

# Birth Without Violence: Remembering

## Multiplicity in the Delivery Room

Allison B. Wolf

### **Abstract**

In 2010, Taffy Brodesser-Akner published an article entitled, “How Childbirth Caused my PTSD,” on Salon.com. Much to my surprise, her claims that she was seriously traumatized by childbirth encountered strong resistance and disbelief. In trying to understand the source of this resistance, I discovered a type of violence, which I refer to as “metaphysical violence,” that is often overlooked, yet prevalent, in what many people in the United States understand as normal childbirth practices and protocols. In this essay, I will use María Lugones’s *Pilgrimages/Peregrinajes* to offer a detailed account of what constitutes metaphysical violence, how it functions, and why it is so damaging to at least 9% of post-partum women who meet the criteria for PTSD and the 18% of post-partum women who show some sign of the disorder. Then, I will offer suggestions for how we can help women who may be victims of metaphysical violence during birth avoid some of the trauma it so often induces.

**Keywords:** Birth, Violence. Lugones, Obstetrics, Feminism

Copyright © 2019 by Trivium Publications, Pittsburgh, PA

All rights reserved.

### **Birth without Violence: Remembering Multiplicity in the Delivery Room**

In her 2010 Salon.com article, “How Childbirth Caused my PTSD,” Taffy Brodesser-Akner wrote:

*The delivery of my son didn't start with a rush of water, or cramps that left me hunched. It was a decision, an edict, and with it, the drip Pitocin, a drug that induces contractions. The contractions came big and loud, almost immediately at one minute apart. My cervix wouldn't dilate, though. I was eventually given the narcotic Stadol, which caused me to hallucinate through a very long night. Twenty-four hours later, clear-headed but still not dilated, I told my doctor I didn't believe the induction was working, that I wanted to discuss other options. But before I knew it, he began painfully separating the membrane guarding my bag of waters.*

*“He isn't examining me,” I yelled at my husband. “He's doing something.” In a hushed tone, the doctor asked the nurse for the hook, a mechanism that breaks your water.*

*“Why did you do that?” I asked when it was done. “I thought we were going to talk about it!”*

*His voice was cold, flat. “You're not going anywhere,” he said.*

*My C-section came 30 hours after admission. It was a middle-of-the-night affair: a chilly operating room, an oily anesthesiologist, a clock on the wall that would not tell me when this would be over. I didn't think I would make it out of that hospital alive.<sup>1</sup>*

Brodesser-Akner's experience and post-partum struggles eventually led to a PTSD (Post-Traumatic Stress Disorder) diagnosis. She is not alone.<sup>2</sup> 9% of post-partum women meet the criteria for PTSD and 18% show signs of the disorder.<sup>3</sup> I am one of them.

After giving birth to my son, I had nightmares, severe depression, and flashbacks. I spent most of my time anxious, afraid, and/or crying. I distrusted my body and other people. I felt as if

---

<sup>1</sup> Taffy Brodesser-Akner, “How Childbirth Caused my PTSD,” *Salon.com*, February 17, 2010, [http://www.salon.com/2010/02/18/ptsd\\_in\\_childbirth/](http://www.salon.com/2010/02/18/ptsd_in_childbirth/)

<sup>2</sup> See the Human Rights in Childbirth website, <http://humanrightsinchildbirth.com>, for further examples.

<sup>3</sup> Rachel Zimmerman, “Birth Trauma: Stress Disorder Afflicts Moms Study Suggests That PTSD May Be More Common Than Previously Believed,” *Wall Street Journal*, August 5, 2008, <http://online.wsj.com/news/articles/SB121789883018612223?mg=reno64-wsj&url=http%3A%2F%2Fonline.wsj.com%2Farticle%2FSB121789883018612223.html%3F>

the experience destroyed “me.” And, worse, nobody got it --- until three years later, when I read Brodesser-Akner’s piece.

Her story seemed so familiar. Finally, someone understood. Finally, I did not feel alone or crazy. It was so affirming. So, I was shocked to learn that the responses to her piece ranged from deeply skeptical to outright hostile; the anger was palpable. Brodesser-Akner’s experience defied the cheery birth myths her readers appeared to desire. And they seemed to think that discounting and discrediting her would erase the damage. How could an account that made so much sense to me be met with such hostile resistance?

I thought I found an answer. In my article, “Metaphysical Violence and Medicalized Childbirth,”<sup>4</sup> I suggested that the root of this resistance was that despite the fact that there are numerous types of violence, we only recognize two – physical and emotional. This is conceptually and practically problematic. Conceptually, we are operating on, at best, an incomplete understanding of violence and, at worse, an inaccurate one. Practically, it obscures the ways birthing women may be victims of violence, which leads us to leave victims isolated, suffering, and without help.

This is what happened to Brodesser-Akner and myself. Because we did not face obvious physical or emotional violence, people assumed that we were not survivors of violence. And so, our claims to what I am calling “childbirth-related PTSD” made no sense and were not given uptake. So, we suffered in isolation, unable to access the help we needed. This could have been avoided, I argued, if we had recognized another type of violence – metaphysical violence – as this is what caused our childbirth-related PTSD.

---

<sup>4</sup> Allison B. Wolf, “Metaphysical Violence and Medicalized Childbirth,” *International Journal of Applied Philosophy*, 27:1, Spring 2013.

I continue to believe that explanation, still my response has also provoked further questions. For example, how does metaphysical violence work? What does it do to people? How can we help women not feel destroyed if they too are victims? These are questions that drive this essay. I will explore them by, first, briefly exploring the nature of trauma and oppression to demonstrate why those concepts alone do not provide an adequate conceptual apparatus for understanding “childbirth-related PTSD.” Next, I offer a general account of metaphysical violence (i.e. violence that affects who or what one is) and delineate its relationship to trauma and oppression. I then use María Lugones’s discussions of oppression, practical reason, and conceptions of self in *Pilgrimages/Peregrinajes* to elaborate on what metaphysical violence is and how it functions. I conclude by suggesting that remembering women’s multiplicity in the delivery room could help them navigate metaphysical violence during birth without being destroyed by it.

### **Beyond Trauma and Oppression**

Some argue that understanding what happened to women like Brodesser-Akner and myself merely requires understanding the nature of trauma. Others suggest that it requires understanding the nature of oppression. As I will now show, these concepts alone will not provide the answers.

The word “trauma” is derived from the Greek word, “to wound.” In the context of mental health, it generally refers to a psychological wounding or “an emotional response to a terrible event like an accident, rape or natural disaster.”<sup>5</sup> Although paradigmatic trauma-inducing events are violent or abusive experiences, other common causes of trauma include: severe illness or injury, the death of a loved-one, divorce or termination of an important relationship, moving, and abandonment.<sup>6</sup> Generally, such events are unexpected or unanticipated, the person is emotionally

---

<sup>5</sup> <http://www.apa.org/topics/trauma/>. last accessed April 6, 2016.

<sup>6</sup> <http://www.healthline.com/health/traumatic-events#Overview1>.

unprepared for the event, and the person cannot prevent it from happening.<sup>7</sup> When such events “overwhelm the individual’s ability to cope, and leave that person fearing death, annihilation, mutilation, or psychosis, [then] the individual may feel emotionally, cognitively, and physically overwhelmed,” which we refer to as “trauma.”<sup>8</sup>

Trauma triggers the body’s stress response, which is a “physiological reaction caused by the perception of averse or threatening situations.”<sup>9</sup> This response releases certain hormones and activates the limbic system, leading to heightened anxiety, hyper-vigilance, and hostile behavior.<sup>10</sup> Many recover from stress, but some develop post-traumatic stress disorder.

In previous editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, PTSD was considered an anxiety disorder. But, in the most recent edition, *DSM-V*, “it was moved to a new category: ‘Trauma and Stress-Related Disorders.’”<sup>11</sup> Those who meet the criteria of PTSD have the following characteristics and symptoms. First, they were directly or indirectly exposed to a traumatic event. Second, they re-experience that event or have intrusive thoughts, memories, flashbacks, or psychological reactivity to reminders of the event. Third, they have a negative mood or cognitive alterations, like memory problems, negative beliefs or distortions about the world, a distorted sense of blame or oneself or others related to the event, severely reduced interest in previously enjoyed activities, or feeling detached, isolated, or disconnected from other people. Fourth, they have increased arousal symptoms involving difficulty

---

<http://www.psychguides.com/guides/trauma-symptoms-causes-and-effects/>. Last accessed April 6, 2016.

<sup>7</sup> Jaelline Jaffe, Ph.D., and Jeanne Segal, Ph.D., and Lisa Flores Dumke, M.A., “Emotional and Psychological Trauma: Causes, Symptoms, Effects, and Treatment,”

[http://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0004/38434/Trauma.pdf](http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0004/38434/Trauma.pdf), Last accessed April 6, 2016.

<sup>8</sup> <http://www.sidran.org/resources/for-survivors-and-loved-ones/what-is-psychological-trauma/>, last accessed April 6, 2016.

<sup>9</sup> Neil R. Carlson (2013). *Physiology of Behavior*, 11<sup>th</sup> edition. Pearson Education.

<sup>10</sup> *Ibid*

<sup>11</sup> Staggs, Sara, “Symptoms and Diagnosis of PTSD,” *Psych Central*, <http://psychcentral.com/lib/symptoms-and-diagnosis-of-ptsd/>, last accesses April 7, 2016

concentrating, irritability, difficulty falling and staying asleep, hyper-vigilance, or being easily startled.<sup>12</sup>

This overview of psychological trauma and PTSD describes some of what Brodesser-Akner and I experienced. Our children's births included unexpected events that we could not stop, leading to feeling emotionally overwhelmed. Beyond this, we experienced PTSD symptoms, such as nightmares, anxiety, reliving the events, blaming oneself or other negative mood cognitions, feeling isolated, alone, disconnected, and hyper-vigilance.

Still, "trauma" alone provides an incomplete explanation of our experience. While it helps explain *what* we experienced, it does not answer the nagging question: *How* did I get PTSD from giving birth? After all, trauma is triggered by a specific event or events that result in profound loss – death, assault, security, etc. But it seems weird to see childbirth this way; normally childbirth is not seen as an event involving loss. Moreover, according to the *DSM-V*, we did not experience a major Trauma. It is hard to see, then, how "normal" birth could qualify as traumatic.

Some feminists may be tempted to argue that women are traumatized because they were victims of oppressive birth structures in the U.S. maternity care system. Such theorists point to decades documenting physicians acting with greater ease to act on, fix, and control women's bodies than they do men's bodies, especially in the birth context.<sup>13</sup> They point to the long history of medicalization that both devalues women's bodies and reconceptualizes them as diseased and dysfunctional and requiring repair. In other words, their answer to "How did this happen?" is that

---

<sup>12</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders –V*, 5<sup>th</sup> edition. 2013

<sup>13</sup> The literature detailing these sorts of criticisms is vast and well established. Some examples include: Robbie Davis-Floyd, *Birth as a Rite of Passage*; Dorothy Roberts, *Killing the Black Body*; Wertz and Wertz, *Lying-In*; Barbara Katz Rothman, *On Labor*; Jennifer Block, *Pushed*; Ricki Lake, "The Business of Being Born."

you have been victims of a culture of paternalism that has taken control of your body and its functions from you. Put simply, “you experienced oppression in birth, which traumatized you.”

Can oppression explain why Brodesser-Akner, I, and others have been/are being traumatized in birth? It is tempting to say yes, especially if one believes that the U.S. maternity care system is oppressive. However, ‘oppression’ fails to provide us with the answers we seek, because trauma and oppression are not inherently connected. Oppression is a systematic and structural phenomenon that comes in many forms (such as systematic exploitation, violence, marginalization, cultural imperialism, and powerlessness).<sup>14</sup> It includes political, social, economic contexts, and psychological contexts and fragments and mystifies one’s experiences.<sup>15</sup>

Oppression can certainly involve trauma, but not all trauma is oppression. First, people may be oppressed but not be traumatized. Second, trauma results from a specific event(s) that can be part of a larger social structure, but they can also be random. Third, trauma-inducing events may target members of specific groups but can and does also target specific individuals as such. One can then be oppressed without experiencing trauma and one can experience trauma that is unrelated to oppression. Consequently, even if the U.S. childbirth system were oppressive, this alone would not explain the increasing numbers of post-partum women with PTSD.<sup>16</sup> Conversely, the existence of birth trauma does not mean that the childbirth system is oppressive, since trauma can occur even if it is not. So, the presence or absence of oppression in birth does not answer how women get PTSD from birth – our core question.

---

<sup>14</sup> Marilyn Frye, “Oppression,” *The Politics of Reality*, (The Crossing Press), 1983, p. 2; Iris Marion Young, “The Five Faces of Oppression,” *Justice and the Politics of Difference*, (Princeton: NJ), 1992.

<sup>15</sup> Sandra Bartky, “On Psychological Oppression,” *On Femininity and Domination*

<sup>16</sup> Note that I am not saying that the system is not oppressive, I am saying that, even if it is, that alone does not explain what we are seeing around post-partum PTSD.

To summarize where we are, if we are trying to better understand what happened to women like Brodesser-Akner and myself, appealing to definitions of trauma and oppression alone will not provide the answers. While trauma describes some of our symptoms, it does not explain why we experienced it in a context so many associate with overwhelming joy and where we cannot detect any obvious violence. And, while some may agree that the U.S. maternity care system is oppressive, this would fail to explain why women have PTSD, as PTSD is not an inherent effect of oppression. Understanding the relationship between PTSD and birth requires bringing in a new concept -- metaphysical violence.

.  
.  
.  
*I am in my guest room, alone, one  
week after giving birth for the first  
time. I am crying.  
I don't know why.  
I have a son.*  
.  
.  
.

### **The Problem: Metaphysical Violence**

As just highlighted, PTSD is often associated with violence – being a victim of violence, witnessing violence, or (willingly or unwillingly) participating in violence. And, when most people think of violence, they do not imagine a woman delivering a baby. This is not because violence never occurs in birth. Feminists have and continue to uncover violence as it appears in birth – for example, court-ordered Cesarean sections, intimidation in the delivery room, and obstetric practices and tactics that mirror those of batterers.<sup>17</sup> The problem is that this conceptual

---

<sup>17</sup> See, for example, Sonya Charles, "Obstetricians and Violence Against Women." *American Journal of Bioethics*, 11:12 (December 2011): 51-56; <http://www.may28.org/obstetric-violence/>; Kim Lock, "We Need to Talk About Obstetric Violence, (Sept. 30, 2014), *Daily Life*, <http://www.dailylife.com.au/news-and-views/dl-opinion/we-need-to-talk-about-obstetric-violence-20140930-3gydt.html>.

picture of violence is incomplete; there are many kinds of violence, including metaphysical violence.<sup>18</sup>

In essence, metaphysical violence is a type of violence that affects who or what one is; it is violence aimed at the very being of its victim. It alters the subjectivity of those at whom it is directed, which then affects their ability to understand and make sense of themselves and their experiences. The defining feature of metaphysical violence, then, is that it induces an alteration in the subjectivity of its victims, resulting in existential and ontological confusion about who they are or what they have experienced. They are unintelligible – they make no sense to themselves or others.<sup>19</sup> This may occur by: erasing the person's self or identity-constituting aspects; denying that she is a self or an entity with moral standing; preventing her from engaging in activities needed to develop or sustain a self; or obfuscating key aspects of the self. And, metaphysical violence can cause: difficulty acting on one's volition, feeling at home in the world, constructing desires, and making one's context or experience intelligible to herself or others.<sup>20</sup>

According to theorist Slavoj Žižek, there are (at least) two types of violence: subjective and objective. Subjective violence is performed by a clearly identifiable agent whereas, objective violence is often simply woven into our everyday practices, language, and routine.<sup>21</sup> As Žižek explains: "Subjective violence is ... seen as a perturbation of the "normal," peaceful state of things. However, objective violence is precisely the violence inherent to this "normal" state of things."<sup>22</sup> In other words, subjective violence is visible precisely because it is a deviation from the

---

<sup>18</sup> Kristie Dotson, for example, has identified epistemic violence in her article, "Tracking Epistemic Violence, Tracking Practices of Silencing," *Hypatia*, 26:2, Spring 2011, 242

<sup>19</sup> In my own case, just kept crying. When people asked what was wrong, I could not say – I had no language, I too was confused. I did not know who I was or what had happened, I just knew I felt lost.

<sup>20</sup> Wolf, *op cit*.

<sup>21</sup> Slavoj Žižek, *Violence*, (NY: Picador), 2008, 1.

<sup>22</sup> *Ibid*, 2.

normal state of affairs whereas objective violence is often the invisible by-product of the “normal.” Consequently, we cannot apprehend them from the same positions; one is apprehended from the perspective of the normal and the other is perceived only by exposing the normal as the malleable social construction that it is.<sup>23</sup>

Metaphysical violence can occur in either the subjective or objective forms. In the subjective form of metaphysical violence someone’s subjectivity is altered in the ways I described by an event that deviates from our “normal” experiences – sexual assault, burglary, bullying, or being the object of someone else’s emotive wrath. In the objective form, it results from social, economic, political, or linguistic institutions functioning as expected – not engaging with a homeless person, speaking about a sick or disabled person as if she were not present, or refusing to accept someone’s credentials to practice medicine because they were obtained abroad. In this form, while it may be malicious, metaphysical violence need not be. In the birth context, for example, because the metaphysical violence is experienced as a result of routine childbirth protocols, many obstetricians perpetrate it unintentionally – they just want to help women but the ways they have been taught to do so actually harm them.

Now that we have a clearer account of metaphysical violence, I want to more clearly delineate the relationship between it, trauma, and oppression because the overlap between the concepts may lead to confusions of how metaphysical violence differs from the other two and, thus, why it better explains childbirth-related PTSD. The same event can sometimes be described as traumatic and as metaphysically violent. Sexual assault would be a prime example of this. But, the two are distinct. Practically, this is most obviously demonstrated by the fact that (as we saw

---

<sup>23</sup> *Ibid*, 2.

earlier) many things cause trauma, not just metaphysical violence. Conversely, someone may experience metaphysical violence and not be traumatized.

Conceptually, the concepts are also distinct. Whereas trauma refers to the psychological and physiological responses to an event, metaphysical violence refers to ontological aspects of the event and those effects (though the ontological issues will often provoke the physiological stress responses described earlier). Describing it as traumatic draws our attention to the result, whereas describing it as metaphysically violent draws our attention to *how* the result *makes sense*. So, even in cases where the same event can be described as traumatic and as metaphysically violent, we should not conflate the two.

We see something similar in the relationship between metaphysical violence and oppression. There are conceptual differences between oppression and metaphysical violence. First, while oppression is always structural by definition, metaphysical violence need not be; it can occur in a singular event and be random. Second, while oppression is directed primarily at social groups, metaphysical violence is directed at individuals as individuals. It can clearly be true that the reason an individual is facing metaphysical violence is their social group membership,<sup>24</sup> but this need not be the case. as it could, for example, be aimed at privileged individuals. Third, while metaphysical violence can place people in double-binds, it need not do so. Hurtful language, for example, may attack another's being, even if there are many contexts where such language would be deplorable or get no uptake.

Despite these differences, it is also true that an event may be simultaneously characterized as oppressive and metaphysical violence. For instance, metaphysical violence, especially in its objective form, is systemic; it is part of society's normal routines and protocols. If those protocols

---

<sup>24</sup> In this case it could be part of Young's "Violence" face of oppression.

were also oppressive, then it would be appropriately deemed metaphysically violent. And, if the protocols are metaphysically violent (i.e. if they erased or denied herself) they would also likely be accurately described as oppressive. Still, oppression calls our attention to the structural features that limit agency within the event, whereas metaphysical violence calls our attention to how this limiting of agency is experienced within the event. So, in cases where metaphysical violence is structural, it *may be* the same as oppression, but the concept “metaphysical violence: is helpful because it describes the *sense* of a particular kind of violence (which may be but is not always structural and hence oppressive) from the point of view of the experiencing *subject*, whereas oppression would describe structural metaphysical violence from the point of view of the structural. And my point is that we need to make sense *from within* this experience if we are going to find *ways out of it*—especially if we want to do so before we destroy the oppression. Metaphysical violence helps us do this.

The concept of metaphysical violence, then, finally answers our core question: Why do post-partum women have PTSD or related symptoms as a result of childbirth? In short, because they have been victims of metaphysical violence. Metaphysical violence left her confused, unintelligible to herself or others, and traumatized. Metaphysical violence led her to wonder who she is now.

.  
.  
.

*I'm pumping in my dining room watching the machine suck the milk out of my breasts three weeks after my son's birth. It still hurts. Suddenly, I laugh and scream to my sister "Look how I'm being milked!" Then, I sigh and say "I used to have a Ph.D." ... For months I walked around the house, sometimes with leaking or milk-bulging, painful, breasts screaming, crying, or lamenting that I used to have a Ph.D.*

.  
. .  
.

### **Clarifying the Workings of Metaphysical Violence: Practical Syllogisms**

At this point, we are left where I left off my last inquiry – we now can explain (broadly) what Brodesser-Akner and I experienced in those labor and delivery rooms and we understand a bit about what metaphysical violence is and why it was so difficult to identify. Still, as I said in the introduction, there are more questions requiring answers. I will now turn to these.

Even though metaphysical violence and oppression are distinct, I read Lugones' work on oppression as having similar goals to my project – trying to understand an experience from within to find a way out of it. I read Lugones as trying to describe what it is like to inhabit the experiencing space of one who is being oppressed and looking for a way out *from* the experiencing of oppression. Given that there are overlaps between our goals and the concepts of metaphysical violence and oppression, I was drawn to her analysis when thinking through metaphysical violence in birth and how to help women who face it. As I will show, her work on the relationship between oppression and practical reason, oppression and the self, and her suggestions for resistance provide insight into how metaphysical violence operates within the context of childbirth and offers direction for how women can navigate this terrain without being destroyed by it.

Lugones (like Aristotle) understands the practical syllogism “as reasoning that ends in action.”<sup>25</sup> The ability to formulate and enact a practical syllogism refers to the ability to formulate reasons, intentions, and plans and then being able to execute them.<sup>26</sup> Oppressed peoples face two

---

<sup>25</sup> María Lugones, *Pilgrimages/Peregrinajes: Theorizing Coalition Against Multiple Oppressions*, (NY: Rowman & Littlefield), 2003, 56.

<sup>26</sup> *Ibid*, chapter 2

possibilities in relation to their practical syllogisms: form syllogisms that they cannot complete and/or complete syllogisms that conform to the oppressor's will.<sup>27</sup> So, oppressed people can either formulate intentions without the ability to bring those intentions and plans to fruition or they can formulate intentions and plans according to the options available to them under oppression. While oppressed peoples clearly engage in practical reason, to paraphrase Lugones, they 'choose' between alternatives that they would not have chosen except for the oppressor's mediation. Once the oppressor manipulates the alternatives, they must proceed to reason practically and choose the alternative the oppressor wants them to choose.<sup>28</sup>

While focusing on oppressive structures might explain what causes certain experiences to occur, I am interested in what it is like to *be a pregnant/laboring woman in the system*. To that end, part of the experience is having the chance to formulate numerous desires about how they want to give birth without the ability to complete them. At best, they can communicate their desires to their team and hope they comply. For example, a laboring woman may create a birth plan and discuss her wishes with her obstetrician, but she has no ability to implement it. She can, at best, formulate a syllogism that she cannot ultimately enact.

To the extent that a laboring woman can complete her syllogism, her actions cannot be self-directed; it is only possible to complete a syllogism that conforms to the dictates and protocols of "normal" childbirth in the U.S. For example, laboring women can assent to or reject an epidural or rooming in with her baby, but they cannot execute syllogisms that selects an attendant, birth position, or location of comfort. They reason among the options created by others without control over the choices. In both types of circumstances, then, we see the pattern of undermining women's ability to formulate and/or implement their practical syllogisms in childbirth.

---

<sup>27</sup> *Ibid*, chapter 2

<sup>28</sup> *Ibid*, 56.

A core aspect, then, of how metaphysical violence works in birth is the way the protocols of “normal” childbirth thwart the laboring woman’s practical reasoning. But the problem is not simply thwarting practical syllogisms. After all, we all have our practical syllogisms thwarted sometimes in ways not attributable to violence. For example, I may have planned to buy my favorite burrito for dinner after my plane lands but, if there is a delay and my plane lands after the restaurant is closed, my practical syllogism has been thwarted. So, there must be more. I suggest that the other piece is denying the woman’s curdled-multiplicitous self.

.

.

.

*“Why did you do that?” I asked when it was done. “I thought we were going to talk about it!”*

*His voice was cold, flat. “You’re not going anywhere,” he said.<sup>29</sup>*

.

.

.

*I have just arrived at the hospital after over 48 hours of active labor. I tell the nurse and obstetrician that I would like an epidural because the contractions are really strong. They tell me I need to wait until they can put on an electronic fetal monitor*

*About 20 minutes later as I writhe in pain, naked, in the hospital bed I look at the nurse horrified and surprised expression. “Wow! These contractions are so strong! How have you managed without an epidural?”*

.

.

.

---

<sup>29</sup> Brodesser-Akner, *op. cit.*

### **The Laboring Woman As A Multiplicitous Self**

The relevance of this discussion of practical reasoning becomes clearer when we connect it to Lugones' account of the self. Recall, Lugones is not simply interested in exploring the experience of oppression, she also seeks liberatory and resistant possibilities. In keeping an eye toward the conditions required for this, she realizes that if the oppressed are reduced to singular selves, operating within a singular world or logic, then it appears that those possibilities do not exist. This is understandably troubling. But there is hope, namely that we are multiple and we occupy and travel between multiple worlds. Now we see the possibility of resistance.

In "Purity, Impurity, and Separation," Lugones details how the search for unity underlying the diversity is a long-standing philosophical quest. Pointing back to figures such as Aristotle or Descartes, who searched for a singular essence that defines a subject, Lugones maintains that theirs was an exercise in futility and domination. There is no singular self to be found, she argues, we are all multiple. Still, she reveals how such attempts to reduce the multiple to the singular are fundamentally exercises in control; diversity is unruly and difficult to manage, but a unified, singular being can be handled. As such, refusing such a reduction is always a resistant act.

At this point, some object to this picture. They argue that searching for a singular self is not an act of control but rather an accurate ontology of the self. Such objectors readily agree that there can be multiple aspects or parts to a self, but they are all, ultimately, part of the same underlying singular self. This singular self then unifies all of the parts into a singular whole. Lugones rejects this ontology; a multiplicitous self is not one self with many parts. There is no underlying unity, but rather, "there are no parts to be had."<sup>30</sup> To view someone in that way would be to fragment her; to see someone as a sum of her parts rather than as a dynamic, curdled, and

---

<sup>30</sup> Lugones, *op cit*, 90

constantly developing being would not see “her” at all. The subject can only be understood when we see all of her selves simultaneously, related and intermingled; She can only be seen when she is conceived as a multiple subject who is dynamic, curdled, and constantly evolving in relation with multiple, interlocking, oppressions.<sup>31</sup>

To help us understand this, Lugones explores two senses of the Spanish verb “*separar*,” or “separation.” The first sense is an operation of purity, which requires the complete separation of a whole into its pure constituent parts. This sense of *separar* is illustrated by an exercise Lugones performed as a girl – separating egg whites from egg yolks. The separation needed to be total, complete -- no yolky whites and no whitey yolks, just pure whites and pure yolks.

In contrast, there is another sense of *separar*, curdled separation. Curdling occurs when separate substances are mixed and, once combined, they cannot be separated again in their pure constituent parts. Instead, each element partially constitutes the other. For example, when we are making mayonnaise, we mix egg yolks and oil to make an emulsion. If the emulsion breaks down, it does not separate into the pure ingredients. Instead, it curdles, leaving you with oily yolk and yolky oil.<sup>32</sup>

When Lugones speaks of multiple selves, she refers to curdled-separate selves rather than purely separated; the selves are not separable in the first sense. Although one can identify distinct selves, once mixed, they never separate in the purist sense; they always contain elements of each other. They are curdled.

Our curdled, multiple selves operate within and are, in turn, partially constituted by multiple “worlds.” But, when Lugones is arguing that we live in multiple worlds, she is not referring to traditional understandings of this term; she rejects the traditional Western

---

<sup>31</sup> *Ibid*, 141.

<sup>32</sup> *Ibid*, 122.

philosophical understanding of “world” as the sum of all things, a worldview, a culture, a utopia or a possible world.<sup>33</sup> To the contrary, Lugones conceives of a “world” as:

A place inhabited by ‘flesh and blood people’ an actual society, given its dominant or nondominant culture’s description and construction of life in terms of the relationships of production, gender, race, sexuality, class, politics, and so forth; a construction of a small portion of society; an incomplete, visionary, non-utopian construction of life; a traditional construction of life; a community of meaning.<sup>34</sup>

As Mariana Ortega summarizes, “a world in this sense is thus incomplete, and it is not monistic, homogenous, or autonomous.”<sup>35</sup>

As curdled-multiplicitous beings who inhabit different worlds, we have abilities to do some things in some worlds that we may lack in others. Amongst those things are creating and enacting practical syllogisms; in different social contexts and logics, we can create some types of syllogisms and not others. As Lugones explains: “The practical syllogisms that they go through in one reality are not possible for them in the other, given that they are such different people in the two realities, given that the realities hold such different possibilities for them.”<sup>36</sup> In fact, if one tries to enact a practical syllogism from one context and self in another, it becomes clear that this cannot be done because “the action does not have any meaning or has a very different sort of meaning than the one it has in the other reality.”<sup>37</sup> For example, if I stand in front of a classroom full of students and begin to conduct an exercise in that world, students will (usually) comply. However, if I just get up in front of random people at a shopping mall and enact the same plan, it will fail. The syllogisms

---

<sup>33</sup> Mariana Ortega, *In-Between: Latina Feminist Phenomenology, Multiplicity, and the Self*, 65 and 92.

<sup>34</sup> Lugones, *op cit*, 26.

<sup>35</sup> Ortega, *op cit*, 65.

<sup>36</sup> *Ibid*, 57.

<sup>37</sup> *Ibid*, 57.

that I can create or execute in one world do not transfer to another. I am unintelligible (at least as certain selves) in some worlds but not others.

As should be clear, since the worlds we operate within overlap, we occupy multiple worlds simultaneously and travel between and among the worlds. As we move between worlds, we actually experience ourselves as different people in different “worlds” and it is “the shift from being one person to being a different person,” that Lugones refers to as traveling.<sup>38</sup> I do not transform into a totally different and separate person from my previous selves when I travel to different “worlds.” Rather, I change and develop both in response to the “world” that I am currently inhabiting and in response to my memories of my self in other “worlds.”

Understanding multiplicity further illuminates the workings of metaphysical violence -- in addition to thwarting the ability to form and complete syllogisms, it denies the curdled-multiplicitous self. Metaphysical violence then, both attacks a woman’s agency and/or self-understanding by thwarting her ability to create and execute her practical syllogisms and by reducing her to a singular subject. This is always an exercise in control. Moreover, the singular subjectivity to which she is reduced does not possess the characteristics that she previously attributed to her self – empowered, intelligent, respectable, independent, epistemically authoritative. Worse, the process may even present a self that does not adhere to the woman’s self-image or values. In this move, the woman feels as if her self is under attack, or even, obliterated.

Now we can expand our understanding of metaphysical violence in birth. First, as we saw earlier, in standard, U.S. childbirth protocols, the laboring woman’s practical syllogisms have no

---

<sup>38</sup> *Ibid*, 89. Of course, there are different ways of traveling among worlds – one could do so myopically and unaware of the way that their identities shift with shifting contexts or they can do so being very cognizant of these adjustments. And, the shift to different people “may not be willful or even conscious, and one may be completely unaware of being different in a different ‘world,’ and may not recognize that one is in a different ‘world,’” which is one reason that many do not realize their own multiplicity.

force – they either make no sense or she is unable to execute them. Even if there is a good reason for others to thwart the laboring woman’s syllogism, this is not her interpretation. From the laboring woman’s perspective, what was rightfully *her* call to make was wrongly made by someone else. She was not engaged. Her abilities (for example, to make a decision about rupturing membranes) were not recognized or respected. Her multiplicity was erased and she was reduced to a singular being. Regardless of intent, this was about controlling her and the birth process; she was reduced so that she could be managed. Consequently, she feels like she was not “seen” as herself; she feels as if she were just a vessel to deliver a baby and nothing more. And therein lies the violence – in the erasure, in the denial of one’s curdled-multiplicitous self, in the destruction of the identity-constituting elements of the laboring woman, in rendering her unintelligible.

And now we can understand why this traumatizes some women who got through this experience, especially if we/they operate on the perception that there are only single (not multiple) selves. If, for example, a woman thinks that she is a singular self with a set of unchanging, essential, characteristics and then she has an experience that challenges her ability to define herself according to those characteristics, she may feel destroyed by birth. She is no longer who she thought she was. “Maybe I never was those things, maybe I was deluding myself all along” she wonders. Or, even if she was once a certain person, she doubts whether she will ever be that person again.

Metaphysical violence, then, is not just about thwarting practical syllogisms, it is also about doing so in a context that simultaneously negates the woman’s reality that she is a moral agent capable of executing her own syllogisms or, at least, be involved in the process of their formation and implementation. It denies that she cannot be reduced to the person in that delivery room and engages not the person she thought she was, but rather, someone who she does not recognize. In

doing so, metaphysical violence denies the woman's curdled-multiplicitous subjectivity, treating someone who is central to the process as if she were peripheral, treating someone who is multiple and dynamic as if they were singular and static, treating someone who travels through many worlds as if they occupy only one. And this conceptualization suggests where we can find the resistant, liberatory, possibilities.

.  
.  
.  
*I look at my midwife as I consent to the  
cesarean section. She looks at me  
disappointed and betrayed. Her eyes say: "I  
told you this would happen if you came  
here."*

*They wheel me away.*

.  
.  
.  
*I am in the operating room hysterically crying as they prepare to operate.  
I remember my aunt, Linda, who died giving birth nearly 38 years before.  
It was realizing that in another time I would have certainly shared her  
fate.*

*How many people have had that thought?  
I panic.*

*As I cry, I beg the anesthesiologist: "Please don't let me die."*

*He looks at a nurse and says: "She's too hysterical." He places a mask  
on my face and says "good night."*

### **Remembering Multiplicity: One Way to Resist Metaphysical Violence**

If the above assessment is valid, then it points to Lugones' suggestion of remembering multiplicity as a possible remedy. If the metaphysical violence and its trauma are rooted in denying the woman's curdled-multiplicitous subjectivity, then helping women remember it could blunt the

traumatic effects (or, at least, the severity of their impact). After all, despite her perception, the laboring woman was, and still is, a curdled-multiplicitous subject. She still exists – and *she* never stopped existing. There were always worlds where she formed and executed her practical syllogisms. There were always worlds where she was more than a body birthing a baby. But, because of metaphysical violence, she forgot that; she cannot see it. But we can help her remember herself in other worlds both during and after labor. We can help her remember her multiplicity, remember herself form and execute practical syllogisms in other contexts, remember herself in other worlds. In doing so, she resists the reduction from multiple to singular and the depiction of her subjectivity projected in the birth system. Lugones summarizes the point best:

the connection between the practical syllogism, ontological plurality, and liberatory theory lies in the fact that the oppressed know themselves in realities in which they are able to form intentions that are not among the alternatives that are possible in the world in which they are brutalized and oppressed.<sup>39</sup>

The potential of this idea is reinforced by recalling that remembering and maintaining one's multiplicity is an act of resistance that can help empower the woman. After all, if reducing a multiplicitous subject to a singular one is an act of control, keeping one's multiplicity present resists that move. The liberatory possibility, then, enters in the memory of her multiplicitous existence.<sup>40</sup>

To help see how this could work, let us recall Lugones' example of the maid. As they go about their daily lives, her employers almost do not perceive that maid at all; she is just part of the background. They do and say things in front of her they would never do in front of friends or

---

<sup>39</sup> *Ibid*, 59.

<sup>40</sup> *Ibid*, 58.

family. In this context, their perception of her is totalizing – in their apprehension, she is completely reduced to the maid and nothing else. But, theirs is not the only perception. Her memory of being a curdled-multiplicitous self allows the maid to escape this totalizing arrogation by remembering herself in other worlds, worlds where she may have a partner, family, friends and, where she can formulate and complete practical syllogisms. So, while the maid cannot change how her employers perceive her, she is able to escape the totalizing nature of the apprehension by remembering her multiplicity.

While not analogous circumstances, I think this example presents can point to hope for laboring women. Laboring women often feel as if obstetricians and attendants perceive them in totalizing, reductionistic, ways.<sup>41</sup> The women feel as if they treat them not as present persons but as part of the background (the potential problems that could arise in birth is the foreground holding their focus). They feel their attendants acting as if she is not there by ignoring her wishes, pleas, and ideas by speaking and acting as if she is not present.<sup>42</sup> And then women feel as if that gaze is totalizing; they cannot conceive of any other context but the one they are in. But, like the maid, if she can remember her selves in other worlds. She can remember that the world she currently inhabits is not the only one and the self being perceived (and even animated) in that labor and delivery room is not “who she really is,” then she can escape the totalizing nature of the gaze that she feels she is experiencing and its consequences. Remembering her multiplicity will help her see that *she* – the curdled-multiplicitous, resisting self - still exists even when she feels that she does not. Maybe, her syllogisms will be thwarted in this world, but there are many places where they are not. Yes, she may be unintelligible or submissive or erased in the hospital context but

---

<sup>41</sup> Regardless of the factual validity of this perception.

<sup>42</sup> One example the author experienced was during her second cesarean section. Throughout the surgery, the obstetrician kept discussing her lack of body fat with the other attendants and commented continuously on the body types of “most of the women” on which he performs this operation.

there are other contexts where she is intelligible, respected, and active. In remembering this, she can preserve her sense of self in the midst of practices that, intended or not, threaten it. As such, they recognize their own curdled-multiplicitous subjectivity and realize that – even a bad – birth did not destroy them.

I do not simply believe this could work for theoretical reasons. I had childbirth-related PTSD in my first birth, but not my second. I think some of this is attributable to being able to remember my multiplicity throughout my second pregnancy and labor. The second birth was not really what I had wanted, but it was not traumatic. It did not destroy me.

.  
.  
.

*Birth 1*

*I am in the birth center after laboring for 36 hours. The pain is so intense. I can't sleep. I can't eat. I'm exhausted. I want an epidural. I want to sleep. I want to just have this baby. But, if I go to the hospital, if I have an epidural, will I betray all of my values? My years of research on birth?*

*I call my friend Jen. I tell her all of this. She tells me that I am betraying nothing. I can still be me and have an epidural.*

.  
.  
.

*I want my favorite burrito.  
My mom goes out and brings it to me.  
Then I go to the hospital.*

.  
.  
.

*After three and a half days of labor, I consent to the cesarean section. If I don't, I am certain I will die. Like my aunt. Like so many women over the centuries. Wait, I am being too dramatic. Maybe if I just hold out a little longer ...  
I'm unconscious.  
The surgery has started.*

*In the middle of the cesarean, the obstetrician goes to the observation window to show my husband my badly bruised uterus, which was on the verge of rupture.*

*She says: "so she'll never doubt she needed this."*

*Later, my husband finds her and says "thank you." He hugs her. I never see her again but I would do the same I am so grateful.*

*So grateful that I cry as I write this.*

*Birth 2*

*My new midwife asks me if she could read some of my work.*

.  
.

*In between contractions we debate the best "birth music"*

.  
.  
.

*Every time I have a contraction, the anesthesiologist comes and asks if I have "changed my mind on that epidural." The midwife, doula, and I joke at how similar it is to so many birth stories I have read.*

.  
.  
.

*I am exhausted in the birth suite, unable to believe that I am thinking of an epidural again. My doula rubs my back and explains why an epidural for maternal exhaustion is medically justified.*

.  
.  
.

*Something has changed. The baby's position is wrong. I tell my team. They tell me that they can't confirm. Calm down.*

.  
.  
.

*I have been pushing for over two hours – the mirror that has been placed so I can see my baby come into the world is mocking me. Nothing is happening. I can't believe I'm here again. The universe has fucked me.*

.  
. .  
.

*I am being wheeled into the operating room to have the cesarean that I have prepared 9 months to avoid. My midwife is whispering in my ear: "you made the right call."*

.  
. .  
.

*On the operating table. Everyone starts to laugh. My midwife says: "Wow! You were right! This baby is diagonal and face-up!"*

.  
. .  
.

*"Congratulations, you have a baby girl"*

### **Bibliography**

Brison, Susan J. (2002) *Aftermath: Violence and the Remaking of a Self*. (Princeton: Princeton University Press).

Brodesser, -Akner, Taffy. (2010) "How Childbirth Caused my PTSD." *Salon.com*, February 17, 2010, [http://www.salon.com/2010/02/18/ptsd\\_in\\_childbirth/](http://www.salon.com/2010/02/18/ptsd_in_childbirth/)

Heyes-Klein, Hermine. (2014) "Forced Episiotomy: Kelly's Story." Human Rights in Childbirth,

<http://humanrightsinchildbirth.com/kellys-story/> (accessed October 1, 2014)

Lugones, María. (2003). *Pilgrimages/Peregrinajes: Theorizing Coalition Against Multiple Oppressions*. (NY: Rowman & Littlefield).

Wertz, Richard W. and Wertz, Dorothy C. (1989) *Lying-In: A History of Childbirth in America*, expanded edition, (New Haven and London: Yale University Press).

Zimmerman, Rachel. (2008). "Birth Trauma: Stress Disorder Afflicts Moms Study Suggests

That PTSD May Be More Common Than Previously Believed." *Wall Street Journal*.

August 5, 2008,

<http://online.wsj.com/news/articles/SB121789883018612223?mg=reno64->

[wsj&url=http%3A%2F%2Fonline.wsj.com%2Farticle%2FSB121789883018612223.html](http://online.wsj.com/news/articles/SB121789883018612223?mg=reno64-)

[%3F](http://online.wsj.com/news/articles/SB121789883018612223?mg=reno64-)

Žižek, Slavoj. (2008). *Violence*. (NY: Picador).

**About the Author**

Allison B. Wolf, Ph.D. is a Professor of Philosophy and the Director of Honors Education at Simpson College. Her research focus is in feminist philosophy and applied ethics, particularly philosophy of immigration in the Americas and feminist bioethics. Her work has been published in *Hypatia: A Journal of Feminist Philosophy*, *International Journal of Feminist Approaches to Bioethics*, *Journal of Global Ethics*, *Journal of Medical Humanities* (with Sonya Charles), *International Journal of Feminist Approaches to Bioethics*, *Philosophical Inquiry into Pregnancy, Childbirth, and Mothering: Maternal Subjects* (with Jennifer Benson), *Queer Philosophy: Presentations of the Society of Lesbian and Gay Philosophy, 1998-2008*, *International Journal of Applied Philosophy*, and a first of its kind collection on comparative South-South philosophy, *Comparative Studies in Asian and Latin American Philosophies* (Leah Kalmanson and Stephanie Rivera-Berruz, editors). She is currently working on a book, *Just Immigration in the Americas: A Feminist Account* on contract with Rowman & Littlefield International, forthcoming in 2020.