

From Women's Sacrifice to Feminist Sacrifice: Medicalized Birth and “Natural” Birth versus Woman-Centered Birth

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Abstract

The concept of sacrifice poses an interesting challenge to feminist theory. On the one hand, it seems that women must reject self-sacrificing practices. On the other hand, certain recent feminist analyses have recognized sacrifice as a potential empowering tool for women, so long as it is freely chosen and experienced as positively transformative.

In this paper I argue that it is possible to relate to childbirth either as an event calling for women to sacrifice themselves in the patriarchal sense or, alternatively, as one that allows for a “feminist sacrifice” – a deeply embodied and painful but also creative and redeeming self-sacrifice, chosen by a woman herself.

I show that while the patriarchal sacrifice of women's birthing bodies in the labor room through shame, blame, objectification, and abuse must be clearly rejected from a feminist perspective, there is nevertheless room for “feminist sacrifice” in childbirth.

Keywords

medicalized childbirth – natural birth – sacrifice – essentialism – embodiment

1 Introduction

The concept of sacrifice poses an interesting challenge to feminist theory. On the one hand, it seems that women should reject self-sacrificing practices, along with myths prizing women's sacrifices, since historically the imperative for women to be sacrificed and to sacrifice themselves has constituted an

important patriarchal device for keeping women oppressed and powerless. On the other hand, some recent feminist analyses recognize sacrifice as a potentially empowering tool for women, so long as it is freely chosen and experienced as positively transformative.

I argue here that it is possible to relate to childbirth either as an event requiring women to sacrifice themselves in the patriarchal sense (forced to choose between experiencing birth as pathological or as essentially “natural” and “feminine”) or as one that allows for a “feminist sacrifice” – a deeply embodied and painful but also creative and redeeming self-sacrifice, chosen by a woman herself.

Using previous work on childbirth – particularly on medicalized birth, the phenomenon of obstetric violence, and the critique of the “idealized natural birth” – I show that while a feminist perspective must clearly reject the patriarchal sacrifice of women's birthing bodies in the labor room through shame, blame, objectification, and abuse, there is nevertheless room in childbirth for “feminist sacrifice.” Feminist sacrifice is part of a birth where, while intense pain and embodied crisis are experienced, they are experienced not as defeat or oppression but as an opportunity for transcendence and positive transformation. But this can only occur within a woman-centered birth, where the birthing woman's desires and choices are honored and celebrated at the moment of her undeniable, profound self-sacrifice.

2 Women as Objects: Medicalized Birth and “Natural” Birth

The act of birthing is clearly a complex subject for feminist theory.¹ It refuses to be conceived either as a biological punishment, which would make the forced suffering it entails something to be mitigated as far as possible, if not completely escaped, or as a sublime, “natural” event that must be experienced in all its rawness for true femininity to be experienced.² It has become evident that while the medicalization of childbirth initially released women from the “curse” of painful, dangerous births, it also ended up leaving many women anywhere from sad and disappointed to severely and permanently injured and traumatized, often following violent, nonconsensual interventions.³

1 Baker, *Natural Childbirth*; Charles, *Disempowered Women?*; Johnson, *Political “Nature”*; Rich, *Of Woman Born*.

2 Cohen Shabot, *Laboring with Beauvoir*; Heyes, *Child, Birth*; Martin, *The Woman*.

3 Cohen Shabot, *Loud Bodies*; Harris/Ayers, *Labour and Birth*; Simpson/Catling, *Birth Experiences*.

As for the natural version, the cultural requirement for “natural” birth has essentialized the labor experience, often strengthening patriarchal models of a femininity that is necessarily connected with mothering and biological (even animal) instincts – inescapably incarnated in unmedicated, interventionless childbirth.⁴

We therefore need a feminist alternative to the discourse of childbirth as either pathological (thus requiring medicalization) or thoroughly natural (constitutive of true femininity). Elsewhere, using Beauvoir’s theory of ambiguity as reflecting authenticity, I have presented labor as paradigmatically ambiguous, perfectly conjoining embodiment as the expression of both immanence and transcendence.⁵ This is birth as an event in which the woman’s body is felt as inescapable, an immanent, dominating force, but at the same time as (at least potentially) extraordinarily creative and active: a lived body expressing freedom. Thus, birth can be recognized as neither something that must be numbed in order to emancipate laboring women, nor an essential event in the constitution of womanhood that must be experienced without any medical intervention for true femininity to be achieved.

I shall argue here that both of these sets of demands – that women must either numb the pangs of birth and forcibly submit to medicalization, or experience birth without any medical help whatsoever – should be understood as patriarchal sacrifices of women, ultimately conceiving women as objects to be sacrificed for a greater good, whether that be the unborn baby’s well-being or an ideal of femininity. A feminist phenomenological understanding of birth, however, offers a third way: birth as an experience portraying ambiguity, and thus authenticity, when lived as both immanent and transcendent, and as a relational event, not experienced in disconnection or isolation from the baby being born nor from others. This is the possibility of a *feminist* sacrifice in childbirth.

4 Cohen Shabot, *Laboring with Beauvoir*; Martin, *The Woman*. See also how Ina May Gaskin, one of America’s most recognized midwives and midwifery theoreticians, introduces her *Guide to Childbirth*: “Consider this an invitation to learn about the true capacities of the female body during labor and birth. [...] What I mean by *true capacities of the female body* are those that are experienced by real women, whether or not these abilities are recognized by medical authorities. [...] Even when women in my village experience pain in labor [...] they know that it is better to keep their senses alive if they are to experience the true wisdom and power that labor and birth have to offer” (p. xi et seq., emphasis in the original).

5 Cohen Shabot, *Laboring with Beauvoir*.

3 On Patriarchal Sacrifice, Obstetric Violence, and "Natural" Birth

According to common definitions, in sacrifice, something or someone is offered or given up for a greater good.⁶ Historically, women have been common objects of sacrifice, because women have been constituted as passive objects, not active subjects: ornaments to be controlled, managed, dominated, and thus also used or exploited. This is the main reason why the concept of sacrifice poses such an important challenge to feminist theory.⁷ Various feminist discussions have dealt with theological and ethical justifications for sacrifice. Theological debates, for instance, have stressed that the Christian emphasis on self-sacrifice, on physical and emotional suffering as a means for reaching redemption or as our duty for others' sakes, is counterproductive to women's emancipation from patriarchal power. Green writes, about feminist critiques of self-sacrifice as prized from the Christian perspective:

Too often, women have understood personal suffering as inherently good and redemptive. Such an assumption has contributed to women's passive acceptance of suffering on both personal and systemic levels. [...] Feminist theologians Rita Nakashima Brock and Rebecca Ann Parker poignantly illustrate the danger that faces women when the traditional Christian value of self-sacrifice is taken to its logical conclusion. They write about a pastor counselling his parishioner to passively accept physical abuse from her husband on the grounds that it would bring her closer to Jesus. He admonishes her, "Jesus suffered because he loved us. [...] If you love Jesus, accept the beatings and bear them gladly, as Jesus bore the cross" (Brock and Parker 2001, 21). Here, a woman is encouraged by her pastor not to make external changes to her life in order to protect herself from violence, but rather to make an internal change by identifying with the figure of Christ who accepts crucifixion out of love for those who crucify him. The egregious offense of such counsel cannot be overstated: the pastor's advice demonstrates the violent potential of taking the notions of self-sacrifice and redemptive suffering to their logical conclusion.⁸

6 The *Oxford English Dictionary* includes these two definitions of "sacrifice": "The destruction or surrender of something valued or desired for the sake of something having, or regarded as having, a higher or a more pressing claim" (as a noun); and "To surrender or give up (something) for the attainment of some higher advantage or dearer object" (as a verb).

7 Cawston/Archer, *Self Sacrifice*; Green, *Works of Love*; McIntosh, *Sacrifice*.

8 Green, *Works of Love*, p. 569 et seq.

In the same vein, feminist ethical considerations have noted how an ethics that emphasizes care as consisting at least partly in a high degree of self-sacrifice – for instance Gilligan’s ethics of care, calling for (an at times overwhelming) empathy and nurturing rather than justice – is dangerous and might easily entrench the oppression and objectification of women, annulled “for the sake of the other.” Reviewing many of the feminist critiques of the ethics of care and its tendency to encourage self-sacrificial practices and conduct, and referring to Virginia Woolf’s description of the “angel in the house” as an example of a self-sacrificing housewife, Cawston and Archer argue:

This example shows a woman sacrificing her own interests for those around her and who will fail to consider her own rights and entitlements, prioritizing instead the interests of other people. In a society where women’s interests are routinely given a lower priority to men’s there seems good reason to think that celebrating such an ethical outlook will contribute to the continuation of men’s interests being promoted at the expense of women’s. It is for this reason that Hoagland (1991, 259) claims that: “to pursue this sense of female agency, is to pursue oppression” [...] according to these feminist critics, care ethics endorses a morality of self-sacrifice. This self-sacrificial ideal is both a symptom of and a contributing factor to the continued domination of women. In order to promote feminist aims then, feminists should reject the caring approach to morality.⁹

These feminist theological and ethical critiques of self-sacrifice bear striking similarities to feminist arguments opposing the submission of birthing women within medicalized birth. In an echo of the case of the woman being asked to willingly submit to her partner’s violence to be like “Christ who accepts crucifixion out of love for those who crucify him,” feminist critiques of medicalized childbirth note how birthing women, rather than being recognized as whole subjects with agency, desires, limits to be respected, and consent always to be asked for, have become accustomed to violent treatment for the sake of a “greater good” (usually that of the unborn baby), turned by medical authorities into passive objects or machines to be managed and fixed during labor.¹⁰ Thus, medicalized birth has become, even if unintentionally, an arena where birth is mostly considered highly risky¹¹ and essentially pathological, and where

9 Cawston/Archer, *Self Sacrifice*, p. 460.

10 Cohen Shabot, *Loud Bodies*; Martin, *The Woman*; Rich, *Of Woman Born*.

11 Katz Rothman, *Pregnancy*.

systematic, normalized violent practices and unnecessary and nonconsensual interventions undermine women's autonomy and dehumanize them, causing them physical and emotional hurt.¹² This obstetric violence is often justified as something that "women have to go through," a normal rite of passage that every woman is destined to experience when becoming a mother.¹³ This suffering is even justified as preparing women for their job as "good mothers," providing a sort of illustrative start to what their mothering lives are supposed to become: lives of self-sacrifice, of constant, multiple renunciations, gladly undertaken for the sake of their children's well-being.¹⁴

Thus, laboring women's obligation to sacrifice themselves, renouncing their own needs and desires to prevent real or imaginary risk or damage to themselves but also, and mainly, to their as-yet-unborn babies, is quite apparently one of the main justifications for perpetuating violent obstetric practices. All too often, in an effort to make them accept medical interventions they have repeatedly refused, birthing women hear variations of "You have to go through this for the baby's sake" or "If you don't do what we say, your baby will suffer serious damage / may die." It is noteworthy that, as in the previous examples of women's self-sacrifice, self-sacrifice in medicalized childbirth is often not openly imposed on women but instead subtly demanded through models of "proper" femininity: women internalize the duty to sacrifice themselves through the pervasive patriarchal cultural scripts that have marked and strictly shaped how they have understood the requirements of good femininity throughout their lives. Thus, arriving at the moment of labor, women do not need to be forced: they are usually already extraordinarily well-prepared for consensual (even enthusiastic) self-sacrifice.¹⁵

12 Cohen Shabot, "Normal"; Miller/Lalonde, *Global Epidemic*; Sadler et al., *Disrespect*.

13 Cohen Shabot, "Normal."

14 Cohen Shabot/Korem, *Domesticating*.

15 Cohen Shabot/Korem, *Domesticating*. The question of whether all women who consent to intervention in childbirth (including what are frequently violent practices) have internalized oppression and are not "really" choosing clearly constitutes a major and difficult question that arises every time we think about subjects consenting to what can be seen from certain perspectives as oppressive practices. This is not the place to engage with this important philosophical question, but it is necessary to recognize that, at the least, for *some* of the practices that are said to be chosen and consented to by subjects, that assertion is questionable. We know that oppressed populations frequently internalize hegemonic paradigms and adopt them as if they were beneficial to themselves, in an act of false consciousness, even when such practices actually rob them of their freedom and agency (Beauvoir, *Ethics*; Kruks, *Politics*; McWeeny, *Varieties*). It is difficult to know when we are in the presence of this phenomenon and when we are faced with actual consent, but that does not mean that there are no cases in which oppression is so intensely internalized that real, free consent is at least to be highly doubted. On the specific problematic

Analyzing shame as a central tool for lowering birthing women's resistance to the obstetric violence perpetuated against them, Cohen Shabot and Korem discuss how a pervasive, internalized, gendered shame, similar to what Sandra Lee Bartky calls the "shame of the oppressed,"¹⁶ makes women especially prone to surrender to unnecessary interventions and violence, in medicalized childbirth settings, without protest, without even clearly recognizing it as violence. Because proper femininity and optimal motherhood are understood as being strongly linked to self-sacrifice, the demand that women renounce their subjectivity (including their agency, their embodied desires, and their "selfish" decisions) for the sake of a supposedly healthier, less risky, and more controlled birth is seen as normal and legitimate, rather than as violence.¹⁷ Self-sacrificing ideology meets obstetric violence in the grotesque cliché frequently used to dismiss women's feelings of failure and depression after violent births: "All that matters is that the baby is all right." Birthing women are considered mere receptacles serving the unborn babies.

of consent in childbirth and the effects of internalized oppression and hegemonic cultural expectations, see for instance Cohen Shabot, *Why "Normal"*; Dixon-Woods et al., *Why Do Women*; Malacrida/Boulton, *Women's Perceptions*; Martin, *Giving Birth*.

16 Bartky, *Shame*.

17 Although biomedical interventions in childbirth can be beneficial when undertaken for health reasons, the over-medicalization of childbirth has been recognized as a public health problem worldwide (WHO, *WHO Recommendations*). The idea that medicalized childbirth per se has led to better outcomes for women and babies has been debunked by copious research showing that medicalized births in high-income societies are characterized by too much intervention too soon (Miller et al., *Beyond Too Little*): as a direct consequence of wrongly considering birth to be inherently pathological and risky, unnecessary medical and technological intervention is rampant and has been proved to damage rather than benefit women and their babies (Liese et al., *Obstetric Iatrogenesis*; Katz Rothman, *Pregnancy*; Rich, *Of Woman*; Smeenk/ten Have, *Medicalization*). The United States constitutes an excellent demonstration that more medicalization does not equal better results, as birthing women's and newborns' survival rates have decreased over the last thirty years (Liese et al., *Obstetric Iatrogenesis*), and this is without even taking into account the precarious outcomes produced by classism, racism, and the subjection of certain populations to bad and discriminatory medicine and a lack of sufficient basic resources (Altman, *Listening*; Chadwick, *Practices*; Davis, *Obstetric Racism*). Good hygiene and a physiological process in which women are respected and supported (especially by experienced midwives) have been proved to be the best predictors of a good birth, including in terms of the most basic, conservative concept of "health." The World Health Organization strongly recommends that we advocate for and work towards physiological birth being the predominant mode and towards the eradication of unnecessary, abusive, and disrespectful interventions within medicalized birth (WHO, *WHO Recommendations*).

The discourse of selflessness as central to ideal motherhood and femininity [...] affects women's perceptions of their optimal choices in childbirth, often pushing them toward a willingness to experience pain and suffering and undergo any experience identified with maternal sacrifice, or toward absolute obedience to the medical staff (Malacrida and Boulton 2012). Thus, when it is internalized by women, this discourse also contributes to the reproduction of obstetric violence. Birthing women who share traumatic, or even simply difficult, birth stories are often silenced with comments like "everybody goes through that," "you should be grateful," or the quintessential "all that matters is that the baby is healthy."

This is how the stereotype of "good," selfless motherhood silences, shames, and disciplines birthing mothers. Phrases such as "you should be grateful" express that whatever happens during childbirth is insignificant, given the laboring woman's sublime role in the creation of life and selfless engagement in mothering.¹⁸

Essentialized, "natural" birth, however, is also used to oppress women. Here, the required self-sacrifice involves the demand that laboring women renounce all medicalization in order to experience the "true birth" that is supposed to incarnate "true femininity." This is how – although this tyranny is totally different and much less physically violent – the mandate to birth "naturally," to connect with their "animal instincts," has become tyrannical for many women (especially wealthy, privileged women who have willingly renounced medicalized birth), in that it calls them to sacrifice their ambiguous, authentic subjecthood to an ideology that constructs femininity as dependent on and profoundly linked with the "raw," "natural," and definitely unmedicated birthing body. Emily Martin compellingly critiques the ideology of natural birth. Discussing the model of femininity implied by the ideas of Michel Odent, one of natural childbirth's most renowned gurus, she writes:

18 Cohen Shabot/Korem, *Domesticating*, p. 391 et seq. The idea of the mother/baby couple as a conflictual and zero-sum dyad in which one always survives and thrives at the expense of the other is a concept mainly predominant within the medicalized-birth discourse. In other narratives, mother and baby are frequently considered a more holistic unit, sharing a common space and seeking the other's benefit (also because of a common interest). The mere act of pregnancy and birth can be seen, in these latter narratives, as a productive sacrifice, maybe on both parts, in which each gives up its unitary nature and splits, losing a certain way of existing in order to be reborn in a different way. In the following, I will discuss in greater detail the significance, for the specific argument of the "feminist sacrifice" in childbirth, of narratives that construct the pregnant subject more as a unit with blurred limits (versus its construction as a conflictual and well-defined dyad).

In Odent's view, birthing women are perceived as moving back in time and down the evolutionary tree to a simpler, animal-like, unselfconscious state. This assessment must be viewed in light of the historical exclusion of women from "culture" – that higher activity of men. [...] It is ironic that Odent's efforts to give birthing back to women occur at the cost of reasserting a view of women as animal-like, part of nature, not of culture. Even though Odent has been made a hero by many birth activists in this country, we would do well to realize that his views share a lot with those of nineteenth-century writers who relegated women to the "natural" realm of the domestic.¹⁹

Martin thus pleads for new paradigms that resist both the medicalization of childbirth and the anti-feminist backlash that again locates women in the "natural," "animal" realm, as the antagonists of culture and of civilizing practices.

4 Pain

Pain clearly plays an important role in the experience of childbirth. But what are the precise connections between pain and the question of sacrifice? Childbirth pain has been recognized as one of the clearest expressions of the sacrifice that birth originally constituted for women: it was the divine punishment women had to bear for their original sin. Women had to be sacrificed on the altar of birth, undergoing excruciating pain, as the justified price for bringing life into the world. Clearly, one of the main contributions of modern obstetrics was its power to emancipate birthing women from the ancient punishment of agonizing labor pain. This is why feminists enthusiastically embraced modern anesthetics when obstetricians started to offer them as a miraculous way to numb contractions: liberation from labor pain seemed like a first, very significant step in freeing women from the unnecessary suffering and sacrifice imposed on them by the physiology of birth and the diverse patriarchal forces that generally prized it. However, women quickly discovered that the numbing of birth pain in medicalized birth was accompanied by stricter control of women's birthing bodies by medical staff, a reduction of their agency over their own bodies in the birth process, and a profound reification – a construction

19 Martin, *The Woman*, p. 164. Along the way, the discourse of "natural birth" has sometimes been merchandized, transforming it into yet another (oppressive) consumer good that many women feel forced to "consume" in order to perform "good motherhood"; see for instance Baker, *Natural Birth*; Charles, *Disempowered Women?*; Johnson, *Political "Nature."*

of themselves as passive objects or machines out of which the baby simply needed to be extracted.²⁰ Meanwhile, the defenders of natural birth idealized birth pain, calling on women to birth in pain if a “good birth” – a sublime, feminine experience of labor – was desired.²¹ I argue that these two opposed visions of labor pain – one seeing it as something to be numbed, the other glorifying it as an essential part of a good birth expressing true femininity – are both flawed, reducing particular, singular women to abstract entities or ideals; in short: to objects. In both cases, women's agency and singular ambiguity are sacrificed to systems or ideologies that consider birthing women as means, rather than as ends in themselves.

In a woman-centered birth, in which a “feminist sacrifice” is possible, pain might still play a central role: in such a birth, pain would be not numbed, but felt, and felt not as an essential part of a feminine birth but as the phenomenological expression of an authentic event in which the self is experienced, in the midst of pain, as deeply embodied and alive; an event in which a woman can become an active subject, full of agency and movement.²² In the following, I show how a woman-centered birth might be understood as a feminist sacrifice when a woman deliberately chooses to experience pain, seeing herself not as a receptacle or pure container but rather as enmeshed, intertwined with her baby – not, in the patriarchal sense, “sacrificing herself for

20 For an extensive feminist analysis of pain in childbirth, see Cohen Shabot, *Subjectivity*. On the medicalization of childbirth as frequently saving women from pain only at the price of disempowerment, see Behruzi et al., *Childbirth Practices*; Bellón Sánchez, *Obstetric Violence*; Martin, *The Woman*; Smeenk/ten Have, *Medicalization*; Wolf, *Deliver Me*.

21 Gaskin, *Guide to Childbirth*.

22 Cohen Shabot writes about pain in childbirth: “We are most authentically ourselves in the presence of pain that reminds us clearly that we are overly embodied. [...] This pain allows us, at the same time, to keep being ourselves and to keep setting goals, creating, letting ourselves go out to meet the world, communicating, being with others: in sum, reaching transcendence. Labor pain, in most of its forms, constitutes this kind of ‘positive pain’ [...] in our present Western cultural situation – where childbirth is increasingly taken over by medical institutions, frequently making parturient women passive, objectifying them, and placing them at the mercy of a system that is ever more litigious and less human-oriented – pain may serve as a place of resistance. It may be one of the most powerful tools available to women for defying authority, for recovering agency over an experience that was originally loud but has been silenced by the medical powers-that-be through painkillers and interventions” (Cohen Shabot, *Subjectivity*, p. 132). This is of course not to say that birthing women must choose pain – it means instead that women who choose not to numb their existing labor pain might decide to provide it with meaning, and that is frequently a meaning that has to do with authentically experiencing their bodies at the time of birthing, and sometimes also with resisting the mandates and expectations of medical authorities (Heyes, *Child, Birth*).

her baby” but nevertheless experiencing a feminist sacrifice, mainly through self-transformation: by sacrificing and leaving behind the non-birthing woman she once was.

5 Woman-Centered Birth and Feminist Sacrifice

Cohen Shabot writes that the laboring subject is frequently constructed through pain. Women experiencing power, agency, and freedom in childbirth usually refrain from numbing their pain. This does not mean that pain should be glorified, or that births where labor pains are numbed cannot be empowering. However, the medicalized interventions that numb pain have numerous consequences in terms of restricting women’s agency over their birthing bodies. Thus, pain might be beneficial not because it brings women closer to some more ideal feminine birth but as a tool for birthing on their own terms, through a deeply embodied (sometimes even erotic) subjectivity.²³

In her analysis of the Chicana lesbian feminist Gloria Anzaldúa’s writings on pain and sacrifice, deriving from Anzaldúa’s personal experience of intense physical pain, Suzanne Bost²⁴ discusses the role of pain in a kind of sacrifice that does not necessarily call to be banned: what I would call a “feminist sacrifice.” Bost proposes that Anzaldúa’s ideas need to be read as a subversive stance, as part of her feminist Mexican and mestiza consciousness, with its connection to the belief that pain and sacrifice are essential to authentic existence and that they thus call to be experienced rather than numbed: that wounds and crisis constitute the place from which we grow and change, from which we claim meaning and acquire knowledge. This is the role Anzaldúa gives to the intense physical pain she experiences because of various health issues. Bost shows that Anzaldúa’s writings reflect a belief – deeply rooted in the Mexican-mestizo conceptions of pain and of the practice of sacrifice (influenced both by Spanish-Catholic and by Aztec cultures) – in the power of pain and sacrifice to function as important tools, when one is intimately touched by and intertwined with them, for connecting the self to the world and to others. Bost’s argument implies that Anzaldúa’s mestizo-feminist perception of pain and sacrifice speaks of a more open and intertwined world, painting an ontological picture in which the boundaries between subjects and objects, between self and others, are blurred and dynamic, a fluid existence where everything becomes part of everything. (This view is strongly

²³ Cohen Shabot, *Subjectivity*.

²⁴ Bost, *Mestiza Pain*.

reminiscent of Merleau-Ponty's phenomenology and Bakhtin's ideas on the grotesque body.)²⁵ This model emanates from the mestizo understanding of sacrifice and pain as productive and deeply connective – an understanding rejected by modern medicine, which usually pathologizes pain, excluding from its normative categories those who refrain from numbing pain or who do not subscribe to a narrow view of health as the complete absence of pain or disease. Thus, pain and sacrifice appear as a way to legitimize queer and marginal identities, “impure” identities: accepting pain and sacrifice as essential to authentic existence, embracing them when they are present, means rejecting some of the central premises of medicalization and capitalism, such as the understanding of the body mainly as something to be refined, consumed, regulated, cleaned of excess and flaws. It means getting rid of conceptions about normative versus pathological bodies. There is always the question of whether this can be read as glorifying pain, but the discussion of pain and sacrifice as potentially empowering is so rich and complex that I do not believe it can be reduced to an idealization or exaltation of pain.

Birth can be read as a site of productive pain, connection, and a challenge to clear-cut limits and boundaries. This site projects an open body, a body in pain going beyond itself, stretching out, breaking and erupting from its inside into the world that is (apparently) outside of itself. The birthing body might be recognized as a grotesque body, with blurred limits: being one with the body growing inside itself, intertwined with it in an intimate coexistence. This understanding of the birthing body – as experiencing productive pain, and as not clearly separated from the baby being born nor from the world that surrounds it – could be the foundation for a woman-centered understanding of birth. Labor here is not an event in which the birthing woman can be required to sacrifice herself for a greater good, as in the patriarchal understandings of sacrifice previously discussed, because she is not a receptacle, not an object:

25 See Cohen Shabot, *The Grotesque*; Cohen Shabot, *Grotesque Body*. For instance: “The grotesque performs Merleau-Ponty's epistemology, the uniqueness of which is reflected in its capacity for knowing reality, on the one hand, as whole, interconnected, intertwined and total, and, on the other, as plural, heterogenic, dynamic, fluid and changing. The grotesque has the power to portray reality as Merleau-Ponty attempted to, namely, as an intertwined, intersubjective totality and, at the same time, as difference. This can be explained by the fact that even though the grotesque constantly plays on mixture, distortion and intermingling, it is never lost in total confusion, it does not ever become homogeneous (similarly to Merleau-Ponty's subject which never gets lost in the flesh of the world). The grotesque reality is always heterogeneous, ever differentiated” (Cohen Shabot, *The Grotesque*, p. 292).

she is a lived body, intertwined and intermingled with her baby and her surroundings. There is no clear separation between them.²⁶

There is still a sacrifice going on here, but it is closer to the one identified by Anzaldúa, via Bost: sacrifice in the sense of an event of bursting pain, of wounds and embodied crisis. In this case, though, the sacrifice is not demeaning or oppressive – it does not erase or cancel the birthing woman in order to serve another. Unlike the views, both ancient and contemporary, of women's pregnant and birthing bodies as pure receptacles, passive vessels carrying babies (sometimes even represented as being “persecuted” by these unborn fetuses for whose sake they are required to sacrifice themselves, and gladly, if they do not want to appear as bad women and selfish, immoral mothers),²⁷ the woman-centered model of birth is the scene of a sacrifice only in terms of functioning as the territory for an overwhelming embodied crisis, one that performs an empowering transformation by deeply changing women's physical, emotional, and mental status quo. This is the feminist sacrifice of a woman-centered birth: it is a woman's sacrifice not for the sake of the unborn baby, nor of an idealized natural birth, but as an embodied transformation, a challenge to previously known boundaries, a certain abandonment of the person they were before. Such a sacrifice can occur only when women own their labors, when they are free subjects during childbirth: not objects, to be managed and manipulated, but subjects, with the agency to make decisions, by themselves and with the help of others, about how to experience the embodied crisis of birth.²⁸

26 For illuminating phenomenological discussions of the pregnant body not as a receptacle but as intimately enmeshed and intertwined with the baby being born, see for instance Bigwood, *Renaturalizing*, and more recently Miglio, *Schemas*, as well as the canonical analysis in Young, *Pregnant Embodiment*.

27 For a compelling analysis of ancient and contemporary views of women as pure receptacles in pregnancy, as vessels required to sacrifice themselves for the sake of their unborn babies, see Kara-Ivanov Kaniel, *Birth*. Kara-Ivanov Kaniel presents Levinas's view of pregnancy, in which not only are women receptacles, but fetuses are women's “persecutors,” for whose benefit pregnant women willingly sacrifice themselves. Levinas sees this as one of the main reasons why the experiences of pregnancy, birth, and motherhood are so morally significant.

28 I do not mean to advocate a conservative, masculinist idea of agency, autonomy, and sovereignty with respect to the “individual subject.” Birth is a social, relational, usually communal event, and new, feminist conceptions of autonomy – such as that of “relational autonomy” – are therefore much more relevant and useful when discussing freedom, choices, and agency in birth. See Cohen Shabot, *We Birth*.

6 Conclusion: Resisting by Making Authorities Accountable – The Case of Jephthah's Daughter

The overwhelming models for birth in our times are the two extremes of medicalized and idealized birth. Feminist birth activists are pushing to establish the woman-centred model, but the dominant forces continue to see women either as pure receptacles for their unborn babies or as representatives of a femininity that must be proved by laboring as “naturally” as possible. One modest way to start resisting these models is to call attention to their responsibility and hold them accountable for what women are made to experience: for the patriarchy-driven self-sacrifice they have been required to perform. It must be made clear that women facing childbirth usually lack legitimate options; the neoliberal capitalist rhetoric of choice and freedom is used to hold them responsible for what happens in their labor,²⁹ when the truth is that usually, they are, instead, the victims of systems that oppress them epistemically, emotionally, and physically – they become objects, sacrificed for a “greater good.” This does not mean that women must necessarily become deeply oppressed subjects, with no possibility of resistance whatsoever: oppression is almost never absolute, and there is almost always a crack that remains, from which justice can be fought for.

Calling attention to the systems that force birthing women into self-sacrifice thus constitutes a way of providing justice, and it might begin to empower women until such time as we are able to entirely change the systems so that women can become the owners of their births – not in the sense of the capitalist appropriation of an object, nor as full controllers of their births, but rather as the most epistemically authorized subjects for deciding how the aspects that *can* be controlled of the event happening to their embodied selves should develop. In her article on the story, in the biblical book of Judges, of Jephthah's sacrifice of his own daughter, Katerina Koci deals with this story of terror and disgrace by stressing how even in the face of her own imminent death, understanding that nothing can save her from the tragic destiny forced on her by an arrogant, unfair patriarchal move, the sacrificial victim can regain power if she can manage to make the perpetrator of her sacrifice (in this case, her father) clearly accountable and responsible for the horror about to take place.³⁰ And this is what Jephthah's daughter does, Koci argues: she does not compliantly submit to her destiny. She satirizes her father and his perverse vow, and in this

29 Malacrida/Boulton, *Women's Perceptions*.

30 Koci, *Whose Story?*

way makes clear that she is in no way to blame for her faith:³¹ she is clearly a victim of patriarchal hubris, of men trying to play God. She succeeds in making a strong statement against the oppression and patriarchal sacrifice forced upon women even though she is, finally, sacrificed. By calling her father out, satirizing him, and pointing to him as the one responsible for her approaching death, Jephthah's daughter, apparently a weak victim who is so unimportant that the text never even names her, manages to powerfully demonstrate that women (or other structurally weak "others") cannot be blamed or made accountable for their disgraces insofar as they are still at the mercy of the systematic and structural injustices perpetrated by those in power. Koci writes:

The most interesting issue [...] is that of accountability: whom to blame and for what. [...] [Jephthah's daughter] was not a passive victim, an object of male tyranny, but indeed the heroine of a woman's satire. Yes, she too was sacrificed, but her conduct interrupted the order of a male-dominated society. [...] I suggest [...] that by her powerlessness in facing patriarchal tyranny, she witnessed against the existing violent power structure. Such power, modest yet beseeching, can easily be overlooked, as it functions in a different realm from the power we are used to seeing at work in the structures of a male-dominated system. In this respect, reading such a gender biased text of terror may help us to be attentive to similar phenomena in our own context and to make a decisive stand against them. [...] The power I am looking to present in this article is represented by a woman – the unnamed daughter of Jephthah – but it is not specific to women. It is common to everybody who says no to the oppressive order which to this day constitutes our Western society.³²

In sum, then, sacrifice in birth needs to be part of a consented, desired experience of transformation that a woman chooses, not one that is imposed on her while she is treated as a passive object, a means to an end. A true, profound reformation of the globally mainstream birthing culture and of the scenarios in which birth takes place may still be far off. But in the meantime, subversively calling out and holding accountable those who, subtly or explicitly, force sacrifice upon birthing women – by turning them into objects, whether through medicalization or through ideology, rather than recognizing them as full subjects – constitutes in itself an act of resistance, a forceful protest: We need to

31 This is suggested by some of the readings of the story, including Fuchs's, according to Koci, *Whose Story?*, p. 337.

32 Koci, *Whose Story?*, p. 341 et seq.

be Jephthah's daughter, to unashamedly point at those who make us into a sacrifice, even as the sacrifice continues. This can expose those who are truly responsible for our oppression and might be the beginning of a deeper, more substantial change to come.

Biography

Sara Cohen Shabot is Associate Professor and Chair of the Women's and Gender Studies Program at the University of Haifa. She has a PhD in philosophy and has specialized in phenomenology, feminist philosophy, and philosophies of the body. Her present research and publications address feminist philosophical perspectives on childbirth and the maternal embodied subject. She is the co-editor of *Rethinking Feminist Phenomenology: Theoretical and Applied Perspectives*, Rowman & Littlefield (2018). She has published several papers in top journals such *Human Studies* (2016; 2021); *Hypatia* (2018); *Feminist Theory* (2020) and at *The European Journal of Women's Studies* (2020).

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