Please Don't Use the Restraints: Forgetting, Failure, and Childbirth

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Abstract

The end of the story is all you care about. So, let's get that out of the way first. Penelope Jane was born on March 23rd. She was healthy. The trauma of that day still resonates within my body, called into being through subsequent visits to the hospital and a review of my own medical records from that day. A life-threatening fever and 9 hours of pushing led to a powerfully negative birth experience, one that I am consistently told to just forget. After she had a weeklong stay in the neonatal intensive care unit (NICU), I have a healthy daughter. In this article, I use auto/archeology as a tool to examine my own medical records and the affective traces of my experience in the hospital to call into question Halberstam's advocacy of forgetting as queer resistance to dominant cultural logics. While Halberstam explains that "forgetting allows for a release from the weight of the past and the menace of the future" I hold tightly to my memories of that day. This article marks the disconnects between an advocacy of forgetting and my own failure of childbirth and offers a new perspective that embraces the queer potentiality of remembering trauma.

Keywords

autoethnography, ethnographies, methodologies, narrative, methods of inquiry, queer theory, gender and sexuality, feminist studies

I mark the distance in months. One month out I was still on pain killers. Two months felt better physically, but I still cried openly and without warning. By 3 months, everyone thought I should be over it but I wasn't. Four, five, and now . . . twelve. A year. I write this the week of my daughter's first birthday and am still hesitant to go back to that place of remembering. I would like to forget. As Halberstam (2011) reminds me, "Resistance lurks in the performance of forgetfulness itself, hiding out in oblivion and waiting for a new erasure to inspire a new beginning" (p. 69). This place of birth and failure can become a site of resistance.

Before we wade too deeply into the murky water, like Chopin's heroine, I must mark my own location. I am a White, middle-class professor. I am in a queered heterosexual relationship. I am standing at Crenshaw's (1991) intersection and watching the cars whiz past. My identity is constantly becoming and cannot be forgotten. I am made and remade with each passing car, with each passing figure. Identity shifts. Crenshaw's metaphor of the intersection, with its stops and starts and occasional fender-benders is vivid for me in this story. I see myself simultaneously driving, walking, and sitting on the corner in a cheap plastic chair. Pregnant. Very pregnant. When you see someone as uncomfortably pregnant as I was, you wince. And, unless you are pregnant yourself, you say, "I'm really fucking glad that's not me." Pregnancy and the maternal body have long been a site of contested struggle within academic narrative. Kristeva's (1982) discussion of the abject within the material and then the critiques of Kristeva's perspective because of the "unconscious belief in the pregnancy to motherhood trajectory" open the conversation (Hudson, 2014, p. 43). Pollock (1997) marks the entanglements that birth stories offer as performance, where they "undermine the presumed neutrality of medical procedures and the apparent transparency of birth experiences with the pressure of their of own reflexivity" (p. 15). Reflexivity and autoethnographic accounts of pregnancy and birth have disrupted the normalization of maternal narratives. Faulkner's (2012) creative nonfiction account of her own "ambivalent pregnancy" through a vivid invocation of radical specificity pushes the discourse about maternal bodies further, and questions cultural assumptions about happiness and motherhood. Rowe (2014a) also marks the negative as a space of resistance within her creative nonfiction account of her miscarriages, and how those bodily experiences can offer a decidedly more negative (but hopeful) view of pregnancy and birth. As Rowe describes, "narrative has the ability to alienate the object of miscarriage, by taking apart the context and examining the twists and turns of affect" (p. 261). This narrative seeks to continue the conversation, adding another dimension—that of a queer remembering—to contemporary conversations about the role of personal narrative within "failed" birth stories. Parker (2012) marks the need for theory and narrative about birth, when she says that "medical innovation [in childbirth] has been producing of late unprecedented forms of lexical complexity—and Theory (of all kinds, feminist and queer

included) has yet to catch up" (p. 13). The nightmares that I still have about the day my daughter was born mark for me the importance of continuing these conversations.

Auto/Archeology as Method

As an autoethnographic method, auto/archeology has a conflicted history. First articulated by Fox (2010) "the archaeological frame demonstrates how disciplinary mechanisms grease up the performative machine" (p. 124). Furthermore, Fox (2010) citationally highlights the relationship between archeology and Foucault's disciplinary structures, where complex relations of power are "distributed and circulated" (p. 125). Pulling together the archeological frame with autoethnographic writing, Fox marks the "partiality of truth claims" and that our stories are only parts of a larger narrative, and this method allows the "documentation of lived experiences that might otherwise remain untold" (p. 125). Burdick (2014) was next to take up auto/archeological autoethnography, but with an infusion of psychoanalytical theory as justification, "this auto/ archeological project works to both re/constrcut the experiences, ideas, and emotions at play within my writing and to look for 'latent' desirous impetuses" (p. 124). Burdick emphasizes that this particular strain of autoethnography does not rely on memories, but strictly artifacts. While I see this as a potentially positive turn in the development of auto/archeology, it also also dismisses historically margin- alized narratives that must be unearthed. Burdick's psycho- analytical reading of his own writings is marked by a disturbing critical distance and lack of accountability. For example, he re-reads an essay he wrote ("a final piece of evidence") and marks the silence of women in the piece as a "masculized quality to [his] narrative—suggesting a binary in the power structures of the text" (p. 130). Ultimately, Burdick uses the auto/archeological autoethnographic method as a tactic to deny his own accountability in the construction of his masculine narratives, creating a distance between his own words and his analysis. In this space between, created by his framing of auto/archeology, Burdick can view his own work as not his own. This betrays one of the fundamental premises of autoethnographic writing: reflexivity. Reflexivity "consists of turning back on our experiences, identities, relationships in order to con- sider how they influence our present work. Reflexivity also asks us to explicitly acknowledge our research in relation to power" (Adams, Jones, & Ellis, 2015, p. 29). In my usage of auto/archeology, I work to utilize artifacts from birth training classes, medical records, and correspondence in the immediate days following the birth of my daughter to reflexively engage my own failures and the machinations of power that surrounded the day of my daughter's birth. The archeological artifacts of medical narrative make up the referents within this site and the citing of them turns me toward a more complete and embodied understanding of Foucault's "medical gaze" where the patient and her body are separated once they enter the capitalist enterprise of the medical system. Auto/archeology, for me, works to counter this medicalized separation by bringing my own perspective into a story that was told without me.

You Have to Do Something About This

Tom Petty's "I Won't Back Down" was playing on a near continuous loop in the last few weeks of pregnancy, and helped me get through those wincing glances. I don't even really like Tom Petty. Well, maybe that one song, "Walls," but mostly because this guy that I had a crush on once told me it was the best Tom Petty song ever, and I guess it stuck. I just felt this internal power rising from my core when I listened to that song. Like, "Hell yeah—I got this." My partner and I were taking Bradley Method birthing classes for twelve long weeks led by the indefatigable mother of five and currently pregnant, Mary. I hated (but secretly loved) them. The people in the class were into home birthing, and organic remedies—anti-vax sort of folks. Not the hippie kind though, the religious kind. We didn't make friends. We weren't there to make friends. We were there to learn techniques and tips that would make it possible for me to man- age pain in the birthing center. We both took lots of notes.

In my Bradley Method official workbook, I was told to write down my worst fear about giving birth—a C-section. I didn't want to be a part of the medical industrial complex. I didn't want my child born with drugs in her system. And, the confession that brings me to tears: I didn't want to be strapped down and restrained. For a cesarean section, they strap you down Jesus-on-the-Cross style. Arms splayed wide and wrapped in strong, white Velcro straps. I cried on the way home after telling my partner about my fear. I was reassured by my own preparations. That would not happen to me.

After our Monday night Bradley classes, I would listen to my song and feel powerful, like I was in control of this. I could handle this. I would remember my training and once the moment came I would leap into action. I felt simultaneously like a soldier preparing for war and a woman comfortable in her own body. I was ready.

My due date was March 6th. It came and went. All the midwives had their own tricks. Spicy food, sex, exercises. They sent me emails with recipes.

From: [Doula]
Date: Wednesday, March 14, 2012 Subject: Induction
To: Desiree Rowe

Induction

From a trusted midwife to start labor within 6 hours. Use at your own risk!:)

2 Tbl caster oil
2 Tbl almond butter 1 cup apricot nectar
1 cup champaign [*sic*]
Mix caster oil and almond butter to make a paste. Stir in Juice and champaign [*sic*] *and drink quickly.*
Trusted Midwife said this recipe usually yields [*sic*] *about 2 big ole poops, then labor starts within 6 hours. She said some recipes give you too much caster oil and you get the runs for hours. This recipe should not do that. Good luck!*

Nothing. This did nothing. Not even the "2 big ole poops" as promised.

From: [Doula]
Date: Wednesday, March 14, 2012 Subject: Induction
To: Desiree Rowe

THREE-DAY INDUCTION PLAN
Some women find that if their cervix is ripe and the baby is ready to be born, this plan will stimulate their labor. It helps to have the cervix massaged by the midwife on the third day also.
First Day:
One dose Black Cohosh (Cimicifigu Racemosa) and 2 doses Blue Cohosh (Caulophyllum) taken alternating hours.
A dose of herb = 30 drops A dose of homeopathics = 3 pellets Second Day:
One dose Black/Two Blue doses alternating half hours. Third Day:
One dose of Black/Two doses Blue alternating 15 minutes plus the Castor Oil or Castoria starting first thing in the morning (no later than 10 am). 2 Tablespoons of Castor Oil can be blended with a half cup of Orange Juice and ice cubes. OR 2 ounces of Fletcher's Children's Castoria can be taken. Take the dose four times every two hours for a total of 8T or 4 oz. Diarrhea will ensue after a few doses but take all four doses. Drink something hot immediately after each dose to cut the greasy taste. Labor should begin by evening.

Nope. Nothing again. But I can say, without a doubt that those drops tasted awful.

I was instructed to go to the hospital for an ultrasound to make sure the baby was all right. The doctor warned me, "You should seriously consider a C-section. You can't go too far past your due date." No. I did nothing. The days came and went.

Every day I went to the Birthing Center to check on my progress. Nothing. They were getting worried. Eventually, I was kicked out of the Birthing Center because I was "overdue" and now considered high-risk. I scheduled the induction for 4:30 a.m., March 23rd at the local hospital.

I'm Just Letting You Know (An Email Interlude)

March 26, 2012 Hi Mary!

I heard you had another son. Congrats! I hope he is doing well.

I wanted to email you to let you know how things went with the birth of our daughter, Penelope Jane. As you may have heard from the midwives she was nearly two weeks overdue and they recommended (along with Ruth Stanton) an induction at Spartanburg Regional this past Friday 3/23. Before that, I tried everything to get her going! Black and blue cohosh, the gross drinks, castor oil, lots of sex . . . everything! And she never moved.

Before the scheduled induction on Friday I have been feeling regular contractions for the previous 3 days. Taking that as a good sign, I went into the induction nervous about a hospital birth but hopeful. At 530am they started me on my antibiotics (I was GBS positive) and a very low dose of Pitocin. The morning doctor on call, Dr. W, came in and spoke to us. To be honest, he was one of the worst doctors I have ever spoken to. Along with other gems, my favorite line was, "well, you don't know what kind of pain you'll be in. You've never done this before. Just wait and see." I wanted to scream back, "well, neither have you." But the Pitocin was starting to work. I started to have Pitocin induced contractions every 3-4 minutes and they were the most unnatural awful things I have ever experience. The pain was blinding and there was very little relief between them. I was vomiting and had trouble focusing. I had entered the hospital at three cm and after nearly 3 hours on Pitocin, I hadn't progressed at all. By this point our doula was there and recommended an epidural because of the lack of progress and my dick of a doctor.

Mary, getting the epidural was a really hard decision for us. But, Paul brought up an example from your class that really helped us get through that moment. We talked about the

> exercise you had us do with those cards. The one where we had to make choices about what to give up. After that, I knew that this may continue the waves of things to let go of . . . but I had to do it. Baby was fine at this point, but I was starting to lose hope. I got the epidural, and immediately fell asleep.

> Waking up an hour or so later, I had gone from a 3 to a 6. I progressed steadily. 1 cm an hour until I was fully dilated and effaced. We were thrilled! I wasn't feeling the pain anymore. There was a new doctor (Dr. H) she was much more approachable and honest and I felt ready to push. I started pushing around 7. The baby was at 0 station.
>
> I pushed for 3 hours. The epidural wore off and I was pushing on pitocin induced contractions. At the end of hour 3 the baby had not moved at all. Her heartrate was fine, but she was hitting the top of my pelvis. Being overdue, her head was in the 92nd percentile and wasn't moving and she didn't care. The doctor tried the vacuum but not the foreceps [*sic*] because she was malpositioned.
>
> Amy was still there with us, and was worried about my health. I had developed a fever that maxed out at 102 and was starting to vomit regularly. The doctor offered two options—keep pushing and get the baby out in 3-4 more hours. My uterus was tired from the pitocin and wasn't working hard enough, which increased my chances of hemorrage afterwards as well. Or, I could go for an emergency csection. I decided that I needed to keep trying to push considering the baby was fine. I pushed for 30 minutes longer and the baby was STILL at 0.
>
> I then went in for the section. It was the scariest thing by far. They had her out in less than 10 minutes. However, because of my fever and some signs of infection in the amniotic fluid she was taken to the NICU, where she still is today. We find out in a few hours if we can take her home today. The surgery was awful. And, honestly, I'm still in pain.
>
> It wasn't at all what we wanted for the birth of our daughter, and we are trying very hard to reconcile that. I am happy that she is alright and safe. While I am still processing this, I did want to send you my story and thank you. While we couldn't use all the techniques, your class helped us work through tough decisions that needed to be made quickly.
>
> Anyway, I hope to talk to you soon. Hope everything is well. Desiree

I read that email today and still cry. Not because of what the email tells Mary, but what on that day, three days after my daughter's birth and while she was still in the neonatal intensive care unit (NICU), I was too ashamed to tell Mary. I left out the part where, while being wheeled into the operating room on a broken gurney, I started having a panic attack. The pressure on my stomach and the pain in my belly made it difficult to breathe. Coupled with my fever, Ifelt like I was moving in an out of consciousness. I half- remember the journey. I do remember all the surgical masks. I didn't tell Mary that once they wheeled me in to the operating room I started howling in fear. For my whole life I have known that when a woman has a cesarean section they strap her arms down. I saw the straps. The glaring white Velcro straps and wanted run. I yelled for attention and asked them, the people in the masks surrounding me, if
I could please, please not be strapped down.

Please. Please don't use those. I can't.

Please. Don't strap my arms down while you cut me open. I won't move. I'll be good. I promise. Please.

The doctor looked at me, and away, and told me that they had to—it was so I don't "get all tangled up." It was for my own good.

No.

I asked again. Tried to regain some composure. Pretend like my mind wasn't moving in and out.

"Alright," she said. "But if you move your arms we'll strap them down."

I didn't move my arms once. The only thing I moved was my head to the side, so I wouldn't choke on my own vomit. I vomited the entire time. In and out of consciousness and thinking about my numbness and the rising hot vomit.

When they held her up, for a brief moment before she went into intensive care, I didn't move. Head to the side. Vomit. I didn't see her. I couldn't see her.

This moment offers me a position to articulate an ethico-political space of becoming and belonging, to mark the impacts of failure and the representational effects, to consider the "consequences of being abject within specific social and political locations" and to reflexively engage my own behavior through the report of my doctor (Hudson, 2014, p. 45).

Under "Impressions and Recommendations" one day before my emergency C-section, my doctor writes,

For all these reasons, the physicians in the group are offering a primary C-section, without labor, to patient. Labor and delivery of large babies can sometimes result in the head delivering and the body not delivering. This is an obstetrical emergency that can cause harm or death to the baby. C-Section would be a way to avoid this. The patient refuses. Page 4.

The note of my refusal for a planned C-section marks me within this document, and throughout my time in the hospital, as a woman who is not listening to the "physicians in the group." Someone who is not listening to those who know better.

Forgetting, The Patient Refuses

The most difficult part about this is that I think I was wrong. I trusted my body and believed that I would be able to have a vaginal birth. I did not listen to the recommendation, rather, Rowe labored all day (5 a.m.-8 p.m.), got a complete +1 pushed for greater than 1 ½ hours with arrest of descent at station with worsening molding, worsening vulvar edema. Failure to get any significant descensus of the fetal head with vacuum attempt. OP Report, page 1.

Failure.

My body failed. I failed.

Halberstam (2011) tells us that "women are most often the repositories for generational logics of being and becoming, and then become the transmitters of that logic to the next generation" (p. 70) and that "for women and queer people, forgetfulness can be a useful tool for jamming the smooth operations of the normal and ordinary" and stop- ping a consistent reproduction of dominant ideology (p. 70). I cannot, as Halberstam suggests, forget. For though he tells us that "resistance lurks in the performance of forgetfulness itself, hiding out in oblivion and waiting for a new erasure to inspire a new beginning," I believe that resistance is the passing on of my story to new mothers (p. 69). The space between forgetting and passive acceptance of an institutional memory is one that is marked as a queer space for those unsure of their bodies and the medical system that processes us through like pigs to a caesarean slaughter (Meyers, 2007). I learned on my tour of the hospital that in 2012, the year my daughter was born, one in three women who gave birth in that hospital had a cesarean section, one of the highest rates in the country and the world. Meanwhile,

> Government and public health agencies such as the Department of Health and Human Services and the World Health Organization included lowering the rate of Cesarean section in their goals, and medical organizations such as the AMA (American Medical Association) and ACOG (American College of Obstetricians and Gynecologists) largely accepted the need to do so. (Beckett, 2005, p. 261)

We cannot forget these birth experiences, but must move beyond institutional calls to be silent about the process. Although Halberstam's call to "start seeing alternatives to the inevitable and seemingly organic models we use for marking progress and achievement" (i.e., normative heterosexual markers like childbirth) is worthwhile, I cringe when he suggests that we engage forgetting as an act of resistance (Halberstam, 2011, p. 40). Forgetting in this way, perpetuates a potentially conservative, almost "don't worry be happy mentality" (Rowe, 2014b). Pouring through my own records and marking the ways in which my own body was victim of the Foucauldian "medical gaze" forces remembrance and caution. Remembering in this way is queer because it goes against the grain of the compulsory cheerfulness in an able- normative and heteronormative worldview. Forgetting may be an act of queer defiance for Halberstam, but remembering the ways in which my body was torn apart and strapped down propels me to push against a narrative in which a maleobstetrician can lecture me on the pains of childbirth or a family member tells me to "get over and move on" from the trauma of an emergency C-section 3 weeks later.

> By forgetting, we might reconstruct a space where our queer relational lives existed apart from the complex web of heteronormativity. But in so doing, we also risk that forgetting, even for a moment, jeopardizes the very foundation upon which the relationship was rendered. (Meyers, 2007, p. 28)

The forgetting of my experience would do nothing to engage dissent of the normal and ordinary. My experience of being within Foucault's "medical gaze" is a cautionary tale. With time on my side, and with a constant remember- ing, I can rework the experiences to understanding what could have been done differently. Namely, I could have given my daughter more time. Let her make her entrance into the world on her own schedule, rather than listening to those with due dates and calendars.

In this way, remembering is queer. And powerful.

Sitting in the NICU: An Epilogue

A few months prior, I checked out Adrienne Rich's *A Woman Born* from my university library, and never even opened it until I started logging long hours in the NICU. Sitting in the rocking chair, in the dim sterile room, I started reading. The old, hardcover 1986 edition felt right in my hands as I rocked and listened to monitors beep and whine that were attached to my daughter's feet and buried in her skull. It was the first real moment that I felt motherhood and my academic life intersect, I felt the tense pull of Ferrell's (*copula*) assertion that "motherhood is that part of being a woman that is least amenable to the demands of intellectual labor" (p. 2). My labor now was shifting.

I brought a pen (not, as per my normal routine, a pencil) to underline as I was reading. Reading Rich was therapeutic, and I didn't mark much—but absorbed the text.

"If there is going to be real break in my writing life, this is a good a time for it as any. I have been dissatisfied with myself, my work, for a long time" (p. 27).

"Yet, because short-term advantages are often the only ones visible to the powerless, we, too, have played our parts in continuing this subversion" (p. 35).

"Certainly the mother serves the interests of the patriarchy: she exemplifies in one person religion, social conscience, and nationalism. Institutional motherhood revives and renews all other institutions" (p. 45).

Of Woman Born still sits on my shelf. I never returned it to the library. The pages in that artifact hold more than Rich's powerfully poetic words. Each page, each thread of the unraveling spine have affective traces as well. Within a few months of checking out the book, the notes from the library arrived more frequently requesting that I return it. I had not intentionally decided to keep the book, but as I deleted each email and tossed out each notice, I knew. Walking into the library, I told the librarian the truth, this book helped me through a very difficult time, and that I needed to hold onto it. Forever.

> I paid US$56.00 for a beat-up 1986 edition of *A Woman Born*. It was a deal.
> An old artifact with a new story.

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