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Feminine Body in Excess: A Bodymind at the Intersections of Queer Reproduction as Pathology, Reclamation, and Reproductive Justice

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Using autotheory, this article is an autoethnographic theoretical analysis examining affective dimensions of excess including: femininity, Assigned Female At Birth (AFAB) embodiment/personhood, and trauma drawn from my own reproductive experiences as a queer femme white cisgender woman in the academy. This piece is structured semi-chronologically around the feelings that are at the center of each section, "Manifesting," "Grieving/Celebrating," "Women Are Tough," and "The Assignment/Tiny Fingers," moving through In Vitro Fertilization (IVF), pregnancy, and postpartum, respectively. I argue that gestating people in the U.S. are pathologized as too infantile, excessive, and emotional to be trusted with their own decision-making through a combination of medicalized femmephobia (Whiley et al. 2020), routinized feminized traumas (Hoskin 2020; Scott 2021), and broader paternalistic U.S. anti-choice rhetoric (Duerksen and Lawson 2017). Alongside such pathologization, I ultimately posit that this excessive embodiment also illuminates the transformative and pleasurable power of queer and feminized worldmaking.

Introduction

Using autotheory, this article is an autoethnographic theoretical analysis examining affective dimensions of excess including: femininity, Assigned Female At Birth (AFAB) embodiment/personhood, and trauma drawn from my own reproductive experiences as a queer femme white cisgender woman in the academy. This piece is structured semi-chronologically around the feelings that are at the center of each section, "Manifesting," "Grieving/Celebrating," "Women Are Tough," and "The Assignment/Tiny Fingers," moving through In Vitro Fertilization (IVF), pregnancy, and postpartum, respectively. I posit that gestating people in the U.S. are pathologized as too infantile and excessive—out of control and emotional—to be trusted with their own reproductive decision making or considered experts on their own embodied experiences through a combination of medicalized femmephobia (Whiley et al. 2020), routinized feminized traumas (Hoskin 2020; Scott 2021), and broader paternalistic U.S. anti-choice rhetoric (Duerksen and Lawson 2017).

As this piece explores, feminized and/or AFAB embodiments are both often marked by, among others, routinized pain and feminized traumas such as street harassment and sexual violence (Samulowitz et al. 2018; Scott 2021) and by bodily uncontrollability that is culturally marked as "dirty" and excessive such as bleeding and leaking without warning (Moore 2007; Schmitt et al. 2022). Indeed, it is the normalization and encouragement of this denigration of femininity as a core part of heteropatriarchal society that is at the root of femmephobia, the simultaneous devaluation and regulation of femininity (Hoskin 2017). The impacts of femmephobia are broad-reaching, impacting everyone, especially all feminine-of-center people,

regardless of their sex assigned at birth and their gender identity and expression, albeit very differently depending on how various aspects of social position coalesce, such as race, class, sexuality, disability status, age, and body size, to name but a few. For example, while some feminine-of-center individuals experience being hyper-sexualized, others may be desexualized; while some women may be viewed as too masculine and experience retribution for failing to be appropriately feminine, others may encounter backlash for being overly feminine through vulnerability, emotionality, and softness (Schwartz 2018, 2022; Scott 2021). Indeed, every experience of femininity is unique and ever-changing. By centering femininity through an analysis of femmephobia, I do not argue that there is a universal experience of either femininity or being AFAB but rather that actions, activities, behaviors, characteristics, experiences, desires, embodiments, and aesthetics that are feminized and/or associated with people assigned female at birth are all culturally degraded compared to their masculinized counterparts.

Using the framework of medicalized femmephobia I address some examples of the ways that femmephobia is present within medical situations and encounters with the medical system, specifically experiences related to reproductive capacity, gestation, and postpartum. I highlight the normalization of medicalized, feminized traumas, such as undertreated and untreated pain and paternalistic treatment within "women's health" in the U.S. Additionally, I demonstrate that such experiences are congruent with cultural anti-choice rhetoric that render the personhood of feminine-of-center and/or AFAB people simultaneously precarious and excessive.

I address queer personhood, particularly legal (il)legibility and lack of protections against broader cultural accusations that queer folx are excessively paranoid and emotional, that we are exaggerating the threats to our rights, particularly surrounding our families. This autotheoretical analysis is also informed by Mad Studies. A Mad Studies framework is illustrated through attention to the bodymind and the interplay between embodied experience and cultural expectations related to rationality and the denial of emotions with respect to reproductive experiences. Specifically, my analysis is accomplished by highlighting the emotional excess within my own reproductive embodied experiences, building upon Mad Studies scholarship such as Young et al. 2018 and Douglas et al. 2021. I additionally emphasize the feminization of love through reproductive embodiments, which, I argue, illustrate the undergirding accusation of Madness that is associated with reproductive and parenting journeys, particularly for someone AFAB.

The reproductive justice framework in this piece is drawn from the expansive work advanced by feminists of Color that advocates for the structural support and individual right to choose not to parent as well as to choose to parent with dignity (Ross and Solinger 2017). In this way, reproductive justice includes, but does not stop at, reproductive rights discourse concerned with individual autonomy and choice related to reproduction (Ross and Solinger 2017). As a result, reproductive justice serves as a through line throughout this text from thinking about who has access to reproductive technologies, to grappling with the precarity of access to medical care for pregnant and potentially pregnant individuals in the United States in the aftermath of Roe v. Wade being overturned, to considering the lack of holistic structural support for families and especially for birthing people during the postpartum period.

This piece is structured semi-chronologically around the feelings that are at the center of each section, "Manifesting," "Grieving/Celebrating," "Women Are Tough," and "The Assignment/Tiny Fingers," moving through IVF, pregnancy, and postpartum, respectively. Autotheoretical analysis is supported by additional academic sources when applicable

throughout to supplement my own experiences. I do not assert that my experiences represent a universal experience with these reproductive embodied experiences or social positions, nor do I intend for my experiences to be used as a yardstick for measuring others' experiences or to invalidate them. Recognizing consistent femmephobic themes within reproductive medical experiences does not detract from the reality that all experiences of gestation, birth, and postpartum are entirely unique. Ultimately, as I posit through my final section, my excessive embodiment also illuminates the transformative and pleasurable power of queer and feminized worldmaking.

Manifesting

I whisper your name. The one we've already chosen for you. The one that hangs in the air, on the edges of lips, a dream, a wish that's been years in the making. A name gifted to you by your would-be (will be?) godparents who will not be passing it on to a child of their own. The name we have held tightly in our hearts quietly, waiting for the resources, the stability to try to make you real. I repeat your name over and over to myself. It's like a chant. Like I'm trying to call you, will you, into the universe—Beetlejuice style. I don't even dare to write it down for fear that I might jinx it. That I might lose you before I even get a chance to have you. All the while I feel incredibly relieved that within the harmful and discriminatory healthcare system of the U.S. my family has access to the reproductive technologies to make this possible. The rarity of such access, as well as the generally devastating state of healthcare in this country is a reminder of how far our reality is from one shaped by reproductive justice when our current ability to determine our family size and the ability to adequately provide and care for our family is so intimately tied to our social position.

Please let the fertilized eggs keep growing, I think to myself, just keep growing. I feel so conflicted. I've wished, hoped, prayed, and cried trying to bring you to life. I've sobbed, on my hands and knees gutted on the floor wishing for this to work. I think of you, a cluster of cells; I feel like I've already been to hell and back trying to bring you into the world, and I consider your potentiality. Your liminality. You could be a person. You might be a person, if all the circumstances align correctly, and I feel almost silly. You're a group of cells only visible under a microscope, although we have a picture of you as a blastocyst that we put on the fridge. How can you ever survive? How could I ever hold you? I'm reminded by the friend family who keep me perhaps not mentally well but functioning, that we all start off as this infinitesimally small cluster of cells. All of us. And it seems like magic, like some kind of mundane everyday miracle that it ever works. So, I'm wishing, whispering, manifesting another mundane miracle for myself.

As I sit with my longing for motherhood, I am acutely aware that culturally I am in many ways exactly the person whose parenthood journey will be encouraged and celebrated as a white, married, middle-class, educated, feminine-of-center cisgender woman. Alongside this, however, I very acutely experience my queerness as an alienating, even pathologizing force disconnecting me from broader femininity expectations with regards to my path to parenthood. The fact that my reproductive journey does not fully fit neatly into heteropatriarchal expectations does not make my experience of parenthood longing superior. Indeed, I am distinctly uninterested in perpetuating a normative/non-normative hierarchy that has too often been used as a mechanism to judge progressiveness and to perpetuate femmephobic narratives, particularly within feminist and queer circles (Scott 2021). However, the affective experience of

motherhood longing is in many ways an ideal illustration of the simultaneous policing and devaluation of femininity under femmephobia. For those subjected to expectations of femininity by virtue of their sex assigned at birth and/or their gender identity, motherhood is both culturally expected and denigrated. Taking time off of work for reproductive concerns (e.g. childbearing leave, sick leave for sick children), may call into question one's dedication to their career and result in (inaccurate) accusations of "costliness" to employers. Despite stereotypes that parental leave, for example, is a financial burden to companies, literature reviews consistently find that introducing paid parental leave is more cost effective especially when compared with the cost of losing and replacing employees (Adema, Clarke, and Frey 2016). Significantly, however, choosing not to parent may be met with disbelief, critique, and structural inaccessibility as well. See Ehman and Costescu's 2018 discussion of barriers to obtaining sterilization for young and/or single cisgender women. Parenthood, therefore, is no exception to the unwinnable core of heteropatriarchal femininity whose standards and expectations are, by design, unachievable (Scott 2023).

Grieving/Celebrating

I have the day I'll find out the genetic viability testing results of the embryos circled on my calendar, and it feels like an out of body experience to think about doing anything at all but holding my breath until then. I know that eventually our kids will be whoever they are, and it'll be unimaginable that they could be anyone else. But it's so excruciating waiting to meet them—waiting for them to divide their way into the freezer and then, hopefully, into existence. It's profoundly challenging to all the ways I thought about and talked about and treated early pregnancy and especially early pregnancy loss experienced by those around me. I know the odds are in our favor. But the waiting is still gut wrenching and both my longing and the concomitant emotionality that bubbles up surrounding it make me feel entirely out of control: a bodymind in excess.

I feel myself in partial community with those who have experienced complicated fertility and parenthood journeys, whether queer or not. At the same time, I feel totally unjustified being this torn up about the process. I haven't actually "been through" anything related to infertility. I haven't experienced the pain of negative pregnancy tests, the loss of miscarriage(s), feeling frustrated with my body, resulting tension with my partner, etc. But I do know how long I (we) have been waiting. I know how many months I cried every time I got my period. I remember the pregnancy announcements I hid on Facebook, the way that innocent comments from friends, acquaintances, and kids I worked with about what a good mom I would be or asking why I wasn't one yet would send me into tears that they didn't understand; embodied excess leaking out at the most inopportune moments. I started saying "not yet" when everyone asked if we have kids. That's the most I can bring myself to do, to say, while struggling to maintain my composure, to not become overly emotional, in the situations in which I'm asked these seemingly innocent questions. It's too hard to say anything more while we wait to see if our IVF will be successful.

Crucially, my experience of this process as all-encompassing, as excessive, does not undermine the validity of such feelings. Indeed, I would argue that when the stakes are as high and as intimate as they are within the realm of fertility and parenthood that it is entirely reasonable for such experiences to elicit highly emotionally charged reactions. Moreover, despite patriarchal stereotypes to the contrary, emotionality does not undermine rationality,

authority, competency, or professionalism, and emotions are not inappropriate. However, I would argue that, within our femmephobic U.S. cultural context, emotionality is denigrated and often considered culturally inappropriate, particularly in the small talk settings where someone may ask about my family size. For example, although we may ask others "how are you" as part of a standard small-talk greeting we do not generally create the physical time or emotional and mental space, as a culture, to genuinely hear how others are doing, particularly if they are struggling. As a result, such a small-talk culture encourages the concealment and dismissal of one's emotionality, given its association with feminized traits of weakness, vulnerability, and a gendered lack of bodily control (Lutz 2008; Schwartz 2018). While such cultural degradation of emotionality is not restricted to those who are AFAB and/or feminine, such folk are positioned to be particularly aware of the risks of emotionality, especially public emotionality, given our pre-existing increased association with feminized behaviors, aesthetics, and characteristics.

Several months later, we are grieving the announcement that Roe v. Wade will be overturned mere days before I'm scheduled for my embryo transfer with an XX embryo. In some ways I feel that I've failed you already. This world is so terrifying, and society seems so bleak. There is so much to fix. How is it possible that you will have fewer rights than I do? How is it that I was the only generation of women in my family born into that reproductive rights protection? I tell my partner what's happening, and I'm transported back to election night 2016—shaking him awake in the middle of the night to ask him what gender marker was on his passport, if it had been updated, if we could run if we had to when Trump was elected the first time. I remember being told by our parents that we were being excessively emotional at the time. Seven years later this is a refrain that we hear repeated when we begin researching a second parent adoption to ensure my partner's parental rights to our future child, particularly if I were to die.

The day of the Supreme Court decision overturning Roe v. Wade (Dobbs 2022) finally arrives, and I still can't believe that it's happened. I'm working at home when I see the news come through on my social media—friends sharing articles about the supreme court decision—and I feel terrified. I'm nauseously working my way through the first trimester of a very wanted and long-awaited pregnancy, and the excitement and anxiety that comes with that is clouded by a more intense fear that I might be in very real danger beyond the regular risks of being pregnant in this country, which isn't incredibly safe to start with (Hoyert 2023). Abortion bans are sweeping the country (Associated Press 2023), and gestating people who encounter life threatening complications like ectopic pregnancies or devastating fetal development outcomes are met with medical staff unsure if they can provide the necessary care without facing legal consequences (Sellers and Nirappil 2022). I start reaching out to tell people my wishes, asking my friends in the medical industry what legal documents I need to ensure my safety if something goes wrong and the pregnancy needs to be terminated, something I had never even considered before since my partner and I are married and we've already discussed our choices within various scenarios, but now I need to think about how to arm him for a potential legal battle should he need to fight for me to get the care I might need. I start researching the state and local laws surrounding reproductive rights access before we go on trips, so that I know how far I'll need to travel if anything bad happens while I travel pregnant. As we complete our wills my lawyer notifies me that my living will would be nullified by my pregnancy due to state law if I were to become brain dead, such as through an auto accident, and that my body would be maintained on life support to continue gestating my fetus regardless of my or my partner's wishes.

The precarity of my personhood as an AFAB and gestating person in the United States, has never felt more real, like I can taste it, and I am again facing the accusation of excessive paranoia by coworkers and family members with whom I share my fears but for whom this fear is less visceral. Whether that's because they are not in the position to be confronted with dangerous pregnancy complications or adverse pregnancy outcomes or because they are simply unwilling to believe how quickly reproductive rights access is disappearing. I do not share their confidence that everything will be fine. As vulnerable as I feel, however, I recognize that I am certainly insulated from many of the worst consequences of these judicial and legislative outcomes by virtue of my location in the Mid-Atlantic, my whiteness, my class status, my marital status, my healthcare access, and my educational status, among others, all of which lend me credibility and make it more likely that I will get access to the care I need. Precarity looms much larger for many others. I feel conflicted, simultaneously grateful to be living in a part of the country with greater protections and still fearful and angry at a time when I wanted and expected to be able to feel happy after so much waiting and wishing.

This precarity feels especially pronounced considering the ways my emotionality—my fear, my excitement, my anger over all of these judicial losses combining during my experience of pregnancy—is used to support femmephobic antichoice rhetoric within broader U.S. culture. A cornerstone of such femmephobic antichoice rhetoric is that AFAB people cannot be trusted to make rational, "mature" choices related to pregnancy. Indeed, under such logic AFAB individuals simply cannot be trusted with privacy to make their own intimate medical decisions. Antichoice rhetoric claims that AFAB individuals are both too emotional to make such decisions and, counterfactually, that abortion will cause more psychological and emotional harm than continuing an unwanted pregnancy (Ntontis 2019). Such logic aligns directly with broader femmephobic frameworks, which are typified by the simultaneous cultural expectation of femininity for particular bodies as well as femininity's concomitant regulation through the general cultural degradation of emotionality, among others. Antichoice rhetoric further demonstrates this duality by arguing both that pregnancy is the mature price/punishment/reward that must be paid for sexual encounters, which in and of themselves might represent a deviance from heteropatriarchal expectations through "excessive" sexuality, while also lauding pregnancy and pregnant bodies as the ultimate ideals of femininity if they have an assumed allegiance to *appropriately* sexualized, sized, gendered, classed, racialized, abled, and monogamous dyadic relationship expectations under heteropatriarchy (Kornfield 2014).

"Women Are Tough"

"Women are tough," I hear over and over again from the staff at the fertility clinic. Putting aside the cissexist assumption that accompanies this refrain, I start to really reflect on what that means and why it seems to imply some sort of superhuman ability to withstand discomfort and invasive procedures because we're used to it, because it's what we have to do, because that's just what it means to exist in certain bodies. It's not that I disagree with the heart of the sentiment: anyone going through pregnancy and labor, IVF, or battling infertility is mentally, emotionally, and physically tough as these are all grueling, long, heart-wrenching processes. I just don't know how AFAB people go through all this all the time and manage to do anything else—but we do. I'm just supposed to drive back to work now? To answer emails? But I do. It requires such a level of compartmentalization and emotional "control" (denial?) that it astounds me once again that women, feminine-of-center people, and AFAB people are considered by default out of

control and overly emotional, in some ways "Mad" just by virtue of our identities and/or embodiment. I reflect further upon the maddening silence we culturally demand related to miscarriages, infertility, birth trauma, failed fertility treatments, and postpartum isolation that denies the dignity and full humanity of gestating people. Such femmephobic refusals to grapple with emotionality feel inseparable from medicalized femmephobia and the inaccessibility of reproductive justice.

When I finish my sonohysterogram to check that there is nothing atypical about my uterus the nurse says I did great—that many people just can't get through it, and they end up having to reschedule it as a true "procedure" with anesthesia and all the accompanying complications of needing a driver, having limited space and time in the procedure room, etc. I'm left wondering why in the world the default is to try it unmedicated first and only provide those additional supports if absolutely necessary, other than space and staffing constraints, and I feel frustrated because it didn't even occur to me that I could ask them to stop. I didn't know what that would mean—in terms of the procedure, in terms of my ability to continue going through IVF, in terms of what it would mean for my medical coverage. Our insurance, provided through my private university employer, is better than the vast majority in the U.S. because it covers any reproductive technologies whatsoever, but there is a cap on the number of each procedure I can access and have covered—I couldn't "waste" one of the procedures because of my discomfort; we couldn't afford to pay for anything more than we have to. But then again, I'm not entirely surprised this is the default as someone who's had a colposcopy after an abnormal pap smear. I remember the pushback I received when I told my OGBYN that the un-anesthetized biopsy he had taken of my cervix was one of the most painful things I'd ever felt. Although he never used this term, I felt I was labelled hysterical and silenced for being excessive and emotional, "exaggerating" my "normal" amount of pain.

When my daughter is a week overdue, I am admitted for a labor induction. I endure multiple days of labor from the beginning of the induction on a Thursday night to her arrival on Saturday evening. For nearly 48 hours I go without sleeping as well as being denied food for most of that time as a birthing person in the United States (Tillett and Hill 2016). I am left feeling like only an excessively emotional laboring body throughout most of the process—sobbing hysterically from fatigue and pain and hormones and vomiting seemingly endlessly. I beg the medical staff to hurry when they stitch me up after the baby is delivered because all I want is to stop being touched; although they almost never speak directly to me or describe what they're doing or how long it will take. I can't help but wonder if these procedures, these interactions, would look different if AMAB folx faced them. I feel a sinking gut feeling that they surely would as I remember the male birth control studies that were halted because the side effects, which looked eerily familiar to anyone AFAB who has been on hormonal birth control, were labeled "too severe" for the AMAB participants to endure (Blum 2022).

After my daughter arrives my partner emphasizes to me the fact that I accomplished something incredible, that I am strong. This isn't the first, seemingly contradictory, call I've been met with to rely on strength as an AFAB and feminine person who is assumed weak by virtue of her embodiment. Despite the cultural stereotypes to the contrary, we know that my experiences related to pain management, for example, are in line with the plentiful available research on gendered bias within medicine and that these experiences would likely be even more egregious if I were a Woman of Color (Williams and Wyatt 2015; Zhang et al. 2021), where the expectation of toughness is even higher and has even deadlier consequences. Indeed, encounters with medicalized femmephobia are not the same across additional vectors of identity and social location. However, there are nonetheless identifiable themes of dismissal,

being labeled as excessively emotional, having pain ignored or diminished, and facing the apparent acceptability of increased rates of adverse outcomes up to and including death. I think of the ciswomen who are sent home because our heart attacks don't present "correctly" (Kim et al. 2022), of the infant and maternal mortality rate for Women of Color, especially Black women and how this rate has been increasing, particularly during the COVID-19 pandemic (Saluja and Bryant 2021). I label these examples as apparently acceptable because despite the plentiful evidence of these potentially fatal gendered and racialized medical biases, and the fact that we are the first generation in U.S. history to face worse maternal and fetal outcomes from gestation, birth, and postpartum than the previous generation (Ungar 2023), there is no state of emergency in U.S. medicine to solve this, at least not one discernible to the general public encountering medical providers at the point of service. Rather, medical textbooks are still being routinely recalled and amended due to the persistence of outdated and inaccurate stereotypes that contribute to these biases by labeling People of Color as complaining disproportionately of pain, for example (Jaschik 2017).

We also know that culturally such calls to celebrate strength, such as femininity is powerful or "strong as a mother," frequently mask the simultaneous realities of discrimination and vulnerability that occur as an inextricable part of such identities which relegates "softer" (e.g. feminized) experiences including weakness even more so to the realm of the unspeakable. See femininities scholars such as Hoskin, 2020; Schwartz 2021; Scott 2021 for more detailed analyses of how feminized traits such as weakness, vulnerability, and passivity can be considered "soft" as an example of femmephobic cultural degradation. When we exalt the strength of birthing people, for example, we can conveniently continue ignoring the absence of anything close to adequate social institutions to support birthing people, parents, and other caregivers in the United States. While I feel connected to other feminine, AFAB, and gestating people throughout this process, it remains at the forefront of my mind that my experience is so heavily produced by my social location. My efforts to conceive receive overall support from the majority of people I interact with on a daily basis from colleagues to medical providers—I am the "right" age, the "right" marital status, the "right" race, the "right" gender identity and expression, and the "right" class status to be automatically considered worthy of motherhood (Roberts 1997), even if my queerness calls this worthiness into question for some. I have the ability to take the necessary time off of work for IVF, and being called a woman/mother does not undermine my gender identity or make me avoid my prenatal appointments due to discomfort, among other dimensions of privilege in this process. However, this does not diminish the alarming frequency with which birthing people in the United States, including myself, experience their birth as traumatic, often due at least in part to femmephobic treatment by medical staff (Griffiths 2019).

These encounters with medicalized femmephobia and of feeling dehumanized by having my pain discounted or being expected to accept it as a routine part of my medical experiences are compounded, for me and for so many others, as a trauma survivor. I have undergone invasive and internal procedures during which I have felt that providers have treated me as if I was just a body on a table in the room, offering no description of what was going to happen, let alone offering any alternatives, should they exist. These medical experiences always feel, viscerally, like being treated as a body in the room to be used by other people for their own pleasure and satisfaction because I "owed" them or because they believed I had put myself into that position so "what did I expect." A body, not a person. A frequent experience for feminine-of-center folks and people AFAB people who are recurrently

dehumanized by being objectified, rendered excessively embodied in very different ways along the lines of age, race, ability, class, etc.

As I'm in the midst of editing this piece, a news story gains national traction about a fertility clinic where up to 200 AFAB people may have gone through egg retrieval procedures without pain management (Lindner 2023). Certainly, such an incident has no one simple cause. However, it feels impossible that medical femmephobia plays no role in understanding how so many people could have their declarations that they could feel everything and that they were not properly anesthetized ignored throughout the course of these invasive procedures. Perhaps most telling is my gut reaction upon hearing this news story headline. Immediately, while reflecting on my own medicated but extremely painful egg retrievals, I think to myself, I believe that. I believe that could happen. A reaction that I hear echoed by multiple AFAB colleagues and friends with whom I discuss the case, particularly those who have experienced egg retrievals. Some start to question whether they were "properly" anaesthetized during their own egg retrievals. In a journalistic recounting of the egg retrievals story, one dimension emphasized that resonates with my own experience, is the dismissal of femmephobic and traumatic experiences because their emotional "excessiveness" makes others uncomfortable. Many of the victims who experience success through their IVF process after going through unmedicated egg retrievals are met with a response like "at least you have a baby" (Burton 2023). I am struck by how similar this is to my own experiences of uncomfortable silence or responses that "at least we're both healthy" when I describe my birth trauma to others.

Trauma-informed care would help to undermine the patriarchal structuring of reproductive medical encounters, which contributes to an environment where such cases and experiences can happen. For example, what would it mean to question the seemingly routinized way we disbelieve and gaslight AFAB and feminized individuals' accounts of their own embodied experiences, particularly regarding pain? Would it potentially change the frequency with which AFAB individuals are subjected to un-anaesthetized reproductive procedures? Trauma-informed care could not only create better outcomes within individual procedures but would also push back against the broader medical culture of undermining the pain of such procedures and failing to adequately treat the pain of those who are AFAB and/or feminized generally. Additionally, a few potential areas of intervention include: offering information at the outset of any procedure as to alternatives, the right to informed refusal, information on what would happen if the procedure is stopped midway, and identifying in advance moments in procedures and exams that providers could plan to reaffirm consent. Additionally, reshaping reproductive medical encounters for AFAB people through a trauma-informed lens to prioritize improving the patient experience would be a crucial step towards enacting reproductive justice by giving AFAB individuals more dignity during these times of heightened physical, emotional, and mental vulnerability. Finally, trauma-informed medical care would also work to undermine the dismissal of AFAB people through accusations of Madness and excessiveness within these reproductive experiences.

The Assignment/Tiny Fingers

The stakes are so high—a tiny person who relies on me completely, who's trusting me to do what's best for her even though I've never done it before—and there's no way to win at being a "good" mom. The judgment is everywhere for everything, which is to be expected as another feminized life transition, and it's maddening. I repurpose my academic research skills to scour

parenting experts, sleep experts, and academic journals on lactation and pediatric medicine when, at an inhuman hour of the night, I am stuck determining whether my daughter is latching correctly and eating enough. I weigh the risks and benefits of pacifiers while our infant screams from gas at night and review tips for managing household chores one-handed if your baby will only nap on you. And still, I find myself encountering judgment or questioning first—am I feeding on demand, am I watching for wake windows and hunger cues, am I tracking the diapers, why am I not prioritizing tummy time more?

My masculine-of-center partner, by comparison, receives resounding praise from family, colleagues, and social media for taking time off to "help" (not parent) while I recover, for waking up at night with us, and even for staying at the hospital while I labored for two days. I experience this femmephobic double standard viscerally as I am trying to hold on to any sense of my own personhood whatsoever by going for a walk alone or picking up coffee, and by frantically writing while she naps to feel connected to some semblance of my intellectual life and self. And I feel shamed and excessively selfish for wanting that at all, for even needing a break. The cultural message I receive is to be effortlessly, unwaveringly grateful for this experience and for the parenting labor I'm doing that is culturally denigrated or even completely disregarded. When I hear a coworker mention that at least breastfeeding is free, for example, I feel completely unseen and irrationally angry because the time and labor of my feminized body is rendered invisible. To contextualize this further, Amy Nelson (2019) estimated that full-time breastfeeding equates to roughly 1800 hours a year. It is truly only "free" if the time and energy of breastfeeding bodies are worthless. As I'm watching her sleep on my phone during my late night writing session trying to meet an academic deadline despite being on leave, I reflect upon how the entire fertility journey is a radical, embodied act of love and how culturally feminized it is due to the emotionality involved. Arguably it is illogical/"crazy" to endure all of these things while encountering this societal expectation and denigration.

At six weeks postpartum I disclose to my therapist that I'm struggling with body image in this new, different version of my body, and she gives me an assignment. She suggests that I work on actively appreciating all that my body has done for me throughout my fertility journey, pregnancy, labor, and delivery, and now as I'm recovering and still simultaneously managing to create food and learn to breastfeed. But it's a struggle to feel grateful for anything about myself or think about my body as my own. I feel as though my body has become segmented into pieces for femmephobic review and judgment largely due to the cultural messages around "bouncing back" that inundate my social media and medical appointments. My breasts have transformed from a dimension of my sexuality into strictly a milk supply for the baby and are now to be judged for (in)adequacy. My stomach is reviewed for signs of my daughter's presence and commentary about how "great" I look trying to "get back" to my pre-pregnancy size and weight (or not). I encounter a notable silence on regaining anything sexual pleasure-related in my body from postpartum medical staff who exclusively inquire about contraception until I ask how to improve the pain with intimacy I am experiencing that is severely impacting my mental health. I am constantly angered, but not surprised, by how alone and isolated I feel, particularly regarding my own physical, mental, sexual, and emotional recovery, within this absurd system in the early weeks of parenting. I recognize that I experience early postpartum this way despite having medical access and job-protected partially-paid parental leave, as well as an extremely actively involved partner/co-parent and a tremendous network of colleagues and friends.

At the time of this initial writing my daughter has just started sharing her "social smile" with the world—the purposeful one where she looks you right in the eyes and unleashes a

broad toothless grin. When she does it, I feel like I've never actually seen a smile before. Like her smile is so spontaneous, so entrancing, so contagious, so perfect, that the entire category didn't even exist before her; how could it? One night as I'm putting her to bed, rocking her in the dark after nursing, waiting for her to really be asleep enough to transfer into her bassinet, she rests her little hand on top of my wrist in her sleep. She's already lying draped across my chest, but she seems to want every part of her always touching me. I take her hand in mine and trace her little fingers with my thumb, careful not to wake her up. I start thinking about all the things those fingers will grow up to do. Maybe they'll clip carabiners rock climbing like me, maybe they'll slice through pool water at incredible speeds like her dad, maybe they'll play musical instruments, or hold a paintbrush, or learn sign language, or a million other things, and I start to cry. I become completely overcome, tears streaming silently down my face, thinking about how maybe one day I'll hold this hand in mine again as she labors to bring another soul into the world or as she mourns a broken heart. And I feel completely ridiculous because she's only a few months old. I'm suddenly tremendously grateful to be alone because of how excessively emotional I'm being—how "crazy" I must seem for becoming so overwrought thinking about the future and the passage of time when she's still so little. But, in my heart, I know it's the rest of the world that's ridiculous, excessively stoic, refusing to stand in awe and gratitude of the banal, in awe and gratitude of how we spend the majority of our lives. And looking at that tiny perfect sleeping face, holding these tiny perfect fingers with a world of possibility in front of them, I've never been more grateful to be excessive, to be able to feel and love so deeply.

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