

# Book of Abstracts

The Philosophy of Pregnancy, Birth, and Early Motherhood Conference

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## **'Metaphysics of Pregnancy: Philosophy vs Sociology' – Elselijn Kingma and Barbara Katz Rothman**

What is the relationship between the fetus and the maternal organism? Elselijn Kingma argues that, at least qua organisms, the fetus is part of the maternal organism. But what sorts of arguments are relevant to this question? And is there a truth that is not determined by the social reality that humans create? A philosopher and a sociologist discuss.

## **'Anscombe, Zygotes, and coming-to-be' – Guy Rohrbaugh**

It's a platitude that one's life, in the straightforward non-moral, biological sense, begins at conception. It may come as a surprise to find out that, among philosophers who work on this specific issue, the common sense answer is widely regarded, not just as false, but as practically a non-starter. I'll discuss two of the arguments for this sort of conclusion. Eugene Mills argues that one's inception could be before or after conception, but most definitely not at the moment of conception itself, for nothing new comes to be at that moment. With Mills as stage-setting, I'll mostly be interested in an argument for the 'after conception' position once offered by Elizabeth Anscombe, one that has had a fair degree of influence in the field. Despite this, it's really not at all clear what Anscombe's argument actually is. I'll dismiss the interpretations I've run across and suggest what I think is a more interesting one.

## **'Metaphysics of Pregnancy, Personal Identity, and the Objectification of Women' – Siu-Fan Lee**

Elselijn Kingma argued for a part-whole model (PWM) of the metaphysical relation between a foetus and its pregnant organism against a foetal container model (FCM) in some talks in 2016. I find in general no problem accepting this proposal. Indeed, my own pregnancy experience tells against the FCM understood in some way. In this paper I want to assess some metaphysical (personal identity) and ethical (objectification of women) implications of both models when applied to human pregnancy. I argue that although they cast different views on personal identity, both may objectify the pregnant organism when some other background social situation or beliefs are added. I claim by no means they are sufficient for objectifying women by itself. The FCM encourages the conception that the foetus(es) and the pregnant organism are distinct objects. Thus, it favours the view that a foetus is a person and multiple persons may exist at the same time and space during the pregnancy process. In a community where women have not already garnered sufficient attention and respect, this model may form or reinforce objectification of women. The point is whether the pregnant organism is viewed as a person. The imagery of the FCM turns audience's focus on the bun (foetus), thus the foetus is the end and is surely regarded as a person. This may leave the oven (the pregnant organism) as merely a tool or means to an end. The PWM may objectify the woman, too. This may sound counterintuitive at first. *Prima facie*, the PWM may foster respect towards the pregnant organism because it allows only a single organism to exist throughout the pregnancy, and if any organism is qualified as a person, the whole (the pregnant organism) is certainly far more a suitable candidate than its part (the foetus). So, the model may entail that a foetus is not a person until it is born while the autonomy of the pregnant organism is fully defended in the name of self-ownership. I have no interest in debating whether a foetus is a person; I suspect that there can be no definite answer and more importantly, I also think that it does not matter. I endorse Parfit's (1971) view that personal identity is obsolete. The PWM, if true, seems to show just another good case for that. I argue that it is possible for the PWM to objectify the pregnant organism irrespective of the foetus' personhood status. The PWM by itself does not necessarily lead to this problem; it does so if it were to team up with what I call a property view of the part-whole relation, that treats a part as a property to the whole. The analysis is drawn from an analogy with the Marxist insight of alienation of labour in the capitalist society. While liberals such as Locke grounded property right on self-ownership, Marx regarded this very same property right, whether or not coined 'self-ownership', is responsible for alienating the subject from his/her labour and thus demeans his/her self-worth. Consumerism and the system of private property turns labour into commodity. In assessing the worth of a person by the commodities one owns, one alienates from oneself and treats oneself and other agents as properties. I argue, similarly, if a mother treats her foetus merely as property yet suppose the relation should indeed be as intimate as close to a source of self-worth, values, dignity and moral responsibility, then the mother would be alienating herself from the foetus and thus also objectifying herself. The conceptual challenge here is that we need to spell out specifically what kind of a part-whole relation it is between a foetus and its pregnant organism. I think there are many possible readings to the part-whole relation. In some situation the property view may apply yet in others it may not be appropriate. For examples, a car has wheels but it makes no sense to say that a car 'owns' the wheels. A temporal part of a self is a part of the whole self yet it also makes no sense to delineate a temporal part outside of the whole and to literally claim that the whole owns or disowns a part. An individual is a part to the ethical community yet it does not mean any individual is dispensable or of lesser value than the whole. Yes, sometimes a part can be taken as something dispensable, such as I may lose an arm yet it would not mean that I am not myself. However, does it apply to the case of pregnancy? A whole is its parts aggregated yet different organisation principles may apply in different cases. My preliminary thought is that a part *constitutes* the whole. Constitution is an intrinsic relation; yet property is typically an extrinsic relation between a person and a thing external to the person. Only a person can own things. Yet even for a person, I own my body does not mean that I can do absolutely anything with my body and treat it like an external thing. For example, there are moral limits on organ selling, prostitution, and I argue, self-slavery. Hence, even if a foetus is only a part, it does not endorse, for example, abortion is alright in any circumstance. I am not claiming whether a foetus is objectively a thing or not; I suspect that no claim of such sort can be established. I think rather that something is wrong if a human pregnant organism (the mother) merely considers her foetus as a thing throughout its development. This way of thinking represents an objectification of the foetus. Paradoxically, in objectifying the foetus, the pregnant woman is also not far from alienating and objectifying herself. I welcome the proposal of the PWM. I also appreciate Kingma's ambition for making a general case of all pregnant organisms rather than just human beings. My suspicion is that the PWM cannot win the metaphysical battle simply on biological or typological grounds and apply it right away to human cases. There may be something more going on. Like any theoretical notion, we must examine any metaphysical proposal over a diverse range of concerns and judge carefully of its pros and cons.

### **'Miscarriage, bereavement, and personhood' – Liz McKinnell**

After suffering a miscarriage, I went through many of the usual stages of bereavement, and experienced the loss as the death of a loved one, and not just the loss of future possibilities. At the same time, I am firmly committed to the right of every woman to make choices about her own reproduction, and I do not regard abortion as the killing of a person. I experienced two apparently contradictory convictions, which are shared by many feminists who suffer the loss of a pregnancy:

- 1) Abortion is a woman's right, and not to be compared with murder, or any other killings of innocent people.
- 2) My pregnancy loss is a genuine bereavement, felt as profoundly as the death of any other loved one.

The first conviction seems to be founded on the notion that the foetus is not a person, and yet the second only appears to be a rational response if the foetus *is* a person. Faced with this, the sufferer appears to have two equally unpalatable options:

- a) Jettison (1) and modify one's views about the permissibility of abortion, or at least about the grounds upon which abortion is permissible.
- b) Jettison (2) and regard one's own grief as irrational, misguided, or founded on an error.

This dilemma is philosophical and in a sense abstract, but it is also deeply personal, and may be experienced by any feminist experiencing pregnancy loss. There is at least one way of thinking about the situation which does not force the sufferer to betray either her convictions about reproductive choice or her own feelings of grief. To understand this resolution, we need to consider the most common way in which 'personhood' is often presented in philosophical literature, which (following Sophie Grace Chappell) I will call the Criterial View of Personhood (CVP). According to CVP, the category of 'person' is defined according to certain necessary and sufficient criteria, where a being that meets the criteria is classed as a person, and a being that does not meet the criteria is not. The criteria in question are typically non-relational properties, such as sentience, rationality, and so on. CVP has been criticised from several perspectives in recent years (e.g. Chappell, Gaita, MacIntyre, James). By examining these criticisms, I present a view according to which personhood is nurtured and developed through a gradual process of personification. Personhood develops through being regarded and treated as a person, and, as time progresses, responding to this treatment. Personhood is, at least to a certain degree, a question of occupying a role in a common life with others. It is through the same process that roles such as 'parent', 'sibling', 'grandparent', etc. emerge: as the child gradually develops an independent existence as a person, our role in relation to the child emerges. I also argue that, in cases where pregnancy is welcomed, this process begins a long time before birth. If pregnancy loss occurs once the process of personification is underway, this leaves childless parents, brotherless sisters, etc., who feel the loss of the person whose development they had been nurturing. A choice to have an abortion is often a choice to reject this project of personification. The transformation involved in such a project is so intimate, reciprocal, and serious, that it must not be forced upon someone against her will.

### **'What a Mother's Got to Do: A Moderate Account of Maternal Duties' – Fiona Woollard**

Popular discussion of maternal behaviour often treats mothers and pregnant women as if they have a defeasible duty to perform any action that might benefit their child. I have argued elsewhere that this understanding of maternal duty is mistaken and has bad effects on women's wellbeing. Nonetheless, I do not want to suggest that mothers have *no* maternal duties. This paper is part of a project to develop an alternative moderate account of the duties of pregnant women and mothers to their offspring. I explore two questions: (1) Should we adopt a *sufficiency model* of maternal duties, according to which mothers have a defeasible duty to do enough to benefit their child? (2) When, if ever, does a mother or pregnant woman have a defeasible duty to perform a specific action for the sake of the child? The two questions are connected because, as I will argue, there are some cases where intuitively mothers have defeasible duties to perform specific actions and sufficiency models are not able to recognise these duties. That leaves us with a choice: to further reform our understanding of maternal duties or to reject sufficiency models.

### **'Children as Second Selves: Understanding the Right to Rear' – Jean Kazez**

To many, the reproductive right that most needs to be secured and safeguarded is the right to end an unwanted pregnancy. But another reproductive right has been and continues to be vulnerable: the right of biological mothers and fathers to raise their children. This right can come under threat for many reasons: Sometimes the cause is the stigmatizing of single motherhood. Another cause is the pressure exerted by well-meaning westerners on desperately poor mothers. The "gospel of adoption" is fascinatingly explored by journalist Kathryn Joyce in her book *The Child Catchers*. In light of this threat to biological parents, there is a need for philosophers to think through why parents do (usually) have the prerogative to raise their biological children. However, a number of ethicists deny, downplay, or only tepidly uphold this right. In this paper, I sketch an explanation of this right, asserting that it exists even in some cases in which children would be better off elsewhere than with their biological parents. The basic idea of my account comes from Aristotle, who says that children are a sort of second self to their parents, because "children come from us." I argue that children have this self-like status by describing a number of attitudes parents have to themselves and also to their children. In addition, I argue that the self-like character of our children has metaphysical underpinnings. If children are self-like relative to their biological parents, then it stands to reason that parents have very strong prerogatives with respect to them. Critics will find a lot to worry about in this conception of the parent-child relationship. It appears that on such a view: (1) Children are "our own" in a sense that implies ownership. (2) Adoptive parenthood would have to be stigmatized, or not even recognized as a possibility. (3) Parents must be narcissists and entitled to tyrannize their children. (4) Conflicts between different parents can't possibly be settled. However, I argue that these worries can be overcome and the second-self characterization of children gives us the tools to vigorously defend the rights of parents struggling with challenging circumstances.

### **'Pregnancy and Proprietary Geneticism' – Teresa Baron**

Generally, the people who produce a child are the people who raise it. This rule of thumb, however, has been shaken by burgeoning advances in medical technologies. In light of this, philosophers have come to examine the role of the parent, and the grounds from which parental rights and responsibilities are derived. When those who provide genetic materials, gestate and give birth to the child, and raise the child might all be different people, we cannot rely on our old assumptions regarding rights and obligations to

the child. However, philosophers dealing with this issue have often found themselves torn: we may, for example, appeal to a genetic account of parenthood to account for our intuition that a man who fathers a child during a one-night-stand ends up with certain obligations towards the child, but some philosophers have argued that this produces the uncomfortable conclusion that gamete donors also have parental responsibilities (Benatar, 1999; Brandt, 2017). One approach which has aimed to account for many commonly held intuitions about parenthood, while accommodating new forms of family-making (such as AID, IVF, and surrogacy), has been to centre a proprietary conception of reproductive autonomy. On such a view, parenthood tracks the gametes one owns, or “over which one has legitimate control” (Bayne, 2003, p. 79). Parental responsibility for children who result from our gametes is derived not from the genetic link as such, but from our “possession and high degree of control over” our gametes (Weinberg, 2008, p. 170). Gametes over which one has legitimate control would, of course, include the gametes one produces biologically, but gametes produced by others might come to fall under the scope of our reproductive autonomy through donation. In gestational surrogacy cases, in which the commissioning parents use their own gametes, Page suggests that “the child belongs to the commissioning parents from the outset as they do not at any stage relinquish their rights and duties in respect of it” (Page, 1985, p. 167). In surrogacy arrangements in which the woman who gestates the child is genetically related to it, he argues that we should still consider the child to belong to the intended parents if the ovum is donated *in utero* (p. 170). While such accounts of parenthood might straightforwardly accommodate our intuitions about the rights and responsibilities of gamete donors, IVF or AID recipients, and accidental fathers, I argue that the proprietary account overlooks the material contribution made by the pregnant woman to the production of a child, and that (some) parental rights may also be derived from this contribution. I will critically analyse the notion that an exclusive claim over gametes entails an exclusive claim over the resulting child, and discuss the extent to which claims of exclusive entitlement over something can survive the contribution to others. Finally, I will consider the possibility that parental rights and responsibilities might not be exclusive in nature, and that different people might therefore acquire such rights and responsibilities to the same child by different actions.

### **'Rethinking the bodily subject: the paradoxical experience of pregnant embodiment' – Nicole Miglio**

In my talk, I will argue that the type of physical, existential, embodied and embedded experience of pregnancy may be, *prima facie*, a paradox compared to the mainstream Western paradigm of the body as bare materiality and the subject as separated, discrete, substantial identity. The core aim of my talk will be to suggest that the experience of pregnancy puts us in a condition to re-think the subject-body correlation, showing in a more perspicuous way certain features common to human beings. My theoretical strategy is to shed light on the heuristic power of pregnancy, as a unique experience that may illuminate some aspects of the very Western ideas of subject and body, challenging them *in vivo* (Brewis and Warren, 2004). I will argue that there are at least three reasons, which are pivotal and popular ideas both in Western philosophical tradition and in the folk sense, why the pregnant subject could be said to be “paradoxical”. Firstly, the features of this embodiment do not seem to fit with a paradigm of a subject as self-contained, discrete, and closed; secondly, in philosophical inquiries, we witness an ambiguous separation between the pregnant body and the experience of pregnancy (Tyler, 2000); thirdly, the pregnant woman as subject does not look understandable if subject is conceived as separate within some sort of body-mind dualism, in which the body is nothing but a mechanism. In the prelude to my talk, I will defend the necessity to maintain and make explicit the correlation between gender and gestation, in order to confirm the pregnancy experience as linked especially with the female body. In the first part, I will be concerned with some phenomenological ideas whose application to my analysis might be fruitful. The first is the influential phenomenological distinction between Lived body - Leib, Corps Vécu - and Objective body - Körper, Corps Objectif (Husserl, 1929; Merleau-Ponty, 1942). I claim that this conceptual dichotomy may help to grasp, simultaneously, the specificity of pregnant embodiment and its coherence with the common human feeling of being and having a body. The second is Bigwood's idea of “World-Earth-Home” (1991), which is an indirect discussion of “foetal container model” (Kingma, 2015). I will propose, following Welsh (2013), that he acknowledgement that the living body is not in the world like an object in a container may be a fundamental idea also applicable to the foetus-pregnant subject relation. In the second part, I will discuss the thesis that the pregnant subject is doubled, decentred or split in several ways, finding herself in the ambiguous mode of “experiencing her body as herself and not herself” (Young, 2005). This account turns out to be problematic, as it seems sympathetic to the idea of “integrity” that Young herself criticises. Hence, I attempt to provide an alternative thesis, according to which the main features of pregnant subjectivity are expansiveness and fluidity; as Weiss (1999) points out, these characteristics concern every human subject, but become more visible and perspicuous in the “Pregnant Self”.

### **'MFA, the Body Schema, and a Phenomenology of Gestation' – Jane Lymer**

While the belief that the emotional state of a gestational woman can impact foetal development is long held and cross cultural, researchers in the various fields surrounding pregnancy and gestation have only more recently begun to accept the existence of a maternal foetal affective communication. Today the acronym MFA (maternal foetal attachment) is common within the relevant literature. Yet, while the list of foetal and maternal outcomes from the various presentations of MFA continues to grow, there remains very little understanding about how a MFA may or may not form, how necessary it is to foetal flourishing and the role it might play in infant outcomes. In particular, mystery surrounds how it could be biologically possible to transfer affect *in utero* between woman and foetus, especially when the foetus has little or no cortical function or awareness, so is likely to be incapable of experiencing emotion. In this paper I present a theory of MFA that explains the role of gestational corporeal bonding in foetal neurological development. My argument combines recent work on the body schema within the philosophy of cognitive science with contemporary observations of foetal movement patterns to outline how, during gestation, foetal ipseity emerges through a gestational body schematic enmeshment. I argue that MFA can best be understood through the way the gestational body attempts to incorporate the foetus into its bodily habituations, an imperialism that scaffolds the development of the foetal body schema. As foetal movement elicits and nuances foetal neural function and development I conclude, incorporating the foetus into the maternal body schema moulds foetal development initially through her bodily movement. It is the way that she moves that will in turn structure the foetal movement patterns that lay foetal neurological foundations. Drawing on the philosophy of Merleau-Ponty, I then argue affect to be an aspect of movement rather than something produced *by* behaviour; an aspect of subjectivity, of shared or coupled space. The body schema, how we move, expresses our affective desire, struggle or stress. Understanding emotion as a style of movement, rather than a cognitive production reduces the level of cognitive awareness required to phenomenologically experience affect. Through the synchronisation of movement, we are not only able to gain a prareflective comprehension of another, but also an affective communication and at no time is someone more coupled than during the final trimester of gestation. During gestation, a woman's style of movement, the body to which she has become accustomed, her habit body, is gradually and incrementally moulded around the foetus. How each woman affectively responds to these changes will impact her corporeal schema's bond to her foetus.

### **'From birth control to breast feeding - public policy and reproductive autonomy' – Clare Murphy**

Women's bodies and choices are regulated at a number of levels, through the law (for example the ability to access abortion), clinical guidance and regulations (eg access to contraception or medications while pregnant) but also through public health advice, which emphasises the importance of making the "right" choices before, during and in the immediate aftermath of pregnancy, often with little heed for the needs of that woman as an individual or trust in her ability to make her own decisions. While lines in the sand are well drawn on abortion and reproductive rights in this sphere are understood and (relatively) easily defended, less attention has been paid to other encroachments on women's autonomy, and the increasing propensity to hold women's bodies themselves accountable for any child outcomes. This presentation will look at where we have made progress in upholding women's reproductive autonomy and the challenges that lie ahead.

### **'Building normative frameworks for pregnancy' – Maggie Little**

The challenge of building normative frameworks is multiply complicated. It must do justice to the intimate nature of pregnancy and the developing status of the fetus; it needs to beware gendered expectations of women even as it articulates genuine responsibilities to the future child that continued pregnancy can bring; and it needs to arbitrate where principled limits and reasonable compromises should be made given the divergence of thought amongst good and reasonable people on some of these questions. In this paper, I explore these complexities by looking at a set of concrete policy contexts. Abortion is an important one to be sure, but so too are under-explored and critically important policies around more specific and technical areas, such as regulations around research with pregnant women, or again how to understand medical obligations with respect to perinatal contexts. Attending to the broader range of policy contexts can help inform how we together must build novel and nuanced frameworks around pregnancy that move past pro-choice and pro-life dichotomies.

### **'Can I have special obligations to the foetus part of me?' – Robbie Arrell**

Intuitively, pregnant women have obligations to their foetuses to avoid non-lethally harming them. Less intuitive, but nonetheless compelling, is the claim that pregnant women and their foetuses share a metaphysical relation of organism to proper part thereof (the 'part-whole model' of pregnancy) rather than that of niche to tenant (the 'foetal container model'). If, indeed, a pregnant woman and her foetus-part comprise a functionally integrated organism, then her obligations to her foetus are, effectively, obligations to herself. However, intrapersonal obligations are widely condemned as conceptually incoherent, since the possibility of unilateral release denudes them of their "obligatoriness". Thus, the part-whole model and the claim pregnant women have obligations to their foetuses appear incompatible. To avoid this conclusion, one might suggest the pregnant woman's obligations are not owed to the foetus at all, but to the future child it will become. However, I argue this view is self-defeating, as it cannot sustain the claim that those obligations are genuinely special obligations—i.e. obligations owed to particular persons by virtue of some discrete interaction or special relationship—without sacrificing its appeal. The problem is this: for a pregnant woman at T1 to have special obligations to her future child at T2, whatever it is that grounds those obligations must be in place at T1. But if the grounding factor (whatever it is taken to be) is present at T1, and sufficient to ground special obligations to the T2 child (that the T1 foetus will become), it will also suffice to ground special obligations to the T1 foetus (that will become the T2 child). As such, one committed to the obligations to future child view has three options. The first is to allow that the pregnant woman at T1 has special obligations to her T1 foetus too. This concession, however, will scarcely be consonant with a pro-choice abortion stance, despite such consonance being touted as a major advantage of this view. The second option is to argue that whilst whatever it is that grounds the pregnant woman's special obligations to her T2 child is sufficient to ground those obligations, it is nevertheless insufficient to ground special obligations to the T1 foetus. But explaining away the pregnant woman's special obligations to the T1 foetus (whilst retaining those to the T2 child) will predictably invite a foray into the foetal moral status debate, avoidance of which is advertised as another purported boon of this view. The third option is to reclassify the relevant obligations as general obligations—i.e. obligations that all humankind owe one another in virtue of shared humanity—for general obligations to future persons are relatively uncontroversial. Reframed thus, however, the remaining account would not yield anything like the range of obligations many proponents believe it to justify. Moreover, it is profoundly dismissive of the phenomenological experience of pregnancy to depict a woman's obligations to her foetus as being of a piece with those she owes strangers. Whatever else we may say about foetuses, they are surely not strangers in the womb. Must one thus abandon the idea that pregnant women have special obligations to their foetuses if persuaded by the part-whole model? I think not. Instead, I reject the general claim that intrapersonal other-regarding obligations are conceptually incoherent, before going on to suggest that pregnant women's special obligations to their foetuses (or, as we should rather say, foetus-parts) might constitute a paradigm case of such obligations.

### **'The foetal patient: the ethics of interventions during pregnancy' – Anna Smajdor**

Foetal surgery has been practised in the US since the early 1980s, and has been gaining prominence in the UK and Europe over recent decades. Foetal surgery can be carried out with varying degrees of invasiveness. The most invasive form involves hysterotomy: the uterus is partially removed in order to optimise surgical access, and the foetus partially delivered, remaining attached to the placenta and umbilical cord. Other, less invasive options include endoscopic techniques, and percutaneous procedures. Doyal and Ward, writing in 1998, suggested that the endoscopic and percutaneous approaches would be likely to supplant the more invasive forms of foetal surgery. However, to date all types of foetal surgery are still being practised. The necessity of 'invading' the mother's body in order to access the foetus has given rise to arguments that careful constraints should be placed on these interventions, so that women's willingness to undergo risk for the benefit of the foetus' needs is restricted. Yet the idea that uncontrolled maternal altruism must be constrained in itself presents an ethical problem. Many of the potential benefits from foetal surgery are cosmetic: the uterine environment can promote scarless healing. Because of this, mothers may have reasons to prefer in utero treatment rather than risk scarring after birth. This gives rise to a clash between supposedly objective risk-based criteria, and women's subjective interests. It also raises troubling questions about maternal-foetal relations, that go well beyond the standard abortion debates and disputes about relationality, personhood and moral status. Defining the scope of women's obligations (if any) to foetuses they do *not* intend to abort is becoming a more pressing endeavour as medical technology advances into the womb itself. I consider whether foetal surgery is qualitatively different from other forms of prenatal intervention (such as inoculating pregnant women against whooping cough so that the baby is born ready-immunised). I suggest that in fact any treatment of pregnant women aimed at benefiting the foetus is ethically problematic, and that while some interventions are riskier than others, the deepest ethical question is not dependent on the degree of risk, but relates to the Kantian injunction that we should always treat humanity, whether in others or ourselves, as an end in itself, rather than as a mere means. I ask whether some or all interventions during pregnancy (and even pregnancy itself) fall short of this requirement. I set out some criteria that may help to analyse different modes and motivations for intervention and then consider whether these Kantian considerations can or should play feed into arguments related to policy-making and regulation in this field.

## **'Those Who Would Be Mothers: A Dialectic of Maternal Identity' – Sarah LaChance Adams**

TBD

## **'Early Motherhood Sexuality: Between social constructs and agency' – Lior Mali**

Motherhood and sexuality are perceived almost as a contradiction in terms, although many women are sexually active well after they become mothers. In my work I shed some light on this gap and examine the factors shaping our perception of motherhood as almost inherently asexual. How do these factors influence women's sexual agency, being both mothers and sexual subjects? Women's sexuality is given a secondary role in western society, after men's sexuality, which is perceived as default. I argue that when women become mothers, we are deprived of their already limited sexuality, defined by men's desire of them. This deprivation is a side-effect of the ultimate devotion required of us to function as mothers. The prevailing concept of a good mother requires a woman to neglect all but the care and nurture of the baby she has just given birth to. Recent perceptions suggest the mother find some time for self care, but this too is constructed under the assumption that a worn out mother cannot be a good mother. That is to say, self care is essential only as a mean to achieve better mothering. So our sexual agency is defined first by our partners and other men in our surroundings, and then by our role as mothers, which requires us to put ourselves and our personal and sexual desires as our last priority. Within this context, we are constantly judged by our looks and how quickly we bounce back to our prenatal bodies, how well do our children develop and adjust to the world, how we juggle our family time with our career, and even how long we choose to breastfeed, or if we choose to breastfeed. Moreover, postpartum depression is perceived as an anecdotal illness, rather than a socially constructed symptom of early motherhood loneliness and isolation. Postpartum instruction manuals suggest returning to sexual activity based on arbitrary time schedules and give little or no importance to personal variations and early motherhood challenges. The result is very little room for women to assume their own sexual agency, to explore it and find what their own needs and desires are. Studying women's sexuality, especially during early motherhood, allows a new examination of the concept of agency: it is a field in which many social forces limit a woman's spectrum of possibilities, but she herself has the option of compliance or resistance. Feminist studies pointing to a social injustice are often reduced to presenting either an almost determinist structured systematic injustice, which is deemed impossible to change, or a woman's possibility to act in ways she hasn't acted, insinuating she carries the responsibility for her own oppression, and may be interpreted as victim-blaming. Focusing on agency allows a more complex discussion, recognizing both the social structures and the choice we have within these structures to establish our own sexuality, as a way of resistance. Bringing women's own voices in such context can give them room for self-exploration and reclaiming their agency.

## **'Reason, uterus and violence: the epistemic roots of an ignored relation' – Stella Villarmea**

This paper takes as its subject the philosophical reconstruction of one component of the thesis of the naturalization of female rationality. The component at stake associates the working of the brain (in women) to the working of the uterus or womb. In the eighteenth century, the enlightened medicine carried on an odd debate over the relationship between women's brains and their uteruses. Thus, when it came to assessing women's rational capacities, what was at issue was whether female thought had its origins in the uterus given that there was no "proof" that it came from the brain. This controversy came to be known as the "thinking uterus" debate, and there was one most surprising participant in it, Giacomo Casanova. The well-known Italian adventurer published a staunch defence of women's cognitive capacities and their right to an education. To date this defence has received little attention in academic studies of the fight for sexual and gender equality, so my paper aims to recover Casanova's contribution. As well as analysing the arguments that were brandished by both sides of the "thinking uterus" debate, my paper also ponders the persistence of a series of age-old commonplaces that still beset contemporary obstetrics. As a result, in addition to shedding light on various striking moments from the histories of medicine and ideas, my historical approach aims also to explore more deeply some of the associations between the use of the brain and the use of the uterus that have been made repeatedly over the centuries, so much so, in fact, that they seem to be part of our conceptual furniture.

## **'Birthing Freedom: An Experience of One's Own' – Sara Gavrell**

Lyerly argues that the medical model of childbirth is pitted against the midwifery model – in what she calls the "birth wars" – which makes some women feel a sense of failure, guilt, and even self-betrayal when they end up having a particular kind of birthing. Wolf responds that these feelings arise because women think that certain kinds of (obstetrical) technology go against their values, but that technologies embody a complex set of values and women may birth according to their values in either model. Using interviews about women's experiences of birthing, Lyerly develops a view of a good birth based on five interpretations of the kind of control that women want during birth: agency, personal security, connectedness, respect, and knowledge. Both authors conclude that good births may be had in either model and we should end the "birth wars". Though I agree with most claims by Lyerly and Wolf, I disagree in the way the "wars" have been understood: pitting the use of technology within the medical model or the midwifery model in a way that puts women against women, or a woman at war with herself. The objections to the current institution of childbirth go beyond choice of technology and the medical or midwifery models. I have argued elsewhere that respect for autonomy – which involves all five ways in which Lyerly understands control - is the main element in a good birth. I want all women to have good births and be guilt-free, healthy, and empowered, regardless of the chosen manner of birthing: be it birthing in the ocean with dolphins or scheduling a cesarean around a vacation. Yet I now think even some births that may be understood as autonomous cannot be good. Moreover, I want to argue that birth is an oppressive institution in such a way that the epistemic and legal authority of the participants, as well as the resources available in either model, affect the distribution of power, and *shape women's birthing experience, as well as the ways in which women can construe, interpret, or understand their own birthing stories*. It has already been argued that autonomy in birthing can be undermined in many different ways. But by virtue of being in certain institutions one's autonomy is inescapably compromised: physicians have the power to decide women's admittance to the hospital, and may legally impose medically construed risk-assessments, protocols of care, cesareans, and even retain women's newborns. Rothman had pointed out that one's powerlessness during birthing is not noticed until one tries to exercise power. One must keep in mind intersectionality and the real world: not all birthing women are empowered feminists; not all patients are created equal. But the problem is deeper since the birthing experience itself - like all experiences, such as sex and death - can be shaped by outside forces. In arguing that the definition of birth itself is socially constructed, Rothman notes that two women might have identical physical sensations but one might be able to convince a physician to declare her in labor while the other might not. The first is put through the hospital protocol and experiences her birth as long and difficult, while the other experiences her birth as somewhat easy with some previous discomfort. If I had had access to an epidural, I would most likely have used it and would have concluded that an

epidural, and not a birthing team, is the greatest thing for birthing. This puts women's own birthing stories in a very strange light, and calls into question even analysis of satisfaction with birthing. Finally, I will argue that certain chosen manners of birthing are incompatible with a good birth when they conflict with identity-conferring commitments. Like Sophie's Choice, there are choices that are the least of two evils, and this should not force us to say our birth was good. We don't want to be satisfied birthing slaves; we want birthing freedom. So understood, the "birth wars" are far from over.

#### **"Amigas, Sisters: We Are Being Gaslighted": Obstetric Violence and Epistemic Injustice' – Sara Cohen Shabot**

In my past research, I focused on how obstetric violence is lived and experienced by women and why it is frequently described not only in terms of violence in general but specifically in terms of gender violence: as violence directed at women *because* they are women. For this purpose, I used feminist phenomenology to explain and account for the feelings that many victims of this violence experience and report, including feelings of embodied oppression, of the diminishment of self, of physical and emotional infantilization. In this paper, I turn to the examination of such feelings of "diminishment of the self" and infantilization by dealing with the epistemic aspects of the phenomenon of obstetric violence, mainly by observing it from the perspective of recent theories on epistemic injustice, specifically through the concept of "gaslighting." I argue that a central part of obstetric violence has to do with laboring women being disbelieved, distrusted, and (unjustifiably) questioned regarding their violent laboring experiences and, more pressingly, with being made, themselves, to doubt their own experiences of violence. I show that this distrust operates both during the experience of labor and afterwards, when women attempt to tell others about their (violent) laboring experiences and to obtain epistemic recognition from these others. I emphasize that this experience of deep distrust needs to be taken not simply as a response to the phenomenon of obstetric violence: it must be recognized as a core part of the phenomenon itself. The idea of gaslighting has recently been used to account for specific cases of epistemic injustice, those where the victim of unfairness is intentionally or unintentionally made to doubt and distrust her own experience and testimony, since her interlocutor (often supposedly her ally) heavily questions their truth. In this paper, thus, I argue that to be a victim of obstetric violence means (also) to be continuously gaslighted: first by the medical staff and then by those who listen to the victim's story. The dismissal of women's knowledge and the understanding of women as flawed epistemic agents does not apply exclusively to the realm of medicine or medicalized childbirth. Feminist epistemological theories show us that the underestimating of women's knowledge has been a pervasive motif within patriarchy and is not to be considered merely circumstantial. Women's knowledge has generally been considered unreliable and inferior, mainly because its origins are supposedly more emotional and less rational. Thus, we are being gaslighted in the ob-gyn office, in the labor room, and when telling our violent childbirth experiences to others, as part of a general devaluation of women's epistemological capacities and as part of the hegemonic patriarchal culture, which is sexist and misogynist to the core. But if obstetric violence is the dehumanization and objectification of women within obstetric practices, if it means infantilizing us and depriving us of agency and autonomy over our birthing bodies, then this form of gaslighting must be recognized as obstetric violence too.