episode of *Friends*. I am trying to make you feel the pain of that experience because it is the most intense moment in people's lives, and I had to do something that hadn't been done before. (Caddell 2007)

Like the YouTube videos posted by birthing mothers, Apatow insists on a form of realism that—unlike Edwards's Britney-on-a-bear-rug—resembles Kahlo's and Chicago's inclusion of pain, in order to be as faithful to reality as possible:

My original goal was to find a woman who would allow me to shoot the baby coming out and match it to the real shot. I wanted to use the same sheets and the same bed. We came close to getting it done, but the state of California said, “You can't do it because the unborn child would need a worker's permit.” Of course, I couldn't get that until it was born! (Caddell 2007)

Apatow, a male director, pushes the limits of popular culture against a long-standing taboo that has circumscribed women's depictions and actions. He seems to have felt little apprehension in doing so: “Though some suggested that the birthing scene was too graphic, I left in three quick shots of the baby crowning.” When he attended the initial screening, he reported the audience “roared their approval” (quoted in Rodrick 2007). He had succeeded in breaking new ground. The taboo was dissolving before our very eyes.

CONCLUSION

Some might argue that the images of the moment of birth are just too explicit and this is simply too much reality. It is worth recalling that a birth movie made in 1938 by the American Committee on Maternal Welfare, *The Birth of a Baby*, was only shown after local doctors sanctioned the film and then only because it showed the birth of the newborn “through drapes of sheets” (Epstein 2010, 109–10). Moreover, in 1953, actress Lucille Ball—who was

pregnant in real life—was reluctantly allowed to appear on her hit television show only if she did not utter the word “pregnant”; the writers substituted “expectant” instead (Epstein 2010, 124–25). Finally, in the late 1950s, the French film *Naissance*, which showed an actual and natural birth, was deemed obscene, even for prenatal classes; a full year passed before it was shown at the Mt. Sinai Medical Center by Elisabeth Bing, founder of Lamaze International (Epstein 2010, 109–12). Many people just can't handle seeing the pain, the blood, and the variety of other bodily materials that might be involved. But many of those same people don't bat an eye when watching blood-and-guts imagery of war movies (admittedly fake) or actual war reporting: more proof that the experiences of men (including fake, acted experiences) are valued over those of women. Virginia Woolf once wrote about the different values men and women found in life and, consequently, the values they expressed in their writing:

This is an important book, the critic assumes, because it deals with war. This is an insignificant book because it deals with the feelings of women in a drawing-room. (Woolf 1957, 77)

The traditional location and space of birthing has not typically been the drawing room, but rather a more restrictive version of that space: the birthing chair, the confinement room, the hospital room. If Woolf is correct in her assessment of how cultures evaluate women's activities, how much more frequently and grandly would we celebrate and memorialize—in visual art deemed “high” and “fine”—the profound and challenging experiences involved in giving birth: if only women's activities were not assumed to be insignificant!

NOTES

1. The pre-Columbian Aztec goddess Tlazolteotl-Ixuin in the act of childbirth, as photographed by Man Ray, is composed of apilite (8 in. x 4 3/4 in. x 5 7/8 in.; see <http://www.artres.com/c/htm/CSearchZ.aspx?o=&Total=2&FP=359580&E=22SIJM56SK8GC&SID=JMGEJNBPNOMI3&Pic=1&SubE=2UNTWAIYLQ8S> (accessed October 1, 2011). This sculpture proved inspirational in the 1980s for the making of several versions of the crowning for Chicago's multiperson collaborative *The Birth Project*.
2. For Judy Chicago's website, see <http://www.judychicago.com> (accessed October 1, 2011).
3. We also recognize the word “mother” presents complications. When does motherhood begin, at birth or before? Is a woman considered a mother if her child does not survive the birth itself? We will not confront these questions in this chapter.
4. The image, from Capla Kestling Fine Art, can also be found at <http://upload.wikimedia.org/wikipedia/en/3/3c/Spearssculpture.jpg> (accessed October 1, 2011).
5. Shown only online is a reverse-angle shot by photographer Justin Farrow at <http://gawker.com/165659/britney-and-child-as-youve-never-seen-them->

- before (accessed October 1, 2011). The website warns, "Click to enlarge, if you must" and "Now we see why they [the gallery] only sent the front views."
6. Kukla notes the "canonization" of the book *What to Expect When You're Expecting* as the bible of pregnant women along with accompanying marketing and websites for organizing one's pregnancy, recording the fetus's progress (along with the woman's own growth), consulting cookbooks, and engaging in the commercialization of the process in what she cites as contemporary culture's inclination to treat the "uterus as public theater" (Kukla 2005, chap. 4, 105–44).
 7. Epstein here cites B. H. Kevles, *Naked to the Bone: Medical Imaging in the Twentieth Century* (New York: Basic, 1997).
 8. <http://pharaohsdays.blogspot.com/2010/10/diseases-of-women-and-children.html> (accessed October 1, 2011).
 9. Squatting woman giving birth assisted by two goddesses Hathor and Taweret from the Temple of Hathor, Dendera, ca. 323–30 BCE: <http://www.artres.com/c/htm/CSearchZ.aspx?o=&Total=58&FP=362279&E=22SIJM56SBDVJ&SID=JMGEJNBPNRNRN&Pic=42&SubE=2UNTWAWMWBEZ> (accessed October 1, 2011).
 10. Limestone statuette of a childbirth scene located at the Temple of Golgoi, Cypriot, Hellenistic, ca. 310–30 BCE, limestone 6 1/2 in. x 10 in (approx.); located at the Metropolitan Museum of Art, http://www.metmuseum.org/Works_of_Art/collection_database/greek_and_roman_art/limestone_statuette_of_a_childbirth_scene/objectview.aspx?OID=130002715&collID=13&dd1=13 (accessed October 1, 2011).
 11. Scene of childbirth, Roman ivory panel in relief, from Cumae, second century BCE, example of woman on a birthing chair supported by midwives (Museo Archeologico Nazionale, Naples, Italy). <http://www.artres.com/c/htm/CSearchZ.aspx?o=&Total=2&FP=364687&E=22SIJM56SBYKN&SID=JMGEJNBPNXG2H&Pic=2&SubE=2UNTWAGF3V0Y> (accessed October 1, 2011).
 12. Adrienne Rich wonders how male writers acquired the knowledge to compose medical treatises as they were typically not present at births. But as she notes of the time, "women did not write books" (Rich 1986, 134). Both Rich and Epstein are skeptical of men's supposed expertise at the time.
 13. Scene of a birth with midwife, stone relief from Isola Dell' Sacra, Ostia, dating from the first through the third century CE (Museo Ostiense, Ostia, Italy). <http://www.artres.com/c/htm/CSearchZ.aspx?o=&Total=2&FP=364687&E=22SIJM56SBYKN&SID=JMGEJNBPNXG2H&Pic=2&SubE=2UNTWAGF3V0Y> (accessed October 1, 2011).
 14. The website suggests that terra cotta figurines of women lifting their garments, which date from the fifth to third centuries BCE, are generally interpreted as apotropaic, driving evil forces away. It is interesting to note that midwives from the seventeenth century to the present have been known to invoke this tale to defend themselves against a male-dominated profession seeking to medicalize childbirth. <http://www.hsl.virginia.com/historical/artifacts/antiqua/women.cfm> (accessed October 9, 2011).
 15. <http://mw.mcmaster.ca/scriptorium/images/3008w-Childbirth.html> (accessed October 1, 2011).
 16. In *Get Me Out*, Epstein reproduces a fifteenth-century woodcut, one of the first obstetric scenes to appear in a printed book, in which a baby is being delivered by cesarean section to a dying mother. Even in this image, no man is present in the room (Epstein 2010, 156).
 17. For an example from a recent exhibit at the Kimbell Art Museum (2009), see http://www.kimbellart.org/artandlove/child_birth_tray_bowl.asp (accessed October 1, 2011).
 18. There is a discrepancy in the two accounts of this text. Epstein considers the 1540 publication to be a translation of the *Byrth of Mankynde* to be an English translation by Thomas Raynalde of *The Rose Garden for Pregnant Women and Midwives* (Epstein 2010, 15). Rich considers it a translation into English of a Latin text on midwifery, *De Partu Hominis* (Rich 1986, 138). It should be noted that both concur that like earlier writers of treatises, Rösslin was terribly uninformed; he "never saw a baby born, studied childbirth, or was even up-to-date on contemporary practices" (Epstein 2010, 15).
 19. An extreme example involved a report of a woman who "conceived and brought forth an Etheopian because she looked at a painting of a black man during conception," as noted by John Sadler, *The Sicke Woman's Private Looking-Glasse* (1636; reprinted, London: Theatrum Orbis, 1977; Kukla 2005, 15). Kukla also reports that this case forms the frontispiece to *Aristotle's Masterpiece, or the Secret of Generation Displayed in All the Parts Thereof*, published anonymously in London in 1684.
 20. <http://www.frida-kahlo-foundation.org/My-Birth-1932.html> (accessed October 1, 2011).
 21. <http://www.frida-kahlo-foundation.org/Henry-Ford-Hospital.html> (accessed October 1, 2011).
 22. See Sara Schnelle, *Crowning: Mary Giving Birth to Christ*, n.d., 5 ft. x 5 ft., acrylic with 23-kt. gold leaf, <http://www.schnellestudios.com/birthart.html> (accessed October 1, 2011).
 23. The author praises Pashtoon Azfar, director of Afghanistan's Institute of Health Sciences and president of the Afghan Midwives Association. As Grady notes (reminding us of the philosophical underpinnings of sexism in Western societies), "the deeper problems are cultural, rooted in the low status of women and the misperception that deaths in childbirth are inevitable—part of the natural order, women's lot in life." In some remote areas of the country, women are not even allowed to seek medical help from a male doctor.
 24. Maureen E. Stevens, "Introduction: Born in the USA," in *The Best Birth Book: A Physiological, Psychological, Emotional and Spiritual Guide* (2010), <http://www.childbirths.com/intro.html> (accessed October 1, 2011). The quote is attributed to J. W. Leavitt (1986), *Brought to Bed: Childbearing in America, 1750–1950* (New York: Oxford University Press, 12, 171).

WORKS CITED

- Arab, Sameh M. 2010. *Medicine in Ancient Egypt*. Part 2 of 3, "Diseases of Women and Children." Accessed October 1, 2011. <http://www.arabworldbooks.com/articles8b.htm>.
- Beauvoir, Simone de. 2010. *The Second Sex*. Trans. Constance Borde and Sheila Malovany-Chevallier. New York: Alfred A. Knopf.
- Caddell, Ian. 2007. "Birth Scene Crowns Saucy *Knocked Up*." May 24. Accessed October 1, 2011. <http://www.straight.com/article-92214/birth-scene-crowns-saucy-knocked-up>.
- Chicago, Judy. 1985. *The Birth Project*. New York: Doubleday.
- . 1996. *The Dinner Party*. New York: Penguin.
- Chicago, Judy, and Edward Lucie-Smith. 1999. *Women and Art: Contested Territory*. New York: Watson-Guptill.
- Claude Moore Health Sciences Library. 2010. *Women in Medicine: Childbirth Scene*. Stone relief. University of Virginia Health Sciences Library. Accessed October 1, 2011. <http://www.hsl.virginia.edu/historical/artifacts/antiqua/women.cfm>.

- Enslar, Eve. 2008. *Vagina Monologues*. New York: Villard / Random House.
- Epstein, Randi Hutter. 2010. *Get Me Out: A History of Childbirth from the Garden of Eden to the Sperm Bank*. New York: W. W. Norton.
- Grady, Denise. 2009. "In War and Isolation, a Fighter for Afghan Women." *New York Times*, July 28, D5. <http://www.nytimes.com/2009/07/28/health/28midw.html?scp=1&sq=In%20War%20and%20Isolation,%20a%20Fighter%20for%20afghan%20women&st=cse>.
- Jesse. 2006. "Britney and Child as You've Never Seen Them Before." *Expanded Gawker*, April 6. <http://gawker.com/165659/britney-and-child-as-youve-never-seen-them-before>.
- Kukla, Rebecca. 2005. *Mass Hysteria: Medicine, Culture, and Mothers' Bodies*. Lanham, MD: Rowman and Littlefield.
- Leavitt, J. W. *Brought to Bed: Childbearing in America, 1750–1950*. New York: Oxford University Press.
- Metropolitan Museum of Art. 2010. "Childbirth scene from the Heilbrunn Timeline of Art History." Accessed October 1, 2011. <http://www.metmuseum.org/toah/works-of-art/74.51.2698>.
- Musacchio, Jacqueline Marie. 1999. *The Art and Ritual of Childbirth in Renaissance Italy*. New Haven, CT: Yale University Press.
- Nunnery World Scriptorium Timeline. 2010. "Childbirth." From Osterreichische Nationalbibliothek, Vienna. <http://mw.mcmaster.ca/scriptorium/images/3008w-Childbirth.html>.
- Parsons, Marie. 2010. "Hathor." Accessed October 1, 2011. <http://www.touregypt.net/godsofegypt/hathor.htm>.
- Rich, Adrienne. 1986. *Of Woman Born: Motherhood as Experience and Institution*. 10th anniversary edition. New York: W. W. Norton.
- Rodrick, Stephen. 2007. "Judd Apatow's Family Values." *New York Times Magazine*, May 27. Accessed October 1, 2011. <http://www.nytimes.com/2007/05/27/magazine/27apatow-t.html>.
- Romero, C. Antonio. 2006. "Daniel Edwards Sculpture 'Monument to Pro-Life': Britney Spears as Madonna with Child." CultureKiosque, July 7. Accessed October 1, 2011. http://www.culturekiosque.com/art/exhibiti/britney_spears_birthing_sculpture.html.
- Rousseau, Jean Jacques. 1979. *Emile, or On Education*. Trans. Allan Bloom. New York: Basic.
- Seawright, Caroline. "Tawaret, Goddess, Demones of Birth, Rebirth and the Northern Sky." Accessed October 1, 2011. <http://www.touregypt.net/feature-stories/tawaret.htm>.
- Star, Sara. 2010. *Crowning: Mary Giving Birth to Christ*. Painting. <http://www.schnellestudios.com/birhart.html>.
- Superstock. 2010. "Scene of Childbirth." Photograph of Roman sculpture. Museum of History of Medicine, Rome, Italy. Accessed October 1, 2011. <http://www.superstock.com/stock-photos-images/1039-15091>.
- Tuana, Nancy. 1992. *Woman and the History of Philosophy*. New York: Paragon House.
- . 1993. *The Less Noble Sex: Scientific, Religious, and Philosophical Conceptions of Woman's Nature*. Bloomington: Indiana University Press.
- Wollan, Maria. 2009. "Lights, Camera, Contraction!" *New York Times*, June 11. Accessed October 1, 2011. http://www.nytimes.com/2009/06/11/fashion/11BIRTHS.html?_r=1&scp=1&sq=lights,%20camera,%20contractions&st=cse.
- Woolf, Virginia. *A Room of One's Own*. New York: Harcourt, Brace and World.
- Zamora, Martha. 1990. *Frida Kahlo: The Brush of Anguish*. Trans. Marilyn Sode Smith. San Francisco: Chronicle.

15 The Sublimity of Gestating and Giving Birth Toward a Feminist Conception of the Sublime

Sheila Lintott

INTRODUCTION

Having been gestated and having been born are two of the very few experiences common to all human beings. In fact, they may be the only common experiences. Although gestating and giving birth to a child are not universally shared experiences, they are experiences shared by many, many women the world over. These experiences, with their odd mixtures of pain and pleasure, distance and intimacy, mortality and life, vulnerability and strength, fear and love, and selfishness and selflessness, are remarkably distinctive from virtually every other experience open to human beings. This does not stop us from drawing comparisons with and using them as metaphorical bases to explore other experiences. Gestating and giving birth afford great homes for our metaphors and hyperboles because they can be both grueling and profound.

Akin to losing a loved one or falling in love, gestating and giving birth are the sort of experiences that can't be fully understood in the abstract. One must have the experience to grasp its general and personal significance. Even after having had these experiences, some struggle to fully comprehend them, whereas others avoid seriously reflecting on them, perhaps due to their existential potency. Giving birth is sometimes referred to as a transformative experience, one that can transform a woman into a new person while she births another new person. And it is difficult to speak about gestating and giving birth without sounding cliché, sentimental, grotesque, or even mystical. Perhaps this helps to explain why the experience of giving birth is so woefully underrepresented and underexplored in Western culture; that is, perhaps it is too difficult to accurately capture the experience without slipping into one of these realms. As a result, although we sometimes find ourselves surrounded by maternal imagery, we are denied authentic discussion, analysis, and representation of the subjective experience of gestating and giving birth. Instead, we are offered trivial representations that train us to deify or revile gestating and birthing women.

In this chapter, I analyze the complex experiences and insights that can accompany gestating and giving birth, considering them in light of