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**Precarious Embodiment:
Unwanted Pregnancy and Bodysubject Interruptus¹**
D. R. Koukal

Abstract

This essay offers a phenomenological description of unwanted pregnancy so that the central place of lived embodiment can be reinserted into the abortion debate and properly taken into account. What this description will reveal is the ontological drama of such “aversely pregnant subjectivities” at a time when ever more legislation is being passed that imposes ever more restrictions on the reproductive rights of women in the United States. This investigation is all the more pertinent in light of a new conservative majority on the US Supreme Court, which may well put the right to legal abortions in jeopardy. This essay’s highest ambition, however, is to convey to men the significance of these restrictions, since men by and large determine the policies that play a substantial role in shaping the bodies and lives of women.

Keywords: pregnancy, abortion, embodiment, phenomenology

Introduction: *The Handmaid’s Tale* and Embodied Subjectivity

Margaret Atwood’s dystopian novel *The Handmaid’s Tale* (1985) describes a nation called Gilead, a patriarchal theocracy founded on Old Testament Christianity. This society is beset by war, riven with internal sectarian conflict, and attempting to recover from an unspecified environmental catastrophe which has resulted in unprecedented rates of reproductive sterility. Any woman who has given birth to a child in the past becomes an important social commodity. She is placed among the Handmaids, a caste of women who are best described as reproductive slaves

¹ Over and beyond the two anonymous reviewers at *FPQ*, this essay owes much to discussions and/or correspondence with Emily Barone, Ami Harbin, Hanne Jacobs, Matthew King, Astrida Neimanis, Tracey Nicholls, Bronwyn Singleton, and Sharon Vlahovich. I am especially indebted to my colleague Beth Oljar, who first put this challenge to me. Nevertheless, the blame for any deficiencies in the essay falls on the author exclusively.

compelled to be surrogate mothers. Needless to say, given the animating ideology of Gilead, abortion is out of the question; in fact, it is a capital offense.

The bodies of Handmaids are prized and pampered, cared for and coddled. Socially isolated and swaddled in garb which subsumes their identities, their sole task is to submit to a monthly ritual of state-sanctioned rape. Laying symbolic but inert between the spread legs of an upper-caste but sterile Wife, the Handmaid is penetrated and receives the ejaculation of her Commander, who is married to the Wife and is the man to whom the Handmaid belongs. All having done their procreative duty; all wait for the results. Should the seed take, the child would belong to the Commander and his Wife. But a grim fate awaits the Handmaid who endures this ritual repeatedly but does not produce a child. She will eventually be deemed an Unwoman by the regime, and condemned to die of hard labor in the nuclear wastelands of the Colonies.

Atwood's story highlights the phenomenon of embodied subjectivity in connection to pregnancy, maternity, and surrogacy, and their relationship to social power. The Handmaids are reduced to their bodies' procreative functions. They are regarded by the social body as mere bodies with reproductive potential. They are "free" only to ovulate, incubate, and propagate, but these are nothing more than biological imperatives. Their pregnancies are coerced, their maternity is forced, their surrogacy is involuntary. To the degree that their fate is wholly determined by their bodies under the strictures of the Gileadean regime, they are subjects with no social agency; they have no projects they can call their own. Handmaids do not live their bodies; their bodies live *them*, sweeping away almost all of their subjectivity.

When read in this way, the novel can be used to shine a light on a stark impoverishment within the public discourse on reproductive rights in the United States. This discourse is dominated by the abstract language of rights and obligations—the rights or obligations of the pregnant woman on the one hand and the rights of the fetus on the other, which, in turn, hinge on speculation about the metaphysical status of the fetus. What is striking about this discourse is how infrequently any reference is made to the obviously central and concrete role the human body plays in this ethical drama. When the body has received attention from more scholarly commentators, it is often quickly relegated to a kind of theoretical placeholder in the debate. For example, many feminist scholars have noted that in the presence of the fetus, the body of the woman either disappears altogether or is relegated to a mere "container" or "incubator" for the fetus (see, for example, Verhage 2013, 303). Again, the language is abstract, and invites a Kantian analysis whereby the embodied woman is expelled from the kingdom of ends and relegated to a means only. Even in Judith Jarvis Thomson's famous defense of abortion, where it seems the body is central, the argument quickly devolves into the question of whether or not the woman is obligated to "lend" her body to the fetus (Thomson

1996). This in turn implicitly raises the issue of who “owns” the body of the pregnant woman. This reduces her body to a form of property, which is nothing more than a legal abstraction (Mackenzie 1995, 52; Gray 2013, 83–85).

These are all very peculiar ways of talking about the body, because such language seems to suggest that it can be cleaved from the subject. These discussions routinely ignore this underlying ontological dimension of the body. However, in recent years, a number of feminist scholars, many elaborating on the pathbreaking work of Iris Marion Young (2005), have turned their attention to the ontological aspects of pregnancy and natality, employing various phenomenological methods to achieve new insights into this state of embodiment. But despite this welcome attention, what is still lacking is a rigorous phenomenological account of an unwanted pregnancy.²

This essay endeavors to provide such an account, and describe at a pretheoretical level an embodied subjectivity at odds with its own state of embodiment. This investigation is particularly interested in exploring the limited agency induced by constraints that fall upon an embodied subject who is compelled to live a body it does not want to live. This description will provide a sound ontological foundation where the central place of embodiment in the abortion debate can be reasserted and properly taken into account. What this description will reveal is the ontological drama of such “aversely pregnant subjectivities” at a time when ever more legislation is being passed that imposes ever more restrictions on the reproductive rights of women in the United States (Guttmacher Institute 2019). This investigation is all the more pertinent in light of a new conservative majority on the US Supreme Court (Litman 2019), which may well put the right to legal abortions in jeopardy and move the country closer to Atwood’s dystopian vision. *This essay’s highest ambition, however, is to convey to men the significance of these restrictions, since men by and large determine the policies that play a substantial role in shaping the bodies and lives of women.*

This study is built on a foundation comprised of Edmund Husserl’s notion of the lived body, which was first articulated in *Ideas II* and later elaborated on to great effect in the work of Maurice Merleau-Ponty. This work feeds into a general

² A representative collection of this recent scholarship can be found in *Coming to Life: Philosophies of Pregnancy, Childbirth, and Mothering*, edited by Sarah LaChance Adams and Caroline R. Lundquist (2013). However, the only work I can find that alludes to my topic is Lundquist’s earlier essay “Being Torn: Toward a Phenomenology of Unwanted Pregnancy” (2008). In this essay, Lundquist calls for a phenomenology of this bodily situation; the present essay may be considered at least a provisional answer to this call, though my reflections on this phenomenon started long before coming across Lundquist’s article.

phenomenological account of embodiment, followed by a rigorous description of pregnant embodiment that leans heavily on recent feminist scholarship. Following these are descriptions of different modes of embodiment that are analogous to pregnancy, which are meant to ground Husserl's method of imaginative variation. These accounts might seem to wander far afield from the primary focus of this investigation. However, they are essential tools deployed for the purpose of "levering" male readers into the dimension of experience under investigation so they have an opportunity to grasp its sense and significance for the women who must live it. These analogous accounts are meant to build bridges of empathy by isolating certain general structures of nongendered embodied phenomenon. Readers—particularly male readers—are then invited to use these bridges to focus on the constitution and meaning of aversely pregnant embodiment within an intercorporeal, social context, where the dimension of gender will become more fully apparent. All bridges share a general structure but connect different places. This suggests that while these bridges of empathy will not enable men to cross over entirely into a full experience of a female Other, they can serve as vantage points that might allow glimpses into their lived worlds. It is hoped that these men will see, at least in outline, an instance of what Judith Butler calls "precarity," but here understood as something that threatens the meaning of a lived world at the level of the body (Butler 2009, i–ii; see also Butler 1988, 2006; Butler and De Boever 2015). Finally, this study concludes with some comments of critique drawn from this phenomenological analysis; these comments themselves are not, strictly speaking, phenomenological.

1. Our Bodies Described in General Phenomenological Terms

Our bodies are much more than inert physical objects made of flesh and blood. Rather, we as subjects "live" our bodies; they are our openings onto the world, with which they are in dialogue. Animated by consciousness, they move toward beckoning horizons, gesturing toward and orienting themselves in relation to things, spaces, situations, and other subjects with bodies. The human body, then, is no mere appendage to the self (Husserl 1989, 159–160, 165–167; Pietersma 1997, 458; Diprose 1994, 110).³ In fact, it would be more appropriate to refer to the bodysubject,⁴ so called because at a fundamental level there can be no cleavage

³ What is being described in this paragraph is the distinction that Husserl makes between *Körper* (a physical body situated in space and subject to causal laws) and *Leib* (the body viewed as a living organic entity).

⁴ The typical rendering of Merleau-Ponty's *le corps propre* is either "lived body" or the hyphenated phrase "body-subject." I have no quarrel with the first phrase, but for the purposes of this essay I will eliminate the hyphen from the second phrase

whatsoever between a particular human body and a particular subjectivity. It is precisely this supreme lack of separation within this “near” horizon of experience that invites us to regard our bodies as so much more than mere property. Our lived bodies can never be lived by another in the same way—they are at this level strictly inalienable in any absolute sense. No matter the particular situation it finds itself in, each particular lived body is the very source of the world in which it participates and from which it makes meaning in that world. Our bodies are not something we each *have*; they are something we *are* (Beauvoir 1974, 33; Diprose 1994, 103–104; Diprose 1995, 209).

And yet, to live our body is to also experience a trace of the inert and “objective” material thing that is also intimately implicated with it (us!) at the same time. Imagine a friend approaching us from behind and unexpectedly placing their hand on our shoulder. In such instances, we experience the “objective” dimension of our body (us!) even as this is conveyed to us “subjectively.” In this moment the body is simultaneously a sensing subject and a sensed object. This phenomenon of reversibility marks our bodysubjectivity with an irreducible ambiguity in regard to these two metaphysical categories.

One way of exploring this ambiguity is to employ the image of water as a heuristic metaphor. This metaphor attempts to leave behind the dualisms of “subject/object,” “inside/outside,” and so forth, that have so infected Western philosophical discourse since the advent of modernity. We contend that this metaphor will more effectively evoke the multiplicity of forces and the infinity of patterns that constitute bodysubjectivity. We can conceive of a body of water as being a singular organic entity, but within this entity, it makes no sense to speak of “sides” or borders or edges or insides or outsides. The intimate and almost invisible but strongly felt interdimensionality of water brings with it countless tropes of flow and stoppage, currents and countercurrents, depth and surface, drift and surge, flood and trickle, force and equilibrium, calm and roiled, flushed and channeled, flowing to and from, with and against, and so on, all of which much better capture the multitude of fluid interflows of lived, embodied experience.

and its derivatives in order to emphasize this irreducible relationship. Though I am not particularly fond of such graphical neologisms, “body-subject” carries a whiff of Cartesian dualism about it; “bodysubject,” I think, better conveys the sense of the original French: “one’s *own* body.”

2. Pregnant Bodysubjectivity as a Project Willingly Engaged, and the Counterflow of Corporeality⁵

One possible mode of embodiment that can gradually surface from the ripple of reversibility is pregnant bodysubjectivity. For our present purposes, we are assuming a desired pregnancy willingly engaged by the embodied subject, the description of which will provide a counterpoint when we turn to analyze the averse, unwanted pregnancy. Pregnancy's particular kind of corporeality emerges out of the agency of biology. Often biology flows with us, and we hardly take notice of its presence. But at other times, it flows against us and makes its own demands that begin to challenge any notion that our bodies "belong" exclusively to us as "pure" subjects. In pregnancy, various corporeal changes announce to us a complex relationship of imperatives that herald the slow reconstitution of our bodysubjectivity which is the site of action, change, and creativity—but at this biological level of experience, not control (Diprose 1994, 103; Rodemeyer 1998, 79; Verhage 2013, 301–302). This corporeal reconstitution remakes our spatial orientation towards the world. As the biological imperatives of pregnancy course through us they slowly build and then surge, and are experienced as countercurrents that at first tax our efforts to live our bodies in the ways to which we have become accustomed. Depending on the physiological particulars of each pregnancy, we can grow to a comfortable fullness, or expand to such a degree that we become less comfortable in our skins and clothing. The reshaping of our viscera can contribute to a cozy sense of fecundity or may descend upon us like a weight that is suffused throughout our whole body and being (Piering 2012, 185; Young 2005, 49–50; Bigwood 1998, 103). Depending on how we "carry" the pregnancy, our altered motility may be analogous to the dance we undertake when we gingerly sidestep puddles on a rainy day. Or, we may feel a drag that increases with each step we take, like wading into a large body of water. In pregnancy, our sense of boundaries escapes our corporeal contours to various degrees and changes our comportment towards our immediate environs. These shifting boundaries change not only our relationship to the surrounding world but also our relationship to our own inalienable body, our own self. We experience our body as ours but also not-ours; there is a felt sense of increase in volume and mass. Our insides are the space of another yet also of our own body; a commingling commences, through the dynamics of intimate intraflows. The fetus's "separateness" is neither physically well

⁵ The scholarly foundation for this section is Iris Marion Young's essay "Pregnant Embodiment: Subjectivity and Alienation" (2005), which itself serves as a kind of touchstone for so much of the more recent philosophical labor on the topics of pregnancy, childbirth, and motherhood. Young's analysis is here supplemented and refined by this more recent scholarship.

established nor felt as such by the pregnant bodysubject. Because there is no clear boundary between the two, the tickles, gurgles, kicks, and other internal movements are all experienced as paradoxically without and within; they come from another place, belonging to an other, an other that is nevertheless the body of the pregnant bodysubject, two fleshed in one place. Even here, our bodies are always co-present with us—as us—which in turn will reconstitute the meaning of our lived world (Young 2005, 49–50; Irigaray 1981, 63; Mackenzie 1995, 50–51; Rodemeyer 1998, 79–81; Gray 2013, 72–83; Welsh 2013, 287–288, 291).

All of this renders fluid the boundary of what is within and intimate to the self and what is experienced as outside and separate from the self. In pregnancy we become more centered on the constantly changing factual dimensions of our embodiment, which is experienced as neither one or two. Subjectivity becomes blurred and confused. We are *both* one *and* two; we are able to *be* and *have* the Other and still remain *ourselves* (Diprose 1994, 104, 109–110, 116–117; Diprose 1995, 208; Rodemeyer 1998, 80–81). As the body continues to spread and double, so does the “I” of the ego, which slowly flows into its new mode of embodiment. During this process, we may at times experience ourselves as tethered to an awkward body floundering through the world. But as our body gradually comes to find the new grooves worn by the currents of biology, it comes to flow back into a reconfigured world; and as it does so, it becomes more transparent, more able, as it transforms our very manner of being-in-the-world. Eventually, we are able to glide with ever more ease through our aims and projects, as we navigate our world in communion with this new body (Young 2005, 50–52; Diprose 1994, 114, 117; Little 2005, 320–321).

In short, pregnancy challenges at a fundamental level the notion that our bodies are wholly “ours.” While it may be true that we are the only ones who can live our bodies at a first-person level of experience, it is manifestly the case that the physical-biological world also has a claim on them. In such instances, our corporeality displaces or shifts or morphs or diffuses—but in no way eliminates—our subjectivity. Every pregnant body is lived in the most intimate way imaginable, but at the same time, it is caught in the undertow of biology, which can make us experience it as something at odds with our selves. To put it another way, a hard facticity enters into a new relationship with transcendence. In the midst of these corporeal changes, the embodied subject must approach their projects differently. At this level, our world must be lived through a kind of primal and ongoing negotiation between the two (Diprose 1995, 211–212). In the pregnant bodysubject, we have a particular kind of confluence of two currents that come into contact with each other in varied ways.

3. The Counterflows of Corporeality and Subjective Currents in Different Modes of Bodysubjectivity

But it is important to show that parts of this dynamic are essential features of bodysubjectivity in general and not just confined to the project of pregnancy. Only by pointing out these similarities and thematizing them can we come to eventually appreciate what it means to live a body that is aversely pregnant—which, remember, is the prime objective of the current investigation. In order to achieve this goal, it is essential we take the time to carefully lay down this foundation of the lived structures that underlie bodysubjectivity per se, which will allow the possibility for those who have never been and never can become pregnant to see the significance of this mode of embodiment for those who are compelled to endure it.⁶

If we consider pregnancy as a project that a bodysubject can freely take up, we can conceive of bodysubjects freely taking up other kinds of projects. Consider, for example, the competitive runner. A bodysubject freely takes up the project of running in competition and begins their training. This move from a relatively sedentary existence to a more active one is experienced as initiating a new relationship within the bodysubject that exerts a pull in connection with a particular aspect of its manner of being. As the self which is the body persists in trying to pull itself into new channels, its corporeality resists the establishment of a training routine. This continued resistance is experienced as a countercurrent within the world of the bodysubject, as it makes its way towards moving through this world differently. Over time, corporeality slowly starts to flow in the same direction as the project and more fully joins this new routine. As it becomes more integrated into this new project of the bodysubject, aches and pains emerge. To the extent that they have freely chosen to take up competition, the runner embraces as an attitude both this overarching project as well as the physical ailments that accompany it (Diprose 1995, 208). Like the pregnant bodysubject, there may be times when they feel ambivalent about their project given the emergence of exhaustion and physical discomfort (Lundquist 2008, 140). But in their commitment to this project, they move forward because competition is one way they have chosen to make meaning in their world. Trained to a razor's edge of peak performance, exhaustion and discomfort submerge again and are subsumed into this bodysubjective project. The flow of corporeality is brought into the desired ontological equilibrium.

However, there are times when aches and pains grow too great and do not allow the running bodysubject to compete at the level to which they are accustomed. In the worst-case scenario, such discomforts may not allow them to

⁶ Though it is true that many women never have been and never can become pregnant, the reader is reminded that this analysis is directed at the male-dominated legal and political structures which govern women's bodies.

compete at all, or even train. As the equilibrium between project and corporeality breaks down, the waters of this part of their lived world become disturbed. A sore back or a broken leg roils the world the runner has structured for themselves. As their corporeality diverges from the self, their relationship to their own body is altered because it is contrary to how they would like to experience it. In such situations, their body becomes more manifest to them and flows away from their sense of self.⁷ Wherever they go, they must haul their broken leg around and find a place to put it, like an object alien to their body—but one that can never be left behind. They experience their sore back as something that stands between them and the simple project of bending over to pick something up, as something that will exact a toll measured in pain or discomfort. In all of these phenomena, even though their bodies will always ever remain theirs to live from their own unique and intimate perspective, they experience their bodies, or a part of their bodies, as something they desire to “be without,” though the separation they desire is impossible. In such instances the runner “has” a body rather than “is” a body. What results from this is not an alienation from their body but rather a collapse of constituted meaning that alienates them from their *world* (Diprose 1995, 209–211).

In such instances, the bodysubject can no longer maintain their runnerly integrity; they flounder, and their world becomes torpid. But this does not mean that there is no recourse available to them. In such situations, they can strike out in a new direction by readjusting their attitude to their altered state of corporeality (Diprose 1995, 211–212). In the case of aches and pains, they can hunker down to wait these ripples out. In regard to more serious conditions (the broken leg, the persistently sore back, etc.), they can find the strength to tread water while trainers or medical professionals help to ease their way back into their project by bringing their project and corporeality back into equilibrium, so as to reconstitute the running bodysubject. What all this shows is that though our corporeality can be experienced as a fleshy, physical, biological vortex that has ensnared us to a greater or lesser degree, we always attempt to remerge it into our subjectivity (and vice versa) and, by extension, the world of our freely chosen projects (Leder 1990, 18; also see Diprose 1994, 104–107, 114).

Out of this complex dynamic of shifting drift, force, and confluence, another facet of our experience emerges—our temporal world, in particular our lived gestures toward the future. Experience reveals to us that for some physical states—such as the ache, the pain, the broken leg—there will likely be a “beyond” when we can establish a more balanced equilibrium between our corporeality and our projects, and it is our cognition of such a beyond that shapes our attitude toward

⁷ More *present* as opposed to *ready-to-hand*, as Heidegger (1993, 102–104) would put it.

such corporeal states in the present. Other states, such as possibly chronic pain and discomfort, render our futures more precarious because they suggest that it might take longer for this balance to be restored—if ever. Different corporeal states inform the futures of competitive runners. Those at the top of their training and preparation anticipate success on the track. Those who are undertrained or nursing an injury will tend to expect disappointment in their performance and adjust their attitude toward their project accordingly. Similarly, the futures of pregnant bodysubjects are suffused with anticipations and uncertainties pointing toward a beyond, which often points in turn to another set of futures.

This focus on the temporal brings into sharp relief another facet of experience wherein we struggle to reintegrate our projects and corporeality. But another strategy of reintegration would be to refuse the project—and hence that particular future—altogether. The runner, for example, can always choose to withdraw from competition, even though it would admittedly remake the meaning of their world in a significant way. Similarly, the pregnant bodysubject can in principle choose to remake the meaning of their world by withdrawing from the process that is reshaping their bodysubjectivity and their future—but in most cases only up to a certain point, and this is a vitally important stipulation.

Despite this stark difference, this comparison of the project of running to that of pregnancy is meant to show how our corporeality and projects move in and out of equilibrium in both instances and to varying degrees. But more importantly, it is meant to reveal, at least after a moment's reflection, that this dynamic is present in every bodysubject. To realize this commonality is essential to the present study, as it will allow any bodysubject the possibility of identifying to some degree with a bodysubjectivity experiencing an unwanted pregnancy.

4. The Crosscurrent of Society, and Pregnant Bodyintersubjectivity

The various inter- and counterflows thus far described are not the only forces that constitute bodysubjectivity. Already running across this complex dynamic is a deep current of social and cultural norms that also exert enormous influence on our individual lived worlds. What this means is that our worlds are not wholly self-constituted but rather co-constituted by the various accrued and sedimented meanings of the social worlds into which we are thrown. In regard to embodiment, these take the form of various “body images” that are presented to us as ideals and which shape the way we regard our bodies in terms of “health,” “ability,” “beauty,” “masculine,” “feminine,” and so on. Under the sway of such ideals, we may find ourselves in congruence with them; oftentimes we struggle to live up to these norms, sometimes we reject them altogether and attempt to leave them behind. But even in this last instance, by way of rejection, they serve as a counterpoint that still exercises a pull on our self-identity (Weiss 1999). This is why it is not

inappropriate to speak of “*bodyintersubjectivity*.” Though cumbersome, the term denotes the fact that we are always already immersed in a social world of constituted meaning which cannot help but exert a pull on our bodysubjectivity (Diprose 1994, 113–116, 119–122; Mackenzie 1995, 53).

When the pregnant bodysubject eventually emerges from the zones of intimacy and familial privacy, it can be publicly recognized as culturally meaningful, as the source of family, the social body, and all human life (Beauvoir, 1974, 540; Diprose 1994, 25; Gray 2013, 76). Its visible fecundity presents as a difference emerging from a unity and makes it the object of social appraisal, and it is pulled into the body politic by a current of a certain kind of attentiveness (Diprose 1994, 22–23, 26). Queries as to due date, the sex of the fetus, possible names, reproductive history, the question of whether to use pharmaceutical pain relief during birth—all of these signify a sense of common ownership of the pregnant bodysubject, at least to some degree. Implied is a casual right to know certain intimate details about the pregnant bodysubject’s situation. This intimacy sometimes has tactile and even aural dimensions. The belly of the bodysubject is often touched or listened to, almost always after asking permission but almost never with an expectation that it will be refused. It is one thing for such scrutiny to come from family members, but oftentimes it comes from strangers outside this zone of intimacy. All of this speaks to an intersubjective, communal claim on the pregnant bodysubject. This communal claim can be experienced as an embrace because of the social privilege that generally comes with this form of embodiment. The pregnant bodysubject is the advent of a new member of the community which they are making possible, and so is often the recipient of courtesy, praise, congratulation, approval, and more generally, a level of caring within which it can warmly immerse itself. The pregnant bodysubject is borne along in a community that is living the body *with* it by caring *for* it (Heidegger 1993, 122; Diprose 1994, 113, 119; Guenther 2006, 144; Piering 2012, 178–181, 186–187; Fischer 2012, 191; Rogers 2013, 120; Verhage 2013, 318; Lupton 1998, 59–85).

However, there are instances in which the pregnant bodysubject is received much differently, and the waters of society run cold. Sometimes the scrutiny of the pregnant bodysubject is silent, taken from a distance and tainted with disapproval if it is deemed too young, too old, too poor, too dark, too fertile, or in any way too at odds with a given society’s body image of “maternity.” Looks of censure inscribe themselves on such pregnant bodysubjects, and in some cases they are even verbally reprovved for these and other perceived transgressions. For example, it is not unusual that pregnant bodysubjects observed drinking alcohol are publicly accosted, even though they may be consuming moderately and in consultation with their doctors. In such instances, pregnant bodysubjects experience the current of public disapproval as flowing against them, by virtue of their perceived behavior, or

because of certain factual features of their embodiment or their particular place in a social order. These open up the pregnant bodysubject as a site of public judgment, wherein they are considered to be unworthy of their state or unable to care for themselves and the being within them. Such judgments make such bodies “problematic,” with concern shifting from that of the bodysubject to the fetus and the fetus alone. In this, society moves in and flows past the pregnant bodysubject; it no longer cares *for* the bodysubject in its own being but rather cares *about* it in an instrumental way that invites intervention for the sake of an unborn Other (Piering 2012, 181–184; Diprose 1994, 23–26, 60; Heidegger 1993, 122). This more instrumental manifestation of care is greatly amplified once the pregnant bodysubject comes under the scrutiny of a medical establishment that routinely overestimates the risks to the fetus in the absence of hard medical evidence (Lyerly et al. 2009, 35–42).

Earlier we noted how biology can generate a countercurrent against a pregnant bodysubject, causing them to experience a sense of “splitting” of their subjectivity even while it remains one. What we are describing here is a crosscurrent that has a similar effect, wherein the pregnant bodysubject’s corporeality presents as alien to itself by virtue of how it is regarded by the social order. When such a bodysubject becomes an object of social concern, it paradoxically emerges in one sense but submerges in another (Verhage 2013, 303). This shows how social power is a mode of government that structures the possible field of actions for pregnant bodysubjects, in which bodies are made, not given. This power vigilantly scrutinizes the pregnant bodysubject as the site of reproduction of the social body, in the name of the latter’s health and welfare. Here the social dimension of our lived world, even though it is at one level *our* lived world, comes together with the factual biological imperatives that shape our lives and pushes back. In the guise of prenatal care and broader cultural conceptions of maternity, social power literally—not metaphorically—moves through pregnant bodysubjectivities, where its influence is experienced at the ontological level as a felt duty to gestate (Foucault 1982, 27; Foucault 1980, 58; Diprose 1995, 213–217; Lupton 1998, 59–85; Kukla 2005, 3–27; Little 1999, 295–312).⁸

5. Averse Pregnancy, Involuntary Surrogacy, Forced Maternity, and Bodysubject interruptus

As we have seen, our world often demands that we engage with unexpected or unintended events that cause our aims and projects to become entangled or

⁸ It should be noted that very fruitful work has been done in critical disability theory on the Foucauldian notion of the governability of bodies; see, for example, Scully (2008), Tremain (2001), and Wendell (1996).

placed in tension with one another. In such instances, the whole of our world is no less meaningful, but it is experienced with a greater degree of precarity. An unwanted pregnancy and undesired birth might be considered instances of such highly precarious events, especially since these events are centered in a body that is on one level inalienably ours and our opening onto the world, but at another level *not ours* in that the world can take hold of bodies in various ways and hold them fast.⁹ What emerges here is how crucial the attitude of the bodysubject is towards their pregnancy and potential birthing, within this wider ontological context. This requires us to imagine a bodysubjectivity that does *not* want to integrate pregnancy into their lived world. We must undertake an examination of a pregnant bodysubjectivity who experiences themselves as the bodily source of, but an *unwilling* participant in, their own situation.

This unwanted pregnancy is carried by a bodysubject that undergoes all of the same biophysical changes described in the second section of this investigation, but the assumption there was that the bodysubject had *willingly* taken up the project of pregnancy. In this, the pregnant bodysubject can be considered the site of an original and absolute hospitality that is being extended to a potential bodysubject. Yet hospitality issues from an act of subjective generosity, which in principle may be withdrawn (Verhage 2013, 316–317; Gray 2013, 84–85). This means that the *aversely* pregnant bodysubject must experience the changes that wash over and through them differently. Insofar as pregnancy is a state they do not desire, and birthing is a possibility they want to refuse, they will experience these phenomena as things that will resist integration into their lived world, and so there will be no gliding, reintegrating “flow” back into their own bodysubjectivity. There is always the chance that they may change their attitude and come to embrace their corporeal state and the future towards which it gestures. But if not, they may move to take a firmer hold on a body that on one level is only theirs to live, and to reassert their place in the making of their world by terminating the pregnancy.

However, if they are prevented from reasserting their place in the making of their world in this way, then they are condemned to be an unwilling participant in a creative process that they do not plan and direct, but in which they are nevertheless intimately immersed. Their world has been radically transformed, not only by a biological change in themselves, but by a *social claim on their bodysubjectivity*. This

⁹ Another way of finessing this point might be the application of an adjective that Heidegger often uses in connection with the various structures emanating from Dasein: “one’s *ownmost* [*eigenste*] body.” We are not the exclusive “owners” of our bodies, though it seems correct to say that, in one sense, we “own” it *most*, in that only we can live our body *corporeally*.

proscription imposes an experience of their ownmost body as alien and a burden, and as a portent of a future they wish to refuse.

By way of contrast, the claims made on our bodysubjectivity by bodily ailments are experienced as something that has penetrated or interpenetrated to a greater or lesser degree the physical-biological being that we are, and which can be freely taken up in various ways. An unwanted pregnancy makes exactly the same sort of claim on a bodysubjectivity because it too has a physical-biological dimension.¹⁰ An unwanted pregnancy and a bodily ailment share one essential feature: the state of our corporeality is other than we wish it to be. Yet the body can never be alienated in any absolute sense, since the body must always be corporeally lived by the subject. As noted earlier, the body is experienced as both belonging and not-belonging to the subject, but both of these modes of bodily existence are nevertheless experienced exclusively by the subject, simultaneously. But because the body and the subject are experientially correlative, the alienated body affects our very way of being-in-the-world (Mackenzie 1995, 53). In other words, much more than the body is swept up in such situations; what is also swept up is subjectivity itself. In situations like these, the body loosens our hold on our lived world and shapes it in ways that are at odds with our future aims and projects. At issue is the freedom to shape a flowing, integrated bodily experience (ibid.).

The bodysubject is typically free to take up bodily ailments in a variety of ways (e.g., reorienting the body in relation to the affliction, seeking medical attention, pain management, withdrawing from the activity that is aggravating one's corporeal condition, etc.). Even in instances where the social claim on the meaning of a particular medical diagnosis is strong—say, a diagnosis of HIV in the 1980s—no one would prohibit the HIV patient from seeking medical assistance, as hopeless as that might have been at the time. By way of contrast, the aversely pregnant subject is prohibited from availing themselves of medical assistance past a certain point in their pregnancy if their intention is to terminate it. This prohibition, emanating from a social claim on their bodysubjectivity, radically alters the manner in which they regard their own body. But let's imagine that the 1980s HIV patient *is* legally prohibited from seeking medical relief; the ontologically salient point is not that such a person is being compelled to continue to suffer but rather that they are prohibited from freely disposing of their own bodies, which are intimately bound up with their subjectivity. In this instance, the HIV patient finds themselves in a place

¹⁰ Some may object to the comparison of pregnancy to various bodily ailments, but given that both pregnancy and physical illness are grounded in the body, we should be able to see that the analogy is fairly strong. In fact, Young herself implies that a pregnant body can be experienced as an illness in certain circumstances (Young 2005, 52).

very similar to that of the aversely pregnant bodysubject, who is foreclosed from a possibility that is not permitted.

Since the aversely pregnant bodysubject is prohibited from ending their pregnancy, they are compelled to live a bodily state they no longer wish to live. The disposition of their body is exposing their very ownmost self to social coercion and has made of them a potential criminal. In this, the social body marginalizes those bodysubjects who would choose to reject or deny their pregnancies. On one level, their body is no longer theirs, to the extent that it is now partially possessed and shaped by legal proxy, even while their body remains theirs—only they can live it in an ownmost corporeal way. Though there can be no *actual* split between body and subject, there is a felt *sense* of splitting. In this ambiguous carnality, our corporeality is experienced as alien, as if it is host to something we desire to expel, like a cancerous tumor. Our body flows against our subjectivity, and we become “tossed about” in our very being; our sense of self is disrupted (Lundquist 2008, 136–143).

Given the central place that corporeality plays in our being-in-the-world, we should be able to see how legal proscriptions against abortion can only amplify a sense of the “doubleness” of the aversely pregnant bodysubjectivity, of their own sense of both belonging and not-belonging to themselves. Such a bodysubject’s manner of being is circumscribed by a social claim on the body. The social construction of the maternal and insistence on birthing overdetermines the aversely pregnant bodysubject and renders them mute, acquiescent, and docile (Lundquist 2008, 140–141, 151–152; Foucault 1995, 135–169; Verhage 2013, 316–317). Thus, like the ill person who is legally denied medical treatment, the freedom of the aversely pregnant bodysubjectivity is constrained by their own body and the law. This is to experience an ontological precarity that on one level is centered in a body, the ownmost control over which we typically take for granted in our lived world. But as was previously mentioned, this precarity is experienced at another level because it also alienates us from our world (Diprose 1995, 209–211). This, like the ill person who is denied treatment, is an instance of bodysubject interruptus.

What this term signifies is an intervention that amplifies the precarity of a body to such a degree that it amounts to the radical remaking of a world founded solely on the terms of an Other. An aversely pregnant bodysubjectivity is compelled to live a world that is shaping a future they do not want to choose. As this future exerts its pull on them, it may draw them towards a choice that might have been forestalled had they been allowed full sway over the body that is (or was) theirs in the sense that only they can live it in a corporeally ownmost way. Will their future be fitted with a parenthood they wanted to refuse or, alternatively, marked by the absence of a child they never wanted a hand in creating? Each day, every week, they inspect their body for signs of transformation they do not wish to experience. Eventually, their swollen belly announces their unwilling condition to a lived world

generated by their corporeality and the law. Congratulations and innocent queries about due dates follow, ever drawing their consciousness toward a future suffused with trepidation because this future is unwanted. Belly-touches are not welcomed because even as the fingers contact a body they feel at odds with, they nevertheless experience the caress as intimate, which again reminds them of a body that is at once theirs but over which they have only a highly circumscribed agency. The disquieting ontological hybridity of their pregnant body, an entity that is simultaneously in-itself and for-itself (Sartre 1956, 172–179), beckons a world to inscribe its meaning onto the subjectivity which is coextensive with it, even as the two are being pulled apart by the social construct of illegality.

If an aversely pregnant bodysubjectivity portends involuntary surrogacy, it is this bodysubjectivity alone which is compelled to undergo maternity, to anticipate the medical risks that accompany even a healthy pregnancy, to bear the pain of birthing, to undergo the transformation of their body afterwards, and to suffer the possible trauma of giving up their child for adoption under the auspices of this coercive arrangement. Indeed, since phenomenology makes no distinction between the self and the body, in a very real experiential sense the bodysubject who signs the surrogacy contract is not the same bodysubject who is eventually asked to surrender the child they brought into the world. The self changes along with its corporeal schema, and so we might reasonably expect that when this time comes, an ordeal may well ensue (Diprose 1994, 114–117).

In the case of forced maternity, this bodysubjectivity must also bring a new life into a world that may well be shot through with resentment, stigma, and possibly other forms of precarity (Beauvoir 1974, 540–551). This bodysubjectivity will be assigned primary responsibility for this life, which may well introduce other forms of precarity into the world of this bodysubject. When confronted with a pregnant bodysubjectivity, society demands maternity, even though the pregnant flesh is in no way maternal. Despite the fact that maternal obligations only begin with birth, society inscribes the pregnant bodysubjectivity with motherhood pre-birth (Gray 2013, 85; Mackenzie 1995, 54)—parents want a grandchild, siblings anticipate a niece or a nephew, and children await a brother or sister. But beneath all of this constituted meaning lays the meaning of the body this subjectivity reluctantly lives.

Both of these possible futures have their origin in the aversely pregnant bodysubjectivity, and they alone must bear the burden of this choice—though it is a choice imposed on them from without. The choice between involuntary surrogacy and forced maternity, and the futures that issue from this choice, interrupt to different degrees a lived world through the ontological abduction of not only bodies but also subjectivities. The implications of such abductions will extend far beyond the term of a pregnancy, which means that in very significant ways this lived world

will never again fully belong to these bodysubjectivities. In being compelled to bear a child, these bodysubjectivities are reduced to their sex and set against their own substance in that they are forced into a role in which they no longer recognize themselves. This insidious reduction is parasitic on their personhood, which, understood phenomenologically, is an open-bodied project that each must undertake for themselves (Guenther 2006, 144, 150; Diprose 1995, 209). It is precisely this that makes averse pregnant bodysubjectivity an instance of bodysubject interruptus.

Conclusion: *The Handmaid's Tale*, Revisited

The similarities between Atwood's Handmaids and the nonfictional averse pregnant bodysubjects this essay has attempted to describe should be obvious. At the same time, we must note an obvious difference: abortion is a capital crime in Gilead, while at this point in time abortion is legal but restricted in the United States, with individual states constantly erecting statutory barriers to the procedure. However, it must again be noted that a more conservative Supreme Court could very plausibly push things in a more Gileadean direction (Guttmacher Institute 2019; Litman 2019). But note that this difference is one of degree, not kind.

There is another, more stark difference between the two societies worth noting: the children born in Gilead have to be more highly valued than those born in the United States. Given its dire situation of reproductive sterility, Gilead faces an existential crisis in the literal sense. Though Atwood does not say a great deal about how children are cared for in her dystopia, the logic of her narrative dictates that each pregnancy producing a healthy child is one that is highly valued. The regime would take a most active role in caring for each child because each is an essential element in sustaining the social body.

Though not confronted with such a calamitous sterility crisis, the same could of course be said of each child born in the United States, given the ever-tightening restrictions on abortion. However, the reality of postnatal care in America could not be more different. In the American system of coerced maternity, once birth has occurred the care for the child falls almost exclusively to the birth mother and the child's immediate family. In such a society this burden falls less heavily on the affluent. But for a significant number of averse pregnant bodysubjects in the United States, enforced maternity stigmatizes both mothers who give up their children for adoption and unmarried mothers, who are compelled to keep children they never wanted (Rogers 2013). This is especially difficult for mothers and children who live in poverty or other kinds of precarious economic circumstances (Beauvoir 1974, 540–551), which in the worst cases can breed domestic resentment and violence (Jasinski 2004). But perhaps most significantly, coerced maternity requires women and children to undertake medical risks to themselves (Centers for Disease

Control 2018). In this respect American society erects considerable barriers to motherhood by not recognizing, at a fundamental level, the embodied needs of new mothers and children (Fischer 2012, 194). While the infant mortality rate in the United States has recently dropped to historic lows (Brait 2015; Murphy et al. 2015), it is still the highest in the developed world (Ingraham 2014). But at the same time that the infant mortality rate is falling in the US, the maternal mortality rate is *rising* (PBS News Hour 2017; Paquette 2015). Black and rural women bear the brunt of this trend; they are several times more likely to die from pregnancy-related complications than white or urban women because of their lack of access to general maternity care and obstetric services (PBS News Hour 2018; McKay and Overberg 2017).

The purpose of pointing out these trends and data is to provide some factual ground for the world that must be lived by the aversely pregnant bodysubjects described in the body of this essay—that is, *women*. It is their encounter with these facts that to a large extent shapes the meaning of their existence. It is from this soil that their precarious lives grow. But here are some additional data that add another layer of meaning to these women’s social reality: females make up just over half of the population of the United States but only a quarter of the federal and state legislatures that give voice to the social body (US Census Bureau 2017; Center for American Women and Politics 2018; National Conference of State Legislatures 2017). This disparity in representation means that the voices of men—who can never become pregnant—are amplified, while the voices of those who can become aversely pregnant bodysubjects—women—are muted. Now that we have described just what the ontological stakes are for the lived worlds of women, it would be an interesting question to ask whether the men who govern the lives of women would be willing to subject themselves to the same degree of precarity. In other words, would men be willing to play by the same stakes? In this connection it was once remarked that “if men could get pregnant, abortion would be a sacrament.”¹¹ This claim is severe and sardonic. Nevertheless, the men who craft the laws and policies that shape the bodies and lives of women should be required to rise to its cutting provocation under the harsh light of the descriptive analysis undertaken in this essay.

¹¹ Gloria Steinem is often credited with this statement, but it has also been attributed to Flo Kennedy, an anonymous female taxi driver in Boston, and others (see Brockes 2015; O’Toole 2013).

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