

ULTRA-SOUNDING MATERNAL SUBJECTIVITY: A FEMINIST RECLAMATION
OF PREGNANCY AND CHILDBIRTH ON STAGE

By

Lynn Marie Deboeck

Submitted to the graduate degree program in Theatre and the Graduate Faculty of the
University of Kansas in partial fulfillment of the requirements for the degree of Doctor of
Philosophy.

Chairperson Henry Bial

Rebecca Rovit

Omofolabo Ajayi-Soyinka

John Gronbeck-Tedesco

Alesha Doan

Date Defended: April 13, 2015

The Dissertation Committee for Lynn Marie Deboeck
certifies that this is the approved version of the following dissertation:

ULTRA-SOUNDING MATERNAL SUBJECTIVITY: A FEMINIST RECLAMATION
OF PREGNANCY AND CHILDBIRTH ON STAGE

Chairperson Henry Bial

Date approved: April 30, 2015

Abstract

Maternal subjectivity, as it is formed through pregnancy and birth experiences, is avoided in theatrical depiction. While particular limitations demand that the depiction of gestation be shortened in plays, what has resulted has been an over-correction that is detrimental to women, claiming that exclusively female experiences are unimportant. Theatrical conventions, such as pregnant belly costumes, bundled blankets and baby-crying sound effects, are the main culprits of this phenomena. These conventions reduce the experience of pregnancy and birth to visual or auditory cues for the audience that are communally understood in a singular way and separate it away from the woman's own experience and identity development. Another contributor to this problem is the privileging of other characters' perspectives over that of the gestating/birthing/maternal woman. This practice devalues the woman and reinforces damaging notions of uncontrollable hysteria that have been historically linked to the female, gestating body. I propose looking at a larger picture of the pregnant/birthing woman that encompasses more of her experience. I divide gestation into five phases: perpetually-potentially pregnant, invisibly pregnant, visibly pregnant, birthing and immediate postpartum. This extension allows for a closer look at how these experiences affect the *woman*. I look at six plays as case studies to see how they handle the pregnant/birthing/maternal women in their scripts. I conclude that there has been much ground covered with respect to women's agency and autonomy in drama, but these gains have contributed an overshadowing of an essential experience for many women. Playwrights treat pregnancy and childbirth as inconsequential with respect to how they affect a woman's identity and allowing this to continue has the potential to hinder feminist progress writ large.

Acknowledgements

I would like to express my gratitude to the many who have contributed to this dissertation and to my degree journey. I am indebted to my advisor and chair, Henry Bial, for his knowledge, astute analysis and constructive criticism. I also wish to thank my additional committee members, Rebecca Rovit, John Gronbeck-Tedesco, Omofolabo Ajayi-Soyinka and Alesha Doan who have helped me grow as a theatre and feminist scholar. I especially want to express my appreciation for my devoted husband, Pascal, who I learn from every day and who has encouraged me each step of the way towards this degree. Thanks as well to my wonderful children, Ana, Dominic, André and the darling(s) yet to be born who apart from being great motivators, trained me extensively in time management. Thank you to my wonderfully supportive father and siblings who always believe in me and who inspire me constantly. Most importantly, I thank God for all the many gifts and people I am blessed to have in my life that have helped me on this voyage. This work is dedicated to my mother, who was the first to impress upon me the importance of recognizing personal experience as I watched her navigate motherhood with such finesse.

Table of Contents

- 1 – Introduction- Lying-in Silence: Staging the Experiences of Pregnancy and Birth
 - 2 – Chapter II: Under the Apron: Covering the Perpetually-Potentially Pregnant Subject in *Spring Awakening*
 - 3 – Chapter III: You Just Know: Perceiving the Invisibly and Visibly Pregnant Subjects (*Expecting Isabel* and *Ruined*)
 - 4 – Chapter IV: The Tricky Business of Conventions and Postpartum Perspectives (*The Play about the Baby* and *Motherhood Out Loud*)
 - 5 – Conclusion- Volcanoes, Tidal Waves and Earthquakes: Aftershocks of Reproductive Performance (*And Baby Makes Seven*)
- Appendix A – Figure 1 (Costume renderings for *Spring Awakening*)
Figure 2 (Lea Michele as Wendla in *Spring Awakening*)
Figure 3 (Picture of an early production of *Spring Awakening*)
Figure 4 (*The Play about the Baby* poster)

Bibliography

Introduction
Lying-in Silence: Staging the Experiences of Pregnancy and Birth

Only when the conscious experience of mothers, potential mothers, and mothering persons are taken fully into account can we possibly develop understanding that might someday merit the description of 'human.'
 ~Virginia Held, "Birth and Death," *Ethics*

Gendered performances are embodied within the strict policing of society. One of the ways this policing power is exercised is through dramatic performance and how we choose to limit what can be performed by specific genders. Froma Zeitlin, in her scholarship on women's place as the "Other," describes how women experience their bodies, yet much of what she describes is not communicated through contemporary dramatic performance. Zeitlin says that:

The female body suffers the misery of helplessness (amèchania), and is open to the breeze that darts through the womb in pregnancy as well as to the torments of eros. This body is permanently at odds with itself, subject to congenital dissonance between inside and outside. Woman can never forget her body as she experiences its inward pain, and she is not permitted to ignore its outward appearance in that finely tuned consciousness she acquires with respect to how she might seem to the eyes of others. Bodiliness defines her in the cultural system that associates her with physical processes of birth and death and emphasizes the material dimensions of her existence...¹

Experiential inheritance, such as that which is handed down by the social expectation of bodies, should never be intentionally ignored. But avoidance resulting from indifference or ignorance can be even worse because it feeds its own apathy. The congenital dissonance Froma Zeitlin describes above is the bodily inheritance of women and requires the attention of witnessing, which is crucial for the cyclical performance of identity.

¹ Froma Zeitlin. *Playing the Other: Gender and Society in Classical Greek Literature*. The University of

What happens, then, when the representation of lived experience available for witness is incomplete? Deficiencies in representation can occur within the most inclusive performance mediums. Though wide-ranging and diverse in what it can represent, the theatre does not represent all experience equally. This is particularly true for the representation of exclusively women's experiences like pregnancy and childbirth.

In the few plays where pregnancy and childbirth occur, they are almost wholly represented within the text of non-pregnant/birthing characters rather than within pregnant/birthing character's lines or actions. Distance from the pregnant/birthing character severely limits experiential representation. In addition, playwrights use hollow conventions to indicate pregnancy and childbirth rather than confronting the experience head on. The state of contemporary theatre is suffering from plays that offer insufficient portrayals of pregnancy and childbirth. Avoiding these life experiences on stage implicitly claims that exclusively women's experiences are not worth representing there.

Feminist scholars have examined motherhood a great deal over the last four decades and yet it is dangerous to call it already-covered ground because the examinations have been incomplete. Maternal subjectivity is formed through many, varied performances of women and yet, some of the obvious ones have been under-examined in the analysis of mother identities. Pregnancy and birth are two examples of performances that have not been sufficiently investigated as female experiences.

Due to the trajectories of U.S. feminism and the medicalization of pregnancy care and childbirth, these performances have been overlooked or seen as unimportant for particular agendas. Feminists restricted their focus on pregnancy and birth in an effort to acknowledge other choices for women. And the medicalization of the process itself

separated it from being a women's issue and made it a male, medical concern. Pregnancy care and childbirth were exclusively handled by midwives in the U.S. until almost the middle of the twentieth century. By the 1970s, the medical field—at the time predominantly male—had almost completely usurped gestation and birth into its purview. The result has been an extended period of time during which pregnancy and childbirth are undervalued, and not considered female, or especially feminist, experiences. What we see in performance from this undervaluing is a hollow reference—an empty “belly bump” or a vacuous sound byte meant to indicate a condensed meaning. Rather than communicate a full experience, these conventions mark pregnancy and childbirth as inconsequential.

Judith Rooks's work on the history of childbirth helps contextualize and situate the marginalization of midwifery and the move to hospital births in the United States. The medicalization of pregnancy and childbirth marked a beginning of robbing the mother of her own subjectivity. First, theirs was replaced by the “expert” doctors, then it was to move swiftly to their child.

Jacques Gélis's well known *History of Childbirth*, by contrast, is from a European perspective. Although he assists the understanding of how the United States came to adopt and reject specific practices, his description of childbirth leaves much maternal subjectivity to be desired. He characterizes birth as, “a break with the past. The child finds its way through the dark labyrinth of the womb and at last ‘falls into the world.’ It leaves its mother by passing through a symbolic circle.”² The child is provided a voyager

² Jacques Gélis. *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe*. Cambridge: Polity Press, 1991, 95.

identity to escape the dark recesses of an undesirable *place and time*. The woman is almost forgotten until you reach the reference to what has been left behind. The womb and the “symbolic circle” of the cervix are disembodied and disassociated from the woman/mother.

Gélis characterizes the event from a patriarchal perspective that limits what the woman is allowed to do and be. Rook’s work makes the important step of placing the woman as the central figure in the history of her experience. Both of these scholars’ work serve as evidence to support the case that pregnancy and childbirth stories must be given experiential credence rather than examining all other subjectivities that may be in close proximity to the reproductive woman.

The United States currently reveres—indeed, almost fetishizes—pregnancy and birth in the media. Belly bumps garner significant attention and the frequency of births being recorded (particularly by celebrities) has risen exponentially in the last two decades. However, this fascination is just as problematic as theatrical conventions, for it is mainly superficial, paying the most attention to physical appearance. It is time for an intervention that will more deeply interrogate the maternal subject, how she is formed and what her experience means. The alternative is to allow pregnancy and birth to remain in the collective consciousness as empty, silent and still images instead of active, productive and varied happenings. This study follows the tradition of feminist theatre scholarship by giving a voice to the marginalized within performance. In this case, the marginalized are the women experiencing complex life stages that cannot be communicated with a simple prop.

Feminist scholar Carol Poston perceives the lack of pregnancy and childbirth

representation in literature—particularly the experiential representation from the pregnant/birthing female’s perspective. Poston asserts that the tyranny of language, with its patriarchal leaning, creates a space where only men’s language is used to describe birth (in the few places it is described at all) and that, “this contradiction cuts to the heart of feminist criticism.” Confronting gender disparities, she goes on to say that, “women’s experiences are not regarded as fully human experiences and so they do not have literary currency--though it need hardly be said that men’s experiences not shared by women have been taken as universal.”³

Since Poston first made these observations in 1978, strides have been made to bring pregnant women’s voices into the conversation, yet the tyranny that conceals their experiences continues to operate in the dramatic form of the play. Pregnancy and childbirth on stage have traditionally served as plot-moving devices, resulting in a female body that despite physical changes, lacks dimensionality. The female character becomes—assuming she was anything before her impregnation—a walking incubator. This reductive treatment is seen most clearly in the use of theatrical conventions. As with other things more difficult to portray, pregnancy and birth are communicated to the audience through the use of conventions that are primarily constructed from general expectations and stereotypes.

For example, a woman may wear a pregnancy pad costume on stage to show her “belly bump,” thereby indicating she is pregnant. Unfortunately, use of this and other similar conventions are problematic because little if any other information is supplied about that woman’s experience. This highlights an assumption that there exists a unified

³ Carol Poston, “Childbirth in Literature,” *Feminist Studies* Vol 4(2) (1978): 20.

and agreed upon understanding of how pregnancy and birth happen and that the pregnancy pad or other convention is “enough” to convey that limited meaning. Changes have been made to the content of plays by including pregnancy and birth, but these changes are not enough because we continue to adopt conventions that reduce these female experiences to mere images.

Methodology and Rationale

Most commonly referred to as the “first wave” in the U.S., early twentieth century feminism emphasized the need to hear from women with regard to their legal rights to vote and be allowed agency to move politically and socially. The 1960s and 1970s saw feminism bring the focus more toward female sexuality and lesbian subjectivities as well as continuing to push for autonomy from men. After the work place started to see an influx of women, the 1990s and early 2000s have been largely occupied with the fight for gender equality, particularly the acknowledgement of both public and private labor (not including childbirth) and equal pay. At the heart of feminist political development is representation. Gender theorist Judith Butler asserts that the, “pervasive cultural condition” women find themselves in is either in under-representation or misrepresentation.⁴ The state of reproductive representation in dramatic performance is a confirmation of this.

It is understandable that during the “waves” mentioned above experiences such as pregnancy and childbirth—largely understood to be antithetical to feminism—would be avoided to pursue other goals. Feminism’s rejection of empty vessel rhetoric powerfully

⁴ Judith Butler. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge, 1990, 1.

reasserted women away from the harness of compulsory motherhood. But in so doing, exploration of particular activity experienced within that vessel was made impossible. The idea of women as vacant containers meant to be filled with information by men in order to be considered useful or important is completely anti-feminist. However, the resistance to approaching any description of a woman that involves containment precludes pregnancy, thereby making the role of pregnant or birthing woman an empty vessel in itself without any hope of being filled with meaning.

Anne Kingston, in her book, *The Meaning of Wife*, makes a claim about the role of wife that is quite analogous to the problem of pregnancy and birth representation at hand. She states that,:

in freeing the wife from her historical tethers without addressing the institutionalized wife construct, the role has been rendered an empty vessel, ready to be filled with new freight that will reinstate ballast. And as long as that remains the case, the role will serve as a useful female-control mechanism, a handy way of judging women, of telling them what they should do and who they should be.⁵

The same can be said for the vacant manner in which pregnancy and childbirth are currently depicted on stage. If it remains so, the very role itself serves as a controlling device. Women have come too far in their acquisition of agency to let others determine how they should gestate.

More women are working outside the home now and, thanks to birth control, are starting families later. Topics once taboo in media and on stage, such as sex and sexuality, are becoming less shocking. But, the curtain concealing the experience of pregnancy and childbirth has stayed firmly in place. Feminist scholar Anne Drapkin

⁵ Anne Kingston. *The Meaning of Wife: A Provocative Look at Women and Marriage in the Twenty-first Century* (New York: Picador, 2004), 267.

Lyerly writes about technology's role in childbirth practices and in many ways it mirrors that of theatre in that they both show the sources of women's discontent with childbirth and its representation stemming from a, "lack of agency, dignity, and alienation in the experience of labor and delivery."⁶ As foundations for maternal subjectivity, the lived experience of pregnancy and childbirth must be more fully acknowledged, represented and examined.

Jo Murphy-Lawless, author of *Reading Birth and Death: A History of Obstetric Thinking*, discusses how, "the issue of who should control childbirth remains one of the outstanding problems for the women's movement."⁷ In her examination of obstetric science she also deciphers what, along with the process of obstetrical theory development, has changed in perceptions of birth itself for women. I pose a different, but related question regarding who controls perceptions of pregnancy and childbirth in theatre, how they do this and what it means for how feminine strength and power are physically allowed to be portrayed in the theatre.

This study is a contemporary survey of dramatic literature in which I reveal how the experiences of pregnancy and childbirth are staged. I closely read and comparatively analyze current plays that handle the topics of pregnancy and childbirth. Each chapter of this study examines plays published between 1984 and 2013 and all produced within the last five years.

My reading of these plays considers several factors, including but not limited to, how the female pregnant and/or birthing subject is presented during gestation and

⁶ Anne Drapkin Lyerly. "Shame, Gender, Birth," *Hypatia* 21.1 (2006), 101.

⁷ Jo Murphy-Lawless. *Reading Birth and Death: A History of Obstetric Thinking* (Indianapolis: Indiana University Press, 1998), back cover.

childbirth (i.e., on or off stage, as the main focus or ancillary to the action, active or passive); specific action dictated in the script meant to indicate or portray getting pregnant, experiencing pregnancy, or the birth occurring or having occurred (i.e. visual representation of sex, vocal expressions of pleasure or pain, descriptive dialogue, suggestive movement, blood on body parts, sound of crying baby); the textual time given to the pregnant subject and childbirth event (roughly what percentage of the script has a pregnant character or is used for depicting the childbirth and how does this translate into performance time and the representation of actual time), and how the pregnancy and childbirth affect the plot and characters in the play during and after the experience.

Pregnancy and childbirth have historically been treated as private matters meant to be hidden. In contrast, today we are seeing books, online periodicals, media images and most types of entertainment over the past two decades that confirm we are in the midst of a reproduction obsession. The social and medical discourse surrounding pregnancy pride, “appropriate” gestational practices, “correct” labor, the legitimacy of birth rituals, and visual representation of childbirth (both actual and fictional) is quite active and, at times, vehement.

The trove of popular books devoted to conception, pregnancy and childbirth continues to grow, unabated, since the breakthrough 1984 publication of *What to Expect When You're Expecting*. Today, DVDs and television documentaries are available that show actual births.⁸ And the BBC phenomenon, *Call The Midwife*, which first aired in 2012, depicts multiple pregnant women as well as childbirth several times per episode

⁸ Most of the DVDs I refer to are advocating natural versus medicated childbirth (such as *Towards a Natural Childbirth and Beyond*). Of the television documentaries, two of note are *Maternity* and *One Born Every Minute*.

using live, newborn babies.⁹ This is also an example of representing historical pregnancy and childbirth experience since *Call The Midwife* is a drama that shows the move from midwifery being the predominant method of pregnancy care and childbirth assistance to the hospital usurpation that followed the Industrial Revolution.¹⁰

Women now frequently have their births recorded. Childbirth has been portrayed in film and television more within the past two decades than ever before—so much so that it has spurred countless online debates regarding how realistic the depictions are when compared to *each other*.¹¹ And yet, the female experiences of pregnancy and childbirth are noticeably absent in the dramatic form of the play, being reduced quite often to a shallow belly bump signifier. This absence is intensified by the fact that few plays involve pregnant or birthing characters to begin with.

In the year 2000, for example, Dramatists Play Service published fifty plays. Of this number, six included any pregnant characters and none of them were represented in the 2nd or 3rd trimesters (in other words, “showing” themselves to be pregnant). In addition, none of these plays with pregnant characters attempted to depict a childbirth.

These findings might suggest other events or life stages were considered more suitable or appropriate for theatre that year. It could also display the reticence

⁹ *Call the Midwife* is a British series based on the journal of a midwife, Jennifer Worth, who worked in the East End of London during the 1950s. According to an article by Ruth Styles on Mail Online, “babies used on screen have to be less than 10 days old because older children don’t have the ‘scrunched up’ look of a newborn.” (<http://www.dailymail.co.uk/femail/article-2277492/Call-The-Midwife-babies-acting-career-lasts-just-THREE-days.html>)

¹⁰ While not a perfectly matched timeline, the UK and the US share a very similar time frame when it came to the medicalization of pregnancy and childbirth care.

¹¹ Examples of these are: <http://www.essentialbaby.com.au/forums/index.php?/topic/533438-best-and-worst-movietv-birth-scenes/>, <http://www.babble.com/celebrity/unrealistic-birth-scenes-from-the-movies/>, <http://www.tvtango.com/news/detail/id/174>, <http://www.mumsnet.com/Talk/childbirth/a1295998-Whats-the-most-least-realistic-childbirth-scene-in-a-film-or-TV-programme>

playwrights or publishers have to approach the topics. It would seem that they found sex and motherhood dramatically viable, given that 40% of the plays published in 2000 included sex and a fifth of them included mother characters. So why are the liminal positions between the two—arguably climaxes of both situations—left out?

Poston contends that, “unlike death, its only competitor as an essential human experience, birth has an involved witness who lives to tell the story, a birthing woman,” and that, “her experience is of universal importance, because it is she who is caught up in that elemental activity, childbirth, with hurricane intensity. And it is her story that is rarely, if ever, told.”¹² Now that “her story” is being told through other media forms, it begs the question of why plays have not followed suit. The lack of theatrical attention on the experience of the gestating woman is further regrettable when considering theatre’s enormous potential to augment the specific experiences of pregnancy and childbirth, given its climactic, diverse and ephemeral nature.

Within the ritualized production Butler discusses in her theory of performativity, the misrepresentation—or indeed outright avoidance—of events is a part of the constraint through which the performance of such experience is reiterated. And it is through this constraint that we mold identity. All representation is a mirror of the performative and as such, if it is incompletely mirroring, it leaves a hole for individuals trying to understand themselves and others. Women who identify as mothers are hindered in their pursuit of maternal subjectivity because witnessing is an integral part of the cycle of reiteration. Without that witnessing, performance as Butler defines it is out of reach for particular subjects—both fictional and real.

¹² Poston, “Childbirth,” 20.

Pregnant and birthing characters are frequently moved and controlled by other forces, often men. The paradox of pregnancy and childbirth is that they are at once individual and experiential and yet presumed to be (or perhaps, hoped to be) controllable—since the pregnant body cannot control itself.

Nancy Chodorow, author of *The Reproduction of Motherhood*, reveals that social psychological studies at the time of her book's initial publication (1978) focused almost entirely on male development. This is a factor that, while not as pronounced in today's literature on the topic, is nonetheless crucial to understanding how contemporary scholars approach gendered identities. It also gives a historical background for the origins of male character control in drama.

Feminist authors continue to write works that confront how women in their roles as mothers affect society, family and the individual. Chodorow and others helped make mothering a hot topic and demonstrated its effect on all life. Chodorow's psychoanalytic analysis of the social reproduction of women as mothers has also had a strong impact on how pregnancy and childbirth have been viewed, analyzed and represented. Works such as the plays considered in this study are pushing the boundaries of what gender and motherhood mean by representing motherly men, lesbian parenting and the life choices made by women that lead, or do not lead, to motherhood. However, each play also reinforces negative practices with regard to how pregnancy and childbirth are depicted.

It is sadly no surprise that actual pregnancy on stage is avoided by casting directors. The uncontrollability of that body constitutes the argument against use of it to represent even itself. And historically, the birth of a child in a play is often a spoken-of-only occurrence that is used as a motivational device for the adult characters. In cases when it

is more central to the story, the birth usually happens off stage.

Kathryn Moller writes in, *Essays and Scripts on How Mothers are Portrayed in the Theatre*, that it is important to, “derail[s] traditional images locating Mother to the place of subject, and re-frame[s] images of mothers as humans who redefine their own ‘motherness,’ speak with their own voices, articulate their own experiences, and thereby alter the longstanding cultural myths and practices of the patriarchal mother.”¹³ This book is noteworthy in its emphasis of motherhood in the theatre, and its confrontation of the status of how pregnancy and childbirth are (or are not) approached. The separation of pregnancy and childbirth from motherhood is a part of the problem that is silencing maternal subjectivity.

To be clear, the visible convention of the pregnant belly, the textual description of pregnancy and childbirth and the topic of gestation itself are seen occasionally in contemporary plays. However, there are a plethora of pitfalls for playwrights, directors and performers to navigate that hinder first-person experiential depiction of these life stages. An example of one of these pitfalls is the generic use of pregnancy to move the plot. The female character then *becomes* a pregnancy and the experience is ignored for simplicity and dramatic flow. This is reductive because it presumes there is a single, unified understanding of the experience of pregnancy and childbirth that is shared not only by gravidas themselves, but by men and other women who have never been pregnant.¹⁴ Most importantly, the reduction of the female character to a walking womb

¹³ Beth Osnes & Anna Andes, eds. *Essays and Scripts on How Mothers are Portrayed in the Theatre: A Neglected Frontier of Feminist Scholarship* (Lewiston, NY: The Edwin Mellen Press, 2010), i-ii.

¹⁴ The term “gravida” comes from “gravity,” which refers to the number of times a woman has been pregnant (this does not mean she has carried the pregnancies to term, just the number of times ever

makes the claim that this “unified understanding” is sufficient.

This idea needs to be challenged if the experiences of pregnancy and childbirth are to be truly understood. Gestation and birth experiences are wide-ranging and each individual experience should be given the respect of that diversity. Otherwise, the reduced pregnant belly as it is now will drive us further down the path of negating that pregnancy is an experience at all and female characters will continue to evaporate as soon as we learn they are with child.

My feminist analysis of the status of pregnancy and childbirth in plays further investigates possible answers to the question, how does the depiction (or lack thereof) of pregnancy and childbirth in recent works of American drama support or resist the patriarchally constructed and socially contested control over the female bodies performing these phenomena?

Judith Butler, while critical of the maternal focus of early, feminist psychoanalysis, acknowledges its significance and also offers hope in the malleability of how identity is formed: “The alternative perspective on identification that emerges from psychoanalytic theory suggests that multiple and coexisting identifications produce conflicts, convergences, and innovative dissonances within gender configurations which contest the fixity of masculine and feminine placements with respect to the paternal law [...] suggest[ing] that the Law is not deterministic.”¹⁵ By examining the experiences of pregnancy and childbirth with an eye toward the female subject’s identity and growth, I offer possibilities to supplement the “innovative dissonances” to which Butler refers.

pregnant). A nulligravida is a woman who has never been pregnant, a primigravida is a woman having her first pregnancy, and a multigravida is a woman who has had more than one pregnancy.

¹⁵ Butler, *Gender Trouble*, 67.

Perpetually-Potentially Pregnant

Most medical authorities divide human gestation into three trimesters. I step back to view a larger picture of reproduction. I extend and modify the trimester perception into five stages: the woman's status as perpetually-potentially pregnant, the invisible (non-showing) stage of pregnancy, the visibleness of pregnancy, the experience of childbirth and immediate postpartum life. These stages, defined here, form the framework of how I view gestation as a female experience that contributes as much to her maternal subjectivity as the child developing within her body.

The perpetually-potentially pregnant phase of gestation is the first of the five stages I use to illustrate how pregnancy and childbirth affect the reproductive female herself and any subjectivities she inhabits. All women who are perceived to be in childbearing years are automatically considered potentially pregnant just by virtue of their appearance as female. Though this perception is mainly unconscious, it operates in very real and insidious ways to trap women in what is considered not just a potentiality, but an eventuality.

The absence of the experiential portrayal of pregnancy and childbirth is a shortcoming that has repercussions not only for theatre but for real women's lives. For if we continue to avoid displaying these experiences, there is a threat of reinforcing the claim that many women's lived experience is unimportant. Furthermore, the avoidance denies maternal identity and subjectivity as they are formed through the process and performance of pregnancy and childbirth. The potential to be pregnant—ever-present for many females—is the first place in which her maternal subjectivity is formed. The fact that it is formed by others' perceptions of her body is a part of how we forget to

interrogate the female herself or apply to *her* agency. Audiences are always-already treating her maternal potentiality as something that primarily affects *them* and not the woman. Taking from Althusser's always-already subject ideology, the female is then in a perpetual state of potentiality with regard to the possibility she may become pregnant.

Stemming from Butler's theory of iterability being compelled rather than elective, Sarah-Vaughan Brakman and Sally J. Scholz write a critique of how maternity is produced through the pressure of cultural norms. They show the link commonly made between what is "natural" and what is biological. This is an important step for the feminist understanding of maternity because it enables a more inclusive embrace of those who choose the identity of mother in non-traditional ways. Working against the notion that female identity must necessarily transition to that of the biological maternal identity, Brakman and Scholz use lesbian couples who have adopted children as examples of maternal identity.

Just as (and perhaps before) notions about "natural" maternity need to be altered when approaching pregnancy and childbirth, so do gendered assumptions about femininity. Lorraine Gamman and Margaret Marshment's volume of essays entitled, *The Female Gaze: Women as Viewers of Popular Culture*, includes assertions that there is a need for feminist intervention into popular culture. This intervention is necessary to change, or at least contend with, commonly held beliefs and meanings with respect to feminine subjectivity. Much in the same way that Brakman and Scholz reclaim maternal subjectivity from the talons of the "natural" with acknowledgement of lesbian motherhood, Gamman and Marshment struggle with how the field of popular representation is dominated by men and men's perspective, trapping the feminine in its

clutches.¹⁶ Similarly, by including the perpetually-potentially pregnant phase in this examination of pregnancy and childbirth depiction, I shine a light on the female experience and how her subjectivity is treated because of this potentiality.

The Invisible Stage of Pregnancy

The second gestational stage in my study is the invisible, or non-showing, phase of pregnancy. This stage is often used in plays that include pregnant characters because pregnancy can then occur, be referred to and even be eliminated in the play's action without dealing with any costume changes. There are many more practical staging concerns for pregnancy once it becomes a visible bump the woman needs to wear, so it can be more convenient to simply use the invisible pregnancy as a potentiality itself that never comes to fruition.

It is also important to note that the invisibility of pregnancy is recognized by the spectator *retroactively*. The woman character who was just perpetually-potentially pregnant is then confirmed pregnant by textual revelation and must be understood to *have been* invisibly pregnant for an amount of time before that point. By making the invisible stage more prominent within the stages of pregnancy, I counter the many ways female subjects are made invisible within drama and I contribute to efforts that work toward acknowledging these subjects.

For example, much ground has been covered with respect to a woman's sexual presence, desire, agency and gratification on stage. Eve Ensler's *The Vagina Monologues* alone, while not safe from criticism, has unblinkingly put women's sexuality

¹⁶ These notions stem from Laura Mulvey's important work on the male gaze.

center stage for all to *hear*.¹⁷ Sexual—not just sexy—women characters are regularly being written into scripts as agents of their own destinies who are unwilling to negotiate when it comes to their desires. Paula Vogel, Lisa Loomer and Lynn Nottage are playwrights who have risen to fame with plays about women that don't shy away from discussing and displaying their sex lives.

However, the feelings associated with sexual desire are not normally considered within gestation experience. Once a character becomes pregnant (especially visibly so), it is rare to witness her expressing such desires. It is as though a switch has been flipped and the female character, who has visible proof of being sexual, is now asexual, through no choice of the woman herself. In effect, the sexual component of that individual becomes invisible. Including sexual desire makes it more difficult for the spectator to “see” or understand a pregnancy that is occurring simultaneously.

The very fact that there is discomfort witnessing a pregnant woman with sexual desire is evidence that we are not seeing real pregnancy experience on stage. In fact, pregnant women experience heightened sexual desire, particularly during the second trimester (between 13 and 27 weeks pregnant) largely due to increased blood flow to the genitalia and more breast sensitivity. While different for every woman, many women find that the increased energy that comes with the second trimester combined with the physiological aspects just mentioned, significantly raise their sex drive.¹⁸ But if we

¹⁷ Being mainly a succession of monologues, there is little, if any, visual representation other than what the director may decide to add to their particular production of *The Vagina Monologues*.

¹⁸ Barbara Rothman, *Encyclopedia of Childbearing: Critical Perspectives* (Phoenix, AZ: Oryx Press, 1993), 369-370.

consider pregnancy as it is currently depicted on stage, it would seem that the comfort an audience derives from the pregnant subject's asexual status trumps reality.

Something else considered (ironically) "outside" of pregnancy, and therefore invisible, is the sex act itself. I include the perpetually-potentially pregnant stage of gestation in an effort to maintain the connection between sex and pregnancy, as it is most often only associated with non-pregnant women and non-mothers. The invisibly pregnant subject walks a very thin line between perpetually-potentially pregnant and visibly pregnant, however just the comprehension that she is pregnant-but-not-showing is enough to exclude her from associations with sex. Not only does this exclusion make the ridiculous claim that the pregnancy just "happened," but even when sex is acknowledged to be the cause, this mistreatment suggests that a baby being conceived is the assumed "goal" of sex for the woman and therefore could no longer be needed for the pregnant subject.

The moves to define women sexually are good and necessary, however they also often belie sex as being removed from the reproductive process and recreate it as an act entirely defined by what and how one desires, seeks and gratifies. No doubt this serves purposes of reclamation for people who have not been granted agency when it comes to desire. But though the sexual revolution (within which birth control developed) made strides in liberating people, it has also taken attention away from the connection between sex and procreation by focusing on the desire for sexual fulfillment and control of reproduction. This perhaps partially explains why we have theatre activity about mothers *or* sex, but less focus on the necessary stages that connect the two.

The Visible-ness of Pregnancy

The third phase of gestation in my framework is the visibly pregnant phase. In this phase, the audience *actively views* the female character as pregnant and their one-dimensional gaze threatens her female subjectivity. The visible or showing stage of gestation is ironically often a stage of loss for the pregnant character. She gains size and space, but with it the pregnant subject often loses credibility (being reduced to a hysterical stereotype), autonomy (having her maternity subsume her femininity) and agency (considered uncontrollable, she is not only given less to control, but is also controlled more by others).

In many ways the wandering womb of bygone hysteria diagnoses follows us today. The waddling/screaming image has become the normative understanding of “how pregnancy and birth goes.” Simone de Beauvoir describes the hysteric body as one that, “displays reactions for which the woman denies responsibility; in sobs, vomiting, convulsions, it escapes her control, it betrays her; it is her most intimate verity, but it is a shameful verity that she keeps hidden.”¹⁹ But displaying only out-of-control pregnant women on stage undermines the importance of their role and reduces them to a caricature. And while potentially valuable for at least partially validating women’s pain and toil, this understanding is reductive and harmful when it dismisses or distracts from the might of the maternal subject because, as de Beauvoir goes on to say, this same body, “is also her glorious double; she is dazzled in beholding it in the mirror; it is promised happiness, work of art, living statue; she shapes it, adorns it, puts it on show.”²⁰ In an

¹⁹ Simone de Beauvoir, *The Second Sex* (New York: Vintage Books, 1989), 619.

²⁰ de Beauvoir, *The Second Sex*, 619.

effort to stem the tide of hysterical stereotype association, I define the visible stage as beginning at the moment we learn the female subject is pregnant. Without the physical trappings of things like pregnancy pad costumes, this challenges the viewer to think about the female as a character in her own right who is experiencing pregnancy, rather than a pregnancy simply attached to a walking, talking female body.

Childbirth

The gestational stage most frequently left out of depiction and yet quite connected to maternal identity is childbirth. There are obvious challenges to depicting childbirth on stage. Realism would be difficult to accomplish without significant changes to a script which might potentially derail the plot entirely. But before extending beyond the final stage of pregnancy, with identity continuing to actively change, it is essential that we acknowledge the agency and power of the birthing subject. Given the relatively short interval this subject exists at any one time, it is all the more important to consider her theatrically, as the ephemeral art is no doubt made to do.

It must be recognized that dramatic forms outside of text-based formats may have other avenues through which to reach these subjects. Some contemporary performance art—live birth in front of an audience, for example—engages with the question, “Does eschewing traditional text assist the performer and audience to more easily accept taboo events as experiences worthy of dramatization?”²¹ Rosemary Betterton, in her book, *An Intimate Distance: Women, Artists and the Body*, discusses “the application of theoretical

²¹ Katarina Hybenova, “Realer than life: Live Birth as Performance Art,” *Bushwick Daily*, October 6, 2011, accessed October 15, 2014, <http://bushwickdaily.com/2011/10/realer-than-life-birth-as-performance-art/>

perspectives to the textual analysis of visual images mainly, but not exclusively, made by women,” including images and representations of pregnancy, childbirth, motherhood and their connection to identity and self-worth for women.²² Betterton emphasizes the empowerment women and their bodies are granted through pregnancy and childbirth. This adds weight to the questions of what happens when the pregnant or birthing subject is denied perspective in their own experience and also why other witnesses’ descriptions and opinions are privileged in the retelling.

In another article, “Promising Monsters: Pregnant Bodies, Artistic Subjectivity and Maternal Imagination,” Betterton notes how examples of pregnant bodies represented in visual art, “acknowledge the agency and potential power of the pregnant subject.”²³ In her exploration of maternal imagination, Betterton acknowledges the cultural push-back towards naturalized codes of identity. Childbirth depiction can challenge these codes as well by unabashedly acknowledging the female subject’s necessary power and strength in an experience to which she can alone attest.

Immediate Postpartum Life

After childbirth, the final gestation stage in this study’s framework is the immediate postpartum experience. This stage is important to investigate because it represents a liminal within the liminal that viscerally challenges the dual existence of feminine and maternal subjects. It is within this stage that the woman is quite often fully erased and replaced with a mother identity. Proper consideration of the female experience of

²² Rosemary Betterton, *An Intimate Distance: Women, Artists and the Body* (New York: Routledge, 1996), 2.

²³ Rosemary Betterton, “Promising Monsters: Pregnant Bodies, Artistic Subjectivity, and Maternal Imagination,” *Hypatia* 21.1 (2006), 80.

pregnancy and childbirth must engage with both feminine and maternal subjectivities. However, after the birth it becomes increasingly difficult to reconcile the two.

Ann Kaplan, in her book, *Motherhood and Representation*, gives a historical perspective on how motherhood has (and has not) been treated in critical scholarship and popular culture that complements Gamman and Marshment's volume about the female gaze. While also allowing that the maternal subject has received attention, Kaplan focuses on the marginalization, emphasizing the fact that the mother has, "mainly been studied from an Other's point of view; or represented as an (unquestioned) patriarchally constructed social function."²⁴ As such, even when a mother character is present and visible, the representation is one that fulfills the Other's subjectivity rather than that of the mother's, effectively erasing the woman and leaving an apparition of a mother. Moreover, this type of erasure instigates confusion on the part of the maternal subject about her own identity, opinion and agency.

One of Kaplan's examples that reiterates maternal subjectivity as an absent presence is in the film, *The Crowd*, when, "the scene of the hero's birth manages to refuse the birthing mother any reverse shot; the anxious father looks at the bed where his son is being born, and we have the reverse shot of the doctor bending over the bed where the mother is, but the spectator is not allowed to see her."²⁵ Kaplan uses this and other media examples to demonstrate that women, being socially constructed to want to please the patriarchy and therefore desire motherhood, cannot know if their maternal effusions are indeed subjective. This informs her argument that representative forms are not

²⁴ E. Ann Kaplan, *Motherhood and Representation: The Mother in Popular Culture and Melodrama* (New York: Routledge, 1992), 3.

²⁵ Kaplan, *Motherhood and Representation*, 3-4.

interested in showing actual maternal subjectivity. In fact, Kaplan explains, “that at the very moment when mother-subjects start to gain attention, this subjectivity is displaced into concern with the foetus.”²⁶

An article written by three nurse/midwives, “The Theater of Birth: Scenes from Women’s Scripts,” acknowledges Kaplan’s assertion of displacement is consistent with the outside perception about birth, but does not match what is perceived by the birthing women: “When people think about labor and birth, they often focus on the event of most interest to them, the product of the birth (the infant). However, it is clear that for women, the entire experience of labor and birth is a profound life event...”²⁷ The displacement of attention onto another—such as the infant being born, or the father awaiting his progeny—dismisses maternal subjectivity.

Susan Douglas echoes Kaplan’s observations about the Other’s view being privileged in her examination of the, “concern with the foetus,” in the media’s insistence that mothers deny their own perspective by donning their child’s:

At the heart of the new momism is the insistence that mothers inhabit what we in the academy would call the “subject positions” of our children as often as possible. [...] Surrounded by media morality tales in which we are meant to identify first with one type of woman and then another, women have gotten used to compartmentalizing ourselves into a host of subject positions, and this is especially true for mothers.²⁸

Pregnancy and childbirth, arguably the most momentous experiences that initiate maternal subjectivity, should be given places in the theatre to analyze this multiple

²⁶ Kaplan, *Motherhood and Representation*, 5.

²⁷ L. Hanson, L. VandeVusse & K. Harrod. “The Theater of Birth: Scenes from Women’s Scripts,” *The Journal of Perinatal and Neonatal Nursing*, 15 (2): pp. 18-35, Frederick, MD: Aspen Publishers, 2001, 19.

²⁸ Susan J Douglas. *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined Women*. New York: Free Press, 2004, 19.

subject-position situation.

Gestation, which I argue does not end for the female at the point the baby emerges from the birth canal, signifies an in-between place for identity. The female subject is more than woman and yet not quite mother. Identity formation is possible within this ambiguity, but due to the current displacement of subjectivity (as we see in immediate postpartum life), it only produces the abject. The pursuance of alternative subject positions can be seen as a difficult and chaotic endeavor, doomed to failure due to the prospect and inevitability of the abject.

Kelly Oliver, in her book, *Subjectivity without Subjects*, borrows from Kristeva's theory of abjection and broadens the position by claiming that, "the abject is what threatens identity; it is neither good or evil, subject nor object, ego nor unconscious, but something that threatens these very distinctions."²⁹ Theatrical depiction could have feminist influence to override these notions and reclaim maternal identity from the abject within the spaces of pregnancy and childbirth in such a way as to assure, rather than deny, its ever-cyclical presence. An important phase to include in the depiction in order to warn off the abject is the immediate postpartum experience, particularly from the female's perspective.

Goals and Preview of Upcoming Chapters

In the chapters that follow, I will examine plays that include female reproductive subjects. I investigate how pregnancy and birth are staged in order to demonstrate that

²⁹ Kelly Oliver, *Subjectivity Without Subjects: From Abject Fathers to Desiring Mothers* (Lanham, MD: Rowman & Littlefield, 1998), 60.

the staging is a part of how feminine subjects are incompletely represented. I also situate each play in their theatrical and feminist contexts in order to understand the differing perspectives on pregnancy and childbirth.

Some feminists, like Linda Hirshman with her call for a “reproductive strike,” have argued that pregnancy (and consequently, childbirth) should be avoided as it is believed to be a patriarchal tool used to reduce female identities to being first and foremost, birthers.³⁰ However, as important female experiences, pregnancy and childbirth should be (and could be) realized on stage more fully in order to acknowledge and give autonomy to women who have these experiences. In contrast, the Feminists For Life (FFL) movement, which began in the 1970s, encourages pregnant and birthing women, offering options for women in all their various reproductive experiences and arguing that the same ideology which supports women’s rights extends to rights for the unborn.

While the growing number of plays about women who are not mothers or pregnant grants dimension to various female characters, it hinders maternal and pregnant characters from achieving their own dimensionality. Yes, women are now more than ever subjects with agency, desire and dreams of their own that sometimes do not include motherhood. But letting pregnancy and childbirth into the picture does not preclude these gains.

In addition to my personal biases surrounding pregnancy, childbirth and motherhood as a middle-class, white, multigravida, one of my main limitations is that I restrict myself to theatrical depiction or description of the *experience* of pregnancy, rather

³⁰ Linda Hirshman, *Get to Work: ...And Get a Life, Before It's Too Late!* (New York: Penguin Books, 2006), 4.

than the pregnant belly signifier (which can more easily be “controlled”); and the *experience* of childbirth, rather than metaphorical or symbolic birth. By “experience,” I refer to the physiological and psychological realities that accompany gestation and birth. These include but are not limited to how physical changes to the woman’s body during pregnancy (i.e., enlarged and more sensitive breasts) affect her own biological and mental processes (i.e., increased sexual desire) and how the trauma of childbirth affects how she makes a claim for maternal subjectivity.³¹

The time span of my study brings attention to what the first part of the twenty-first century is seeing (or not seeing) in its theatrical representation of pregnancy and childbirth. We are seeing more playwrights now (particularly more women) who are willing to address the topic of gestation, but are still reluctant to cross the threshold into certain types of representation (including, most conspicuously, visual). It should be noted that there may be performance groups who handle devised or performance art projects that currently handle these issues, however I have chosen to focus on published, scripted plays with this study.

While pregnancy and childbirth have been my main foci, there are many other taboos relating to women’s reproductive experience that I do not cover. Though not an exhaustive list, infertility, disabled women as mothers, abortion and sterilization have all been avoided on the stage. Lisa Hagen’s work, for example, on the attitudes of safety, confrontation and ambivalence toward staging abortion breaks critical ground on theorizing the taboo feminine subject and her actions.

³¹ It must also be noted that though I cite theatrical conventions as signifiers, I am not performing a semiotic analysis on these conventions. Any semiotic terminology used in this study is only meant to emphasize the lack of depth and meaning in pregnancy and birth conventions.

The discourse surrounding abortion has distinctly shaped that of pregnancy and childbirth by immediately politicizing the female reproductive apparatus and the body that wields it. Feminist scholars have noted that the abortion discourse, which began in earnest with the debates leading up to and including the 1973 *Roe v. Wade* decision, redirected attention away from pregnancy and birth issues. Although the debates surrounding abortion raise important matters for women, my study aims to help reproductive women in a different way, by confronting the inequality seen in dramatic literature and shedding light on the marginalization of female experience.

As feminist models of how to approach pregnancy and childbirth as facets of motherhood, I look at Jozefina Komporaly's examination of how motherhood is written in British plays by women and L. Bailey McDaniel's *(Re)Constructing Maternal Performance in Twentieth-Century American Drama*. Komporaly focuses on, "motherhood as a biologically unavoidable yet empowering experience."³² And McDaniel asks the question, "how exactly do race, class, gender, and sexuality inform the cultural rubrics of maternity that exist, falsely, as naturalized codes of identity?"³³ Both Komporaly and McDaniel engage with the maternal subject as a contemporary performance of gender and these texts provide me with historical, cultural and theoretical background and methodological paradigms that inform my investigation of pregnancy and childbirth representation.

³² Jozefina Komporaly, *Staging Motherhood: British Women Playwrights, 1956 to the Present* (New York: Palgrave Macmillan, 2006), 2.

³³ L. Bailey McDaniel, *(Re)Constructing Maternal Performance in Twentieth-Century American Drama* (New York: Palgrave Macmillan, 2013), 3.

I analyze six plays that bring attention to various aspects of the pregnant and birthing subjects, albeit with limitations. These plays do engage with pregnancy (though some quite fleetingly) and all of them keep childbirth ever in the periphery. The following chapters are organized within the gestational framework previously delineated of perpetually-potentially pregnant, invisibly pregnant, visibly pregnant, childbirth and immediate postpartum life.

Chapter 2 looks at the perpetually-potentially pregnant subject. Frank Wedekind's *Spring Awakening* and the recent musical version wrestle with the notion of women being considered as perpetually having the potential to be pregnant and then briefly encounter the invisibility/visibility of a non-showing pregnant subject, Wendla. Of the plays looked at in this study, *Spring Awakening*—both the play and the adapted rock opera—confront the perpetually-potentially pregnant phase most directly.

The character Wendla is not pregnant at the beginning of the play but becomes so in the course of the plot. She represents the young, fertile female that is expected to become pregnant. While other plays with non-pregnant young women characters have fewer indications of inevitable pregnancy, there still exists a pervasive assumption that this is a potential that *all* women possess. The fact that Wendla is removed from the story before we see her experience the later, visible stages of pregnancy and childbirth keeps her perpetually in this state for the audience.³⁴

Chapter 3 examines both the invisible and visible stages of gestation and how each are negotiated on stage. Lisa Loomer's *Expecting Isabel* and Lynn Nottage's

³⁴ In the play, Wendla is not seen from the moment the midwife arrives to perform an abortion—during which she dies. In the musical, she lives a bit longer, but still dies because of abortive measures taken by the doctor.

Ruined confront the move from invisibility to visibility as the showing, pregnant body is managed and manipulated by non-pregnant characters.

Lisa Loomer's *Expecting Isabel* never fully encounters the invisible stage of gestation, but flirts with the line. The main character, Melinda, is trying to get pregnant during the first half of the play but does not ever become pregnant. The knowledge of her trying creates an ambiguity for the audience in which Melinda is perceived as almost potentially pregnant and invisibly pregnant at once. There are other pregnant characters in Loomer's play and all these women are shown in the final, and quite visible, trimester of pregnancy. While Melinda herself does not represent the invisible stage of pregnancy, her journey and status as perpetually-potentially pregnant help give clarity to how we access that elusive stage.

Lynn Nottage's play, *Ruined*, has a character—Salima—who becomes pregnant in the course of the play. Salima's distress with being pregnant brings attention to the fact that she is experiencing something, while physically her gestation remains invisible. Nottage makes an unusual choice to include the shift between invisible and visible stages. Salima is seen and heard trying to conceal her belly even before it is starting to show, which reveals more of the experience of anxiety that can accompany pregnancy for many women—an anxiety that can exist even before a belly bump is discernable. Salima then becomes visibly pregnant at the point when she reveals her pregnancy to another character.

Chapter 4 enters the much avoided realms of birth and postpartum experience. *The Play About the Baby*, by Edward Albee, confronts birth and what can be claimed by the maternal subject after. And *Motherhood Out Loud*, a compilation piece by fourteen

different writers, primarily handles the transition out of pregnancy and childbirth, and what role memory serves in the process of maternal identity formation.

Edward Albee's play, *The Play About the Baby*, comes the closest of all the plays I examine to depicting childbirth. The play starts with the visual of a pregnant woman who exits the stage. Immediately after exiting, there are sound effects to suggest childbirth occurring. Then the young woman enters again, moments later, no longer pregnant. While closest to depiction because it involves the young woman's own sounds, it deliberately and severely shortens the process and puts it out of sight to serve the play's flow. I discuss how this treatment and the conventions Albee employs—while serving his absurdist style—contribute to the emptiness of how female reproductive experience is depicted on stage.

Motherhood Out Loud, a compilation piece first produced and published in 2013, confronts the topics of pregnancy, childbirth and motherhood mostly from the perspective of memory. Episodic in structure, the play is meant to present several perspectives of the experiences. However, while successful in providing necessary and predominantly unheard voices elucidating pregnancy, childbirth and maternal experience, its very form and title subsume the woman into the mother.

I conclude by examining Paula Vogel's approach to pregnancy and childbirth representation and how her choices suggest where this trend of insufficient reproductive depiction could lead us with respect to women and the theatre. It returns to questions posed earlier about whether we are trapped in textual representation and whether this text-base is another form of control over not just pregnancy and childbirth, but the female body itself.

The historical trajectories of gestation and feminism in the United States have been mutually productive in hiding these female experiences by how they overlapped. This perhaps explains the absence of women's pregnancy and childbirth experience on stage up to now. But the reasons to keep these experiences in darkness have faded. Theatre, while once prohibitive towards women as participants and spectators, has since become flooded with women practitioners and feminist messages. Theatre has also navigated the roads of personal experience and privacy, emerging with graphic depictions of once-taboo topics. The notions that human gestation and birth are inherently non-feminist or too isolated to be shown must be challenged. The exclusively female experiences of pregnancy and childbirth are important and their time for center stage is past due.

**Under the Apron: Covering the Perpetually-Potentially
Pregnant Subject in *Spring Awakening***

Benjamin Franklin Wedekind was born in 1864 in Hannover, Germany to an actress and a political aristocrat. He was drawn to the modernist ideologies surfacing in Munich in the 1880s and began to write *Spring Awakening* in 1890. Wedekind had been disillusioned from watching his father's hypocrisy—politically advocating for liberalism while maintaining the pervasive and repressive bourgeois dogma with his family. Wedekind believed that, “the struggle for civil freedom in the political arena was useless as long as repressive attitudes predominated the realm of everyday life.”³⁵ He sought to rectify this situation by writing a piece of drama that satirized this type of hypocrisy.

Spring Awakening, or *Frühlings Erwachen*, is a play about the sexual awareness and development of a group of adolescents. The teens live in a very oppressive environment. Their parents and other adult figures either neglect to address their maturity or force them to repress their urges and this control negatively affects their pubescent lives. In the case of Wendla's character, as a perpetually-potentially pregnant subject, this environment contributes to the covering of her experience.

One of the other main characters, Melchior, is a fourteen year-old boy who knows the details of sexual reproduction and communicates them to his best friend Moritz. Moritz is fifteen and filled with shame and anxiety about the fact that his sexual stirrings are distracting him so much that he is failing in school. Wendla is a fourteen year-old girl

³⁵ Peter Jelavich, *Munich and Theatrical Modernism: Politics, Playwriting and Performance 1890-1914* (Cambridge: Harvard University Press, 1985), 79.

who is physically showing her sexual maturity but refuses to wear the age-appropriate long dresses. She is also ignorant of what sex is and how it initiates pregnancy.

Melchior rapes Wendla in a later scene and she is found to be pregnant from the rape. Amidst this, Moritz commits suicide. The adults find an essay from Melchior in Moritz's room (the topic being sexual reproduction) and because the essay is considered obscene, Melchior is expelled from school. When Melchior's parents learn that he had sex with Wendla, they send him to a reformatory. Wendla's mother arranges for her to have an abortion, and later we learn that the procedure killed her.

There are other teens in the story, though less prominently placed within the plot. These include Martha, a victim of abuse by her parents; Ilse, a slightly older teenager who left town to be a model and sexual partner for several artists; and Hansy and Ernst, who reveal that they are gay and in love with each other. There are a few other adolescent friends, however they are given little if any back story. There are also the parents of Melchior and Wendla, the headmaster and teachers at the boys' school, a pastor and, in the original play version, a masked man who leads Melchior away from the reformatory (and the hand of death disguised as Moritz) at the end.

There has been a recent resurgence of interest in Wedekind's play due to the rock opera version that has garnered much attention and popularity. In 2006, the musical adaptation of *Spring Awakening* opened on Broadway to rave reviews. While the story line was kept essentially the same, changes were made to accommodate the play being turned into a musical, as well as adapting it for a contemporary audience. Some of the changes contribute to the diminishment of pregnancy that is already minimally represented in the show.

The Perpetually-Potentially Pregnant Subject

In the first chapter, I outlined five gestational stages that serve as a framework to investigate various reproductive subjectivities. The perpetually-potentially pregnant phase is the first of these stages and the one illustrated clearly by the main female character in *Spring Awakening*, Wendla. While Wendla seems to have significantly greater potential to be pregnant for other reasons, the perpetually-potentially pregnant subject for this study can be understood as any female character who appears to be of childbearing age and who is not already pregnant. This subject is ever-present yet rarely acknowledged. It is a silent subjectivity—a collection of unspoken feelings and opinions trapped in its own propagation.

Once the perpetually-potentially pregnant subject becomes pregnant, she crosses a threshold into maternal subjectivity that, while more acknowledged, is just as unsubstantiated as an autonomous identity with agency. The many historical shifts in our culture from the medicalization of pregnancy and childbirth to the “new momism,” permitted displacement of the perpetually-potentially pregnant and maternal subjects.³⁶ *Spring Awakening* supports this displacement by explicitly constructing a female character with little understanding (and yet great potential) to become pregnant and then

³⁶ The “new momism” is the phenomena discussed in Susan Douglas’s, *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined Women*. This term refers to the overly demanding standards for motherhood and their proliferation by the media. The original use of “momism” was used by Philip Wylie in his book, *Generation of Vipers* (published in 1942), and referred to what he felt was smothering mothering that resulted in unfortunate offspring who could not think or live for themselves. Douglas repurposes the term to highlight the current trend of intensive mothering.

covering her bodily and emotional experience. Wendla is both a victim and product of the bourgeois resolve to hide her as an aberration.

Reference to Wendla's development indicates the physical readiness to conceive and bear a child. While all the teenage girl characters have the potential to be pregnant, the specific and frequent acknowledgement of Wendla's sexual maturity makes her perpetually-potentially pregnant subjectivity more explicit. It is significant that Wendla is not psychologically or emotionally ready for the experience of pregnancy, being uninformed about the specifics and mechanics of the experience. This ignorance grants her a nonchalant and naïve attitude toward showing her body. This attitude is not explicitly used in the play to implicate Wendla for the rape she experiences later. However, there is a suggestion that if Wendla had worn her long dress instead of her pinafore, Melchior, her rapist, might not have succumbed to his "natural" urges.

Covering

Feminist scholar Elizabeth Grosz examines the body as "a conceptual blind spot" that has not been adequately analyzed with respect to its role in understanding subjectivity.³⁷ I, too, argue that there is a wealth of knowledge that can be gleaned from bodies—specifically pregnant ones. Covering these rich bodies severely limits what we can learn from them. The dramatic choices made for Wendla's character in *Spring Awakening* act as coverings, obscuring her reproductive, bodily experience and as such, treat her experience as unimportant.

³⁷ Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Indiana University Press, 1994), 3.

Covering, for the purposes of this study, is defined as obscuring or avoiding the reality of a situation or experience. This can include the literal covering of the physical body as well as emblematic covering, such as the scarcity of lines about a character or her situation. In the case of *Spring Awakening*, the reality of Wendla's pregnancy, while present, is covered by conventional dramatic choices and additional alterations made for the musical version that limit what is able to be said or shown with regard to Wendla's personal experience.

One way to understand covering is as an inverse of scenery censors—conventions used in television and film to hide bodies. While more commonly used to hide various body parts during sex scenes, scenery censors have more recently been utilized quite frequently to conceal a pregnancy when the character played by the pregnant woman is not supposed to be pregnant. The censors are used to preserve the story. In *Spring Awakening*, covering is also used to preserve the story. But instead of hiding the pregnancy in order to sustain the woman's narrative, Wendla's story is hidden in order to sustain use of her pregnancy and how it affects the plot.

Interestingly, the covering in *Spring Awakening* actually exposes much about patriarchal attitudes toward women, their bodies and their lives that were prevalent in the 1890s, when Wedekind was writing the original play. Women were thought of as inferior to men and therefore needing to be controlled and contained by their husbands or fathers. In addition, the sexual repression in the play that contributed to both the boys' and girls' experiences alike, was understood by Wedekind to be, "a major component of a larger

context of obedience to tradition and authority.”³⁸ German historian Peter Jelavich explains this larger context further, saying that, “this authority remained unquestioned because the vocabulary of critical inquiry was excluded from everyday language.”³⁹ In other words, they had no way to talk about sex, which only fueled the unquestioning obedience to repress it.

In this way, we understand the silence around women’s issues of sexual knowledge, pregnancy and abortion to be—while largely unintentional—still a covering, obscuring realities because of discomfort and ill-equipped defenses toward what was seen as vulgarity. Reticence to *Spring Awakening* itself was evident when it aroused much disgust at the first production in 1906 and when it, “closed after one night in New York in 1917 amid public outrage and charges of obscenity.”⁴⁰ As obscene as the specific stagings of rape and masturbation are understood to be, however, they are given stage time and space to occur in the play, while Wendla’s pregnancy is instead covered.

The 2006 Rock Opera

The “vocabulary of critical inquiry” has grown significantly since Wedekind’s time and as such, contemporary Western culture is armed with multiple ways to talk about and consider sex. The rock opera emerged onto the scene, then, with more sophisticated options available to help analyze more deeply the problems with which Wedekind was concerned. However, instead of extending Wedekind’s criticism, the creators of the musical decided to make different commentaries.

³⁸ Jelavich, *Munich*, 86.

³⁹ *Ibid.*, 86.

⁴⁰ Frank Wedekind, *Spring Awakening*, back cover.

According to a 2006 New York Times article about the musical and its creator, Duncan Sheik, the changes to the play were meant to create a more hopeful piece that would speak to today's teens.⁴¹ Sheik preferred that the world of the play belong solely to the teens and that the musical should give hope to this generation that no one is alone and that everyone has the power to change their own lives. This, of course, is a distinctly different purpose than Wedekind's and therefore resulted in a very different show.

Jonathan Franzen, a translator of Wedekind's original script, has serious reservations about the liberties taken with the musical, believing Wedekind's original to be the more true to rock and roll's ability to shake things up than the rock opera itself. Franzen sees the changes made that resulted in the musical to be fraught with inaccuracies in the character representations, including depicting Wendla's encounter with Melchior to be consensual on her part. This and other interpretations of the play, in Franzen's view, do not correctly portray the teenagers the way Wedekind intended.

Franzen states that,

The cruelest blow that *Spring Awakening* delivers to contemporary pieties, the deep embarrassment that the Broadway musical seeks to camouflage with raunchier shames, is that Wedekind treats his child characters like fascinating little animals—flawed, adorable, dangerous, silly. They fall far to either side of the safe teen middle ground of coolness and righteousness. They're at once unbearably innocent and unbearably corrupt.⁴²

Franzen argues that Wedekind's approach is better than Sheik's, which chooses to soften or discredit some of the harsher depictions in the play. According to Franzen, the rock opera's approach treats the adolescents as fully complicit in their life choices,

⁴¹ Ginia Bellafante, "Broadway is Rocker's Latest Alternative" *New York Times*, December 26, 2006, accessed November 19, 2014, http://www.nytimes.com/2006/12/26/theater/26shei.html?_r=0

⁴² Frank Wedekind, *Spring Awakening*, 10.

erasing much of the commentary Wedekind was making about the bourgeois control and repression.⁴³ After all, if Wendla intended and desired to have sex, then she was shirking control, rather than becoming trapped by it. The musical depicts the teenagers as merely following their own desires, with the additional commentary of, “what’s wrong with that?” Sheik defended this approach in an interview about the musical, claiming that one of his main concerns was that the show should speak to today’s generation.⁴⁴

One of the changes made to the original story of *Spring Awakening* for the musical was the consolidation of adult characters. All adults were played by two adult actors and their lines and stage time cut. The reason for this choice was to emphasize the youth in the play and to bring out a theme of togetherness among the teenage characters. Sheik wanted to show the positive aspect that even in a bleak, oppressive world, the teens had each other. The teens’ negative experiences were caused by all adults and so, having those adults represented by fewer actors meant that those actors represented the larger, adult culture.

Another effect of the adult-consolidation in the musical is the removal of the Masked Man character. Since the choice was made to focus on the teens trying to find their own power, Sheik and the other co-creators did not want an adult to “save the day” for Melchior in the end by showing him the way out.⁴⁵ Taking the Masked Man out of the show meant that Melchior’s choice in the end to stay alive was his own. In lieu of the Masked Man, both Wendla and Moritz appear to Melchior as ghosts. Moritz does not try

⁴³ Frank Wedekind, *Spring Awakening*, 10.

⁴⁴ James Herbert, “Catching up with Duncan Sheik,” *UT San Diego*, March 28, 2014, accessed November 18, 2014, <http://www.utsandiego.com/news/2014/mar/28/duncan-sheik-cygnet-theatre-interview/>

⁴⁵ Bellafante. “Broadway is Rocker’s Latest Alternative,” 2006.

and tempt Melchior further to commit suicide as he did in the original play, but instead joins Wendla in assuring Melchior that he is not to blame for what happened to either of them.

A further change made to the script was including sexual abuse in Martha's and Ilse's backgrounds. In the original play, Ilse has no history of abuse and Martha's abuse is physical in nature, but not sexual. The change was purportedly made for two different reasons. It was thought that sexual abuse would generate a stronger reaction to Martha's character from the contemporary audience than if it was only physical abuse. For Ilse, the addition was to somehow explain her later life choice to be promiscuous.

Though sexual abuse is not limited to a time frame in history, it is more acceptable for contemporary theatre creators to discuss than perhaps it was at the time Wedekind was writing. However, once again, these choices significantly affect the story. In particular, rationalizing Ilse's life choices as a direct result of her abuse, limits any sexual (or other) desires she is able to have or show "legitimately." An example of this contradiction is when Ilse reveals feelings she has for Moritz, coming close to saving his life by doing so. By reducing this choice to one made because of past sex abuse, it limits the loss Ilse's character is allowed to feel when Moritz commits suicide. In addition, this choice works against the stated purpose of the musical—to grant the teens agency in their own lives—by claiming that Ilse did not or could not choose for herself to have sex.

The most significant changes made for the musical with respect to this study are concerning the rape and Wendla's pregnancy. In the off-broadway workshops of the musical, the rape occurred on stage, similar to (though undoubtedly more graphic than) how Wedekind wrote the rape to occur in his play. The scene was changed, according to

Sheik, to make the scene, “more loving.”⁴⁶ Instead of focusing on the rape, they removed the direction for Wendla to scream while Melchior was forcing himself on her in the hayloft and framed it with different music. The actress playing Wendla is directed to seem hesitant at first, but it was to be understood that in the end, the sex was consensual.

The touring production that came to The University of Kansas’s Lied Center in 2010 staged this scene such that consent was dubious at best. Suspended above center stage on a platform, in a spotlight, the actor playing Melchior pins the actor playing Wendla to the platform with the weight of his torso while Wendla is saying no and trying to push him off. Melchior then takes hold of both her wrists and she falls silent but maintains eye contact. Finally, Melchior thrusts his hips in between Wendla’s legs and there is a blackout.

Putting aside the problematic reality that Wendla herself did not know what sex was or what consequences may come from sex, attempting to make the rape scene seem consensual (if the above could be considered so) creates an entirely different story than Wedekind envisioned. In addition, having the sex seem more consensual instead of coerced further frees Melchior of blame when he confronts what happens to Wendla at the end and it suggests that Wendla was aware of her pregnancy potential (since later we learn she is happy to find out that she and Melchior have made a baby together).

Curiously, this contemporary piece makes a significantly more patriarchal decision with Melchior than even Wedekind’s play did. Presenting Melchior as the desired, blameless, intelligent young man who overcomes obstacles to live life according

⁴⁶ Bellafante. “Broadway is Rocker’s Latest Alternative,” 2006.

to his terms is distinctly different than Wedekind's Melchior who was supposed to be yet another teen victim in the repressive bourgeois system of German, nineteenth century life (though, still better off than his female counterparts).

Lastly, Wendla's pregnancy was also handled differently in the musical version. In the original play, after the rape, Wendla's mother perceives her symptoms to be the result of pregnancy even though the doctor thinks it is anemia and Wendla believes it to be edema. In the musical, the doctor tells Wendla it is anemia and then leaves the room and confesses to Wendla's mother that it is a pregnancy. The news is a shock to Wendla's mother, establishing that only the male doctor is able to properly discern Wendla's condition.

This may have been a logistical choice, as there were only two adults (one man and one woman) playing all the adult roles. Therefore, there could not be another woman to enter as a midwife and so it would need to be the doctor to prescribe pills that would induce an abortion, necessitating his timely and accurate interpretation of Wendla's symptoms. However, this change places both Wendla and her mother in the hands of the male doctor and gives Wendla even fewer opportunities to express her own physical experience and feelings.

Background

Frank Wedekind conceived his play, *Spring Awakening: A Children's Tragedy*, amidst the rise of modernism in Germany during the late nineteenth century. Partially fueled by the failed revolution of 1848, many German artists began to question the authority of the social structures around them. Theatre, which enjoys a unique reverence

in German culture, became a political tool to comment on bourgeois ideology. Wedekind reacted in particular to the sexually repressive middle class, especially as they operated within the German Gymnasium education system. Based on his personal experiences, including the suicides of two of his school friends, Wedekind wrote *Spring Awakening* to be a satirical look at the damaging effects of this unavoidable and continually reproducing culture.

Wedekind uses *Spring Awakening* to comment on what he understood to be the espoused morality of the day. He considered morality to be the product of two imaginary quantities: obligation and volition (*Sollen und Wollen*). That which individuals owed to society or community and their own personal desires did not always subsist peacefully together—particularly in adolescence. For example, young German girls and women in the nineteenth century were obligated to follow the “three Ks”: kinder, küche, kirche (children, kitchen, church). Yet personal longings such as sexual desire conflicted with the expectation of piety and purity in the execution of women’s mandated roles.

Ruth-Ellen Boetcher Joeres, a scholar of German and women’s studies, confirms these roles while also indicating the prevalence of conformity in German social life in the nineteenth century:

the dynamics of state formation were particularly pronounced, with a stress on ideas complementing unity, such as conformity of thought and action and an accompanying, ordering uniformity of the categories of social roles that prescribed gendered behavior in limiting and inflexible ways. The oppression that grew out of a hierarchical division between the sexes created a situation that was not especially conducive for a nineteenth-century German woman to step out of line...⁴⁷

⁴⁷ Ruth-Ellen Boetcher Joeres, *Respectability and Deviance: Nineteenth-Century German Women Writers and the Ambiguity of Representation* (University of Chicago Press, 1998), xxi.

Joeres paints a picture of a tyrannical environment run by men. This oppression was so pervasive that, much like in Wedekind's play, most young girls and women did not think to question what they were told was the natural order.

Wendla, the main female character in *Spring Awakening*, encounters this morality paradox when she becomes pregnant at fourteen without a suitor to marry. As Catharine R. Stimpson writes in the foreword to Boetcher Joeres's book, schooling for girls in nineteenth century Germany ended at the age of fourteen. She further comments that it is a, "small wonder that fourteen was a woman's rhetorical code word for being shut down and shut up."⁴⁸ Sheik decided that the musical would still suggest the nineteenth century and the German Gymnasium system. This decision is curious as he establishes in each of his interviews the desire to relate to today's audience. In addition, the actors usually cast to play the fourteen year-old Wendla have been in their twenties, which blurs the issues of impropriety and ignorance and also makes it easier for the audience to assume, while watching this adult actor, that her choices are her own.

Despite Wedekind's progressive act of including a "deviant" female's story and Sheik's efforts to give the teens agency, both creators avoid approaching Wendla's experience fully in many ways. This avoidance manifests itself through various conventions—particularly of covering. The covering convention is deeply connected to the aforementioned practice of allowing female characters to become walking pregnancies, only necessary or utilized for their state of being pregnant. This is easier to do because the hollow signifiers of bellies-on-stage assume there is a single, condensed

⁴⁸ Joeres, *Respectability and Deviance.*, xvi.

meaning for pregnancy. Plays use pregnancy as a plot device and as such, brand the body carrying that pregnancy (and the life that body lives) inconsequential.

Wendla's physical and dramatic potential to become pregnant make her both the target of and resistant to covering. *Spring Awakening* explicitly covers and erases Wendla's pregnant body and, most importantly, her pregnancy experience. This action privileges the other male characters as ones with agency and capability and diminishes the female pregnant character as one whose experience is unworthy of representation. Covering up the pregnancy experience delegitimizes pregnant subjects as characters with their own opinions, feelings and lives. It is therefore also damaging to almost all female subjectivities. The assumption that women always have the potential to be pregnant coupled with the mistrust of the uncontrollable pregnant body, immediately casts their motivations, desires and choices into suspicion. Covering is perceived as necessary to veil this "uncontrollable" body.

In Germany during the late nineteenth century, sex education for young girls was left to be handled in the home, and given gendered social customs, by the mother. As pubescent girls no longer attended school, this meant that what their mothers told them regarding sex (if anything at all) was often the limit of their knowledge of the biological process. An early scene in *Spring Awakening* finds the young, teenage Wendla trying to persuade her extremely reticent mother to explain how babies are conceived: "Here, I'll kneel at your feet and put my head in your lap. You can cover my head with your apron

and talk and talk like you're the only person in the room. I won't flinch; I won't scream; I'll stick it out patiently no matter what."⁴⁹

A quite literal covering-in-action, Wendla is requesting to be put back into a metaphorical womb, under her mother's apron, receiving the sustenance of knowledge. This suggestion is the closest visual of pregnancy offered in the scripts of the play and musical, despite Wendla becoming pregnant later in the story. The apron is symbolic of the expectations for German women in the nineteenth century and is also operating as a concealing tool to preserve that obligatory performance.

Thomas Mann's observation that Germany held an "inborn reverence" for theatre is a part of the dichotomy surrounding *Spring Awakening's* censorship and success. Seen as a source of ethical education, theatre was (and is) nationally and locally supported in Germany. With the modernist movement fully in swing in the late nineteenth and early twentieth centuries, this meant that there were many opportunities for modern artists to take their newer ideas and put them on stage. However, the same reverence that fueled their pursuits meant that certain institutions reacted very strongly and negatively to these newer plays—most of which displayed quite taboo topics for a nineteenth-century patriarchal audience.

Today, the rock opera version of *Spring Awakening* is praised for its controversial nature and has been a part of the growing reverence for Broadway. But while the opera has exposed a version of Wedekind's work to a larger audience—and despite the lack of certain types of censorship that existed for Wedekind—in both cases, Wendla's

⁴⁹ Frank Wedekind, *Spring Awakening: A Children's Tragedy*, trans. Jonathan Franzen (New York: Dramatists Play Service, Inc., 2008), 40. The lines in both the musical and play version of this scene are almost identical.

experience as a pregnant subject has been ignored and overshadowed by the male characters' stories.

Wedekind's Female Characters

Though most critics of the original *Spring Awakening* have focused on the character of the Masked Gentleman whom they read as a representation of Wedekind himself, in the 1980s more feminist critics turned attention to the female characters and argued that the play was a statement for young women and their right to sexual education. Critics from the early twentieth century, when the play was first produced, also reveal the influence of their social atmosphere (especially with regard to expectations for women and girls) with their assertions that Wendla, "is so perverse [...] that she would have followed Melchior into the hayloft even if her mother had told her the truth about pregnancy," and that she, "feigns ignorance and innocence and lets herself be seduced in order to teach her mother the lesson that parents should not leave their children uninformed regarding such matters."⁵⁰

These opinions derive from understandings of the nature of Wedekind's female characters (which frequently were sexually promiscuous) and reflect the same patriarchal diminishment of females represented in the play. Indeed, when comparing females in the play, it is evident that it is Ilse and not Wendla who serves as the, "prototype for those free-loving women who abound in Wedekind's work."⁵¹ To extend this prototype to encompass Wendla is to ignore all her character says and does. Later criticisms

⁵⁰ Lewis, *The Ironic Dissident*, 8.

⁵¹ Lewis, *The Ironic Dissident*, 17.

acknowledge that Wendla's ignorance was genuine and the cause for her pregnancy and subsequent death.

The show's categorization as a tragedy or comedy has been extensively debated, but it is questionable whether Wendla's storyline can be considered a comedy. The pregnancy in *Spring Awakening* only exists while the body experiencing it is being erased. Are the unseen experiences, then, what make the show tragic? Or is keeping those experiences invisible what makes it a comedy? Is the unseen experience of pregnancy understood to be irrelevant or not-tragic and therefore not needing to be represented? Or is there something inherently untouchable/unseeable/ineffable about pregnancy? At the time Wedekind was writing the play, naturalists were espousing concern that social institutions were damaging and oppressive. Wedekind shared this view, but he also believed that, "the superficially realistic reproduction of milieu, gesture, and language did nothing to change the status quo," and therefore made the decision to write a tragedy in the unorthodox form of a satire.⁵²

The musical version is a representation of current culture trends in its explicit and unapologetic sexualizing of the teenage girl characters, particularly Wendla. In keeping with the time and setting of nineteenth century Germany, the costuming for the boys consists of a schoolboy uniform featuring a blazer, white button down shirt, tie, knee-length breeches and stockings. For Wendla and the other girls, their dresses—far from being period-length, are reminiscent of babydoll lingerie.⁵³ Unfortunately, keeping most of Wendla's experience covered while uncovering her legs and breasts comes

⁵² Jelavich, *Munich*, 91.

⁵³ See Appendix A, Figures 1 and 2.

dangerously close to negating her entire subjectivity. In addition to the costuming, the choreographed movements for the song, “Mama Who Bore Me,” include the girl characters running their hands explicitly around each of their breasts to accentuate their bodies in the space. These choices that sexualize the girl characters “superficially reproduce the milieu, gesture and language” of today’s objectifying gaze on women (devaluing women by treating them as non-subjects) and of today’s rape culture—directing women to be both sexual and consensual, whether she or the story like it or not, and for the gratification of the male gaze.

In the late nineteenth and early twentieth centuries, the German middle class heavily supported theatre, including commercial stages that were engaging productions with crude depictions of sex. Wedekind attempted to mesh the high art of traditional tragedy with this more “sensational fare” in order to create a humorous and satirical piece. The musical version is in keeping with the sensational ideal, but for the most part dispenses with deeper, satirical commentary. This is not to say that treatment of *Spring Awakening* must necessarily be heavy handed on the tragedy. It is possible to acknowledge the comedy in *Spring Awakening* while looking critically at serious realities it depicts. That the realities examined here happen to be considered tragic by a contemporary, feminist mindset is incidental. The covering or lack of stage time given to the portrayal of teen pregnancy when compared to the amount of time given to the representation of other taboo events and experiences is still relevant whether understood to be within a comedy, tragedy or musical.

In a show that handles and depicts so many other taboos (sex, sexuality, rape, suicide, child abuse) from first-hand experience, it is curious that Wendla’s experiences

of pregnancy are avoided. We hear frequently about Martha's sexual abuse from Martha herself, we watch Hansy and Ernst come out to each other, and we see Melchior have sex with Wendla. Yet, the teen pregnancy is unseen and unexperienced by Wendla. Her mother, on the other hand, experiences it (albeit briefly) as a shameful illness that needs eradication. The abortion is also not seen but merely suggested in the musical by the doctor prescribing pills and speaking to Wendla's mother in private, and then referred to later in the script by another character. In these ways, female experience is significantly covered.

The Ways of Covering

Wendla's experience is covered in three different ways. First, Wendla's mother attempts to cover her physical body both before and after Wendla becomes pregnant. Secondly, the plot point of abortion is an erasure of not just any future pregnancy experience, but of Wendla herself. Lastly—and perhaps the most detrimental—is that most of Wendla's experiences are presented from an Other's point of view, rather than her own. This last type of covering accentuates her ignorance and lack of power to even access knowledge. In these ways, covering has the effect of negating the perpetually-potentially pregnant subject and pregnant subject by obscuring and avoiding the representation of her subjective experience.⁵⁴

One way the musical covers that the play does not is in its attempts to lessen the harshness of the rape by suggesting the sex was consensual. This covers Wendla's

⁵⁴ Another form of covering in the original script was Wedekind's choice to not show or have dialogue about Wendla after we (and she) learn she is pregnant. This covers any possible experiences she had between that point and her death.

subjectivity, but also uncovers Wendla's mind, since her mother's attempts to prevent her knowledge about (and presumably desire for) sex were meant to ward off the potentiality of pregnancy. The consensual case increases the potential for pregnancy by engaging Wendla's knowledge and agency. Wendla is also granted a longer life in the musical and an additional scene as a ghost. Despite these moves, Wendla still dies off stage and her pregnancy experience receives very little attention.

What we learn earliest about Wendla is that she is a sexually budding female who still dresses in little girl's clothing. The pinafore she wears is short, revealing her legs, which are taking shape as she matures. As previously explained, Wendla's costume exaggerates this exposure by shortening the dress significantly from what would be the appropriate period length.⁵⁵ Wendla complains to her mother that she does not wish to wear a long dress. Her mother responds: "I don't know what to say to you. I'd love to keep you just the way you are, baby. Other girls your age are skinny and gawky. You're the opposite.—Who knows what you'll be like when the others are fully developed."⁵⁶ Darkly humorous, this last sentence is suggestive of what Wendla would "be like" if her later pregnancy were allowed to run its course.

The musical inserts the song, "Mamma Who Bore Me," into this scene, depicting a much more self-aware Wendla, which creates the opportunity to depict more of her experience. The opening lines of the song indicate that though she is ignorant about sex and reproduction, she somehow grasps the importance of the knowledge she is being denied and also how it will affect her later:

⁵⁵ See Appendix A, Figure 3.

⁵⁶ Frank Wedekind, *Spring Awakening*, 17.

Mamma who bore me.
Mamma who gave me
No way to handle things. Who made me so sad.⁵⁷

The song reveals rather than covers the possibility of Wendla's pregnancy. As is the norm in musicals and similar to other conventions in the theatre, however, this song stands alone to mean everything or nothing and does not end up exposing much of the pregnancy experience.

The scene ends with her mother yielding and allowing Wendla to continue wearing her pinafore a little longer. The audience comes to understand later in the play that to cover the perpetually-potentially pregnant body is to delay what is considered inevitable (sex and pregnancy). And so, continuing to wear her pinafore both exposes Wendla's perpetual potential to be pregnant by showing her sexually mature body and obscures her experience of that exposure by showing Wendla to be ignorant of it—left as Eve early in the garden, unaware of her nakedness.

After covering is attempted with clothing to prevent the possible inconvenience of pregnancy, the pregnancy becomes a reality. At this point, covering takes the form of elimination via abortion. Wendla continues to be an unknowing pawn in the social system—acted on rather than acting for herself. Wendla's passivity highlights what Elizabeth Grosz argues in her observation that, “female sexuality and women's powers of reproduction are the defining (cultural) characteristics of women, and, at the same time, these very functions render women vulnerable, in need of protection or special treatment,

⁵⁷ Steven Sater, *Spring Awakening: A New Musical*, (New York, Theatre Communications Group, 2007), 15.

as variously prescribed by patriarchy.”⁵⁸ Patriarchal covering is also used even (perhaps, especially) when attempting to change the pregnant status, as with the abortion that is never seen.

The preventative measures toward pregnancy and birth (clothing, abortion) are aggressive tactics, attempting to thwart eyes from seeing Wendla and her reproductive experiences. However, covering can also be understood as defensive. In this play, defensive covering is manifested in the dominance of Other perspectives in lieu of Wendla’s. An example of this is in the perspectives offered for Wendla’s “diagnosis.”

Once Wendla is pregnant, her mother’s and the doctor’s perspectives on her condition are privileged over Wendla’s. In the play, the doctor comes and treats her as though she has anemia, but Wendla suspects it is dropsy (edema). Even though the doctor lies to Wendla in the musical version, this disparity in the diagnoses is interesting when considering power, perspective and experience. The male medical professional, arguably the representation of patriarchal control or power in the scene (as the “expert”), takes the symptoms he sees Wendla exhibiting (fainting, nausea, fatigue), and compares to another young woman he treated for anemia.

Wendla is less concerned with these symptoms and from her perspective as the pregnant woman, notices more the swelling of her body, which she identifies as an illness that makes logical sense to her. Her experience is obscured, however, by her positioning (stage directions indicate she sits in bed, covered with blankets—it was also staged this way in the touring musical production), her silence when the doctor is present and by her mother’s dismissal of her feelings after the doctor leaves.

⁵⁸ Grosz, *Volatile Bodies*, 14.

The invisible and visible stages of pregnancy will be handled in more depth later, but it is important to note that the moment we learn Wendla is pregnant is also the moment she enters the visible stage of pregnancy and the moment when we “see” her invisibly pregnant stage in retrospect. As Wendla’s pregnancy is within the first trimester, Wendla is not showing, but she is still considered visibly pregnant since the audience now views her as pregnant. The subtle difference in size Wendla does feel—which she alone could perceive at this early stage—coupled with the fact that she is ignorant of the actual process of conception, causes her to leap to the conclusion that she has edema.⁵⁹ The scene during which the pregnancy is revealed in both the play and musical are similar with respect to Wendla’s reaction, but less so with her mother’s. Wedekind’s original shows a distraught mother who suspected pregnancy even before she called for the doctor::

MRS. BERGMANN. Baby, you aren’t going to die! You aren’t going to die...Merciful heavens, you aren’t going to die!

WENDLA. Then what are you crying so miserably for?

MRS. BERGMANN. You aren’t going to die—baby! You don’t have dropsy. My little girl, you have a baby! You have a baby!—Oh, why did you do this to me!

WENDLA. –I didn’t do anything to you—

MRS. BERGMANN. Oh, stop denying it, Wendla!—I know everything. I couldn’t bring myself to say anything before.—Wendla, my Wendla...!

WENDLA. But that’s not possible, Mother. I am not married...!

MRS. BERGMANN. Great God Almighty—that’s just it, you’re not married! That’s the terrible thing!—Wendla, Wendla, Wendla, what have you done!

WENDLA. I honestly don’t remember anymore! We were lying in the hay...I never loved anybody in the world except you, you, Mother.

MRS. BERGMANN. Sweetheart—

WENDLA. Oh, Mother, why didn’t you tell me everything!⁶⁰

⁵⁹ Edema is a condition characterized by the swelling of organs due to a build-up of fluid.

⁶⁰ Frank Wedekind, *Spring Awakening*, 66-67.

In contrast, the musical shows a much angrier mother who has just been informed by the doctor, much to her surprise, that Wendla is pregnant:

WENDLA: Mama...?

FRAU BERGMAN: Wendla...? What have you done? To yourself? To me?

(No response.)

Wendla?

WENDLA: I, uh, don't know.

FRAU BERGMAN *(Not a question)*: You don't know.

WENDLA: Doctor von Brausepulver said I'm anemic.

FRAU BERGMAN: Well, probably. You're going to have a child.

WENDLA: A child?! But, I'm not married!

FRAU BERGMAN: Precisely.

Wendla, what have you done?

WENDLA: I don't know. Truly, I don't.

FRAU BERGMAN: Oh, I think you know. And now I need his name.

WENDLA: His name? But what are you...

(Abruptly realizing) That? How could that...? I just wanted to be with him...

WENDLA: ... To hold him
and be close to him—

FRAU BERGMAN: Wendla, please.
No more. You'll break my heart.

(A beat.)

WENDLA: My God, why didn't you tell me everything?⁶¹

Both iterations of the scene illuminate the wisdom and experience of the multigravida confronting a new pregnancy, while also diminishing the primigravida's feelings as unimportant. Mrs. Bergmann, who has not only had two daughters herself but has watched her elder daughter have children, presumably knows the signs of the condition.⁶² In both the play and musical Mrs. Bergmann arrives at the reality of Wendla's pregnancy before Wendla herself and invalidates her daughter's perspective by rejecting her as a liar.

⁶¹ Sater, *Spring Awakening*, 80.

⁶² In the play version, Mrs. Bergmann's elder daughter Ina has three children, the first of which was most likely conceived before marriage.

In the play version, there are scenes in which the other teens discuss marriage and having babies, but this is not as present in the musical version. Instead, the teens stay absorbed in themselves and their sexual and romantic stirrings. This change to the original story makes pregnancy not just an “othered” experience, but an invisible one that is somehow disconnected with sex. It is curious, given Sheik’s efforts to grant more agency to the teens with the musical version that he relies so heavily on their ignorance with regard to the connection between sex and procreation, thereby limiting their consent since it is uninformed. Furthermore, the choice also makes Wendla’s experience invisible because no one is even talking about pregnancy as a hypothetical happening. The sex-pregnancy connection is made more explicit in the original play.

Without even the hypothetical discussions about pregnancy, Wendla is left as the only one to blame for the result. Grosz expresses the damage done by this way of thinking with her observation that, “[m]isogynist thought has commonly found a convenient self-justification for women’s secondary social positions by containing them within bodies that are represented, even constructed, as frail, imperfect, unruly, and unreliable, subject to various intrusions which are not under conscious control.”⁶³ The intrusion of rape or barely-consensual sex is not under the conscious control of Wendla, then, but she is still held responsible for it.

Pregnancy in *Spring Awakening* is treated as a negligible precursor to an inevitable—and apparently much more interesting—result (that result being a child). It is concern for the child that acts as another covering. The child’s subjectivity as an Other with respect to the pregnancy experience is privileged. As an example, the focus for Mrs.

⁶³ Grosz, *Volatile Bodies*, 13.

Bergmann when her elder daughter, Wendla's sister Ina, gives birth was the gender of the baby she had. In the play version, Ina has a boy and in the musical, Frau Bergman says her elder daughter has a girl.⁶⁴

Ina's childbirth is referred to briefly by Mrs. Bergmann and in both the play and musical versions, the focus is on the child:

Play-

MRS. BERGMANN. Just think, Wendla, the stork came last night and brought her a little baby boy.

WENDLA. A boy?—A boy—Oh, that's wonderful— — That explains the never-ending influenza!⁶⁵

Musical-

FRAU BERGMAN: Just imagine, Wendla, last night the stork finally visited your sister. Brought her another little baby girl.

WENDLA. I can't wait to see her, Mama.⁶⁶

Wendla's reference to influenza (from the original version), while obviously a laugh line, is also another misunderstanding initiated by her mother showing that she's observed some of the physical evidence in Ina's past experience of pregnancies. Yet her mother still refuses to label the nausea symptom as morning sickness or to fill in any other connecting pieces of information about pregnancy.

Ina's child is referred to and much joy is expressed because of his or her presence. Ina, however, is forgotten. Even the "influenza" is not allotted to her, but is used only to explain the child's presence. Not being a participant in the birth of the child (the stork having brought him), Ina is a footnote, not worthy of dwelling on in the story. This

⁶⁴ There is no character named Ina in the rock opera version, but reference is still made to Wendla's sister having a child.

⁶⁵ Frank Wedekind, *Spring Awakening*, 38.

⁶⁶ Sater, *Spring Awakening*, 16.

treatment is repeated later when Wendla is facing an abortion planned by her mother. The focus is not on Wendla's experience as a pregnant woman, but on the baby, the horror and anxiety expressed because of the baby's presence and the desire to get rid of the baby.

In the play version, we see Wendla no more once we learn of her pregnancy. A midwife arrives to perform the abortion and the scene ends. The musical extends Wendla's life, and therefore her perspective. After learning she is pregnant, Wendla sings hopefully about her child and also foreshadows her own funeral with the song, "Whispering." In addition, the musical version keeps Wendla alive long enough to exchange letters with Melchior while he is in the reformatory and tell him about her pregnancy. However, these moves would not be possible without the extensive liberties taken with Wedekind's script that make Melchior and Wendla's relationship seem more consensual and in resistance to the social expectations around them.

The difference in diagnoses discussed earlier between the patriarchal power of the male doctor, the personal perspective of the uneducated daughter and the experienced mother's assessment emphasizes the split between natural and social construction. Mrs. Bergmann acknowledges the pregnancy, as her experience teaches her she must, but because of social convention shirks the responsibility of passing on her knowledge to her daughter. It could be that the assumption women did not speak about sex is a blindspot for both Wedekind and Sheik. However, it is more likely that they both took the liberty of depicting extremes to illustrate the point that social pressures are quite pervasive and affect the private as well as public. Sex and pregnancy, though natural by virtue of being

biological realities, were generally considered (particularly in the 19th century, German context) restricted to the bounds of socially constructed wedlock.

Sex and pregnancy were understood to happen *to* a woman *once* she is married. Said woman must learn about these facts of life at that time and not before. Within this environment, sex and pregnancy are made taboo to such an extreme that confronting either outside the framework of marriage is socially impossible. As a result of this atmosphere, Joeres notes,

it was problematic and difficult for women (not to mention other marginal groups whose ethnicity or class departed from the dominant) to challenge representations that had become so integral a part of the discourse of gender characterization that they could be seen as the norm, the controlling, naturalizing metaphors that were uncritically accepted.⁶⁷

Joeres goes on to analyze how the fierce gender division in nineteenth-century Germany affected women and how they were allowed to move in society.

The Real Tragedy of *Spring Awakening*

Pregnancy is given a very narrow space (marriage) to exist legitimately in *Spring Awakening*. If it occurs outside this space and time, it damages the perceived authenticity of the relationships and connections to the pregnant subject, isolating her. Mrs. Bergmann blames Wendla and reveals her self-interest with her line, “why did you do this to me?”⁶⁸ Interestingly, Wendla is not given the power to *do* anything. Wendla’s relationship with her mother is damaged and her mother tries to rectify this by painting herself as the victim, which negates Wendla’s experience of being an actual victim.

⁶⁷ Joeres, *Respectability and Deviance*, 5.

⁶⁸ Frank Wedekind, *Spring Awakening*, 67. The line in the musical—which was quoted previously—is similar: “What have you done? To yourself? To me?”

Women (particularly mothers) were expected to weave stories and marriages in order to conceal sexuality in these situations. And as Joeres points out, in nineteenth century, German culture, men were simultaneously finding ways to prove (supposedly scientifically) that women were mentally and physically inferior to men. Wendla is not acknowledged as being a woman, nor one with sexual impulses, nor one with the intellectual capacity to be entrusted with and comprehend the connection of sex and pregnancy. This lack of acknowledgement conceals Wendla's personal perspective and experience from the audience since there supposedly is no experience to be shown. Yet she is allotted all the blame for the result of her experience. The blame is another form of covering—redirecting attention away from Wendla's experience and Melchior's act and re-focusing on accountability. Since Wendla's character is written to be more controllable, she is forced to wear the blame and “inevitably” die as punishment.

Melchior is the only main character to live and therefore he is assumed to have more of a right to be saved. It is not only the pregnancy in which Wendla is inculpated, then, but in effect, the sex as well. For there is a silent yet repeated entreaty throughout the play that Wendla, “should have known,” though she is given no opportunity to know. In fact, Wendla has been built to not know. Her mother accepts no blame in not informing Wendla. Melchior's character is constructed to inevitably (or, “naturally”) have sex her. And then the finger is pointed at Wendla, her invisible pregnancy hanging *on* her body as a metaphor of blame rather than being communicated *through* her body as an experience. Were Wendla to be spared the blame, her pregnancy would then be seen as an occurrence of consequence to *her* and not only to other characters who blame her.

In the scene in which Wendla hides beneath her mother's apron to learn about conception, Mrs. Bergmann finally relents in "explaining" to Wendla:

MRS. BERGMANN. –In order to have a child—you have to—*love*—the man—you're married to—*love him*, I tell you—in a way that you can only love a husband! You have to love him so much, *with all your heart and all your soul*, that—that it's impossible to describe! You have to *love* him, Wendla, in a way that you at your age absolutely can't...Now you know.⁶⁹

A positive point in Mrs. Bergmann's description is that her use of "love" gives the woman agency in the baby-making act of sex by giving her a verb—she is not just being "loved," she is "loving." However, this does not remove the damage caused by avoiding graphic realities in exchange for unhelpful (and for Wendla, unintelligible) euphemisms. In essence, Mrs. Bergmann's deficient explanation acts as another covering, privileging the Other perspective of social convention and obscuring the truth from Wendla.

Mrs. Bergman's explanation of conception is further underscored by patriarchal attitudes in the collapsing of marriage with motherhood. Mrs. Bergman explains that it is your husband you must "love" to get a child.⁷⁰ Marriage serves as the ideal covering for pregnancy. According to Wendla's mother, it is the state of being not-married that is, "the terrible thing," in the whole situation. In this context, pregnancy—and even rape, then—are allowed, justified and even expected in marriage. Wendla does not have a suitor and so there is only one alternative in Mrs. Bergmann's world: One must eliminate the pregnancy if you are unable to cover it up with a marriage.

⁶⁹ Frank Wedekind, *Spring Awakening*, 41. This line is quite similar in the musical version, though a bit abbreviated.

⁷⁰ In the play version, the teen girls echo this sentiment, saying that the only reason an aunt is childless is because she is husband-less.

One of the more damaging deceptions Mrs. Bergman weaves is connecting conception and love. She leaves her child believing that if there is no love present, then conception simply cannot happen. Not only that, but if there is no husband present then the love that is required for conception cannot exist because “loving” must happen, “in a way that you can only love a husband.”⁷¹ This treatment of impregnation would be reductive were it not for the fact that *Spring Awakening* itself comments that this parental advice is harmful. The treatment is still detrimental, as it gives Wendla false information, negating her subjectivity as incorrect. But the transparency grants us access to another way of understanding the covering that exists in *Spring Awakening*.

After we learn that Wendla is pregnant and in response to her asking her mother why she didn't properly explain about sex and reproduction, Mrs. Bergmann covers her own guilt with the excuse that it is inappropriate to talk about sex with a child. Mrs. Bergmann confesses that she would rather see the end of time than have the sex talk with her daughter. This reflects what Peter Jelavich explains was a lack of social language at the turn of the twentieth century.

Even though Sheik asserts that he wished the rock opera to be more accessible to a contemporary audience, he keeps the story set in the same place and time while throwing in some specific contemporary choices (such as the costumes for the teen girls) that contradict the supposed lack of access to sexual language. Sheik decided to keep the musical in some ambiguous middle ground when it came to how much agency or knowledge the characters have. Whereas, Wedekind highlights the fact that the repressive bourgeoisie continued to reproduce the same repression because they did not

⁷¹ Frank Wedekind, *Spring Awakening*, 41.

have the words to speak about sex. It is little solace that Wendla's mother holds up her end of the posterity bargain by participating in the cyclical delusion her own mother passed down to her. Wendla is left as a pregnant subject without a legitimate space in which to exist, not even fully comprehending the abortion to be non-negotiable.

Being given two scenarios in *Spring Awakening*—parents (or at least a mother) who freely let their child learn about sex and reproduction (Melchior), and parents who conceal the facts (Wendla)—we see both trying to avoid, and yet still resulting, in sex and pregnancy. The bigger tragedy is not that parents might be thwarted in their best intentions to raise their children “right.” Rather, the tragedy in *Spring Awakening* is that the children have to pay for their parent's indiscretions as well as their own without fully understanding either and that they are bound to repeat these indiscretions with their own children.

Despite all the methods of covering, Wendla is still able to catch a glimpse of reality before she is emitted from the play. She learns through experience that becoming pregnant can occur with no love or marriage. In point of fact, she learns what sex itself is. But she is not able to know she has learned any of this because the world is being covered up around her—as a hospital curtain around her bed. No one confirms for her that it was the “laying in the hay” that caused the pregnancy. The focus is on the baby—the existence of which remains a mystery to her (even, presumably, to her deathbed). Wendla is given no choice about whether to keep the baby; is only told it should not have happened; is looked to as the only cause; and is subjected to an abortion that kills her all because of her mother's (which according to Wedekind is representative of the bourgeoisie's) deep-seated desire to cover her body and experience. Pregnancy is what

leads to death for one of the three main characters, and yet we do not see or hear Wendla's experience as she approaches this end because she is not allowed to know what is happening to her. In both the play and the musical, the other two main characters are given much more time and agency to "exit" their stage world the way they choose.

Moritz philosophizes about life before he commits suicide (song: "Don't Do Sadness"), we see his last conversation with Ilse (song: "Blue Wind") and he even comes back as a ghost to comment on his life and death (song: "Those You've Known"). Melchior does not die, but is rejected by his parents and teachers. In the play he is given four scenes to be so, in the musical five songs ("The Mirror Blue Night," "The Guilty Ones," "Left Behind," "Totally Fucked" and "Those You've Known")—all of which include his perspective and reactions. In one scene we watch him chastised by the school officials and expelled. Then we see his parents make the decision to send him to the reformatory. Another scene shows him in the reformatory, dealing with what led him there. And Melchior's fourth exit-scene ends with him escaping from the reformatory to a new life where he can forget the guilt he feels about Wendla.

Jonathan Franzen rightly asks, "what are we to make of a 'tragedy' in which the central character, Melchior Gabor, survives intact?"⁷² Melchior's "tragic" fate is that he is sent to a reformatory, from which he escapes. He then has a song or monologue where he expresses his guilt for Wendla's death, followed by the ghosts of two friends (or, a masked man) assuring Melchior that he has no reason to feel guilty because it was the abortion that killed Wendla. And off he is led, into, "the opportunity to broaden [his]

⁷² Frank Wedekind, *Spring Awakening*, 7.

horizons in the most fabulous way.” Melchior is promised that he, “won’t miss a single interesting thing the world has to offer.”⁷³

Wendla, on the other hand, misses almost every thing the world offered her and is given no time or agency to remedy this. Her tragic fate is hinted at by the arrival of a midwife or doctor and her death is referred to in Melchior’s final moments of the show (“Those You’ve Known”). Wendla is not told about the abortion she is to experience, she is not seen departing, and no adults or children specifically discuss her pregnancy or death. Her body’s journey goes from unknowing pinafore exposure to covered inevitable pregnancy and then to invisible abortion for no one remembers her in the end, save Melchior. And in the original play, the Masked Man assures him that she, as well as all of Melchior’s other woes, can be left behind. The musical grants Wendla more stage time by allowing her to join Moritz as a ghost, yet her only purpose at that point is to save Melchior.

Franzen is of the opinion that *Spring Awakening* is only a comedy and not a tragedy because children cannot be tragic characters. He says that, “the conventional attributes of a tragic figure—power, importance, self-destructive hubris, a capacity for mature moral self-reckoning—are by definition beyond the reach of children.”⁷⁴ Perhaps there is something about the maturing force of pregnancy that means we cannot see youth experience it and still maintain the play is a comedy.

Spring Awakening does not conform to the traditional model of a tragedy. In fact, it was the subversive nature of Wedekind’s chosen style, as much as the content, that

⁷³ Frank Wedekind, *Spring Awakening*, 74.

⁷⁴ Frank Wedekind, *Spring Awakening*, 7.

threatened the hierarchy of the theatrical genres established by German official culture.⁷⁵ Yet even without a definitive decision regarding the original play's genre, the situation of Wendla's character and how she was handled and erased is tragic in itself.

Wendla, within her environment and as a perpetually-potentially pregnant subject who becomes a visibly pregnant subject, is understood only as something needing to be covered. The covering she experiences is supposed to conceal what is within. But just as the long dress would actually be a signal that Wendla has reached sexual maturity, thereby revealing exactly what is supposed to be concealed, the covering enacted by the dramatic choices for Wendla also signals that what is being concealed is just as real and seeking attention. The covering in *Spring Awakening* might have helped fuel the cycle of sexual repression and objectification of women by visually and textually resisting even the option to confront pregnancy, let alone discuss it.

In the theatre, pregnant bodies are particularly volatile because of their unpredictability. Curiously, the visibility of the pregnant belly—one of the predictable realities of pregnancy—is resisted as well. In the following chapter, I will look at the conflict created by the move from the invisible stage of pregnancy to the visible or, showing, stage. Lisa Loomer's, *Expecting Isabel* and Lynn Nottage's *Ruined* serve as illustrations of how this very noticeable physical change and experience is also subjected to concealment.

⁷⁵ Jelavich, *Munich*, 85.

You Just Know:
Perceiving the Invisibly and Visibly Pregnant Subjects

After investigating the perpetually-potentially pregnant subject, the next stage to look at is pregnancy itself. I divide pregnancy into two of the phases of gestation (rather than three trimesters): invisibly pregnant and visibly pregnant. I choose this particular approach because visibility is a major factor that marks a shift in how a woman experiences her pregnancy. Furthermore, trimester variation is not a productive variable to use in analyzing the pregnant subject since it is rarely acknowledged in plays.

Apart from plays *about* pregnancy (of which there are few), transparency in a pregnant subject is rare because the layers of the story within which she exists provide concealment of her experience, often deliberately. That is to say, when pregnancy is used in the plot of a play, it is most often treated as a literary device and taboo phenomena happening *to* a woman. As such, the *experience* of pregnancy is typically overshadowed by the motivations within the script to hide or eliminate the pregnancy or by the focus on how the pregnancy affects the other, non-pregnant characters. This concealment is not easy to shove aside because the pregnant subject is also made dependent on it in order to exist in the story at all. Pregnancy is often what makes her interesting and therefore worthy of, if not attention, at least minimal protection from being written out of the script. In essence, if you take away the pregnancy, there is no subject of interest in that thread of the story, but if you take away the woman (by excluding her experience) the pregnancy can still exist alone somehow and spectators consider the story whole.

For this study, Lisa Loomer's *Expecting Isabel* and Lynn Nottage's *Ruined* represent the increased potential for pregnancy as well as the movement between invisible and visible phases of pregnancy. I use the pregnant subjects in these plays to

illustrate how pregnancy can serve as well as undermine the realization of the pregnant subject's autonomy. Both Loomer and Nottage spin tales of women who struggle against what their society tells them to be as they navigate some of the paths of reproduction: fertility, pregnancy, adoption and abortion.

As contemporary women playwrights who both focus on women's stories, Loomer and Nottage share many similarities. Both approach their topics from a Western perspective and use their plays as modes of feminist activism to challenge how we see and understand marginalized groups—both among us and those who live in other places. However, their topics, styles and methods do differ. Loomer's plays, which she started to produce and publish in the 1980s, tend to comment more broadly on women's issues such as motherhood, childcare and beauty expectations, with an emphasis on Hispanic and Latino women. Nottage, whose first play was produced in 1995, writes plays that center around the African and African-American experience (particularly that of women) and stories that have not been told.

While both Nottage's and Loomer's work has overlapped with Butler's, they both choose to focus on class, race and everyday differences that affect women's lives, rather than the larger commentary of gender performance. However Butler's theories are quite useful as they too come out of a similar period of feminism in the U.S. Butler shines a light on how the performances of gender are constructed and Loomer and Nottage have wrought stories that encapsulate particularly poignant moments of this construction. Case in point, both the plays in this chapter highlight the performance of pregnancy. As a gendered function that strongly impacts how we understand women, Butler shows us that each part of the performance constructs what that woman is and how she is perceived.

The pregnant subject is a difficult creature to nail down because of how minimally her experience is reflected in plays. Loomer and Nottage reveal much more than most of their predecessors, but still rely on empty theatrical conventions. This is necessary to help the spectator suspend their disbelief, but it is also damagingly reductive because it perpetuates some of the same assumptions that the plays otherwise resist. Left with conventions, audiences perceive very little about what pregnancy means and therefore have less substantiation for believing what they see when they are actually given pieces of pregnancy experience to witness.

Alice Rayner's theory of ghosting is helpful in approaching these pregnant subjects. Rayner writes, "The force of the ghostly double that constitutes theatre comes as an affective response in one's captured attention to appearances that both are/are not what they seem to be."⁷⁶ Rayner illustrates how conventions used in the theatre, such as the time when the curtain "goes up," are necessary for theatre existing. Following Rayner, I look at particular conventions that are used in theatre—specifically ones used to communicate pregnancy, where of course we understand one does not exist. I examine these pregnancy conventions as similar to the ghosts to which Rayner refers, but different in one key point. She sees that the theatre insists on the use of conventions because the very practice of theatre is made dependent upon them. I argue that this insistence (at least when it comes to using pregnancy conventions) does not automatically mean the conventions are required, just desired for their convenience. In this way, pregnancy on stage is a ghost that holds the secrets within it of what is not actually present and supports

⁷⁶ Alice Rayner, *Ghosts: Death's Double and the Phenomena of Theatre* (Minneapolis: University of Minnesota Press, 2006), x.

the assumptions of the spectator, however never actually becomes necessary for theatre itself.

As an example of convention, the performative utterance, “I’m pregnant,” is a part of the referential system that is meant to convey pregnancy without experiential data. Understood both in the Austinian sense as well as the theatrical, the phrase does what it says because once this phrase is spoken, the visibility of the pregnancy is initiated. Even if there is no “baby bump,” the woman is now pregnant because the audience is more consciously recognizing her as a pregnant subject and so is, “looking for it.” This is different from how spectators understand the perpetually-potentially pregnant subject, which is mainly subconsciously, or the invisibly pregnant subject who is only perceived once she is no longer there.

The main character in Lisa Loomer’s *Expecting Isabel* is Miranda. Miranda and her husband Nick are trying to have a child but they run into problems with infertility and so they turn to adoption. Through both the fertility treatments and the adoption process, they develop various expectations about their future child which never come to fruition. In the end, despite the expectation that she will conceive a baby girl and name her Isabel, Miranda and Nick adopt a baby boy. Never becoming pregnant, Miranda remains a perpetually-potentially pregnant subject. However, her ever-expectant state and evident efforts to become pregnant throughout the play pull her ever nearer to the elusive invisibly pregnant subjectivity, though never reaching it. The action of “trying” and the fact that it is established that she is fertile means that at any point in the play the words, “I’m pregnant,” *could* be uttered, though they never are. This provides a good vantage point from which to think about the invisibly pregnant subject because Miranda is poised

just at the line between perpetually-potentially and visibly pregnant stages. If Miranda were to become pregnant in the play, she would simultaneously cross over into the visibly pregnant phase and her invisibly pregnant subjectivity would exist in retrospect. Just as Wendla's story in *Spring Awakening* highlights her perpetual potential to become pregnant by virtue of how she is covered, Miranda's story highlights the invisibly pregnant stage of gestation by how her character is blocked from that very stage.

The pregnant character in Lynn Nottage's *Ruined* is Salima. Set in a war-torn village in the Democratic Republic of Congo, the play is about a woman, Mama Nadi, who runs a bar and brothel. Along with the main character, Sophie, Salima is sold to Mama Nadi and becomes pregnant shortly afterward by one of the men who patronizes Nadi's establishment. Though she tells Sophie about her pregnancy, Salima attempts to hide it from Mama Nadi. After the trauma of her husband rejecting her, in addition to the unwanted pregnancy, Salima achieves a brief glimpse of autonomy when she performs an abortion on herself, ending her own life in the process.

The visibility of Salima's pregnancy, initiated when she reveals it to another character (Sophie), immediately politicizes her body as a carrier and device of the war in the region. As such, it could have the effect of erasing Salima and her experience were it not for the fact that Nottage decides to use the pregnancy as a part of Salima's journey to self-realization. Salima is then a character in her own right rather than merely a carrier of the theatrical convention ("belly bump") or a plot device.

The women Loomer and Nottage write into these plays encounter societal powers and pressures that affect how their pregnancy experience is seen. The control exerted upon Salima and Miranda is a part of the experience of women, yet it also makes

pregnancy the experiential property of all. While the exposure of experience is good, this control unfortunately results in privileging others' reactions to the pregnancy rather than Miranda's and Salima's personal experiences.

Both of the plays examined here utilize stereotypes, particular associations, tropes and other connections in their employment of theatrical conventions. What is significant is that the plays also touch on deeper themes that many depictions of pregnancy leave out. Specifically, the reiterated themes include the idea of "knowing," the politics of the pregnant body, controlling the pregnant subject and the shame and pride connected with gestation. The specific conventions used to convey the meaning of pregnancy are the genres of each play (comedy and tragedy), the convention of the unexpected event or plot twist and the pregnant belly costume. These conventions are recognizable and therefore useful. However, even though they communicate some of the themes listed above, they are also precisely what limits the depth of that communication. Audiences are trained to give conventions like these only cursory attention and can therefore miss much of what lies underneath.

Invisibly Pregnant Subject

To understand the invisibly pregnant subject, it is helpful to note that she does not exist in the now, but is only perceived as a subjectivity of the past. Miranda begins *Expecting Isabel* as a perpetually-potentially pregnant subject, being female and of a fertile age. As soon as there is discussion between her and Nick about trying to conceive a child, she leans toward the invisibly pregnant phase. With each challenge and trial, she continues to shift, however she will only be a perpetually-potentially pregnant subject in

the play because she never becomes (and admits to being) pregnant. However, at any point in the play she could believably reveal that she is pregnant. Miranda stands just at the edge, looking through a window at the visibly pregnant space and we know that were she to gain access to pregnancy, the pane of glass holding her back would need to vanish. Similarly, the invisibly pregnant subject comes into being and disappears at the exact moment the visibly pregnant subject is introduced.

While the perpetually-potentially pregnant subject is perceived in the moment and subconsciously, the invisibly pregnant subject is recognized consciously and in retrospect. For instance, Salima is invisibly pregnant before she confesses to Sophie and we understand her actions prior to that moment to be within a pregnancy context only after we learn of her condition. So while making statements about missing her child, pulling at her clothing or her eating habits changing before that point have the potential to suggest other possibilities, we understand more fully after her reveal that those were *meant* to indicate a pregnancy. Therefore Salima *was* an invisibly pregnant subject, but we didn't know it at the time—we could only understand her past symptoms *after* we learned of the reason for them.

The playwright decides when they want the pregnancy “seen.” Salima’s character in *Ruined* is pregnant before she ever says so, but it is the exclamation, “I’m pregnant,” that makes her *visibly* so. In *Expecting Isabel*, Miranda has the potential to become visibly pregnant at any point. This makes her perpetually-potentially pregnant, but palpably close to being invisibly pregnant, since her circumstances grant her more potential and yet she never does become or reveal herself to be pregnant. The invisibly pregnant subject is, then, just that. She is invisible as she meanders the liminal space

between perpetually-potentially pregnant and visibly pregnant subjectivities. What makes her so elusive is that she is only acknowledged in hindsight and sometimes evaporating within that very retrospective glance.

The invisible stage of pregnancy, before a woman is physically showing herself to be pregnant or “coming out” as such, is often communicated through physical and textual hints before the big reveal. The invisibly pregnant subject’s manifestations of joy, confusion, fear, as much as physiological experiences of fainting and nausea, are only understood fully in retrospect, once the audience knows she is pregnant. The invisibly pregnant stage is the most hidden on stage of all those offered in this study because the subject is only fully revealed *after* it has shown itself. It can only be known in the past tense. The slipperiness is due to the fact that her actions and words don’t carry the pregnancy meaning fully in the moment that they are performed, even though context clues may suggest a likelihood of pregnancy.

The invisible stage is the momentary glimpse of a period where a character was pregnant and no one (or only the pregnant subject) knew she was pregnant. In a sense, it is the very brief acknowledgement of an unacknowledged happening, which is different than the perpetually-potentially stage where nothing is acknowledged consciously as having happened. It is also different from the visible stage’s immediate presence, emphasizing a forward momentum that is looking ahead to what is next, rather than backwards to what already occurred.

Visibly Pregnant Subject

The visibly pregnant phase of gestation is much more straightforward and can be understood, for this study, as a visible female subject who is confirmed through explicit lines or costuming to be pregnant. This means that the phase is not dependent upon the traditional association with the pregnant belly and puts more emphasis on how spectators view the subject. For a subject is looked on differently if they are known to be pregnant. In a way, they are more visible because of the pregnancy. The visibly pregnant phase only ends through birth, miscarriage, abortion or death of the pregnant subject.

Exposing the invisible and visible phases of gestation involves significant attempts at their opposites. In other words, to see the invisibly pregnant subject, you must look at what is made visible and to acknowledge the visibly pregnant subject, you must discern what is being hidden. *Expecting Isabel* displays pregnancy in a very particular way by portraying birth mothers and their pregnancies as modes of production. In *Ruined*, Salima attempts to conceal her pregnancy and Nottage chooses to keep Salima's past concealed for the majority of the show. These examples further illustrate how the difference in the character visibility is handled dramatically and also what dangers these various tactics pose to pregnancy depictions.

“You Just Know”

When asked in an interview what themes are pervasive in her work, Lisa Loomer responded:

I tend to be moved to write when something bugs me. I seem to have written a lot about balance or the need for balance—the balance of masculine versus feminine,

nature versus science, Anglo culture versus Latino culture, the powerful versus the powerless, life versus art.⁷⁷

Loomer makes her agenda feminist in this way by advocating that her “personal is political” concerning what she chooses to write. This makes her motivation feminist, however her considerations for *Expecting Isabel* did not include the full representation of pregnancy experience (despite having pregnant characters). Loomer writes in the feminist moment at the turn of the twenty-first century, when so many women are seeking to have children according to their own terms. This moment is fraught with struggles that come from that choice itself, women’s biological clocks, employment and the drug industry. The exclusion of pregnancy experience in her play, then, serves Loomer’s plan, which focuses much more on fertility, the medicalization of conception and the coveted status of motherhood.

Expecting Isabel is about knowing—specifically how pregnancy and parenthood (particularly motherhood) grants the knowing. A repeated trope in the play is “You just know.” Miranda begins the play not knowing and accesses the knowing in the last page of dialog through the adoption of her son. The first mention of the phrase in Loomer’s play is when Miranda asks Nick early in the play how he knows he wants a child, and he responds, “You just know.” In contrast, Miranda expresses her doubts about having children multiple times throughout the play. These doubts and fears stem from her own upbringing. Miranda’s mother is an alcoholic and her father was manic-depressive and committed suicide. So when her husband Nick declares that he had an epiphany in the

⁷⁷ Scotty Zacher, “Interview: Playwright Lisa Loomer,” *Chicago Theater Beat*, February 3, 2010, accessed April 24, 2015, <http://chicagotheaterbeat.com/2010/02/03/lisa-loomer-interview/>

park and is ready for a child: “Miranda, don’t you want to see a part of you, a part of your parents—live on into the future?,” she does not readily agree.⁷⁸ However, the desire to “know” motivates her to move forward with trying to have a baby.

As Miranda gets more excited about trying to conceive, she reprimands a woman in the grocery store for hitting her child. The woman asks her, “Whadda you know?” and Miranda takes this retort to heart because she believes that since she is not a mother or mother-to-be, there is no way for her *to* know.⁷⁹ In fact, the desired knowing is held almost exclusively by pregnant women and mothers in the script.⁸⁰

In the second act, after having no luck conceiving, Miranda and Nick meet with an adoption facilitator named Judy who reassures them that, “You’ll see. You’ll meet the right birth mom and you’ll just know. ‘This is right.’”⁸¹ Judy confesses to Miranda and Nick that she is not a mother herself, so she does not claim the right to knowing, but knows from her professional experience that Miranda will eventually “know.” The idea of “just knowing” is played as very desirable, partially explaining Miranda’s decision to move forward with trying to become a mother.

After Miranda and Nick decide to stop fertility treatments and having no success with adoption initially, Miranda runs into Tina—a friend from the infertility support group. Tina has just adopted a baby and with the acquisition of the child has acquired the coveted knowing:

⁷⁸ Lisa Loomer, *Expecting Isabel* (New York: Dramatists Play Service, 2005),10.

⁷⁹ Loomer, *Expecting*, 17.

⁸⁰ This is in contrast to Wrenda’s story in *Spring Awakening*, in which she did not gain any access to “knowing” before, during or after her pregnancy.

⁸¹ Loomer, *Expecting*, 43.

TINA. Miranda? I just know—when it happens for you? You’ll see that everything you went through was just part of the path.

MIRANDA. How do you know that, Tina?

TINA. *(Smiles.)* Oh...you just know. *(Tina floats off.)*

MIRANDA. *(Calls after her.)* Wait a minute! Tina? What do you mean, “You just know?” What is that? Some sort of – “mom code”? *(Mutters.)* “You just know.” I’ve never “just known” anything in my whole life!⁸²

During their adoption process, Miranda and Nick go to visit birth mothers. Two of them indicate that they know the gender of the babies they are carrying, as though just the fact that they are pregnant grants them super-human intuition. The second birth mother they meet, Lisa, tells them the baby is a girl because, “Oh, you just kinda know.”⁸³ And the third birth mother, Lupe, mirrors this when she puts Miranda’s hand on her stomach as she confirms she also knows her baby is a girl: “Ay, m’hija. You just know.”⁸⁴

Miranda finally gets to know at the end of the play. At the point of giving up on adoption, the phone rings and Nick and Miranda let it go to the machine. We hear Judy’s voice explaining that she is at the hospital, with a brand new baby boy, and she needs to know if they want to adopt him. Nick and Miranda keep eating for a few moments in silence. Then they both rise at once saying simultaneously:

NICK. I want him—

MIRANDA. Let’s take him—

NICK. You sure?

MIRANDA. Yes.

NICK. How do you--?

MIRANDA. I just know. *(Turns to audience; amazed)* So sue me... *(Touches her heart.)* You just do.⁸⁵

⁸² Loomer, *Expecting*, 58.

⁸³ Loomer, *Expecting*, 49.

⁸⁴ Loomer, *Expecting*, 55.

⁸⁵ Loomer, *Expecting*, 59-60.

This idea of knowing is treated as a coveted talisman. Knowing is more desired than the state of pregnancy or the child, which while a telling social commentary still detracts from the pregnancy experience by making it a means to an end instead of a journey all its own. Pushing attention away from pregnancy and focusing on knowing helps to erase the individual subjectivities of the pregnant characters in the script because they are not then seen as women having an experience, but as women with a goal of knowing. This strips them of most of their individuality, makes it easier to categorize them and also reiterates the claim that there is one “knowing” and that pregnancy is understood one, collective way.

Doctors in Control

There is historical precedence of patriarchy wishing to control female bodies. Even though strides have been made through performance to grant the female subject autonomy, the pregnant subject is often still understood to be requiring control. Part of what makes her invisibly or visibly pregnant is how and by whom she is controlled. In *Expecting Isabel* this is seen in the first act when the fertility specialist (and indirectly, Nick) force unwarranted treatments on Miranda and also lay claim to her reproductive abilities.

Infertility is a main topic of *Expecting Isabel*. As such, the medical control of Miranda’s reproductive female body contributes to the construction of her pregnancy potential by increasing the likelihood of pregnancy occurring in the script while diminishing the pregnant subject as an unimportant component in the process. This was a

necessary choice made by Loomer as it highlights the female's experience of infertility treatments. Unfortunately, it also (necessarily) hides the experience of pregnancy.

The first thing the fertility specialist (Dr. John Wilde) wants to do after meeting with Miranda and Nick is inseminate Miranda with her husband's sperm:

MIRANDA. I think we've tried that—

JOHN. Trust me, I think we can do it better.

John implies that the act of conception is simultaneously viewed by the public as a simple, straightforward, have-to-be-an-idiot-to-get-wrong process and by the medical field as a complex procedure meant to be perfected by professional, coded male, doctors (much like the doctor's perspective in *Spring Awakening*). It is easy to see how the shame from public admission of having difficulty conceiving transfers quite readily to the submission towards doctors to "fix it."

John also says that he wants Miranda on a fertility drug, even though she's not infertile (she conceived a baby and had an abortion before she was with Nick) in order to maximize the chances of getting pregnant. He responds to Miranda's comment that she is, in fact, fertile with: "But since we're not conceiving...the Clomid will help maximize our chances of getting pregnant each time."⁸⁶ John tells Miranda and Nick that he wants them to think of him as their guide on this journey—as part of the team. Conception becomes a communal goal, the credit for which the doctor also assumes by saying "we," "our" and "guide for the team."

After putting Miranda on drugs and trying to inseminate her twice with no successful conception, John decides to "look at Nick's sperm." Disconnecting "the

⁸⁶ Loomer, *Expecting*, 20.

sperm” from Nick’s body, but keeping his name attached, offers a degree of separation that can spare Nick shame if it is found out that the sperm are the reason they are not conceiving and also grant him pride if he is the “owner” of working sperm. John does the “hamster test,” checking to see if Nick’s sperm are able to penetrate a hamster’s egg.

Without waiting for the results, John attempts to inseminate Miranda four more times but is unsuccessful in conceiving. The results to the hamster test come back and they learn that the ability of Nick’s sperm to penetrate the egg is “basically...zero.”⁸⁷ Miranda responds to this, saying, “So what you’re saying...basically...is that I’ve had six rounds of drugs, six inseminations, and the good news is now you know... (*Incredulous.*) the problem is him!?”⁸⁸

John then talks directly to Nick (disregarding/not noticing Miranda’s outburst), informing him that ten years ago, he wouldn’t be able to “be a father” but “today we have an answer.”⁸⁹ Still talking only to Nick (at first), he explains that they will do ICSI in conjunction with IVF,

JOHN. [...] so your treatment will go like this. First, we’ll start Miranda on a drug which puts the body into a sort of temporary menopause—

MIRANDA. You’re going to put me into menopause when I’m trying to get pregnant?

JOHN. Exactly. This will enable us to have total control over ovulation because only the hormones we give you next will be circulating through your system.⁹⁰

A new disconnection occurs here. John says, “total control over ovulation.” From John’s perspective, it is *Nick’s* sperm, but ovulation—not only being unrelated to Miranda—is under *his* control. Further emphasizing the “failure” of the female body, and despite the

⁸⁷ Loomer, *Expecting*, 26.

⁸⁸ Loomer, *Expecting*, 26.

⁸⁹ Loomer, *Expecting*, 26.

⁹⁰ Loomer, *Expecting*, 26.

reiterated fact that the problem is Nick's sperm, John reassures Nick and inflicts more treatments on Miranda.

Miranda explains to the fertility support group that since a problem was found with Nick's sperm, their insurance company won't pay for IVF because they wouldn't have been considered good candidates, since problematic sperm was involved. Nick tells the support group that it is Miranda's fault, " 'Cause somebody forgot to get pre-approval."⁹¹ John, the fertility specialist who lays claim to Miranda's possible conception, is not held accountable at all, even though it is learned earlier in the play that he knew about the insurance company's policy and yet had them do the first two IVFs before checking Nick's sperm.

Nick and Miranda put the first two IVFs on their Visa, but they "didn't really count" because as Miranda put it, she "got cancelled."⁹² The drug John gave her to put her into menopause was too effective and: "MIRANDA. (*With great shame*) I didn't make any eggs."⁹³ Miranda is left to feel guilt that her body didn't "make the eggs" when, once again, no one holds the doctor who gave her the drugs that prevented her from doing so accountable.⁹⁴ This reinscribes the notion that the female reproductive body is in need of control, and points to the infallibility associated with the male doctor.

John tells them to consider egg donation. It is at this point when Nick shows he is tired of the whole fertility process. He gets sarcastic and suggests getting donor sperm as

⁹¹ Loomer, *Expecting*, 29.

⁹² Loomer, *Expecting*, 29.

⁹³ Loomer, *Expecting*, 29.

⁹⁴ The idea of Miranda stopping or starting to make eggs is of course incorrect, since it is not that she makes eggs each cycle, her body releases them. The exaggerated nature of her comment makes Miranda's shameful admission all the more sad because it is an internalization of how she is wrongly blamed as a failure.

well as a surrogate. John does not notice the sarcasm as Nick continues: “Sure we could! We could get a total stranger to carry the child of two other strangers—who’ve never even shaken hands with each other, no less with us—or her!”⁹⁵

John mentions that he is “working on” a process that would bypass the uterus entirely. John says, “I’m a scientist, Nick. I view infertility as a human disorder, just like any other. Why shouldn’t we do whatever we can to correct it? What if you came to me with a heart problem, and I told you a pig’s valve could save your life?”⁹⁶ Viewing “infertility as a human disorder” makes the claim that women are expected to be able to conceive or there is something wrong with them. Miranda is then understood to be the problem for John to fix, despite the fact that she is fertile.

For Miranda, control is not only wielded by the doctor. Nick and Miranda appear to have an equal relationship that defies stereotypical gender roles. Miranda is established early on as the “breadwinner” and Nick—a freelance artist—is the one who does the shopping and cooking. However, even given this information and the frequent acknowledgment of their love for one another, Nick still carries the assumption that it is Miranda who must endure all the changes that having a child will bring. One of the scenes that shows this is after Miranda gets fired from her job. Due to the drugs Miranda has to take for the fertility treatments, she has a mood swing, during which she yells at her boss and loses her job. Nick responds:

NICK. And—and what will we do for money?

MIRANDA. (*Shrugs.*) You’ll get a job— (*His hands are full of clay.*)

NICK. A...job? What do you mean a job? You mean like a ‘job’ job?

⁹⁵ Loomer, *Expecting*, 32.

⁹⁶ Loomer, *Expecting*, 33.

MIRANDA. Sure! Why not? What would you do if we had a child? (*Nick looks stunned.*)

NICK. Well, I thought...I mean, I just assumed...Gee, I guess I never... Well...okay, I suppose. I— (*Beat.*) You really think we both have to have...jobs?

MIRANDA. (*Simply; no attitude.*) Well, not necessarily at the same time...Sometimes I'll have a job, like for the last ten years...And sometimes you'll have a job like when I'm busy being a science project in order to have our child.⁹⁷

The male doctor and Nick's reticence to change represent the patriarchal control over women's bodies and lives. From this controlling perspective, the woman's goal should be to please and provide for the man. The fact that a baby is not being conceived in Miranda's womb is contrary to this, leaving Nick without the means to become a father and John with a problematic body to fix.

The Should/Shouldn't Binary of Pregnancy

It is established very early on that Miranda and Nick are white and middle class. This, and the fact that they are also married, circumvents a lot of the stigma with regard to the should/shouldn't dichotomy surrounding pregnancy. Given their "status" as white/middle-class/heterosexual/married, they are *allowed* to get pregnant. The various pregnant birth mothers they meet when trying to adopt, on the other hand, generally fall into the "shouldn't" category. The adoption process depicted in *Expecting Isabel* reveals a similar politicization, not of who should or shouldn't be pregnant, but of who should or shouldn't have a child.

⁹⁷ Loomer, *Expecting*, 28.

In the second act, Miranda and Nick pursue adoption. The members of their adoption support group discuss the ways they are planning on adopting. Everyone seems to agree that given that Miranda and Nick are younger than forty-five, white and married, they have a good chance at getting an infant—“or even a newborn!”⁹⁸ In the first adoption support group session, Nick asks about the process:

NICK. Great! How long’s the waiting list?

PAULA. For a white kid? Five years to life. (*Nick and Miranda nod following the information like a ping-pong game.*)

LEADER. (*Encouraging*) But the waiting list for an African-American or Latino child is much shorter!

TAYLOR. (*Brightly*) Or a child who’s differently abled—

VAL. (*The best option.*) Or an older African-American or Latino child who’s differently abled—!⁹⁹

The highly prized nature of adopting young, able-bodied, white children as depicted here is a commentary on how whiteness, specific ability and heteronormative understandings of parenting continue to be privileged. This commentary puts additional pressure on Miranda to meet particular expectations as to how she should use—but not abuse—her status as white/heterosexual/married/middle-class.

The class issues confronted in *Expecting Isabel* are seen primarily with the pregnant birth mothers who Nick and Miranda meet in the hopes of adopting one of the babies they are carrying. The first birth mother is named Heather. She is 17 years old and is working at Pizza Hut to save up for prom. After the meeting, Judy calls Miranda and Nick to tell them they, “passed the test.” However, Heather ends up going with another couple at the last minute.

⁹⁸ Loomer, *Expecting*, 41.

⁹⁹ Loomer, *Expecting*, 42.

Heather, as a teenage pregnancy, carries a specific significance with regard to influence and care-giving. Seen and depicted as a child carrying a child, the pregnancy is understood as something to get rid of so she can go live her life. There is reference to her being blonde and white in the script, which places her pregnant body at a crossroads between young/healthy/white/higher class = should get pregnant and teenager/not married = should not be pregnant.

Next, they meet Lisa, who tells Nick and Miranda that she's chosen them to adopt her baby. Nick gives her a check because she doesn't have a phone and needs living expenses, however they never hear from her again. Lisa, being a lower class and socio-economic level than Heather and Miranda, shifts her to the "shouldn't be pregnant" normative understanding. Another reason for this understanding is that she (along with Heather) does not espouse the intensive-mothering instinct expected of women. Her primary concerns are not with her pregnancy or the baby but, understandably, with her day-to-day living expenses and escaping her abusive relationship.

Miranda and Nick agree to try one last time and they meet Lupe Santiago, who adopts the intensive mothering position readily, exhibited by the care she shows her current children (she has three). However, her race (it is stated she is Puerto Rican), her lower socio-economic level (she indicates that she does not live in a good neighborhood) and the fact that she has multiple children while pregnant associate her with the negative welfare-mother stereotype. In contrast to this, Lupe refuses to take any money from Nick and Miranda: "No. I don't. I don't want money for this. I don't want nothing. You

just... (*Starts to cry.*) You just love her, okay? That's all. You just let her know that I loved her and—and this wasn't about her, okay?¹⁰⁰

Lupe's scene offers a moment of pregnancy experience to witness. While the focus is put on the child herself, what Miranda and Nick need to communicate to that child after she grows up and Lupe's "appropriate" response to refuse the money, this is a valuable scene for showing a pregnant woman's experience of pain in the decision to give up her child. The main indication of how Lupe feels is the stage directions that she is supposed to cry. The fact that the situation is so hard for Lupe helps us not to fall into the trap of explaining away her emotion by claiming it to be due to hormones and the fact that she repeatedly declares her love for her unborn child demonstrates a connection that cannot be depicted by relying only on the visual of a large belly.

Whether Miranda or the birth mothers want or do not want a pregnancy does not enter into the should/shouldn't binary because it is one forced on the female body by social stigma. And while this may have been used to accentuate the torment for Miranda's character (all these women really *shouldn't* be pregnant, but are and don't want to be; and Miranda *should*, but can't and does want to be), it harmfully draws from stereotypes and in so doing reinforces the should/shouldn't binary in the perception of pregnancy, granting privilege to certain bodies over others.

¹⁰⁰ Loomer, *Expecting*, 55.

Character and Speaking Conventions

Other than Miranda and Nick, there are twenty-two other characters, played by six additional actors, who act out the various scenes in the story. These include Nick's and Miranda's families, Miranda's boss, members of the various support groups, doctors, counselors, nurses, a cabbie, and a vision of the fictive Isabel. The same two actors play Miranda and Nick exclusively the entire show, but Loomer specifies in the script which roles the six additional actors are to double.

The doubling keeps Miranda and Nick the focus and makes sure all other side stories are ancillary to the main plot points in their life together. This also means that the pregnant birth mothers' experiences are not seen. Given the play's form as a comedy, the doubling also emphasizes how Miranda's subjectivity hovers nearer and nearer to the invisibly pregnant stage by increasing the likelihood that the pregnancy costume may be passed on to her at some point. She stays perpetually-potentially pregnant, but is figuratively reaching her hand to grasp the pregnancy that eludes her.

One of the main conventions used in *Expecting Isabel* is the story-within-a-story structure. Particular speaking patterns that Loomer gives her main characters are used to communicate the story-within-a-story impression. The play opens with a convention of addressing the audience. The two main characters, Miranda and Nick, alternate between addressing the audience with their tale and addressing each other as the tale is being re-enacted.

Stage directions are used to delineate how the actors are to speak.¹⁰¹ For example, when the directions say, “*To the audience*,” Miranda or Nick is explaining in real time the events that happened that led up to the point they are about to “play.” If this direction is not given, it is assumed that the scene happening is one that is “from the past” and is being re-enacted for the audience. The other six actors play all the various characters needed for the scenes and do not usually address the audience.¹⁰² One other direction is also used: “*In the present*.” This is used when either Miranda or Nick is commenting on the other’s storytelling. At times they are correcting each other about what was “actually” said or done, are calling each other out on their actions in the scene they are currently playing or are responding to what was said or done on an analytical level.

An example of these directions from early in the play is when Nick is trying to convince Miranda that they should have a child:

MIRANDA. (***To audience***.) And intellectually I knew he was right. But he’s also the kind of person who wouldn’t put bars on the windows of our ground floor apartment because—

NICK. I’m an artist, I don’t want to cage the sky. (*Nick kneels and looks up and out the window. The sky absolutely fills with stars.*) Oh, man, would you look at that? There must be a power failure, the stars are so bright. Look at that, will you? (*She kneels and looks out with him. He puts an arm around her.*) See that star up there? The Outfielder? (*She squints, trying hard to see...*) That’s our kid! (*He kisses her—passionately.*)

MIRANDA. (***In the present***.) I don’t know if I was a hundred percent convinced—

NICK. (***In the present***.) Well, you didn’t say that—

MIRANDA. (*Continuing, to audience.*) But we made love.¹⁰³

¹⁰¹ While most of the stage directions refer to the initial production’s performance and explain tone or gesture, the consistency of the particular terminology used to indicate the convention described above sets it apart.

¹⁰² The one exception to this being when Nick’s brother Dominic says, “We’re not really like this. Only in *his fuckin’ story*—” as Nick’s family exits a scene. (Loomer, *Expecting*, 41)

¹⁰³ Loomer, *Expecting*, 11. For this passage, I bolded the stage directions that describe these conventions (speaking: to audience/in the present), to differentiate between them and directions that indicate a mood, gesture, scenic changes or action.

An effect of these speaking patterns is, again, the greater relief into which Miranda and Nick are thrown. Assisting audience efforts at suspending disbelief, having three “ways of speaking” for Miranda and Nick gives the illusion that one of those voices (presumably the one “*In the present*”) is the character’s “real voice”—the voice that is speaking the real thoughts and feelings of the real individual before us. What this “real voice” reveals throughout the play, rather than Miranda’s hope and joy in the expectation of a child, are her doubts and fears. A good example of this is when, after not being able to conceive a child, Nick describes to Miranda the little girl he envisioned them having and Miranda reacts by seemingly stepping “out of character” and “into the present”:

NICK. [...] See, I always thought we’d have a kid with your brains...and my hands. And if it was a girl, she’d have yellow hair...but maybe know her way around the kitchen.

MIRANDA. (*Fighting tears.*) Nick, I—I can’t think about that child. I can’t talk about that child. I can’t. (*In the present.*) Please. Give me a minute.

NICK. Okay. (*She turns away from audience.*) [...] ¹⁰⁴

Presumably, we are watching the “real” Miranda turn away from the audience to compose herself before returning to the script. This retelling lends itself to the topic of pregnancy because it allows a bit of “uncontrollability” to shine through even though it is in fact scripted, and is not depicted by a pregnant character (at least not a confirmed, visible, one). The convention of a story-within-a-story also beautifully reflects a figurative pregnancy that in the retelling of production, births anew each time. However, the convention is limited to being symbolic and just as hollow as the pregnancy pad costume in how it limits actual experiential depiction of pregnancy in order to preserve

¹⁰⁴ Loomer, *Expecting*, 38-39.

the story-within-a-story motif—suggesting there is something more within, while not designating it as important enough to dwell on.

The Vision of Isabel

Another theatrical convention is the unexpected event or plot twist. In *Expecting Isabel*, as a comedy, this constitutes the surprising and exaggerated scenario of Miranda and Nick confronting a vision of their fictive daughter, Isabel. Nearing the end of the play, Nick and Miranda “see” Isabel. According to the stage directions, “Twenty-year-old Isabel breaks through the back wall. Purple hair. Lime green Victoria’s Secret pantsuit. Child from hell.”¹⁰⁵ The device of bringing a non-character into the play serves the purpose of reasserting that the expectants (Miranda and Nick) and *their* emotional/mental states are of primary importance in the story because they have created this Isabel with their doubts, fears and expectations. The vision also personifies part of the perpetually-potentially pregnant subject’s state of expectation that isn’t usually given the opportunity to be expressed fully through the subject herself. Isabel represents all of Nick and Miranda’s negative experiences and their doubts and fears about what kid they might have:

MIRANDA and NICK. Isabel!?

ISABEL. That’s right. Isabel! I-Z-Y-B-L-E. Isabel!

MIRANDA. (*To Nick.*) Oh God. Why can’t she spell? Does she have a learning disability?

ISABEL. I heard that. My real mom was a speed freak and my real dad was a fifteenth-generation alcoholic, so what’d you expect- (*Like a curse word.*) Mom?

MIRANDA. This! (*Looks at her outfit.*) What are you wearing!?

¹⁰⁵ Loomer, *Expecting*, 51.

ISABEL. It's a lime green Victoria's Secret pantsuit. But don't worry, I'm taking it off soon. 'Cause I'm goin' over to the park—to get knocked up! Like my real mom!

NICK. Don't talk to your mother like that! Shut up! I mean— (*Regroups.*) Time out. Go to your room.

ISABEL. I don't HAVE a room!

NICK. (*Like a pissy kid himself.*) Well, neither do I!

ISABEL. Yeah, but, I didn't ask to be born! And I sure as hell didn't ask to be adopted! And you know what?

NICK and MIRANDA. What?

ISABEL. I'm going to find my real parents now and leave you shattered and lonely. And you know what else?

NICK and MIRANDA. What?

ISABEL. I'M VOTING REPUBLICAN!

Interestingly, it is this conjecture of what they don't know that moves them at the end of the play to “know” they want the baby Judy calls about, even though the baby is not what they expected. The expectations help fuel Miranda's potential for pregnancy by connecting what currently is with what could be. Miranda and Nick's vision of what could be may reveal doubts and fears, but even if the Isabel in their minds was “perfect,” her figurative existence proves that potentiality is not just perceived by the spectator, but is also actively experienced by the one who possesses the potentiality.

Pregnancy Reduced to Production

The summary printed on the back cover of *Expecting Isabel* states that it is, “a comedy about the adventures of a New York couple trying to have a baby – by any means necessary. Their difficulties in conceiving lead them on an “Alice in Wonderland-esque” odyssey through the booming baby business as they negotiate the fertility trade,

the adoption industry and their own families.”¹⁰⁶ This summary highlights some contradictory characterizations of pregnancy experience.

The first three terms used in the summary describe an individual’s (or couple’s) experience: “adventure,” “difficulty,” “odyssey.” These words are used to describe what steps the couple goes through to get a child (none of which involve the woman in the couple—Miranda—experiencing pregnancy). The pregnancy that is seen in the play is described in the latter part of the summary, as a “business,” a “trade,” an “industry.” Putting aside the faulty notion that somehow “regular” pregnancies are not all odysseys in their own right, the disparity in terms used here contributes to how pregnancy experience is undervalued.

This difference in textual treatment mirrors the treatment of the pregnant bodies in *Expecting Isabel* by erasing the person experiencing pregnancy and replacing them with a machine of production, reproducing what is necessary so that the real subjects of the story can obtain the product they desire. Since the focus of the plot is the couple and their inability to conceive and not the other pregnant women in the play, it makes sense that there would be less emphasis on a woman’s pregnancy experience. However, it is questionable how the conversion of pregnancy into an industrial process, thereby concealing the pregnant subject, serves a play—half of which is about a female character trying to get pregnant.

Loomer addresses the needs of the show in the beginning of the script, writing, “All of the characters are part of Nick and Miranda’s story...and are seen through their eyes. [...] It is especially important that the three birth mothers, no matter how bizarre

¹⁰⁶ Loomer, *Expecting Isabel*, back cover.

their circumstances, be played with dignity. They are all in pain over having to give up a child.”¹⁰⁷ Though significant that the playwright thought it worth the attention to single out how the birth mothers are to be played, the probability of her suggestion being carried out is slim, given the circumstances. The average page-time for each of the three birth mother characters is under two pages and the lines do not always lend themselves toward acknowledging the pain of pregnancy or of giving up a child. Most of the lines in the birth mother meeting dialogs do not concern the pregnancy or the baby, but the situation of the birth mother outside of her pregnancy state (i.e., saving up for prom, not having a phone, wanting to go back to school). In addition, there is no physical acknowledgment of pregnancy aside from two moments when one birth mother touches her belly costume.

The dialogs between Miranda and Nick and the birth mothers are about what the women are going through/want/need *apart* from the pregnancy, and primarily involving financial hardship. This feminist stride creates dimensionality in female characters apart from their assumed connections to motherhood. However, the concealment of the experience treats pregnancy as a prop that can be easily handed off to the next birth mother character, taking emphasis away from a real female experience and instead focusing on an odd game of keep away with a baby (as mentioned before, the prize in the end being “knowing,” not the child).

As an example from the birth mother scenes, the first mother they meet, Heather, is in high school and discusses working at Pizza Hut to earn money to buy a prom dress. Miranda offers to buy her the dress. Depending on performance, this exchange could be seen as a desperate attempt to connect with Heather, or potentially monetary insurance

¹⁰⁷ Loomer, *Expecting*, 3.

that they will be selected to be the adoptive parents. The second birth mother, Lisa, has significant need for living expenses and Nick writes her a check. Once again, this monetary exchange is thought of as necessary for the baby-adopting business to continue.

The birth mothers are in the the visibly pregnant phase, yet the focus of their stories is on their need for money and who is going to get the child to be born, further treating pregnancy as a mode of production rather than an experience. Any maternal subjects—pregnant or surrogate, invisible or visible are seen as secondary to the product and its acquisition. Instead of a pregnant subjectivity present, there exists a female subject with a child to offer and two potential-parent subjects who want the child. For a pregnant subjectivity to be present, acknowledgement must be made of her physical and psychological experience *of the pregnancy*.

The one time Heather, the first birth mother they meet, mentions her pregnancy is to say she is sad she had to stop doing tall flag, “‘cause [she] got like...pregnant.”¹⁰⁸ Heather made a list of questions to ask Miranda and Nick about their parenting style. The questions obviously apply to her own life, potentially behavior that led to her pregnancy (What would you do if your kid stayed out all night?, Would you hit them?, Would you let them stay at a friend’s with a boy there?).¹⁰⁹ Again, this adds dimension to Heather as a character, but focuses on all the experiences that led up to and were affected by the pregnancy, and not the pregnancy itself—as though since the belly costume is there, nothing else needs to be said.

¹⁰⁸ Loomer, *Expecting*, 45.

¹⁰⁹ Loomer, *Expecting*, 45.

Stage directions describe the second birth mother they meet as: “*Lisa, twenty-three enters. Punk, pierced, and eight months pregnant. [...] Tough.*”¹¹⁰ Lisa tells them she’s a musician, that she hasn’t seen a doctor and that the baby’s father, Chaz (who is in jail), doesn’t know she’s giving the baby up and has threatened to kill all of them. Again, this puts the focus on Lisa’s socio-economic level and assumed-to-be less stable lifestyle. So the pregnant belly she and Heather wear is left to stand for their entire pregnancy experiences.

Lastly, they meet Lupe Santiago, a woman who already has three children (one who lives in Puerto Rico). She confesses to them that the first couple she picked changed their mind and she is worried they will do the same. Lupe explains that she wants to go back to school, but can’t do it if she has another baby. She says she, “just wants to do what is right.”¹¹¹ Her story could, like the others, remain only a story about her, separate from her pregnancy. But Lupe is given small moments during which she can show some of her pregnancy experience.

Out of the three birth mother sections, Lupe’s scene reveals the most about the experience of pregnancy because of her physical (as well as textual) acknowledgement of how the pregnancy feels. In addition to her emotional plea for her child and placing Miranda’s hand on her belly at one point, Lupe also touches her belly earlier in the meeting and says, “This one’s pretty active, moves around a lot...”¹¹²

The fact that each of the birth mothers is comically exaggerated as a stereotype of a single or struggling pregnant woman (pregnant teen, abuse victim, welfare mother)

¹¹⁰ Loomer, *Expecting*, 48.

¹¹¹ Loomer, *Expecting*, 53.

¹¹² Loomer, *Expecting*, 54.

further reduces pregnancy because the stereotypes include information only about the woman's status, leaving the pregnancy to exist on its own and be understood communally by the audience as an accessory these stereotypes must wear to complete their ensemble. In addition, the convention of having twenty-two secondary characters played by six actors means that (most likely) non-pregnant female bodies are playing both pregnant and non-pregnant characters in very quick succession. The blurring that happens because of this causes a certain recognition of ghosting that is detrimental to the depiction of pregnancy writ large. In effect, disbelief is never given the opportunity to be suspended because the way the convention of the pregnant belly is used shows that it doesn't matter whether the audience believes the performance of pregnancy, only that they see the belly briefly, register the sign and move on. Loomer's intentional use of this convention serves her play, which is meant to confront what she sees is the child-acquisition industry. However, the incorporation of more pregnancy experience—as seen in Lupe's case—does not deny or detract from the industrial bent to the doubled-character convention.

Miranda's Shame and Nick's Pride

A woman's identity is greatly affected by her relationship to and experience with pregnancy. Men do not have the same pressures, but their experience of fatherhood often serves as a dramatic equivalent in plays. However, the connection between pregnancy and womanhood is much stronger than manhood and fatherhood. The result is that women are often meant to feel shame in connection with pregnancy, whereas men are given more opportunities to feel pride in their fatherhood.

While Miranda is never pregnant in the play, the first act is about her trying to get pregnant. This journey reveals the shame that accompanies infertility and with it, the ambiguity and distress that can accompany a pregnancy that is not visible. After several months of not being able to conceive, Miranda goes to the doctor who recommends the book *How to Get Pregnant*. When she goes to get the book, she deliberately gets *Cosmic Questions* and the Hawking book, *Time*, “so the guy at the counter wouldn’t think [she] was so stupid as to need a book called *How to Get Pregnant*.”¹¹³

The automatic and fierce connection of motherhood with femininity makes any reluctance/delay/failure in the conceiving process a failure in not just motherhood but womanhood. Miranda’s struggle with this perception of failure is a part of how her subjectivity can be located because her motivation is to not fail, rather than succeed in conceiving. In other words, we unconsciously recognize her potential to be pregnant by understanding her motivation to avoid being branded a problematic body. We can also get a sense of how her subjectivity edges ever nearer to that invisible stage (though again, never quite reaching it) because her drive to not fail means the possible success in conceiving is more obvious to a spectator yet always just out of reach.

The same connection to parenthood is not made with masculinity, so Nick is able to avoid blame of the “failure” to conceive, even when the cause is found to be with him. When Miranda goes back to the doctor a second time the doctor suggests “looking at Nick’s sperm,” to which Nick responds, “My sperm? I’m Italian!”¹¹⁴ Nick’s connection to his Italian virility is a firm part of his identity that makes his incredulity seem to be a

¹¹³ Loomer, *Expecting*, 12.

¹¹⁴ Loomer, *Expecting*, 13.

response of his pride in what he can do rather than shame in what he can't. Nick gets the news from the first doctor they see that his sperm are fine, but since they still aren't conceiving they get referred to an infertility specialist (Dr. John) and a support group. While Miranda seems comfortable pursuing "invisible" medical ends toward finding out why they can't conceive, she does not wish to join a group and be known publicly as faulty,:

THERAPIST. (*To Miranda.*) Would you like to share what the problem is, hon?
MIRANDA. We actually don't have a problem.¹¹⁵

This points to something interesting—the need to preserve an invisible pregnancy before it is even there. Miranda does not want people knowing she is not pregnant.

An example that illustrates both Miranda's shame in "failing" to conceive and Nick's pride concerning fatherhood is Miranda's first insemination. Miranda says she'll "help [Nick] out," and wears a bustier to put him in the mood. As Nick is masturbating, a sanitation worker passes by their window, "at the key moment—distracting Nick—whose sperm missed the sterile cup provided by the clinic...and went shooting across the room."¹¹⁶ Nick's "failure" is obscured by the fact that Nick is absent from the insemination story from this point forward.

Since the sample is only good for an hour and a half, Miranda throws a coat on over her minimally clad body, scrapes up his semen with the cup, wraps it in a sock, sticks it in her bustier and rushes out to the doctor's. Despite his own assertion that Nick wants a child more than Miranda, he is not present or helping during this scene, and no excuse is provided for why he would be elsewhere. Nick's pride is saved because he

¹¹⁵ Loomer, *Expecting*, 19.

¹¹⁶ Loomer, *Expecting*, 20.

does not have to (quite literally) clean up his own mess, while Miranda suffers further humiliation as she stands in the snow, waits for a cab, has the ride from hell, falls out of the cab, drops the cup, puts it in her purse, which is then stolen by a junkie.

In the second act, Nick is willing to spend as much money as possible on adoption. Miranda is surprised, given how concerned he was at the fertility treatments costing so much. In response to Nick giving a large check to a birth mother who they never hear from again:

MIRANDA. Well, at least we didn't have dinner. And lunch was only twelve hundred dollars—

NICK. Which I have to believe she needed just a little more than the new tennis court we bought for Dr. John Wilde!¹¹⁷

A point of masculine pride in the pregnancy experience is that the man has to provide “the seed” from which the child comes. For Nick, since his sperm are not able to conceive, the seed becomes money. Even though he is spending the money that Miranda has earned (since her job provided most of their income), the agency he takes in writing checks and doling them out how he wishes allows him pride for a situation in which Miranda cannot escape shame. This shame-versus-pride dichotomy serves to highlight some of the experience many women share with regard to social pressures and how others view the female reproductive body. But it also shoves pregnancy experience further into the shadows since women characters are usually not allotted pride when they display it, only shame when they can't.

¹¹⁷ Loomer, *Expecting*, 49.

Ruined

Lynn Nottage has written historical plays about African and African American stories. *Ruined* is different because it is about the current state of the Congo and the systemic brutalization of women in the region's war, including the weaponization of rape. Nottage has made an effort to put forward voices that are not heard. This play's subject matter in particular took on a greater urgency for her. As she states in an interview from 2010 when *Ruined* was being produced in Washington, DC, "I felt really compelled to write more quickly because I wanted to have a conversation with an audience who may not necessarily know what was going on, or who does know what is going on but didn't feel compelled to act."¹¹⁸

Unlike some of her other pieces, Nottage chose the moment in 2010 to bring forth this play because unlike the unsung heroines she handles in other plays, this play confronted real hardships felt by real women right now. Nottage hoped that her play could serve to motivate those in power to help make change in the Congo. Given her impetus to put forth the story at this moment in history, it is understandable that she draws her audience focus to the ruined women in her script (Sophie and Mama Nadi) more than a pregnant-from-rape character, Salima. To make her impact, she relied on the novelty and horror of becoming ruined to move her audience more than something which happens frequently enough in the United States that it has been heard before: a woman

¹¹⁸ Dayo Olopade, "The Root Interview: Lynn Nottage on 'Ruined' Beauty," *The Root*, March 1, 2010, Accessed April 24, 2015, http://www.theroot.com/articles/culture/2010/03/interview_of_lynn_nottage_on_her_play_ruined.2.html

getting pregnant from a rape under harsh circumstances. However, to her credit, Nottage does not leave out pregnancy experience.

Nottage's *Ruined* provides a different perspective of pregnancy. Salima's pregnancy becomes visible and that visibility determines the course of her life and her death. Nottage handles knowing as well, but also differently than Loomer. Salima is a pawn, moved around and circumscribed by the other characters. The pregnancy conceived during her forced prostitution is yet one more way in which Salima is not allowed to define herself. But through her experiences attempting to conceal the pregnancy from Mama Nadi and using the pregnancy to justify rejecting her husband, Salima is able to know herself in the end.

While different from the knowing achieved in *Expecting Isabel*, Salima's realization is just as coveted. In *Ruined*, the pregnant subject is the only one who does *not* know. Mama Nadi self-assuredly maintains her right to agency, choosing for herself how she wants to run her business and life. Sophie, also a victim of the war as a ruined woman, takes the initiative to steal money from Mama Nadi to invest in an operation to fix her genital mutilation.¹¹⁹ Even Josephine, a secondary character and also one of the other prostitutes who lives at Nadi's, ambitiously seeks to win the heart of a particular, wealthy man who frequents the establishment in order to leave prostitution and better her life. Salima remains hidden—even from herself—behind a shadow of fear and shame, doing only what she is forced to do by others.

¹¹⁹ The term "ruined" refers to the fact that Sophie's genitals have been torn apart by a soldier's bayonet and she is damaged to the point where she cannot have sex. It is understood, though, that Sophie's condition is less about her own physical ability to have sex (which is diminished and would be painful) and more about the fact that she can bring little sexual pleasure to a man through penetrating intercourse.

Legitimacy

The cultural context in *Ruined* is drastically different from the one provided in *Expecting Isabel*. This change makes it even more difficult for the pregnant character to have the opportunity to fully expose her experience. While Miranda is a contemporary, liberated, educated woman, living with her husband and gainfully employed, Salima is an uneducated, poor, enslaved woman living through war and being rejected by her husband and community. In this context, the motivation to live understandably trumps all other experiences. However, this does not mean that Salima's pregnancy experience disappears or should be disregarded.

Other characters force Salima into situations in which she is sexually exploited. From this, she becomes pregnant. Though she is not at fault, Salima still feels she is breaking the rules. Considering the binary mentioned earlier and the patriarchal society in which she lives (which is similar to, though not exactly the same as the society displayed in Wedekind's *Spring Awakening*), Salima shouldn't be pregnant for the reason that it was not conceived within her marriage and because she is a prostitute and dependent upon Mama Nadi.

Expanding on the idea that certain babies are more coveted, Salima foreshadows her abortion with the implication that babies conceived from rape shouldn't be born. The child focus in *Ruined* is on the legitimacy (or lack thereof) rather than the acquisition, which throws Salima's identity into question as well.

When Salima's husband Fortune arrives at Mama Nadi's to take her back, Salima does not wish to go with him because of her illegitimate status. Sophie encourages

Salima to go talk with Fortune and potentially leave the life of prostitution, but Salima responds:

SALIMA. It isn't his baby. It's the child of a monster, and there's no telling what it will be. Now, he's willing to forgive me, and is it that simple, Sophie? But what happens when the baby is born, will he be able to forgive the child, will I? And, and...and even if I do, I don't think I'll be able to forgive him. [...] He was too proud to bear my shame...but not proud enough to protect me from it. Let him sit in the rain.¹²⁰

While this line implicates the child in Salima's illegitimacy, the actual culprit is the pregnancy because the visibility of that state is the place from which assumptions are drawn and judgments rendered. Sophie does not speak of herself, but of the child's status as a bastard and a monster in order to reject that which marks her.

When dealing with pregnancy, plays tend to focus on the child-to-be and what will occur when the child is born. While Salima's story line in *Ruined* focuses on her own struggle, separated from any potential child, the reality of the child must set in for Salima to continue her journey toward self-realization. Once Salima accepts the presence of the child (by accepting her pregnancy), she can compartmentalize the child and start to view herself outside of the lower caste in which everyone sees her. Sadly, it takes suicide to complete her comprehension that she is not culpable for what has happened to her.

Over half-way through the play when Salima is dealing with the fact that her husband stands sentinel outside, waiting for her, she tells Sophie her history. She explains that one morning, as she worked in her garden and her baby rested in the shade, four armed soldiers confronted her and threw her to the ground: "One of the soldiers held

¹²⁰ Lynn Nottage, *Ruined* (New York: Dramatists Play Service, 2010), 46-47.

me down with his foot. [...] His foot was so heavy and it was all I could see, as the others... ‘took’ me.”¹²¹

Salima explains that after the soldiers murder her baby in front of her,:

They took me through the bush, raiding thieves. Fucking demons! “She is for everyone, soup to be had before dinner,” that is what someone said. They tied me to a tree by my foot, and the men came whenever they wanted soup. I make fires, I cook food, I listen to their stupid songs, I carry bullets, I clean wounds, I wash blood from their clothing, and, and, and... I lay there as they tore me to pieces, until I was raw... five months.¹²²

Salima has had the experience of “legitimate” sex and pregnancy in marriage and then is subjected to continuous control and rape. Since, by this point in the play, we have only received an abbreviated and censored version of Salima’s history in one of the lines from the man who sells her (Christian), Salima’s interactions with the men at Mama Nadi’s cannot fully reflect her past trauma. In addition, early on in the play we receive partial information when Salima confesses to Sophie that she misses her child and her family. The information is not complete because we don’t know at that point that her first child was killed or that she is now pregnant. In retrospect, once we’ve learned of her pregnancy, we can understand this moment to be an expression of desire for legitimacy while she was experiencing the invisibly pregnant stage.

There is also another hole in what we are given as Salima’s history which concerns the patriarchal control that limits her legitimacy. We do not know how she becomes Christian’s property. Sophie’s connection to Christian is explained shortly after he enters Mama Nadi’s (he is her uncle), but the only reference to Salima as to how she came to accompany Christian is this bit of dialog:

¹²¹ Nottage, *Ruined*, 46.

¹²² Nottage, *Ruined*, 46.

CHRISTIAN. Salima is from a tiny village. No place really. She was captured by rebel soldiers, Mayi-mayi; the poor thing spent nearly five months in the bush as their concubine.

MAMA. And what of her people?

CHRISTIAN. She says her husband is a farmer, and from what I understand, her village won't have her back. Because...¹²³

Christian never finishes this thought. Interestingly, this suggests that Salima intentionally went with Christian, but that Christian most likely took advantage of learning that she had nowhere to go. Though it is not explicit, Christian's comments about her lack of intelligence suggest that she did not know she would be sold to a brothel.

We also understand from Christian that he had three women with him to sell, but he only brings Salima and Sophie into Mama Nadi's. We never learn anything of the third woman. While she does not have much influence on the plot, this does show that Christian had a choice as to whom the second woman (to accompany Sophie) would be. As getting Mama to take Sophie was his primary goal, his choice is presumably made in the very few moments before he re-enters with the two women, and so is no doubt a shock to Salima. Christian frames our first understanding of Salima. Since he emphasizes her lack of intelligence and legitimacy, he also limits how her pregnancy experience is shown and understood because he treats her as someone of no consequence.

After adjusting to her new life and just before revealing her pregnancy for the first time in the play, Salima lashes out at Sophie for appearing to be happy at Mama Nadi's.

Sophie describes her ruined state as a sort of permanent pregnancy:

SALIMA. You, you don't have to be with them. Sometimes their hands are so full of rage that it hurts to be touched. This night, I look over at you singing, and you seem almost happy like a sunbird that can fly away if you reach out to touch it.

¹²³ Nottage, *Ruined*, 9.

SOPHIE. Is that what you think? While I'm singing, I'm praying the pain will be gone, but what those men did to me lives inside of my body. Every step I take I feel them in me. Punishing me. And it will be that way for the rest of my life.¹²⁴

After this exchange, Sophie learns of Salima's pregnancy. Then Sophie shows Salima money she's been stealing from Mama. She says that the money will be for both of them to escape. Presumably, Sophie was originally planning on escaping alone because she only offered once she learned that Salima was also ruined, being pregnant.

Salima does wish to escape but she sees no worldly path that would grant her the freedom she wants. Her decision is exacerbated by the fact that she barely knows who she is now, being controlled by others for so long. Salima realizes she must rid herself of the child within to see her own self clearly. Performing a self-abortion could be understood as a desperate, clawing attempt to get rid of something. But Nottage's Salima makes it a fierce declaration of freedom. By defining her identity apart from the physical plane of existence, taking back her own self while at the same time taking away her bodily life, Salima communicates that it is the freedom from control and the construction of her own legitimacy that are her goals.

Salima's Belly

An actor wears a pregnant belly costume (sometimes referred to as a pregnancy pad) when portraying a visibly pregnant character. Often, no lines are even used to explain it, so it stands as a lone signifier. We see a pregnant belly costume on various characters, but we are given no experiential information to understand that belly other

¹²⁴ Nottage, *Ruined*, 22-23.

than the message: this body is pregnant. Reductive in its simplicity, this message doesn't allow for individual difference or meaning and reduces real female experiences to a costume change instead of a life event that women experience differently.

In *Ruined*, it is not entirely clear when (or indeed, if) the actor playing Salima would wear a belly costume during the play.¹²⁵ The length of time depicted by the play (weeks, months), and therefore the magnitude of visibility for Salima's pregnancy, is left fairly ambiguous. This means that the role and pregnancy experience could technically be played by an actor who would not have to wear the pregnant belly costume at all. While actors playing pregnant characters are almost exclusively played by non-pregnant women, having the additional removal of even costume-suggestion means that the reference to an experience is dependent upon the characters' lines.

What we do know is that Salima tries to hide her belly from Mama Nadi and that Mama Nadi notices that she is getting "fat fat." This would give some reason for the actor to wear a pregnant belly costume so that she would have something more obvious to try and hide. In addition, because of the locality of the weight she is gaining and reference to it by others, Salima's attempts to cover it are supposed to register as futile.

Salima attempts several times to conceal the pregnancy with clothing. Even though Mama does not explicitly say that she knows about the pregnancy, it is understood from the script that she does and yet inexplicably lets Salima stay with her. There are many moments mentioned in the script in which Mama, "eyes Salima's

¹²⁵ The New York premiere reviews do not mention a belly costume, however, given the nature of the convention it is not surprising that this type of attention would be denied it. The pictures offered do not include as many pictures of Salima's character as they do the other, more central, characters and the ones that do show Salima do not show enough of her to determine for sure whether a pregnancy pad costume was used or not.

stomach suspiciously.”¹²⁶ And another woman who lives and works at Mama Nadi’s also notices Salima, “getting fat fat off the same food [they’re] eating.”¹²⁷

There is also the following interaction with Mama that helps to make the belly more visible as a pregnant one:

MAMA. Are you giving me lip? I didn’t think so. Come here. Hurry. (*Salima reluctantly walks over to Mama. Mama grabs her wrist and runs her hand over Salima’s stomach.*) You must be happy here. You’re getting fat fat!

SALIMA. I didn’t notice.

MAMA. Well, I have. (*Salima, petrified, isn’t sure what Mama’s going to do. Then.*) You did good last night.

SALIMA. Thank you.¹²⁸

Still after this interaction, Salima tries to hide her belly. On the surface, it seems she did not understand the interaction fully and naively chooses to believe that Mama really hasn’t noticed. While the reason could be her intelligence, it is more likely her reiterated expression of fear that seems to motivate her concealment. She cannot take the chance and trust that Mama Nadi knows and still accepts her, because no one in her recent memory who knows her intimate details accepts her. The pregnant belly paints her with a more noticeable scarlet letter than the other prostitutes, further reminding her of the shame she feels because of where her life has led.

Tragic Form and the Delay of Reveal

Instead of constructing a form around how the characters speak like Loomer did in *Expecting Isabel*, Nottage does so around *when* they do. Salima does not say anything about her past until half-way through the play. This delay changes how we perceive her

¹²⁶ Nottage, *Ruined*, 45.

¹²⁷ Nottage, *Ruined*, 23.

¹²⁸ Nottage, *Ruined*, 34.

as a visibly pregnant subject. The first things learned about Salima are that she is “simple-minded,” plain and from a small village. We learn next that she has become pregnant at Mama Nadi’s. And only then, over half-way through the script, do we learn something about her harrowing life-journey from *her*; namely, her story of abduction and rape by soldiers and the murder of her child.

This structure serves the play because Sophie’s story is the focal point and because Salima—through forced sex and pregnancy—is meant to be made invisible, even to herself. The delay in learning about her character creates the appropriate connections for the audience to hopefully experience the tragedy of coming to understand her—alongside Salima’s own trajectory of self-knowing—only near the end of the play when she dies.

Salima’s Abortion-Suicide

Since *Ruined*’s plot focuses on Sophie’s story, it is perhaps easier to overlook Salima’s tragedy. We only find out about the rejection she experiences from her village and husband three-quarters of the way through the play, so it is easier to assume up to this point that Salima is only a simple-minded young woman who gets pregnant and is ashamed and scared. However, from the scene of Salima’s breaking point, we learn in retrospect that she faces more than an unwanted pregnancy. She faces what that pregnancy represents: an unwanted life. Her life.

Salima’s death could be played as incidental. The plot focuses on Sophie’s acquisition of money to go and be “healed” of her ruined state. Mama Nadi, sharing in the ruined state, connects with Sophie and not Salima. The soldiers are rapists who are

played as a constant threat to Sophie and her secret. Salima's story could be easily overshadowed because it is a story that has been told before, whereas those ruined have had less of a voice. And yet, Salima suffers a different kind of ruination since her pregnancy is more visible. Salima concludes that killing the baby and herself is the only way she can "heal" her own experience of being ruined and her abortion/suicide scene acts as a plot twist convention toward the end of the play.

It is her husband's presence at Mama Nadi's that helps solidify her decision. Fortune has waited outside of Nadi's for three nights in a row, continuously asking for Salima and each time being rebuffed. His friend Simon comes to tell him that the brigade is moving out the next day and that if Fortune does not return to the group, he will be killed as a traitor. Thinking quickly of how he can gain access to the bar to find Salima, Fortune decides to rat Mama Nadi out to his commander, Osembenga. He reports that he saw the rebel leader at Nadi's establishment. When Osembenga and his men come to teach Mama a lesson and learn where the rebel leader is hiding, Salima's death stops their tirade:

(Osembenga signals to his soldiers. They ransack the bar. The parrot squawks. Osembenga calmly sits and watches from a chair. He pours himself a whiskey, lights a cigarette as the men turn the place upside down.)

MAMA. No! *(Fortune takes pleasure in restraining Mama. A soldier drags Josephine from the back. It is chaos. Frightening. Menacing.)*

OSEMBENGA. This can stop. Tell me where, I can find Kisémbé.

MAMA. ...I don't know where he is.

OSEMBENGA. *(Points to Josephine.)* Take that one. *(A soldier grabs Josephine and bends her over the table poised to violate her. The women scream.)*

JOSEPHINE. No! No! Tell them Mama. He was here.

MAMA. Please! *(Salima enters. A pool of blood forms in the middle of her dress.)*

SALIMA. *(Screams.)* STOP! Stop it!

FORTUNE. Salima!

SALIMA. (*Screams.*) For the love of God, stop this! Haven't you done enough to us? Enough! Enough! (*The soldiers stop abruptly, shocked by Salima's defiant voice.*)

MAMA. What did you do?! (*Fortune violently pushes the soldiers out of the way, and races to Salima.*)

FORTUNE. Salima! Salima!

SALIMA. Fortune. (*Fortune scoops Salima into his arms. Mama breaks away from the soldiers.*)

MAMA. Quick go get some hot water and cloth. Salima look at me. You have to look at me, keep your eyes on me. Don't think of anything else. C'mon look at me. (*Salima smiles triumphantly, she takes Fortune's hand. She turns to Osembenga.*)

SALIMA. (*To soldiers and Osembenga.*) You will not fight your battles on my body anymore. (*Salima collapses to the floor. Fortune cradles Salima in his arms. She dies. Blackout.*)

The stage directions state that, "a pool of blood forms in the middle of her dress," indicating that Salima's abortive action was immediately preceding her entrance such that the blood hadn't yet started to flow in earnest. Salima's action in the scene then, is an extension of the abortion itself. She must make sure her self-reclamation is witnessed by the soldiers whom she rejects.

Furthermore, "the middle of her dress," while ambiguous, is likely to have meant the front of her dress that covers her belly. These are stage directions, of course, and not prescriptive to the play necessarily. The particular scenario delineated by these directions would indicate a circle of blood forming around a central wound, and it is confirmed by a review of a 2011 production of the play at the Berkeley Rep that these directions were followed.¹²⁹ This would suggest a single, deep, stab wound to the front of her pregnant

¹²⁹ Geneva Anderson, "Review: In Lynn Nottage's Pulitzer Prize winning 'Ruined,' life in the war-ravaged Congo comes to life, at Berkeley Rep." *Arthound*, March 15, 2011, accessed March 2, 2014, <https://genevaanderson.wordpress.com/2011/03/15/review-in-lynn-nottages-pulitzer-prize-winning-%E2%80%99Ruined%E2%80%9D-life-in-the-war-ravaged-congo-comes-to-life-at-berkeley-rep-through-april-10-2011/> One of the pictures provided is of the scene described, with Salima in Fortune's arms, Mama Nadi next to her and the front of her dress with a circle of blood that drips down the front.

belly. This has particular significance because the seriousness of the wound indicates that she was fully aware of her imminent death, and therefore knew that her suicide would necessarily have to accompany the abortion. This is important because it shows Salima's character to have forethought with the direction of her life, or at least the way she wanted to end it and it increases the visibility of her pregnant state.

Salima climbs out from under the wreckage of her life and, albeit briefly, takes her sense of self back by virtue of coming to terms with her pregnancy and what it means to her life. Salima's resistance to the pregnancy made her few moments of pregnancy experience more apparent, even though it was not an experience she wanted. Salima heals her own ruined state by rejecting all of the components that contributed to it. Rejecting the husband, rejecting the soldiers, rejecting the pregnancy, rejecting the body. But this journey to self-knowing is a long one.

Salima's Shame and Fortune's Pride

According to Salima's story, she escapes from the soldiers who kept her hostage and raped her for five months and then she attempts to return home to her village. However, she is spurned by her people and whipped by her husband, Fortune. They tell her that she has disgraced them because so many men have had sex with her. And Fortune, her husband, says: "He called me a filthy dog, and said I tempted them. Why else would it happen? Five months in the bush, passed between the soldiers like a wash rag.

Used. I was made poison by their fingers, that is what he said. He had no choice but to turn away from me, because I dishonored him.”¹³⁰

Pregnancy is not only a state of silent but visible presence that can and does act upon the characters and the play. It is also an experience for the woman that, in Salima’s case, must be internalized because of the shame associated with her circumstances.

Salima’s second pregnancy, then, is a physicalization of the rejection she has experienced. And while the pregnancy is visible, to serve the story Salima’s experience of self-recognition is emphasized over that of the pregnancy.

Her state becomes a signifier not only that she has had sex with other men outside of marriage but also that her body has “welcomed” another man’s seed. Her own body rejects her wishes by conceiving. As Elizabeth Grosz explains in her work, *Volatile Bodies*, women are understood to be intruded on. The man’s role in conception is then an inevitable intrusion on the woman’s body—an intrusion over which she has no control. This perspective, considering the parallels to the morality constructed for Salima, means she is seen as culpable. Salima’s shame comes from the fact that she cannot accept her culpability in a pregnancy she feels to be an invasion. And yet, since this invasion is not considered so by others, she can only be to blame.

Salima’s story shows how pregnancy can be both a visible ruination as well as a catharsis for self-realization. Salima brings with her a troubled history that forever taints how she is able to view sex, pregnancy and herself. She has been the victim of sexual and emotional violence from being raped by soldiers and then rejected by her husband because of it. Salima’s previous experience with sex and pregnancy in marriage grant her

¹³⁰ Nottage, *Ruined*, 45.

knowledge that further implicates her with the same amount of blame as though she were fully complicit in her forced prostitution.

The threat that she might be thrown out of Mama Nadi's for being pregnant seems less likely when Josephine, one of the other prostitutes at Mama Nadi's, reveals something about the brothel. Earlier in the play she enters the back room and says she's hungry. Salima claims a monkey must have snatched the food they saved for her (though it is implied that Salima ate it herself, as her pregnancy is causing her to eat more). Josephine responds, "It ain't the monkey, it's Emeline's nasty child."¹³¹

Though never explicitly stated, one can assume that Emeline is another prostitute who also got pregnant and now her child lives with her at Mama's. This is important because it highlights that Salima's motivation for hiding (and ultimately ending) her pregnancy is not about being caught, but about separating herself from the illegitimate pregnancy and all the shame and ridicule that accompanies it.

By psychologically compartmentalizing her pregnancy, Salima tries to protect herself from shame and fear. She is attempting to create distance between this pregnancy and herself by not allowing Mama Nadi's insinuations or the realities of the other prostitutes' lives to hit home. As though she could smooth the pregnancy away by smoothing down her shirt, Salima tries to make this physicalized rejection she must carry with her disappear by denying its connection to her.

In an interview, Lynn Nottage describes her trips to Africa to meet and hear from women like Salima. She confronts how these women had no other alternative at the time but to deny reality. The gendered environment Nottage brings to life in this play

¹³¹ Nottage, *Ruined*, 23.

(modeled on the Congo itself) is a major part of this reality. Nottage found that for the Congolese women and girls, “gender inequality is far more elemental,” and that it, “issues from a belief so fixed as to be unimpeachable: that women are less human than men.”¹³²

When Salima’s husband Fortune finds her, she cannot run any longer from her past and what has brought her to her current condition. Fortune joined the government’s army in order to find Salima again. When he arrives at Mama Nadi’s, he is sure Salima is there, but Mama says she is not. Fortune then stands outside Mama’s brothel for days in the rain, waiting to see Salima. His friend Simon encourages him by reinforcing an idea of patriarchal dominance: “If you are angry, then be angry at the men who took her. Think about how they did you, they reached right into your pocket and stole from you.”¹³³

In this way, Salima is property stolen from Fortune, injuring his pride. Her unwanted pregnancy, viewed from within this patriarchal framework and resulting from the life she must lead because of continued male “ownership,” is another way that the men “did” Fortune, despite the fact that it is Salima’s life that is most affected by the forced sex and resultant pregnancy. Salima’s identity has only ever been defined by other individuals in her life. These individuals also took away her power to choose. Her husband, her village, the soldiers, Christian, Mama Nadi—they all moved Salima where they needed her in their own lives. When Mama presents her with a choice whether or not to go see her husband, she must flex a rather atrophied muscle.

¹³² Randy Gener, “In Defense of ‘Ruined’” *American Theatre* Vol. 27 Issue 8, (2010), p 122.

¹³³ Nottage, *Ruined*, 50.

Granting herself at once the agency to choose, she chooses what she knows—rejection—and rejects her husband. Interestingly, it is partially her experience of shame because of the pregnancy that leads her to the point where she acknowledges herself *outside* of being a womb. Having an unwanted pregnancy highlights for Salima the fact that she is a whole and complete woman with autonomy because it is easier for her to disassociate herself from a child to whom she wants no (and feels no) connection. She then sees herself more clearly, divorcing herself from the other (the unborn child) that defines her for the outside world.

The first step of rejecting her husband gives Salima a taste of what will come next—the rejection of the baby and of her own body. She decides to abort her baby. It is unclear whether the sudden appearance and rage of the soldiers who invade Mama Nadi's were the main catalyst. But it is understood that they were the most immediate, since she performs the “operation” just before entering the scene with the soldiers in the bar.

She takes her claim for autonomy and agency one step further by divorcing herself from not only her husband, who granted her status, and her baby, who granted her a certain amount of womanhood-identity, but also her own body. Salima now sees her personhood to be separate from physical trappings and she makes a claim for her self as she now understands it to be.

The Invisible Trauma of Ruined Women

Part of the background to *Ruined* are the miners who live in this small town and who frequent Mama Nadi's establishment. As Christian explains in scene one: “Things are gonna get busy, Mama. All along the road people are talking about how this red dirt

is rich with Coltan. Suddenly everyone has a shovel, and wants to stake a claim since that boastful pygmy dug up his fortune in the reserve.”¹³⁴

Mama does indeed experience a boom in business because all of a sudden, the Coltan that has always been in the ground is considered valuable and everyone wants to smuggle the mineral out of the country. As a metaphorical framework for the depiction of sexual brutality and pregnancy in this play, we see too that the earth of the woman’s body is ravaged, just as the miners ravage the ground. What is inside this earth changes in value depending upon outside circumstances, unrelated to the earth itself.

In addition, the consequences for these men violating the land and fleeing with the spoils are minimal and on an individual basis, if they are caught at all. The earth is not worth saving, only pillaging. So what the earth experiences is of no importance, save for what pleasure it can afford men. And yet, the earth suffers. The earth loses resource, the earth is torn apart, the earth cannot fight back and there is no one to step forward and give the voiceless earth a fighting chance.

Lynn Nottage, however, does step forward with her play and gives a voice to these voiceless women of the Democratic Republic of Congo. She also changes the story of women who get pregnant from rape. She changes the story of the women who were raped continuously during war. She changes the story of women brutalized and shamed for something they did not want. And she changes these stories through Salima. Salima’s pregnancy shapes the overall story of the play by exposing how ruined women are isolated and trapped within their own bodies—bodies that hold and experience something unwanted.

¹³⁴ Nottage, *Ruined*, 10.

Childbirth

There is no visible or audible depiction of childbirth in either of the plays examined in this chapter. The closest Loomer comes to doing so in *Expecting Isabel* is when Yolanda and Lila (Nick and Miranda's mothers, respectively) compare their childbirth experiences. And the closest in *Ruined* is when Salima performs a self-abortion.

In *Expecting Isabel*, Yolanda prefaces a speech on parenting with, "You kids. You don't know what work is!" and proceeds to point at each of her kids exclaiming the number of hours she was in labor with each one. To cap the moment, she says she would do it without anaesthesia.¹³⁵ When Yolanda asks Lila, "How 'bout you?" Lila responds: "Oh, I don't remember. The service at that hospital was very good." This (as well as other things) denotes a class difference.

Although we do not see it, childbirth needs to have happened in the period of the play's plot because it is understood that each of the pregnant mothers who are giving their child up for adoption give birth to their babies in the course of the play because Miranda and Nick are informed of such when told that each baby has been adopted by other parents. The lack of childbirth has value in this case. It serves the play by placing the audience as well as the characters in a perpetual state of expectation, with quick and multiple moments of release, rather than gradual building toward a definitive end. The

¹³⁵ Yolanda's speech is a bit contradictory, since she states in the next line that all her births were C-sections, which would not be performed without anesthesia. In addition her births would not differ as much in length due to the fact that an initial C-section birth most frequently establishes that all subsequent births will be C-section and therefore more planned by the doctor, curtailing significant birth length differentiation.

phone call at the end of the play is the closest “temporally” to the birth being represented on stage (a phone call from a hospital about a birth having “just” occurred).

It makes sense to depict pregnancy more in *Expecting Isabel*, since pregnancy is the state where one is said to be “expecting.” Miranda serves as a surrogate “expectant” (and therefore, the one to be controlled) since she is not pregnant but is the only one of the two main characters with the assumed potential to be so. Her surrogacy, far from granting her a maternal status, further delegitimizes any claim she has toward such a subjectivity because of the attention placed on what she does not have and does not know. The way that fertility and adoption are presented in the play also insinuate that actual childbirth grants a deeper sense of knowing than adoption.

Salima’s experience of her abortion and suicide, while not a birthing of the baby, is (as mentioned before) a termination of the pregnancy and a re-birthing for Salima. In neither play do we have the possibility of actual childbirth on stage, however the graphic stabbing of Salima’s belly and the struggles Miranda faces with infertility get at a few of the details without writing childbirth into the script.

Birth is not expecting, but a space between expecting and having—perhaps, “getting.” First you are “expecting,” then you are in the process of “getting” and then you are “having.” Of course, all of these terms shift attention away from the maternal subject position. When you are “expecting” or “getting” you are no longer yourself, you are a state of being that has no identity apart from the emphasis on *what* you are expecting/getting.

Childbirth is important to consider when examining reproductive subjectivities because it is not simply an end or culmination of a pregnancy, it is another phase of the female's subjectivity—and not only for her journey to maternity. Tina Kinsella, a visual arts scholar who focuses on the body and performance, asserts that, “the birthing body, a woman's preoccupation, somehow serves to plaster over the cultural abyss of thinking through the fact that we emerge from a birthing body, that we are the bearers of a body which has been birthed.”¹³⁶ This cyclical reality—and thereby all subjectivity, then—is initiated by birth and therefore examining how birth is depicted on stage is necessary to see the threads of connection we often take for granted between pregnancy and motherhood as well as between the birthed body and her subjective experience of that cycle. Without the experience of childbirth, any understanding of feminine subjectivity is incomplete.

¹³⁶ Tina Kinsella, “Pauline Cummins Birth, Body, Performance: Matching Theory with Practice” (paper presented at the National College of Art and Design, Dublin, February 20 2015).

The Tricky Business of Conventions and Postpartum Perspectives

*Pay attention to this, what's true and what isn't is a tricky business, no? What's real and what isn't? Tricky. Do you follow? Yes? No? Good. (Shrugs.) Whichever.*¹³⁷
 - Edward Albee, *The Play about the Baby*

Obstetric manuals consider the gestation of a fetus complete at the point of a full term birth. However, for this study, gestation is extended to encompass all of birth as well as the immediate postpartum experience because the focus of this investigation is not the child to be born, but the fluctuating subject position of the reproductive female and how that fluctuation is or is not depicted on stage. For her, gestation begins long before and ends long after the presence of a belly bump signifier and continues to shift even after the child is born. It is important that the postpartum phase be understood within rather than outside of gestation because the woman is still experiencing it as such. The trauma must be allowed into the experience for both the woman and baby's development to be complete.

The two plays covered in this chapter are Edward Albee's *The Play about the Baby* and the group-authored anthology play *Motherhood Out Loud*. Both include childbirth. However, the centrality of birth and baby to the plot of Albee's dark comedy makes it especially helpful in representing the childbirth phase. *Motherhood Out Loud* includes birth stories (from both birth mothers and bystanders) but the primary purpose of these stories is to mark the transition into motherhood for the woman. For this reason and because of the other post-birth pieces, *Motherhood Out Loud* is used here to illustrate the transitional period of the immediate postpartum phase of gestation.

¹³⁷ Edward Albee, *The Play about the Baby* (New York: Dramatists Play Service, 2003), 10.

Childbirth

The phase of childbirth for this study does not include the entire actual experience of childbirth because of how much of the event is not approached at all in the theatre. Significant portions of the experience tend to be considered obscene or inappropriate for staging. However, as we have seen in the previous chapters, comprehensiveness is not necessary for depicting gestation on stage. Instead, I include what is most often done in the few depictions that do exist. This phase then includes the period of time that the pregnant woman is experiencing contractions, water breaking and pushing out the baby.¹³⁸

Plays most frequently represent childbirth through words rather than action and usually from the perspective of a bystander. The birthing woman is sometimes not even present for the retelling to corroborate the report. For instance, in *And Baby Makes Seven*, it is Peter and Ruth who discuss the birth they witnessed without Anna, the birther, present. In addition, these post-birth discussions are usually about how the birth affected the other characters.

If physical representation is included, plays will often very briefly refer to one or two of the childbirth experiences mentioned above, though rarely the pushing experience. For example, the woman's water breaking may be depicted just before a scene ends. This

¹³⁸ As examples, two parts of the labor and birth experience (among many) not covered with this study (due to the infrequency of their representation on stage) are the cutting of the umbilical cord and the labor and delivery of the placenta. These events, though technically part of childbirth are not considered in this study since the emergence of the baby is generally understood to be the end of childbirth. While I argue that the birth of the baby is not the end of birth for the woman, it does mark the point between the childbirth phase and the postpartum phase.

indicates to the audience that they should expect news of the birth (if not a visual of the baby) in one of the following scenes. There is rarely expectation that the reality of the labor and delivery will be depicted, nor is there surprise when it isn't shown.

Postpartum

The immediate postpartum experience is an important factor for the identity formation of a woman who is becoming a mother. As the fifth and final phase of gestation outlined for this study, the postpartum experience, usually considered the six weeks after birth, is defined more generally here as the time when the labor to birth the baby has ceased but the trauma is still present for the mother. This can include physical trauma such as epidural effects wearing off or a torn perineum (though the list is far more extensive). And although a Freudian perspective suggests that the psychological trauma never stops being present, there is an adjustment period just after birth during which hormonal levels leave some women predisposed to particular psychoses or depression. All but two of the examples given from *Motherhood Out Loud* are women reflecting on the birth they just experienced. The other two examples include women in the process of giving birth and a man's account of his daughter's birth, years later.

Staged treatments of pregnancy and childbirth avoid or ignore much in their representations and the resultant deficiency reduces the female experience and her identity. When depicting motherhood, the theatre often avoids the many shifts, confusions and reversals that occur in the space of time between birthing a baby and fully considering oneself (and being considered) a mother. The immediate postpartum phase is a time when the reproductive female's identity as a woman is actively being subsumed by

her new identity as a mother. Women resist this change and their internal struggle could be exposed in performance in order to better understand and respect the female experience.

The Plays

Birth is rarely shown on stage and while motherhood is prevalent, there is usually little attention paid to the immediate transition from birther to mother that exists during the postpartum time. *The Play about the Baby* and *Motherhood Out Loud* deal with the complicated stages of the childbirth and postpartum phases of gestation. These two plays break new ground by showing how we silence these laboring subject positions. The playwrights give voices to those from whom we don't normally hear—the birthers themselves. The plays also illustrate the various forms of legitimacy that birth and motherhood are assumed to grant. As this chapter will demonstrate, however, both plays are still dependent upon common assumptions made by the audience about the birthing and postpartum stages.

In addition, the form of each play distorts how spectators normally understand characters and situations. Albee uses an absurdist approach which results in a play with little plot structure or through-line. *Motherhood Out Loud* is a compilation of separate, smaller pieces. These methods mean that the audience has less confidence in what to expect next, and so are forced to question all of their assumptions. The distortion also makes more explicit the loss of subjectivity birthing women and mothers have when experiencing the final phases of gestation.

The Play about the Baby

Edward Albee began writing plays in the 1950s that critiqued American values, particularly conservative ones and challenged the dictates of social customs. His turbulent relationship with his conservative adoptive parents was the impetus behind a lot of his work, including his most famous play, *Who's Afraid of Virginia Woolf?*. Looking over his catalog of plays, we see that Albee takes his personal experiences and turns them into larger commentaries on society, particularly with his use and manipulation of theatrical genre.

Albee wrote *The Play about the Baby* in an absurdist style. Juxtaposed against absolutism, absurdism is an ideology and artistic approach that reflects the impossibility of ever fully grasping reality because of our limited human minds and imperfect modes of transferring information. As such, Albee mocks his own play, claiming that theatre as a tool of transferring information is inadequate and false. Given his agenda, it is reasonable to assume he had little motivation to depict pregnancy experience thoroughly and much more incentive to pose problematic scenarios and then query the audience about the source of the problem. In this way, his diminishment of pregnancy and birth experiences serve his drive to poke holes in various systems of communication and entertainment by pushing the boundaries of what is possible (or most ludicrous) on stage.

The main question in the story of the play is whether or not the character, Girl, actually gave birth to a baby. Some of the methods that Albee employs to highlight the hopelessness of achieving an answer to this problem—or indeed, any degree of certainty about the human experience (of birth or anything else)—are: using plot pieces that

continually change throughout the script, employing Brechtian commentary to the audience about what is happening on stage and offering frequent reminders that theatre is an illusion. Moreover, Albee is also reminding his viewers of exactly what he wants his play to do by embedding specific metaphors for theatre into the script.

The poster for the first American production of *The Play about the Baby* is perhaps best suited to illustrate the absurdist bent of the play. The poster shows a dead-eyed baby doll protruding from an androgynous head.¹³⁹ One could *assume* rather than know this to be a mother-figure, which reminds the viewer of the assumptions that must be exercised to make sense of what they see. This visual accompanying the title suggests that the play is about an odd, life-less *idea* of a baby, rather than being about a specific, actual baby or character. The image—just as the metaphors and conventions employed in the play’s performance—suggests the play’s subject matter while also distorting it. In other words, the poster is a visual representation of how Albee’s style flips what is “real” by intermingling contrasting signifiers together in a single dramatic form.

The absurdist tactics in Albee’s play are used to question how many conventions you can break and still allow the audience to accept or believe the ridiculous or impossible. The play deliberately avoids depicting the woman’s labor and experience of childbirth, instead relying on the audience’s assumptions of what the process is like. The play also has little to no consistent story line, so the observations of this study are mainly regarding form and the treatment of pregnancy and childbirth in the script compared to the treatment of other happenings.

¹³⁹ See Figure 1 in Appendix A.

The Play about the Baby opens with a young man and woman (called BOY and GIRL) who exit the stage to give birth to a baby that you don't see, apart from Girl entering briefly with a bundle of blankets, supposedly nursing, and that same bundle reappearing later in the play. They are visited by an older couple (MAN and WOMAN). Boy and Girl spend most of the play flirting, nakedly chasing each other about, presumably having sex (this they do off stage) and wondering about the identities of Man and Woman. Man and Woman expound to the audience and the younger characters their own belief systems and experiences of the world.

Albee uses *The Play about the Baby* to extend commentary on one of his previous works. He deliberately models his characters off of the ones from his well known play, *Who's Afraid of Virginia Woolf?*, which is about a middle-aged couple whose marriage is crumbling due to their inability to conceive a child when they were younger and the imaginary son that they pretend to have. Man and Woman, as fill-ins for George and Martha, challenge Boy and Girl (fill-ins for Nick and Honey) about whether they actually had a baby or whether it is imaginary, and whether there is a difference. In the end, Woman enters with the bundle of blankets already shown to the audience and understood to indicate the baby. Man reveals that there is nothing in the wad of blankets, and so concludes that there never was a baby.

Boy and Girl are adamant about having had a baby and wanting said baby back. Woman and Man are suspected to have taken the baby. But by the end of the play, Girl is worn down by Woman and Man and claims that there is no baby. Boy does not want to go along with it, but eventually does. The audience never knows whether there was supposed to be a baby or not—but that is, of course, the point of Albee's play.

In the sections that follow, this study looks at how Albee: 1. distorts birth, the female body and theatre itself; 2. reveals the reliance theatre has on audience's assumptions (such as with stock characters); 3. discusses how liveness, wounds and memory affect the legitimacy of experience; and 4. demonstrates the control wielded by the author (himself, the playwright), the patriarchy represented and the conventions used.

Distortion: Theatrical Conventions Blur Perception and Diminish the Female

The theatre uses conventions to convey meaning. Commonly, the meaning conveyed is meant to help the audience navigate, understand or enjoy the play being viewed. *The Play about the Baby* performs slight-of-hand with its conventions, creating contradictory meanings and metaphors with them in order to comment, distract, confuse and disorient. Once again, this serves Albee's purpose—which is to unveil for the audience the problematic nature of conventions. However, he creates other problems that he chooses not address—namely negating female agency and experience.

As an example, particular conventions are used to communicate childbirth in the play:

Boy and Girl both seated, Girl hugely pregnant, she stage right, he stage left; hands folded, facing out.

GIRL. (*Not moving; calm.*) I'm going to have the baby now. (*Boy and Girl exit left. Sound: growing labor; medical preps and encouragement. Growing pain and moaning; screams with accompanying sounds; slap; baby crying. Silence. Boy and Girl, no longer pregnant, enter. Quietly:)* There.¹⁴⁰

¹⁴⁰ Albee, *Baby*, 2.

The spectator understands, given Albee's style, the play's form and the conventions used, that this is not meant to realistically depict childbirth. The convention of putting the birth off stage and indicating the event with sound in this way allows for more fluidity in the script, as the characters enter back into the scene and continue talking.

Given the play's dispute regarding the legitimacy of the childbirth and baby, Albee's construction of the birth sequence seems to be challenging our assumptions of all theatrical conventions. The play reveals that conventions used to indicate pregnancy and childbirth are severely lacking. Audiences generally accept, for example, that the amount of information conveyed by "baby bumps," is "enough" to mean pregnant. And yet, this regrettably reduces the female experience of pregnancy to a fixed visual cue. The same occurs in the childbirth scene quoted above.

Girl's exit and the sound effects—though intended to provide sufficient information to communicate that a birth is taking place—likewise reduce the birth to a medicalized, trivial and taboo occurrence. The scene is funny because we receive recognizable, aural, media-substantiated information, and then the abruptness of the pregnant body's transformation reminds the spectator (as is reiterated throughout the play) that "real stuff" like childbirth doesn't happen on stage.

While the humor in this scene is not itself harmful, what it means for pregnancy and childbirth on stage could be. Experiences that do not lend themselves to the stage as well as conversation are regularly communicated to the audience via convention. But when a sound bite is used so seamlessly to indicate childbirth, the specific experience of the birth mother is disregarded as superfluous to (instead of necessary for) the birth. The sound effects communicate to the audience that, "a birth is happening," but not that a

specific woman is having her own, individual experience of childbirth that may or may not bear resemblance to the clichéd sound effects provided. The audience is then not thinking of what the birthing woman is feeling, but is processing a simplified cue in order to figure out what that sound has to do with the scene in front of them.

The humor and brevity of the birth scene do serve the comedy in Albee's play, but this treatment also feeds into the larger mechanization of how and why we look at birth and the female body. The female body is both consciously and unconsciously recognized in relation to gestation. From the perpetual potential to be pregnant to the subsummation of womanhood by motherhood, most people understand the female body and identity to somehow involve reproduction. And yet, birth is looked to as an event of consequence to characters *other than* the woman who gave birth, negating not only her necessary role in the birth, but any other personal interest she may have in the event.

Reading the Female Body

Counting on how the female body is normally seen and understood by an audience, Albee delivers conflicting messages by combining recognizable visuals in contrary contexts, using the breasts—body parts that are considered both maternal and sexual.¹⁴¹ The audience is jolted out of their normative understandings of maternity by the blurring of how Girl's breasts are treated. Maternal and sexual associations with breasts usually occur separately. Depending on context, a woman's breasts are understood as either lactating tools to feed infants or objects that help sexualize a

¹⁴¹ This is similar to the dissonance provided when Peter and Ruth in Paula Vogel's *And Baby Makes Seven* stroke Anna's breasts, thereby displaying her sexual desire and desirability as a pregnant woman. This play is discussed in the conclusion.

woman's body. In *The Play about the Baby*, Albee juxtaposes these two perceptions quite closely. Girl breastfeeds the baby onstage and as she does so has this exchange with Boy:

GIRL. Very hungry.
 BOY. I'll want some; remember.
 GIRL. (*Slightly ironic.*) Line up!¹⁴²

A little later in the script, when the Boy is crying over the story he is telling (about breaking his arm), Girl consoles him in the same way she would her baby:

GIRL. [...] (*Observes him on his knees, his disturbance.*)
 BOY. (*Still preoccupied.*) I don't know what he was going to do! It hurt so! They hurt me so!
 GIRL. (*She kneels in front of him, baring a breast.*) Shhhhhhh.
 BOY. (*Softly, almost pleading.*) He hurt me so.
 GIRL. Come toward me.
 BOY. (*His left hand on her breast, his right arm hanging limp; still on his knees.*) ... and the other one came toward me ...
 GIRL. Here. Do this.
 BOY. (*His words becoming mumbled as he fastens his mouth on her breast.*) [...]¹⁴³

Boy feeds at Girl's breast as an infant would, confusing their perceived relationship, which up until this point has been established as sexual and romantic. Not having a context into which this scene fits, ambiguity increases for the spectator and impedes not only understanding of the play and characters, but also the fictive existence of the baby. The audience is getting information that Girl is lactating. Boy mentions several times that he enjoys breastfeeding and filling up on Girl's milk. And yet, if there was no fictional pregnancy/childbirth/baby, there would be no need for fictional lactating.

¹⁴² Albee, *Baby*, 6.

¹⁴³ Albee, *Baby*, 7-8.

Epic Theatre Approach

Albee chose a Brechtian convention (or, more accurately, break in convention) to point out that performance is empty of reality but can still be full of significance. Bertolt Brecht was a German playwright and director who was famous for his approach to theatre. He helped develop an approach called “epic theatre,” which involves dispelling the illusion of the audience. Brecht used many different techniques to remind viewers that they were witnessing a play rather than allowing them to get wrapped up in the story.

Martin Esslin, creator and scholar of the Theatre of the Absurd, claims that, “a public conditioned to an accepted convention tends to receive the impact of artistic experiences through a filter of critical standards, of predetermined expectations and terms of reference.”¹⁴⁴ In order to combat these predetermined expectations, Esslin claims absurdist theatre uses techniques like Brecht’s to jolt the spectator out of their comfort zone.

Albee does this as well by having his characters directly tell the audience that attempting to understand or find a single meaning in his play is futile. The method employed is the breaking of the fourth wall, when actors turn and direct their lines to the audience.¹⁴⁵ It is important to understand how Albee weaves his parody with this epic theatre approach because it shows a bit of hypocrisy. In a play that deliberately has multiple meanings that require a break in the fourth wall to convey, women, pregnancy and childbirth are reduced to be one dimensional.

¹⁴⁴ Martin Esslin, *The Theatre of the Absurd* (New York: Anchor Books, 1961), 28.

¹⁴⁵ The “fourth wall” is the imaginary, invisible wall that separates the actors and their performance space from the audience. In most plays this convention is upheld such that the actors pretend they cannot see the audience.

Albee creates the ambiguity of multiple meanings in his play with the slippery—and seemingly arbitrary—use and dismissal of the fourth wall. The theatrical convention of the fourth wall establishes the division between audience and performer. When this is broken, it is more difficult for the spectator to hold on to their assumptions of how the performance will/should go because now they—uncontrollable variables—are involved. In *The Play about the Baby*, Boy and Girl do not seem to have the knowledge, power or inclination to break the fourth wall. Man and Woman do though, and they alternate directing their lines to the audience and the other characters on stage.

As an example, Man and Woman enter an early scene arguing. Man repeats his side of the argument to both the audience and to Boy and Girl—as though either or both would not be able to know what he said unless he spoke it directly to them (though both are able to hear him say it twice). Man says, “I don’t believe a word of this.,” to the audience and then immediately turns to Boy and Girl and says, “Not a word of this is true.” Another instance is when, at the end of one of Woman’s speeches, Man says, “(Out.) Do you believe *any* of this? (To Boy and Girl.) Do you? (Afterthought.) Well, *they* might.”¹⁴⁶ By alternating, Man keeps his character consistent, which adds a degree of stability. Even though the audience may never be sure to whom Man will speak next, they can at least view the pattern that it will likely still be Man speaking.¹⁴⁷

In contrast, the only time that Girl speaks outward, toward the audience, is when she says that she is going to have the baby in the beginning of the play. While breaking

¹⁴⁶ Albee, *Baby*, 25.

¹⁴⁷ This pattern is important to note because sometimes the breaking of the fourth wall (at least how Brecht used it) accompanies a break in character. In that instance, while on stage and interacting with other characters, the actor would be playing someone else and then when speaking out to the audience, would be “himself,” the actor.

the fourth wall is understood to be a break in convention itself, this tactic still usually occurs within a framework that cues the audience as to how it will be used. Albee's deployment is less structured. Specific characters break the convention regularly and others do not, without explicitly giving reasons for the inconsistency or providing different or necessary information with one approach over the other.

Reliance on Assumptions

The absurdist flavor of Albee's play underscores his warning of how much spectators rely on assumptions to understand the world around them. These assumptions are particularly easy to notice in the theatre because of the frequent use of conventions. To illustrate how the conventions are used, Albee provides metaphors in different forms, including the use of stock characters.

At one point in the play, Boy and Girl are talking about Gypsies. Boy tells Girl about a money scam for which Gypsies are notorious called, "the famous switch." According to Boy, a Gypsy will tell a customer to put all their money in a brown paper bag and using methods of distraction the Gypsy will switch the bag with another one that only has newspaper in it. The customer is then told to bury the bag, leave it for a few weeks and when they dig it up, their money will have doubled. But the Gypsy steals the money and is far away by the time they are found out. Boy concludes his story by saying only an idiot would fall for this trick.

This scam is one of the metaphors in the play. Theatre is the Gypsy. The theatrical conventions used and referenced (the pregnancy pad costume worn by Girl at the top of the show, the sounds off stage to represent childbirth, the bundle of blankets

used to represent a baby) are offerings to the audience to enter into the agreement (much as between the Gypsy and their customer) for suspension of disbelief. Albee then mocks this agreement by continuously reminding the audience that theatre is all a lie and therefore if they do suspend their disbelief, they are agreeing to be duped.

Albee uses stock characters and other similarly relied on theatrical conventions to comment on not just the play as a whole, but on the use of conventions as a practice. Reliance on stock characters is thrown into question by Albee's explicit description of what is expected of a Gypsy. By questioning this reliance, Albee throws our assumptions of other characters into question as well.

The Gypsy is used as a device to move the play along using the associations people have with the character (or more accurately, how that character looks) to serve as "enough" information. According to the play, Gypsies wear fedoras and have bushy mustaches and therefore people who have those characteristics possess the qualities we "know" a Gypsy to have.

Much in the same way, Girl—or more specifically, Girl's body—at the very beginning of the play is meant to convey "enough" information regarding pregnancy. In effect, she is the, "pregnant woman" stock character, supposedly representing everything about pregnancy. The play requires that Girl's body convey nothing more than that she is about to give birth to a baby. This is accomplished by Girl wearing a particularly large pregnancy pad costume, signifying that she is likely to be nearing the end of the third trimester.

Another stock character is the fool, or idiot. At times vacant and simple to the extreme, both Boy and Girl play this role in their odd reactions and answers to questions

about their lives, including about Girl's experiences with childbirth. As examples, some of their repeated answers: "I don't believe so." "Not that I know of," are particularly questionable because they come as responses to questions about their personal experiences of pain—something of which they should be more sure.¹⁴⁸ The obvious examples of fool-ish traits also contribute to a larger theatre metaphor. Fools are without experience (empty vessels), which according to Albee is much like the theatre experience where nothing *really* happens.

The way that Albee uses these stock characters and other conventions breaks norms of understanding in the play by creating a cloud of ambiguity around what is expected on stage. With such fuzziness, the moment of reveal at the end of the play is more striking since the characters seemingly go against their own rule by expecting clarity and closure in the resolution of opening the blanket. Similarly, when Boy insists that Man and Woman cannot be Gypsies because they don't have fedoras or bushy mustaches, he is claiming that everything's appearance should meet expectations, even if these expectations are founded on stereotypes.

Using pregnancy as an example, culturally we have grown accustomed to understanding and passing judgment on the appearance of particular bodies, specifically those that indicate they may be carrying a growing fetus. Tabloids and other media outlets are training their readers/viewers to spot the "pregnancy bump" and depending on the status granted the woman who has the perceived bump, various conclusions are drawn and judgments passed.

¹⁴⁸ In addition, there are actions staged in quite humorous and obvious ways that Boy and Girl appear to completely miss, such as another character suspiciously entering or exiting.

At the beginning of Albee's play, Girl is on stage and according to the script, "hugely pregnant." The audience infers and decides, based on how they see her body (and see it in relation to Boy), various facts about her as a person. Two of these presumed "facts" are that this young woman is about to have a baby and that Boy is the father. The end of the play places these assumptions under scrutiny. Depending on production choices, and harboring the potential for some productive feminist moves, this scrutiny could be extended to include all ways we read the female body.

Liveness

Arguments abound for the superior advantage offered by live performance. In fact, higher degrees of liveness are claimed to be attainable by avoiding scripts entirely, thereby making the improvised performance more "true" or "real" since it appears to originate from the moment. In his book, *Liveness: Performance in a Mediatized Culture*, Philip Auslander challenges the value put on liveness, claiming that its definition has changed over time. However, Auslander also confirms that the binary of liveness versus media (or other non-live performance) is still actively used in debates on the topic. The lines and actions in *The Play about the Baby* (particularly Man's) often serve as commentaries on the play as a piece of live, improvised theatre. He highlights the value in liveness being seemingly more powerful because of the increased potential to be real.

As an example, the most commonly accepted mode of starting the second act of a play is to do so seamlessly from where it was left off in the first. In *The Play about the Baby*, Man starts the second act with a short monologue that is written as an impromptu conversation with the audience which is meant to seem like it comes to the Man's mind

in the moment. Then, in lieu of starting where the text left off, Man instructs the other actors to re-do the last page and a half of lines from the end of Act 1.

This unorthodox choice is quite layered in performance. On one level, it is supposed to seem more live in its less-polished feel—much like watching a rehearsal. But what makes this tactic troubling (and intentionally so, I believe) is the fact that in pursuing the liveness through the scripted, false-improvisation, the very same scene sends us the message that we are forever trapped in the text and can never get to true liveness. Applying this perspective of liveness to pregnancy and childbirth on stage suggests that unless an actual woman is pregnant or giving birth on stage, there is no point to attempting to depict either because you can never attain the level of spontaneity or suspense with mere indicatory conventions.

Wounds

If a specific thesis were to be taken from this play, it may be a rather anti-absurdist statement from Man. He claims that there is a way to know something for sure: “If you have no wounds how can you know if you’re alive? If you have no scar how do you know who you are? Have been?”¹⁴⁹ Man explains that the wounds people acquire through actual experience are what grant legitimacy to their lives. Hence, since theatre does not create actual wounds, what we see has little if any legitimacy.

Regarding the questionable existence of the baby, this also calls into question the precursors to the baby’s presence—the pregnancy and birth. Man is saying there can be no life—or signifier of life—since there was no experience that defined such a life. A

¹⁴⁹ Albee, *Baby*, 35.

tongue-in-cheek example of man's focus on wounds is when he questions Girl as to whether the birth was a cesarean to find out whether she has a scar. She does not have a scar and this is supposed to prove that her life and that of the baby have no claim to legitimacy. It also makes a simplistic (and incorrect) assertion that non-cesarean births somehow leave the body unmarked.

Man wonders if, "that which we *feel* we've experienced is the same as we have?"¹⁵⁰ If the girl felt she experienced childbirth, does the lack of a baby mean that the experience didn't happen? Do you need physical proof for an experience? Man says you need wounds. Being a physical proof of prior trauma, then, is the baby a wound? At times Man seems to be making the claim that taking a baby from someone is a more "legitimate" trauma than the experience of childbirth, but as there is no physical proof or scar of that either, he proves himself wrong. Albee's play supports a notion that trauma must leave a person marked in some way, however every attempt of his characters to claim birth is trauma is dismissed. Interestingly, even though Albee gives no specific examples of what it could be, this leaves the door open for the audience to ponder what else about birth is experienced by the woman that you cannot readily see.

Re-Memory Play

Albee is careful to construct fictive reenactments in this play that have very little support structure by way of story line or character history. As such, what is presented is all seemingly built from the characters' memories or lack thereof. Parallel to the idea that liveness grants legitimacy is the idea that originality does the same. Consequently,

¹⁵⁰ Albee, *Baby*, 8.

memories are less legitimate since they can be constructed and altered. In *The Play about the Baby*, individual's memories are re-remembered by different people and we hear the stories change within a very short time.

The Play about the Baby can be seen as a re-memory play because there is not a single memory through-line, but several, subjective and ever-changing memories that exist as they are being remembered on stage and question the very use and validity of memories. I also use this term because of the play's theme about reinvention and reproduction through the act and performance of remembering. The act of remembering is the thread in this play, though Albee makes sure the audience never forgets that the characters and their memories are entirely false.

As an example of Albee's constructed "remembering," just after entering from "having the baby," Boy asks Girl if it hurt a lot to give birth. Before replying that "Yes; yes it did," Girl says, "They say you can't remember pain."¹⁵¹ Girl remembers pain in giving birth. Boy, in response to hearing this from Girl, remembers the time that he broke his arm and the pain he felt. Later, both Man and Woman try to describe these same two experiences and pass them off as their own. What each character remembers is who they are in the moment and how they construct their reality, which is why what they remember constantly changes.

The juxtaposition of Girl and Boy's memories of pain highlights the importance of perspective in this play. What is remembered first and last, what sticks with us, who is the most important subject or figure in the memory and how this affects the reality before

¹⁵¹ Albee. *Baby*, 5.

us are all parts of what Albee is on about—thereby making us question our own perspectives and the validity we grant to them.

Man also says that remembering is related to reinvention because of how ever-changing perspectives can alter the memories themselves: “All fades, all dissolves, and we are left with...invention; *reinvention*. I wonder how I’ll remember (*Gestures about him.*) all of *this?*”¹⁵² Man calls into question the difference between reinvention and reproduction. The former tends to be understood within the scope of an individual’s power (i.e., to reinvent oneself) while the latter is not associated with a single person’s achievement, and is also considered an inevitable occurrence (i.e., human reproduction). To invent again is a personal triumph then, whereas producing again gives an impression of predictability that is accomplished by more than an individual. Albee reinvented his play for others to reproduce.

Playwright’s Control--The Baby’s “Existence” and Proving:

Albee, as the playwright, has control over when and how he provides the spectator with certain information. As such, it is his choice to push and pull the audience back and forth across the line of belief in the baby’s existence, mainly in order to distinguish that there is a line at all. In so doing, Albee is also blurring how the audience considers Girl and her pregnancy experience (or lack thereof). He sets up a story about “proving” the existence of something that was a fiction to begin with and so deliberately distorts the arguments on either side to make the theatre more apparent as an unwieldy communication tool.

¹⁵² Albee, *Baby*, 10.

The way Man talks about babies distances the audience from feeling concern or empathy for the child in question. He speaks of a baby not as a living being but as a vague entity that exists solely to fulfill desire:

MAN. (*Cheerless smile.*) What do we *want*. Well, I would imagine we want what almost everybody wants—eternal life, in great health, no older than we are when we want it; easy money, with enough self-deception to make us feel we've earned it, are worthy people; a government that lets us do whatever we want, serves our private interests and lets us feel we're doing all we can for...how do they call it—the less fortunate?; a bigger dick, a more muscular vagina; a baby, perhaps?¹⁵³

Nothing is mentioned in the play about the baby growing up, its needs outside of feeding, its own life outside of being a baby in a blanket that cries off stage. This treatment reminds the audience that the baby is an object and lessens the loss they feel when doubt of its existence is raised.

The script creates doubt regarding the existence of the baby early on in the play. Girl remembers going to see a “Gypsy” who predicted that she would meet Boy and marry him:

BOY. Did the Gypsy say we'd have a baby?
 GIRL. No; the Gypsy was...well, she wouldn't *talk* about that.
 BOY. Did you ask?
 GIRL. Of course! “What about a baby?” I said. What about babies? How many will we have?
 BOY. And she wouldn't say—*he* wouldn't say?
 GIRL. No; she...the Gypsy frowned.
 BOY. She *frowned?* He *frowned?*
 GIRL. “I can't see that,” she said; “besides: Your time is up.”¹⁵⁴

The audience is set up to believe in the existence of an *idea* of a baby from the beginning of the play. There has been no indication of an actual baby, but the expected

¹⁵³ Albee, *Baby*, 27.

¹⁵⁴ Albee, *Baby*, 20.

conventions meant to suggest a baby are used. The pregnancy and childbirth sequence, coupled with the bundle of blankets carried in by Girl (and later Woman) are two of these conventions.

Man lays down the conflict to come when he says to the audience early in the play, “Have you seen the baby? Cute, no? They love it, *don't* they—the baby. (*Some puzzlement.*) They really *love* it. I wonder how much they love it? How much they need it? Perhaps we should find out.”¹⁵⁵ This opens the possibility of foul play on the part of Man and Woman and foreshadows the end when they reveal/claim that there is/was no baby. It also initiates the disparate expressions of interest in the baby that only surface *after* there is concern about the baby’s absence. Boy interrogates Girl about the likelihood that they have a baby, Man uses the baby as an object with which to threaten Boy and Girl, Girl pleads for her baby to be returned and Woman tries to claim that the birth experience was actually hers.

The main example used to question legitimacy in this play is whether or not there “actually” ever was a baby. At the end of the first act, Woman exits with “false stealth” and when she re-enters she gives an OK sign and a broad wink to the Man, indicating that something occurred, off stage. The most likely assumption from context is that Woman took the baby and hid it somewhere. After a bit of dialog concerning whether the baby is still around, Girl then leaves the stage and returns quickly, screaming, “WHERE’S THE BABY?! WHAT HAVE YOU DONE WITH THE BABY?!”¹⁵⁶ Man and Woman say, “What baby?,” and they end the first act in this tableaux.

¹⁵⁵ Albee, *Baby*, 18.

¹⁵⁶ Albee, *Baby*, 32.

The emotion exhibited by Girl and Boy as well as the threats of Man suggest that perhaps there was/is a baby after all:

GIRL. (*Weepy.*) I want my baby.

MAN. *Everyone* wants his baby.

WOMAN. *Her* baby.

MAN. (*Shrugs.*) Whatever. (*To Woman; points at Girl: innocence.*) *Her* baby? Everyone wants her baby?

WOMAN. (*Chuckles.*) No, no; generics again.

BOY. (*About to get up, move toward Man.*) OK. I've had enough of this now! What the fuck have you done with...

MAN. (*Hand up.*) Hold!

BOY. (*Beginning to move.*) I will not "hold," whatever that means.

WOMAN. (*Helpful.*) It's Elizabethan.

BOY. (*Confused.*) It's...it's *what?*!

MAN. ELIZABETHAN!! Now go sit down. If you care about this baby you behave yourself, yourselves. (*Demonstrates.*) If there are two hands—see? Two hands?—if there are two hands, we have the upper one. If you have ever had a baby—

BOY. If?

MAN. ...if that is mother's milk you've been feeding on, and if you wish to see your real or imagined baby again—ever!—

BOY. Real? Or...

MAN. ...if you are wiser than your years, be good.¹⁵⁷

This ultimatum further muddles perception because it makes it unclear what Man and Woman are threatening Boy and Girl with if there is, in fact, no baby.

Girl's reaction to her baby's absence is strong—seemingly justified for a woman who just lost her baby. She is very upset and wants her baby back, arguing that it is

Woman and Man who are the liars:

GIRL. (*To Man.*) You have no children.

MAN. Well, that may be, or may have been, or...whatever.

WOMAN. (*To Girl.*) Why do you say that?

GIRL. (*To Woman.*) Nor do you.

WOMAN. Oh?

GIRL. No one who has children...

MAN. Had!

¹⁵⁷ Albee, *Baby*, 32-33.

GIRL. (*Onward.*)...would treat us like this—anyone like this.¹⁵⁸

All of the reactions the characters have in response to the baby are meant to make the spectator keep the existence of the baby and who may have it in doubt.

In an effort to prove that they have a baby, Boy explains what happened during the birth. The audience then receives some of the same aural information as at the top of the show, but with both Girl and Boy on stage and with the story of the experience coming from Boy's perspective:

BOY. (*To prove his existence; Girl cries softly during this.*) I was in the kitchen, and she came in and she said, "My water broke; my water just broke!"

WOMAN. *It was me! Yes; of course.*

BOY. And I bundled her up, and we took a cab to the hospital. I called our baby doctor, and we raced off to the hospital.

MAN. (*Shakes his head.*) Everyone's a baby—even the doctor.

WOMAN. (*To Boy.*) It isn't *water*, you know. (*To Girl.*) It isn't water.

BOY. (*Determined.*) ...and it wasn't long; it didn't take very long.

MAN. (*Remembering giving birth.*) But it hurt! Oh, my God, it hurt! How it hurt me!

WOMAN. (*Remembering.*) Oh, God, how it hurt me!

BOY. (*Ibid.*) And I held her hand during it, and *I* squeezed and *she* squeezed... (*Girl begins howling birthing sounds now, punctuating Boy's speech; she stays seated; shows no emotion, hands in lap—merely howling.*)...and she howled...and she howled...and she howled...and the sound was terrible, but I held on, *we* held on...the doctor and the nurses were all there...and the blood...and the blood came, and I'd never seen so much...blood, and then the baby came, the baby's head came... (*Girl ceases howling.*) and the rest of it...

GIRL. (*Hands going wide.*) WOOOOOOSSSSSH!!

MAN. (*Ecstasy.*) ...and I'd never seen so much blood!

WOMAN. (*Ecstasy.*)...I felt it! The blood, and then the baby...

BOY. (*Ignoring them; maybe with a dismissive hand gesture.*)...and there it was; there was our baby.

GIRL. (*Softer.*) Wooooosssssh.

WOMAN. (*Shakes her head.*) Just like in the movies.

MAN. (*Agreeing; suddenly understanding.*) Yes! (*To Boy.*) You go to a lot of movies?

BOY. (*Bewildered.*) Who? This wasn't a movie!

WOMAN. It looked like one to *me*—all the trappings.¹⁵⁹

¹⁵⁸ Albee, *Baby*, 33.

In addition to Woman's attempts to usurp Girl's birth experience during this sequence, she also compares Boy's description of birth to a movie, as though he could be just relating something he saw on screen. Woman suggests that having a baby can be faked by referencing particular events in a dramatic way, even if not all necessary components of childbirth are present. Much like the theatrical conventions previously discussed, the idea of a "faked childbirth" conveys a reduced meaning rather than the actual experience. This is an important reminder that what is being represented means more than the convention will allow to be signaled.

Despite the artificiality Albee puts into his play and the "proving," the audience does become invested in discerning the existence of the baby because, as Albee anticipated, their expectations of resolution keep them firmly in their seats. They may struggle, but the audience has developed a need to dispel ambiguity and so persists in waiting out the play in order to be fulfilled in the end (which, in this case, will not happen).

Patriarchal Control and Appropriation

The idea of possessing a child rather than parenthood is used as a status in *The Play about the Baby*. But given the reductive treatment of childbirth in the play, this raises another question—what grants the status? Giving birth? Or later coming into possession of children? Yet despite the importance Man places on wounds, the scars left after the trauma of childbirth seem to be entirely overlooked. Man seems to think that

¹⁵⁹ Albee, *Baby*, 46-47.

losing a baby would grant you a higher status than having one and so he usurps control of the play and other characters in the dramatic reveal of an empty blanket.

Though possibly a matter of taste or personal preference, the fact that Albee gives more power and consequence to Man and Boy is a part of what overshadows what the women experience (or do not experience) in the play. Man dictates what the other characters are to do and Boy takes every opportunity to steal focus and attention. Woman and Girl, in comparison, play very passive roles and this limits what they are able to show (of pregnancy or anything else).

Historically, the male establishment began determining and authorizing pregnancy and birth experience with the medicalization of pregnancy care and birth in the middle of the twentieth century. The effects of this can be seen in how men describe birth itself. Jacques Gélis's well known *History of Childbirth* leaves much maternal subjectivity to be desired, characterizing birth as, "a break with the past. The child finds its way through the dark labyrinth of the womb and at last 'falls into the world.' It leaves its mother by passing through a symbolic circle."¹⁶⁰ The child is provided a voyager identity to escape the dark recesses of an undesirable *place and time*. The woman is almost forgotten until you reach the reference to what has been left behind. The womb and the "symbolic circle" of the cervix are disembodied and disassociated from the woman/mother.

The excerpt describing childbirth from *The Play about the Baby* is from Boy (rather than Girl, who supposedly experienced it). The description of labor is textual, not visual, and since it is from the Boy's perspective, suggests a patriarchal control over how

¹⁶⁰ Jacques Gélis, *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe* (Cambridge: Polity Press, 1991), 95.

the female experience occurs. The story is biased because Boy focuses on his experience of what happened and how the birth affected him, much like Peter's description of Anna's childbirth in *And Baby Makes Seven*.

Masculine control over the female body and performance is seen in other ways as well. For example, Boy accosts Girl in the first act and pressures her to have sex.:

BOY. (*Takes her wrist.*) Come with me.
 GIRL. (*Mild concern.*) Where?
 BOY. In there. (*Indicates stage left.*) I want to *do* something.
 GIRL. (*Greater concern.*) What?!
 BOY. Something new; something we've never done.
 GIRL. (*Slightly worried.*) There *isn't* anything.
 BOY. (*Pulling her.*) I *read* about something. Don't fight me.
 GIRL. (*Some alarm.*) What *is* it?! What is it you want to do?
 BOY. Relax into it. (*Lets her wrist go; hands to his chest, mock eloquence.*) You're my goal; you're my destination. You are my moon and sun and earth and sky and... (*Breaks tone.*) on and on, and so on and so forth. (*Grabs her wrist again.*) C'mon!
 GIRL. No! What! What *is* it?!
 BOY. (*An enthusiastic confidence.*) It hasn't been done for centuries; three religions outlawed it in the Middle Ages. C'mon!
 GIRL. (*Reluctantly giving in.*) W...e...l...l.
 BOY. You'll love it. (*Mock tone again.*) You are my goal; you are my destination. (*Normal tone again.*) C'mon, girl, let's go!
 GIRL. (*Allowing herself to be dragged off.*) Not in front of the baby; whatever it is, not in front of the baby.
 BOY. (*Slightly annoyed, as they exit.*) OK; OK.¹⁶¹

This scene reiterates the stereotypes of the sexually submissive and ever-maternal woman. Girl is written as one whose consent is not required for her body to be utilized by all around her. In addition, the baby's witnessing of their sex is the greater concern for her—even over her own discomfort and reluctance. We see throughout the play that it is Girl and not Boy who cares for and is concerned about the baby's well being and as such takes on all the expected parental duties (at least the ones shown).

¹⁶¹ Albee, *Baby*, 16.

Control in the play is mostly wielded by Man as he frequently orchestrates how the other actors are to perform and to what the audience should pay attention. In addition, Man often decides that his own opinion matters most, as in his self-declaration that he is the expert with respect to having babies. Claiming that male knowledge should be counted more than female knowledge (be it from experience or otherwise), Man says in response to Boy and Girl when they maintain that they have a baby:

MAN. [...] So, I want you to understand I know about children, about who has them...and who does *not*; how large they may be, how many legs they have—if they have the number they are supposed to, where they come out of—the length of the small intestine in a two-week-old...

WOMAN. How long?

MAN. Eleven and three-quarter inches. The color of loss, the names most commonly not used...all the things essential. You don't fool with *me*. Fool yourselves, fool each *other*, but don't try it with *me*.¹⁶²

This further separates pregnancy/childbirth/babies from women and their experiences and instead makes it under Man's authority.

Later, Man talks about the reversal of childbirth—a subject that was not even being debated in the scene. He interrupts the others to express what he feels is necessary knowledge:

You can't go home again? Surely not! They say we want to go back in—back home—some of us, at any rate. Try it! A minute after out-you-slide—or whatever—it's all closing up, closing down, 'til the next time. Push you back in—headfirst, whatever? Wouldn't work! The water's gone now; you've been shocked into breathing...what?, nothing *you* can see, *could* see if you had *eyes*—eyes that *opened*.¹⁶³

This speech not only takes birth away from the female, but also treats her as some sort of a place from which one comes or a machine that does not “work” properly. It also places

¹⁶² Albee, *Baby*, 34.

¹⁶³ Albee, *Baby*, 36.

the focus on the progeny rather than the gestational experiences of the woman that led up to the child being born.

Man decrees that Girl has not “really” given birth and therefore is simultaneously commenting that experience (one that creates scars/trauma/wounds) is necessary in order to be alive, while he is taking away the possibility of that experience carrying any meaning for a female because Girl’s experience of childbirth has not been granted patriarchal sanction.

Man also privileges his words over other characters’ lines or actions even when it does not concern childbirth. When Woman speaks in the first act, Man patronizes, discredits and dismisses her. In the second act, Woman says very little and almost entirely in support of what Man is saying. Man also poses questions to Boy if he wishes to know something about Girl’s experience or ideas, as in the second act when he asks Boy to tell him the Girl’s “history” even though Girl is present at the time.

Despite the usefulness of Albee’s absurd framework for this play in dislodging spectators from their assumptions, it is still problematic to have a male dictator choreograph a play “about a baby” without serious input from female experience. Not only does the experience of pregnancy and childbirth get taken from the female, but all commentaries are made and last laughs are had by a masculine presence. This tips the power dynamic uncomfortably and has the potential to claim all female experience as insignificant to the point of being a trivial inside joke that only men “get.”

Control of the Silent Conventions

Instances of blurring in this play include: the title (the play about a baby that might not have any actual or imagined baby in it), the conventions used (recognizing certain characters at certain times and not others, talking to the audience in different ways, sound effects, bundle of baby blankets) and the text (non-linear plot that jumps from scene to unrelated scene, no customary through-line). All of these things build up for the payoff that does not, in fact, pay off.

Man's monologue that opens the second act makes an argument for why we can never have actual experience—such as pregnancy or childbirth—on stage because it is either not safe, not real or too upsetting:

I have a troubling sense of what should be—rather than what is. [...] Because I know it can never happen in what they call “real life”? [...] because it could all...stop, could go away, be a single instant of glory, desperately cruel. We can't take glory because it shows us the abyss. That is why we cry at movies—because it is *safe* to; it's all so...beautifully false.¹⁶⁴

In a more traditional play, the audience would be sure of the baby's existence because of the evidence provided (theatrical conventions, a.k.a., the beautiful falseness). But *The Play about the Baby* prompts the audience to call into question everything they have seen and heard, particularly the existence of the baby. Dismissal of the baby makes a clear argument regarding spectator reliance on convention but it also reduces pregnancy and childbirth to occurrences that exist without female experience, solely as means to an end, if considered legitimate to begin with.

¹⁶⁴ Albee, *Baby*, 29-30.

After all the cues we receive about a baby in the show, the end of the play brings the trauma. Man does the “old blanket trick.” Woman comes in with the, “baby bundle,” hands it to Man, who tosses it in the air before unraveling it and showing it to be empty. Then Girl and Boy start weeping and are forced to admit that there is/was no baby. Man insists that these are wounds they must endure to know they are alive.

However, when Girl accepts Man’s claim, it is with the understanding that she does not believe it is true but knows she must endure this now—that insisting on the baby’s existence will only hurt more and drag out the pain:

BOY. (*Still in tears.*) No baby?

GIRL. (*Still in tears.*) No.

BOY. (*More a wish than anything.*) I hear it crying!

GIRL. (*Please.*) No; no, you don’t.

BOY. (*Defeat.*) No baby.

GIRL. (*Begging.*) No. Maybe later? When we’re older...when we can take...terrible things happening? Not now.

BOY. (*Pause.*) I hear it crying.

GIRL. (*Pause; same tone as Boy.*) I hear it too. I hear it crying too.¹⁶⁵

In some morbid, emotional, post-birth abortion, Girl rejects her reality at this point to save herself and Boy and leaves the audience with the trauma of not being able to make clear sense of what did or did not happen. In short, *The Play about the Baby* is valuable for how it challenges assumptions related to theatrical conventions, but it does very little to rectify the sad situation of insufficiently representing female experience.

Afterbirth After Birth – *Motherhood Out Loud*

The term postpartum refers to the period after a woman has given birth, most commonly considered the six weeks after birth. My specification of the *immediate*

¹⁶⁵ Albee, *Baby*, 51.

postpartum experience is meant to limit this period of gestation to the period of time directly following when the child emerges from the woman's womb (generally understood to be the conclusion of childbirth) and lasting the hours during which the woman herself is still experiencing birth, at times extending a few days.¹⁶⁶

It is necessary to include this period in my stages of gestation because the child's exit from the womb does not necessarily result in the completion of trauma for the woman. Since this study focuses on the woman's experience it is necessary to break from normative understandings that forget or exclude the woman. Even after the baby and afterbirth are expelled, she still has to wrestle with physical and emotional changes as well as fluctuations to how she and others perceive her subjectivity. The definitive way birth of the baby is treated as the end point of all significance in the experience ignores this very important development.

The play, *Motherhood Out Loud*, offers windows to view this phase. The play is a compilation work about motherhood and parenthood that was conceived by Susan Rose and Joan Stein, to which fourteen writers contributed pieces.¹⁶⁷ Having so many writers contribute to one piece makes this play drastically different than all the other plays considered in this study because it has little to do with an individual's own agenda surrounding women or reproduction and much more to do with what the two producers

¹⁶⁶ Doctors describe the postpartum period as the period of healing from the trauma of birth. Though I only look at immediate moments after birth with this study, the trauma can be taken well past these six weeks. This time span was likely chosen because the visibility of the woman's physical health seems to come into balance for many women within the weeks after birth. But this is still an opinion held by the doctor, not the woman. In addition, though medical professionals now accept postpartum depression as a reality, there is still an assumption that this occurs within the six-week period post-birth. This is a false assumption.

¹⁶⁷ Leslie Ayvazian, Brooke Berman, David Cale, Jessica Goldberg, Beth Henley, Lameece Issaq, Claire LaZebnik, Lisa Loomer, Michele Lowe, Marco Pennette, Theresa Rebeck, Luanne Rice, Annie Weisman and Cheryl L. West, *Motherhood Out Loud* (New York: Dramatists Play Service Inc., 2012).

(Rose and Stein) wished to produce. They wanted an entertaining piece that didn't grow stagnant, but would sustain and retain an audience base. So, they decided to bring together a diverse group of playwrights to form a multi-perspective piece about motherhood. Twenty vignettes form the piece and focus on experiences ranging from conception to taking care of aging parents. In terms of form, the play is episodic. The pieces do not connect to form a larger story, but stand on their own. The pieces themselves fall into three general categories: monologues, dialogues and fugues. Like the non-traditional format of *The Play about the Baby*, this show encourages minimal scenic options, putting the focus on the words and actions of the actors. However, Albee requires specific movement and interaction of his characters, whereas reviews of *Motherhood Out Loud* suggest that most productions have chosen a "stools and stands" presentation.¹⁶⁸

The play is written for a four-person cast: 3 females, 1 male. However, the production note allows for, "as many actors as you choose." If using four people, the one male actor plays all the male roles and the other roles are divided up among the women (the role assignments are also specified in the production note). *Expecting Isabel* also has actors playing multiple roles and this convention helps the audience connect with the stories more than any particular secondary character, keeping the focus on the two main characters: Miranda and Nick. Since there are no central characters in *Motherhood Out Loud*, the multiple role convention emphasizes the overall theme of motherhood rather

¹⁶⁸ "Stools and stands" is a phrase that refers to a play reading. Most often, actors sit on chairs (or stools), with the scripts in front of them on music stands and the play is read out loud. The minimal staging requirements mean that fewer theatrical conventions are used to communicate gestation. Instead, I look at the textual treatment of the pregnant, birthing and maternal subjects.

than any one vignette, making the significance of the individual characters equal, or at least not combative.

Albee chose to create ambiguity in his characters through other means. By intentionally providing little or contradictory backstories, Albee purposely creates a disconnect between the audience and the characters. This helps focus attention on what the play was doing instead of expending energy on empathy for the characters. Not being sure exactly who they are, it is difficult to connect with them.

Motherhood Out Loud does enable connections with characters, albeit brief ones. Moving so quickly from story to story helps the audience connect with a broader idea of motherhood. The play also makes some very important moves with regard to how women and mothers are viewed by popular culture. In particular, *Motherhood Out Loud* depicts the politics surrounding physical or biological connection to a child versus emotional ties. In this way, the play resists many of the stereotypes that feed expectations of what motherhood “should” look like, challenging the legitimacy granted to particular stories and experiences. This challenge is similar to the one broached by Albee, asking what is necessary to have or lay claim to real experience.

The following sections display examples of the pieces from *Motherhood Out Loud* and they are presented in the order of the woman’s subjective experience, starting with childbirth itself and who witnesses it, and leading into negotiations of how she sees herself as a mother, what she loses in transition and how the child’s subjectivity trumps her own. These issues are confronted by the postpartum woman and are a real part of her gestation experience.

Reflections of/on Childbirth

Childbirth is referred to (mainly in retrospect) by three pieces in *Motherhood Out Loud*. “Fast Births Fugue,” “If We’re Using a Surrogate, How Come I’m the one with Morning Sickness?” and “My Baby” each tell of the childbirth experience from different perspectives. “Fast Births Fugue” is a first-person perspective from three women as they are giving birth. A fugue is defined as both a musical form and a loss of memory. While the latter definition carries with it the most humor with respect to the subject of new parenthood, the first is also used in the structure of the fugues in *Motherhood Out Loud* and how they are performed. There are five fugues in the play, all written by Michele Lowe. Each is 1-2 pages in length and quickly cycles through brief lines from multiple characters who illustrate a familiar parenting (usually mothering) experience.

The fugues in *Motherhood Out Loud* are called, “Fast Births Fugue,” “First Day Fugue,” “Sex Talk Fugue,” “Graduation Day Fugue” and “Thanksgiving Fugue.” As these titles suggest, the fugues handle topics that may be considered milestones in a mother’s life experience. “Fast Births” is the only fugue that specifically handles childbirth. While no meter is specified, there is a quick pace suggested by the line brevity and punctuation that could grant *affrettando* and *crescendo* musical qualities to the performance.

The three experiences presented in “Fast Births” are from A, who goes into premature labor with her fifth child and gets put on a significant amount of drugs; B, who is having her first child, races to the hospital in a station wagon and receives an epidural;

and C, who's baby is being delivered by a Japanese doctor who, "has Ben's head by the forceps and [...] jumps on [her] belly to get a better grip."¹⁶⁹

Birthing woman A is told by the doctor to stay on the drugs (which will delay her labor) so that he won't have to come back to the hospital during his Thanksgiving dinner. Then, while in the hospital and on drugs, she mentions multiple times to the nurse that she feels contractions starting, but the nurse tells her that she is not experiencing contractions because it does not show on the monitor. It is then learned that the nurse put the monitor on her incorrectly and she continues to experience a very fast birth.

The second birther, B, is panicking and in pain, not understanding what is happening to her body since this is her first birth. She tries to reassure herself by asking the audience, "Billions of women have done this, right?"¹⁷⁰ And in her eight lines, B goes from "on all fours panting like a dog" to her last push, never entirely certain of what she is doing.¹⁷¹

Woman C, is in labor with her third child. After many pushes, the baby is found to have the umbilical cord around its neck, preventing it from being pushed through the birth canal. In addition to the unresolved umbilical cord issue, the other concerns of all the women are left to climax with their births in the last communal line of the fugue, "Holy shiiit!"¹⁷²

Contrasting Albee's presentation that suggests that there is one recognizable way in which "birth goes," "Fast Births" offers not only different circumstances but different

¹⁶⁹ Michele Lowe, "Fast Births Fugue," in *Motherhood Out Loud*, 7. Almost all of the characters in *Motherhood Out Loud* are unnamed. In the fugues, they are given letters.

¹⁷⁰ Lowe, "Fast Births Fugue," 8.

¹⁷¹ Lowe, "Fast Births Fugue," 7.

¹⁷² Lowe, "Fast Births Fugue," 8.

perspectives. Many variables are made visible with the addition of these perspectives. For example, the previous birth experience of the birthing woman, the type of medical presence and particular challenges to the birth process (umbilical cord around neck) all provide dimensionality to an experience that deserves to have its depths understood in all their complexity. The necessity of only referring to recognizable cues, such as the sound effects in *The Play about the Baby*, is shown to be unnecessary because one could not mistake what these women were all so deeply and differently experiencing.

Just as Albee's birth scene indicates a hospital and medical preparation with the sound effects, all the births in "Fast Births" include a significant medical presence. This consistency grants further "uncontrollability" since some of their agency is taken away by the doctor or nurse who "knows better." However, the perspectives given in this play do a lot to win back much of the agency that is normally usurped by the doctors because the perspectives are most often contradictory to the medical opinion being offered (and frequently presented as more accurate).

Woman A is subjected to medical control by her doctor and nurses in the form of drugs and dismissal of her feelings. However in the end it is revealed that the woman is indeed correct about her own body and the medical professionals made a mistake with the monitor. Pregnant and birthing women—often viewed as patients—are not granted the insight into the workings of their own bodies, so it is all the more important to include women who are not passive objects and speak up when they feel things.

In addition, women B and C display more uncontrollable scenarios that include fear on the part of the birthing woman and unplanned challenges. These experiences have the potential to place the birthing woman in a passive, weak role, inscribing birth as

a function on its own that goes forward with or without the woman's help (though usually necessitating a medical professional's presence).

However, since we get to hear her perspective and the work she has to do to push out her baby, this fugue helps to empower the birthing woman. Depicting the fear and personal challenges of the birthing woman reinforces the magnitude of birth; realizing it as an unpredictable, scary and incredibly difficult labor that women face head on, fully experience and in which they actively participate.

What makes the birth fugue unique as a birth scene is how it is presented for a narrower audience. While it is informing an audience who might not be familiar with these experiences, the fugue nudges particularly at the former birthers in the crowd who are expected to have experienced similar situations during their births rather than only catering to mainstream familiarity with birth.

“If We’re Using a Surrogate...” – Witnessing

Marco Pennette wrote, “If We’re Using a Surrogate, How Come I’m the one with Morning Sickness?” This piece is a monologue from a gay man who, with his partner, had a daughter with the help of a surrogate. The man opens the monologue with his frustration over how people frequently ask his daughter questions about her mother when, “she doesn’t have one.” He discusses the difficulties of having and raising a child while not being considered a “traditional” family. He gives a bystander’s account of the birth that calls into question what about birth—if anything—grants the status of parenthood.

The story of how he and his partner chose an egg from a donor and used a surrogate to carry their child erases the woman in the process. The donor of the egg is

referred to only by her number, 6247. Donna, the surrogate, is not seen since this is a monologue, but he describes her only as, “A perky lesbian from Simi Valley. Healthy, a mother of two.”¹⁷³ The invisibility of both the donor and surrogate serve the piece because it is the legitimacy of him as a gay parent that is being considered (and not aspects of motherhood).

When anticipating the baby being born, the man says he becomes obsessed with making sure that the baby is immediately handed to either him or his partner right after birth. He explains:

So, the big day arrives. Donna, her girlfriend, Steve and I sit in this hospital room. The nurses tell us everything looks good, nothing to do but wait. Four hours later, the contractions are a minute apart, and Donna’s allowed to start pushing. At this point, my inner asshole comes out and I whisper again to the obstetrician—the baby comes to us. Now, Donna originally had wanted us to stay up at her head while the baby was being born—which was fine with me. Saw one of those things in the Nineties, never need to see it again. But when the baby starts crowning, she yells, “Get down there! You can’t miss this!” And as always, she’s right.¹⁷⁴

Much like the quick birth in *The Play about the Baby*, in this description the labor is fast-forwarded to the moment of interest—when the pushing begins. The phrase, “nothing to do but wait,” greatly diminishes what Donna is to experience during the four missing hours. Then the focus is on immediate acquisition of the baby, as though just when the baby is born is the moment when claim is staked. This negates any connection the birthing woman had or has to the child who has spent 40 weeks in her womb and is emerging from her vaginal canal largely due to her own effort in pushing her out.

¹⁷³ Marco Pennette, “If We’re Using a Surrogate, How Come I’m the one with Morning Sickness?,” in *Motherhood Out Loud*, 22.

¹⁷⁴ Pennette, “If We’re Using a Surrogate, How Come I’m the one with Morning Sickness?,” 23.

The actual reference to when the baby is emerging from Donna's vagina is given a negative and grotesque description, calling it, "one of those things" that never needs to be seen again. This wording makes birth seem unnatural or odd. But at the same time, seeing the baby born is treated as a magical event that transforms the witness into a parent—as though it were an uncomfortable but necessary rite of passage.

Though according to Albee it is the wounds that grant rights to experience, witnessing versus physical contact is also considered an important binary in the legitimation of family unit formation and parental acknowledgement. While physical contact often trumps witnessing, the moment of emergence can only be witnessed by those *around* the birthing mother. The witnessing act is therefore given greater significance in this story since it is the role that fathers can claim in the birth event.

The main character then says that after his baby daughter is born, "I hold my daughter for the first time. I look up and see Donna watching us—sweaty, snotty, tears running down her cheeks—and once again, all plans out the window. I instantly hand the baby over for her to hold—as it should be."¹⁷⁵

Donna is not only present, but grotesquely so (sweaty, snotty, etc.), which retrospectively grants her the recognition of her efforts. And while perhaps not a popular one, the choice to show this "messy part" allows depictions of birthing women (and women in general) a greater latitude with regard to their physical appearance and composure and grants a bit more communally understood beauty to the moment. This is important because without visual recognition of toil—as in Albee's decision to minimize the birth—depictions fall short of truly acknowledging what a woman can do and how

¹⁷⁵ Pennette, "If We're Using a Surrogate, How Come I'm the one with Morning Sickness?," 23.

much effort is actually exerted. Showing “false” toil is the problem Albee is addressing. We are not usually able to show actual pregnancy and birth experience on stage. However, the representation of these experiences can do a lot of necessary work toward women’s reclamation of agency in defining herself outside of as well as within the parameters of reproduction.

At the end of the “Surrogate” monologue, the father says that giving his surrogate the baby to hold is “as it should be,” claiming that there are some inherent “rights” granted the woman that gives birth to the child. Holding the baby after birth is an immediate postpartum moment that calls into question what it is that grants the expected “ownership” of the child.

“My Baby” – Disassociation

Acknowledging the labor of the female during and after birth—including struggles with subjectivity—is important and necessary. Many pieces in *Motherhood Out Loud* depict the struggle so many women have entering motherhood and feeling that sacrificing a part of themselves for the transition is required.

The last piece in the play is by Annie Weisman and is called, “My Baby.” It is a monologue from a new mother (possibly autobiographical, since the character is named Annie) telling her infant about the day she gave birth to her. This monologue shines a light on the disassociation a new mother negotiates when contemplating her new role. It also gives a personal perspective of physical and mental strength. Annie’s description starts, “I look at the car seat and its government-mandated five-point harness in the back, and I try to fill it up with the idea of you, but fail. It’s impossible. No way this thing

inside of me is a person.”¹⁷⁶ This expression of disassociation gives a space for women to experience pregnancy (particularly their first) as a separate event, apart from themselves and parenthood. Rather than fully accepting that what is within the pregnant belly is a baby to be born, this woman experiences distancing. Rather than moving easily into parenthood from pregnancy, this woman experiences doubt, anxiety and discomfort.

Annie goes on to say that, “there are hours and hours at the hospital for it to get more real.” This phrasing, while allowing for the reality that all the hours of labor are not going to be shown on stage, reminds the viewer that birth is a process that does not merely exist in the moment of the baby’s emergence toward the end. In addition, the lack of specificity with regard to time passage (“hours and hours” versus “four hours later”) acknowledges that the experience, not the countdown-to-baby, is foremost on the woman’s mind and body.

The birth continues to be described, but not from the perspective of an outside observer who is waiting for a child. Annie describes what *she* is experiencing:

After the epidural, there’s no pain to distract me anymore from the impossible task at hand. It’s 2 A.M., your father is asleep in a vinyl chair, and I am alone with beeping machines, ice chips and paralyzing fear. And this goes on for hours until at last I’m dilated 10 centimeters and they page the doctor. [...] Of course, I know this is coming, this moment when they tell me it’s time to push out my baby. And yet, YOU HAVE GOT TO BE FUCKING KIDDING ME. Why don’t you just tell me to SPEAK RUSSIAN, or FLY. There is no way. No WAY. And still, I do it.

Annie’s speech reveals her disbelief and fear and makes the space for childbirth depiction broader for pregnant, birthing and maternal women by allowing them to express doubt.

¹⁷⁶ Annie Weisman, “My Baby,” in *Motherhood Out Loud*, 48.

The frequent descriptions of the hospital, epidural and doctor show that a medical atmosphere is a significant part of the contemporary birthing experience (esp. in the U.S. and other developed countries). However, instead of the epidural bringing freedom from discomfort—which is one of many assumptions confirmed by the reductive treatment of the birth experience—Annie says that it throws her panic into greater relief. She uses the word, “impossible” to express how unprepared she feels for this work. This allows the range of depiction to be stretched to include the many women who do not feel they are automatically granted insight into birth, “naturally,” simply by *being a woman*.

Today, justifications for the intervention of medical professionals into the birthing process include generalizations of “woman’s needs” or “woman’s experience,” but specifics are not usually cited except in emergency situations. When the major move from home births to hospital births was initiated in the U.S., the reason was much more specific. In 1920, Dr. Joseph DeLee wrote an article in the *American Journal of Obstetrics and Gynecology* entitled “The Prophylactic Forceps Operation.” Dr. DeLee’s advocacy of the use of forceps and episiotomies is acknowledged as the reason why “obstetricians, public health officials, upper-class mothers and insurance companies all promoted hospital births” after this period.¹⁷⁷ Though Dr. DeLee rescinded his position in 1936, claiming that too much operative intervention was being used in normal births, by then seventy-five percent of births were taking place in the hospital environment and this number continued to increase. No one questions the lack of justification now and so the assumption that none is needed grants the doctor status as an expert who works to make

¹⁷⁷ Allen Spiegel, *Home Healthcare: Home Birthing to Hospice Care* (Owings Mills, MD: National Health Publishing, 1983), 88.

the birth happen. When people make this association, it is difficult to resist the idea that the doctor is somehow necessary to the birthing woman.

However, Annie disrupts this notion by describing her doctor thusly:

He breezes in just before 5 A.M. sipping a large latte and pulling a crisp white lab coat over a worn T-shirt. Just another ordinary day for him. He had time to stop at Starbucks for a latte. I can't stop shaking. The nurse whispers to the doctor, "She's panicking." And he takes his place on a wheeled stool at the foot of the bed, his face framed by my trembling legs.

Instead of the assumption that the doctor is there to solve everything, we get the birthing woman's explanation of his lackadaisical attitude. The doctor and nurse are just doing their jobs, which highlights the ephemerality of the birthing woman's labor as well as her isolation as she is the only one experiencing childbirth in the room. Their attitude toward her as just another birthing woman is almost complacent, commenting on her reactions as though she were not an active player in this event (or even in the room).

Annie goes on to explain how the pushing felt, "I know this is how it's done but I can't do it. I can't do it. I do it again. 'That's it, Annie! That's great! Now do it again.' And I can't, but I do it again, and again until the doctor says, 'The baby is crowning, no more pushing.'" ¹⁷⁸ Once again, the difficulty of the woman's experience is emphasized by the repetition of impossibility alongside realization of the feat accomplished.

Though disbelief is often displayed in a birth scene (i.e. "I can't do this!"), Annie offers the next part of that experience verbally as well: "But I do it." This repeated line in the final monologue of the play leaves the audience with the reminder that it is the woman who in fact must "do it" rather than the birth happening "to her," rescuing the

¹⁷⁸ Weisman, "My Baby," 48.

female experience from some of the passive depictions that can be associated with childbirth (particularly medicalized childbirth).

The frequent acknowledgment of uncertainty surrounding the beginning of motherhood disrupts the assumption that mothers automatically become psychologically, emotionally and mentally prepared for parenthood just by going through pregnancy or being women. Annie's monologue offers a balance between emphasizing the woman's agency in pregnancy and childbirth while also acknowledging the inevitability of the gestation and birth processes and never confusing predictability with passivity in the birthing woman.

What Am I Now?: Subjectivity in Flux

There is a reiterated idea in many of the pieces in *Motherhood Out Loud*: once a woman gives birth, her wants/needs/desires and indeed identities are unimportant, or at least less important than her child's. This is not a new notion, but it is a false one. A woman's identity does go through alterations during birth and after and those changes are quite significant. The immediate postpartum experience is a major space in which this change in subjectivity is being negotiated. Mother is at first an invisible but palpably present identity. The mother identity becomes visible as it subsumes the woman identity.

In the period just after birth, women are bombarded with not just a new life, but with new ideas, foci and approaches that require them to check their own subjectivity at times. This change is not easy and necessitates some uncomfortable internal negotiations. Sometimes this discomfort is brought on by external sources, as in the second piece in *Motherhood Out Loud*. "Squeeze, Hold, Release," is a monologue written

by Cheryl L. West. This piece is from the perspective of a woman who has recently given birth to her “little precious” and is saying goodbye to her mother who came to offer help during and after the birth. The woman recounts her mother’s words about childbirth: “Four children! That’s right. Popped out all four of you. No drugs, no science fiction shots to my back...barely an ouch uttered from my throat. The nurses all wanted to give me an award for being the most silent mother to be.”¹⁷⁹

Most pregnant, birthing and postpartum women must confront comparisons to other mothers as a part of the new-mother identity negotiations. Not having the experience as a mother, having only just given birth, but feeling the societal pressure to adopt a mother “type,” or “style,” women make a lot of decisions during this immediate postpartum period. “Squeeze, Hold, Release” makes these decisions more explicit by offering an oppositional voice to the main woman—her mother. This piece also stresses the effect of second wave feminism on choices regarding childbirth. The woman speaking in, “Squeeze, Hold, Release,” proudly characterizes her choice to become a mother as, “planned” (presumably with some form of birth control), in contrast to her mother who did not “plan.”

The attitudes surrounding these choices reiterate the tension between the past and present with regard to who is more entitled to their own identity. She planned her pregnancy and claims this grants her more control or power over her life, while her mother claims it is the suffering in silence that gives her status and legitimate claim to the title of mother. The advice that the mother gives her daughter in “Squeeze, Hold,

¹⁷⁹ Cheryl L. West, “Squeeze, Hold, Release, in *Motherhood Out Loud*, 8. This description of birth creates a false binary that needs to be highlighted—that all grandmothers had absolutely no medical intervention and all of their daughters automatically opt for it.

Release” is not about childbirth or motherhood, but about the importance of doing Kegel exercises in order to maintain a “tight doorway” for her man. This offers another false claim that the concern to please men sexually should be of primary importance to women in this postpartum period. This “tight doorway,” a symbol of her womanhood, is something lost through birth. So she is left with the choice to either work to get her womanhood back or reject it, all based on the invisible state of her pelvic floor muscles.

The pride held by the woman’s mother has less to do with her experiences in motherhood and more because motherhood has not robbed her of her identity as a woman: “Four kids and forty-five years later, I can still cradle a dumbbell up there for an hour if I had to [...] Now that’s what you call a mother that’s still a woman!”¹⁸⁰ While not the only instance in the play, this piece is quite explicit in its separation of the mother identity from that of the woman. This division demonstrates the fluctuating that occurs for the immediate postpartum woman—struggling to reach one or the other identity and yet not fully able to attain both at the same time. It is important that the representation of this fluctuation be made obvious because there is a generally accepted association that women automatically become mothers. It is less clear how the identity changes for the women-mothers themselves and so greater attention is needed to help illustrate where the woman goes once the mother exists.

The “Squeeze, Hold, Release” monologue highlights how, generationally, there is a tangible shift for many women as they become mothers, during and after which they have less access to their former, identities. Despite feminist progress to avoid it, motherhood still seems to have the power to subsume womanhood. And the current

¹⁸⁰ West, “Squeeze, Hold, Release,” 9.

intensive mother leanings in popular culture are further helping push aside personal perspectives like the ones offered in *Motherhood Out Loud* in favor of focusing on the child's subject position. This play not only puts the focus back on the women who mother, but it fights back against the depiction of motherhood as the ever-positive and *only* fulfillment of womanhood.

At the end of the monologue, the woman offers a different analogy for the Kegel euphemism: "Maybe that's the definition of motherhood. You do squeeze your child, and you hold on to them tight, and yes, eventually one day you release them into the world."¹⁸¹ Helpfully, the focus on male sexual gratification is undermined, however there is still a focus on the child as the primary and most important subjectivity. Both of these foci work to erase the woman.

Albee states that it is the changed aspects of your self—your wounds—you must keep after an experience in order to lay claim to having had the experience. Here, "Squeeze, Hold, Release" jokingly maintains the opposite—that you must erase or reverse those very wounds in order to stay a woman. Within this joke, however, is the reality that women who are mothers are considered less "womanly" if they don't strive to seem like non-mothers.

"Next to the Crib" – The Kid is Number One!

Along with the loss of womanly identity comes the child subjectivity taking precedence. A piece that illustrates this takeover is, "Next to the Crib," by Brooke Berman. The subject of this monologue is a new mother who is suffering from anxiety:

¹⁸¹ West, "Squeeze, Hold, Release," 9.

I belong to him now. With my husband I can at least pretend some kind of emotional autonomy, like that Rilkean sort of “two solitudes that border each other” bullshit. But with my baby? Uh-uh, no way, it’s full on. He depends on me. And I better be up to the task...Or else.¹⁸²

This monologue emphasizes both the pressure mothers are under and also the extraordinary and unnecessary lengths mothers are taking to meet these perceived, “demands.” The woman speaking is laying on the floor next to her baby’s crib at night because her husband has a cold and she does not want her newborn or herself to get sick. Interestingly, even though the woman mentions her husband, the father of the baby, she still claims that the baby depends upon *her* alone. Whether or not the father is, “up to the task,” does not seem to be relevant.

The focus on motherhood in *Motherhood Out Loud* is admirable, however because it is a combination of smaller pieces, each about a different topic, it only scratches the surface of critiquing important issues confronted by maternal subjects. For example, antiquated notions that mothers are (or should be) the primary or only caretakers of children is evident in many of the pieces, however there is little offered to challenge the situation. *The Play about the Baby*, in contrast, spends little time reiterating the social pressure of intensive mothering, apart from the fact that all the baby contact and care is provided by Girl, never Boy. However, *Man and Boy’s* control discussed earlier emphasizes a strict adherence in Albee’s play to stereotypical and patriarchal gender roles. *Motherhood Out Loud* presents the woman’s side but does not fully confront equity in parenthood.

¹⁸² Brooke Berman, “Next to the Crib,” in *Motherhood Out Loud*, 11.

“Baby Bird” – Are You *Enough* of a Mother?

“Baby Bird” is a monologue written by Theresa Rebeck about adopting children and the tension between being counted as a biologically legitimate parent versus what others perceive as foreign. The woman speaking discusses the hardships of adoption and parental legitimacy:

My husband finally said, “What are you so worried about?” And I said, “I am going to have to tell her that some babies come out of their mother’s stomachs. And that, in fact, her brother came out of my stomach, and she did not, she came out of another woman’s stomach, in China. Don’t you think that will upset her?” And my husband said, “Well, no babies come out of my stomach, so I never actually thought about it.”¹⁸³

While the woman speaking in this monologue is not infertile, both infertility and the adoption experience are subjects that are less frequently depicted and are parts of the postpartum experience for some mothers who adopt or lose their children through miscarriage or stillbirth. Lisa Loomer’s *Expecting Isabel* presents both of these experiences and how they each weigh differently on Miranda and Nick. Loomer’s play is unique in doing so, however.

The privacy issues and taboo associations with regard to reproductive abilities or choices do not frequently allow such individual experiences much of the lime light. But staging the experiences in the minimal way that *Motherhood Out Loud* suggests can grant some opportunities for empathy by exhibiting at least some of the similarities and differences in the labor of those silenced.

¹⁸³ Theresa Rebeck, “Baby Bird,” in *Motherhood Out Loud*, 21.

Motherhood Spoken Out Loud

Motherhood Out Loud is about the fear, doubt, joy and sadness associated with the experiences of pregnancy, birth and motherhood. Running alongside the fear and doubt are other questions—such as why individual people who do not fit the normative depictions of pregnancy and childbirth must weather the storm of society trying to push them into “traditional” boxes. Other important ideas from the play are the concept of building a family and the legitimacy that people desire in doing so.

In the final monologue, “My Baby,” Annie discloses her fear that, “If you could begin to breathe before my very eyes, you could stop too. As sure as you were just born, someday, you are going to die. And it could happen any second.”¹⁸⁴ This fear is often a silent one and the motivation behind over-protective, intensive mothering. While this fear may not be a part of every woman’s birth experience, it offers a valuable insight into the doubts of the soon-to-be mother. Doubts are very significant when developing identity because doubts seriously impact choices. For example, the choice of where to give birth is often motivated by doubts surrounding the safety of particular places. And the choice of whether to have children is impacted by doubts surrounding how one sees their life developing.

Some of these doubts stem from what others perceive or expect. In both the dialogue on adoption and the monologue of the gay father, the characters ask, “Do I have to teach everyone?” They step forth into the arena of parenthood in non-traditional ways and feel they must act as a buffer for their children as well as serving other families like them, explaining to those they meet how their family was formed differently.

¹⁸⁴ Weisman, “My Baby,” 48.

Regardless of the parents' demographics, the creation/adoption/birthing of a child is usually necessary for the family unit to be considered "complete." Is it perhaps this completion that then contributes to the erasure of the woman when becoming a mother? Since the woman's main function is to finish building the family, once the child is there and the mother steps in, the woman is no longer looked to for anything. And when you are not looked to enough, it is sometimes assumed you are no longer there.

Both *Motherhood Out Loud* and *The Play about the Baby* bring forward problems with the representation of pregnancy, childbirth and the postpartum experience. In limiting gestation to a "baby bump" and a baby emergence, we disconnect it from female experience and try to make empty signifiers mean much more than they are able. Despite the shortcomings of reinforcing patriarchal control and unequal distribution of parental duties (weighing heavier on the mother), these plays do a lot of good. In challenging assumptions, Albee strips theatrical conventions (including those that indicate pregnancy and childbirth) of their power. And by including the negotiations that take place for the birthing and postpartum woman, *Motherhood Out Loud* allows her experience to have the depth it deserves, granting all women the right to be in flux.

Conclusion
Volcanoes, Tidal Waves and Earthquakes:
Aftershocks of Reproductive Performance

Pregnancy and childbirth are states of potentiality that demand representation as human experiences—ones that particularly affect the pregnant woman and her subjectivity. Mother characters exist in plays. Pregnancy is referred to in plays. Childbirth affects the plots of plays. But representation is more than presence—it must be active and not simply there. Pregnancy and childbirth experience overflow with beautiful and harrowing realities that women exclusively experience and within which they wrestle with maternal identity. These experiences are often avoided in dramatic depiction because of the difficulties in staging particular aspects of them and because of assumptions that any information gleaned from these experiences is somehow either already widely known or inconsequential. The motivations behind the concealment of gestation are not malicious, but are fueled by indifference. If we continue to pass on this indifference about pregnancy and childbirth representation, however, we claim that exclusively women’s experiences are not valuable.

The avoidance of staging pregnancy and childbirth fully not only denies value but demonizes the events as “othered” and taboo phenomena. These views perpetuate negative associations with women, their lives and their bodies that stem from perceived notions of individual privacy to harmful, pseudo-feminist ideas about the subjugation of women. There is no perfect approach to depicting pregnancy and childbirth experience on stage, but we must continue to try to get closer if theatre is to represent the human experience fully. The plays I analyzed in this study show attempts and failures at this important work. As a final example, I offer Paula Vogel’s, *And Baby Makes Seven*, as a

play that makes some very strong and unorthodox choices which result in a fuller (though not altogether complete) depiction of the actual experience of pregnancy and birth.

Vogel confronts the pregnant subject more thoroughly, as a sexual being with desires, power and agency in her life. She also challenges the use of empty pregnancy conventions, using methods that overthrow the normative understanding of the gestating and birthing body. And she resists many of the pitfalls that lead to reductive treatment of reproductive female subjectivities. However, her play and her efforts appear to be anomalies.

Media representation of pregnancy and childbirth was slim during the 1980s due to the simultaneous occurrence of second wave feminists firmly rejecting compulsory motherhood, a strong backlash against this opinion that reinforced women's place was in the privacy of the home (and therefore pregnancy and birth must be kept private), the representation and higher visibility of abortion politics redirecting attention to moral concerns about choice and emerging third wave feminists who were placing the focus away from female reproduction and onto other issues of inequality within (among many other things) sexuality, class and race. Paula Vogel's *And Baby Makes Seven*, published the same year, was both a product of and contributed to the political climate surrounding reproductive rights that characterized the 1980s.

Thirty years after its publication, *And Baby Makes Seven* is enjoying a revival with several theatre companies currently mounting productions of the play. The relevance of the subject matter has not diminished in the interim. In fact, the cyclical return of this play suggests the real experience of reproduction has been avoided so

consistently that a 1980s treatment is still novel.¹⁸⁵ Importantly, *And Baby Makes Seven* confronts pregnancy and childbirth experience much more directly than other plays.

The main character, Anna, is pregnant. She lives in a house with Peter and Ruth. Peter is the biological father of the baby, but Anna is romantically involved with Ruth. In addition to living together, the three of them engage in a frequent game of make believe in which Anna and Ruth pretend to be three little boys (Cecil, Henri & Orphan) who are their “imaginary” children. Peter feels that they should rid the house of these personae before the baby is born. Ruth thinks there needs to be a story line for this to happen, so she proposes that they kill off each of the boys. Anna, Ruth and Peter agree to this and carry out the plan. After the boys are gone and the baby is born, there is a palpable sense of loss and banality to their family life. So Peter constructs a ruse to bring the imaginary boys back. The play ends with a family tableaux, including the imaginary boys.

Intriguingly, *And Baby Makes Seven* both engages with and defies normative understandings of pregnancy and childbirth. In addition, compared to other plays that include a reproductive female, Vogel is fairly thorough in her treatment of all the gestational stages that make up the framework for this study. Even though Vogel wrought a play that is more comprehensive in its treatment of the reproductive female experience, she counters the notion that to do so inevitably means writing a play *about* pregnancy and childbirth. Vogel weaves a story about sexuality, family, power dynamics, fantasy and morality that happens to include the stages of a pregnancy and

¹⁸⁵ However, even with the newer productions of Vogel’s play, other themes are gaining momentum and contributing to the overshadowing of pregnancy and childbirth. The New Ohio Theater, for example, revived the play in the spring of 2014 with a focus on the politics of gay parenting. While crucial in its own right, this focus reiterates the assumption that everything about a woman’s experience of pregnancy and childbirth is understood, largely known and therefore not needing attention.

birth. More importantly, Vogel goes beyond displaying the pregnant belly and writes into her script a depiction of the pregnancy—and to a lesser extent, the childbirth—*experience*.

Understanding the avoidance of pregnancy and childbirth experience in plays as a lens through which to view all women's marginalization in the theatre, this study inhabits the next phase of feminist theatre's search for a deeper representation of women and their life experiences. Vogel's play was published in 1984, which can be understood as a productive dip between the second and third "waves" of feminism in the United States. Agency to make choices about one's reproductive life is more likely to be taken for granted now in the Western world. However it is still difficult to work against the "traditional" expectations of how women's reproductive lives are represented. Vogel makes deliberate efforts to afford Anna control in *And Baby Makes Seven*. Considered from a patriarchal perspective to be the most "uncontrollable" body on stage, Anna is the character with the most power and influence.

Anna is given agency in many ways that pregnant subjects are usually denied. She exerts leadership in the household, which simultaneously challenges the uncontrollability of the pregnant subject while keeping her somewhat tethered to the role of mother. Perhaps the most exciting move, Vogel gives Anna control over the very thing presumed to be uncontrollable—her pregnancy.

One scene that demonstrates this deals with a common experience of pregnancy—the avoidance of certain foods. One of the most frequently referenced is giving up coffee. In one scene, Anna asks Peter for a sip of his coffee, saying in response to his reticence, "Oh, come on. Do you think the kid's going to come out with a mushroom

head if I have some caffeine?”¹⁸⁶ This is a very deceptively simple moment wherein Anna makes a big move in laying claim to her agency. In her request for coffee and humorous dismissal of unrealistic consequences, she shrugs off the male control of the doctor and Peter and puts her own needs and desires first. While doing so, she wards off resistance with the claim that she knows what she is doing—thereby taking back authority for her own pregnancy, body and life in lieu of only complaining about a restriction imposed upon her.

Another example of Anna taking back her control is in scene 6. Ruth, enacting a part of a murder scenario involving the imaginary boys, surprises Anna as she comes home from the store and comes upon Ruth sitting in the kitchen, (self-)tied & gagged. To this, Anna drops the groceries in surprise and responds, “Christ. You almost made me break my water.”¹⁸⁷ Although exclamatory and meant for humor by its extreme nature, it gives Anna, the pregnant subject, power over her own birth, which has more often been taken from her.

Water-breaking is typically either an occurrence totally out of the pregnant/birthing woman’s control (i.e., woman in a public place, eyes wide, standing in a puddle, “My water just broke!”) or less popularly known as the doctor’s job.¹⁸⁸ Anna’s line allows her to own her life instead of it being subsumed by the baby. It also reminds the audience that there are experiences of pregnancy that cannot rely on the visual of the pregnant belly to be fully communicated.

¹⁸⁶ Paula Vogel, *And Baby Makes Seven* (New York: Dramatists Play Service, 1984), 20.

¹⁸⁷ Vogel, *And Baby Makes Seven*, 21.

¹⁸⁸ A doctor will sometimes break the waters to initiate labor.

Vogel treats the control wielded against the pregnant subject as fodder for her comedy. In so doing, she resists the automatic assumption that pregnant women have no power or opinions of their own. Anna's unapologetic acknowledgement of her pregnancy and fierce grip on her own decision-making privilege create a fuller character for the audience and shed light on the pregnancy as an experience. Using humor, Vogel avoids yet another pitfall into the tricky, and sometimes devalued, area of feminist soapbox pronouncements.

In addition to humorous acknowledgment of pregnancy and diminishment of male or medical control, the juxtaposition of a boy—Cecil—being played by a pregnant body allows Anna more autonomy and agency than most characters (both pregnant and not pregnant) and challenges the audience to expand and question how they read the pregnant belly and how to interpret the emotions displayed by that body. Having a pregnant character in the role of Cecil also provides a visual of the necessary motivation always present. Anna/Cecil's belly continuously reminds us of the adults' decision to get rid of the other children before the baby comes. Anna is the one who is orchestrating most of it and since she is a part of the story, her emotions are not easily diminished into pregnancy stereotypes because there is an obvious and deeply psychological connection she has to the imaginary children. The imaginary children story line offers the pregnant subject a way to "get out of her own skin" as well as to react and respond to something outside of herself, while still always maintaining her pregnancy experience throughout the play.

One way that Paula Vogel sidesteps the trap of a pregnant character being subsumed by her pregnancy is by subverting the connection between femininity and fertility (in other words, the perpetually-potentially pregnant phase of gestation). The

idea that women automatically have the potential to be pregnant at any moment puts women characters at a disadvantage in the current system in which pregnancy trumps feminine subjectivity. Their character walks the tightrope of subjectivity, forever at risk of losing what little area they have to stand on to begin with. Vogel includes a character (Anna) who is pregnant from the beginning of *And Baby Makes Seven*. This choice takes the focus away from the “moment” when characters learn of a pregnancy. By eliminating the suspense and beginning with a character already visibly experiencing pregnancy, the potential that Anna had of becoming pregnant is handled retroactively when the characters reminisce about their past together. This puts more emphasis on the experience at hand and avoids creating disadvantages for the production and development of Anna’s maternal identity by allowing us to witness more of her experience.

In other words, Vogel thwarts the normative assumption already present—that women always have the potential to be pregnant—by making the pregnancy potential for her main character something of the past. The assumption about women’s automatic potential to be pregnant is a part of the normalized code of understanding the female gender. Judith Butler’s theory about the performativity of gender includes all codes that people live by and use to establish someone’s gender. Therefore, the potentiality of pregnancy is not just something women have, it is part of what they are. While spectators understand the perpetually-potentially pregnant subject subliminally, the fact that the experiences of pregnancy and childbirth are avoided on stage and reduced to empty props or sound cues means that all subjectivities related to pregnancy are also made silent.

Spring Awakening depicts Wendla as perpetually-potentially pregnant, yet she is given little agency, choice or time to show her feelings about her own pregnancy.

Wendla's and Anna's stories help us to consider what it means that all women characters have this pregnancy potential. It is an avenue always open to the woman regardless of wealth, race or status—although those factors contribute greatly to how that experience is felt by the woman. And yet, this ever-present potential is only recognized unconsciously by spectators, which helps fuel the disregard for its importance. The immediacy and consequences of pregnancy potential make it necessary to acknowledge.

Understanding women's perpetual potential to be pregnant complicates discussions about female subjectivity by revealing—even to the female herself—that her experience of this potential affects how she is understood and treated. A part of how women navigate through the world is wrapped up in dealing with the fact that pregnancy is an option and that others who might be in control of certain aspects of her life might not see it as optional. A potential so heavily weighted as carrying new life must have an effect on the person who possesses it. And yet, we as a society and audience are growing blind to what this *potential* means for women and how it can alter their lives in very real, tangible ways. And if we are able to see the meaning at all, many of the privileged, Western culture dismiss it because we believe we can control the potential, until we can't. The resultant understanding of female subjectivity that comes from acknowledging the perpetually-potentially pregnant subject could then help counter the negative experiences we foist on women and usher in a different focus on the assets (rather than disadvantages) women have due to the very same potential.

Vogel not only subverts the potentiality with an already-pregnant character (Anna) but also has another female character—Ruth—whose circumstances openly resist the perpetual-potential mantle. Her romantic relationship with Anna, their decision that

Anna should carry their baby and the sexual rejection she experiences from the male character, Peter, grant Ruth a shield to at least partially ward off this potentiality.

Vogel also makes the choice of using lesbian parents in *And Baby Makes Seven*. Anna and Ruth's relationship and parental choices echo Brakman and Scholz's proposal to "rethink maternal bodies through the lens of feminist embodiment" which "stresses the particularity of experience through subjective embodiment."¹⁸⁹ Vogel demonstrates that this approach is also necessary for those considered "traditional" mothers to promote the acceptance that pregnancy and the childbirth event are subjective, embodied experiences that, in their insufficient representation, are at best seen as ancillary to the identity of mother and at worst seen as completely insignificant components of female experience.

As already stated, the imaginary boys also play a role in resisting the compulsory perpetually-potentially pregnant label. Henri and Orphan (both played by Ruth) grant moments for Ruth to step outside of herself and to a place where she can challenge the pregnancy as well as the claim on the child to be born. In Act 2, Scene 10, Henri goes to visit Anna late at night and threatens her that "he" will tell Peter who the actual father of the baby is:

HENRI. Peter still thinks he is the father to your child. You have led him to think so.

ANNA. He most certainly is! I should know. Why are you—

HENRI. I have reason to think otherwise. We both have reason to think otherwise.

ANNA. I don't know what you are talking about—

HENRI. You will hear me out. I have learned a lot in your country. I know how to count up to nine. In English.

ANNA. What are you implying?

HENRI. That I am the father to your child.

¹⁸⁹ Sarah-Vaughan Brakman and Sally J. Scholz, "Adoption, ART, and a Re-Conception of the Maternal Body: Toward Embodied Maternity." *Hypatia* 21.1 (2006), 54.

ANNA. Whoa. Time out, Ruthie. We agreed never to—

HENRI. It was late in November. All the leaves had fallen. Ruse was out of town. We had seen that film which had made you so sad.

ANNA. (*Starting to understand.*) Are we feeling a little bit jealous?

HENRI. I will always treasure that night. My “education sentimentale.” And no one has to know.¹⁹⁰

The lesbian relationship is able to approach a threshold with these child characters that the adult women would have more difficulty confronting—to challenge whether the audience is able to see the women as reproducing females even when they are playing little boys. Henri is an extension of Ruth and the fact that both are played by the same body has the potential to initiate specific associations for the audience. The imaginary children also create a separate plane of existence where taboo desires—such as wishing to be the father of the child, or showing particular erotic curiosity (which Henri does for Peter)—can have a place.

The invisibility of pregnancy—the second stage of gestation—is also included in Vogel’s play, though in a less conventional way. Since Anna’s pregnancy is present from the beginning of the play, and therefore we do not receive a verbal “reveal,” we do not see or remember Anna in the invisibly pregnant stage. Furthermore, by having her two female characters play imaginary boys, Vogel wipes out not only the potentiality but the visibility of the pregnancy as well. In addition to the obvious dissonance offered by Anna’s pregnant body playing Cecil, Vogel gives the imaginary boys their own reaction to the pregnancy (one of disdain), which gives Anna a moment of separation from the pregnancy (thereby making it invisible for a period of time). This separation temporarily

¹⁹⁰ Vogel, *And Baby Makes Seven*, 32. Henri pronounces Ruth’s name “Ruse” because Henri’s character is supposed to have a French accent. He is based on the main boy character in the French film, *Le Ballon Rouge*.

erases the pressure of pregnancy expectations, while still keeping it alive as an active experience.

An example of how Vogel uses the imaginary boys to manipulate the visibility of the pregnancy is in the prologue for Act 2. Henri (played by Ruth) tells Cecil (played by Anna) that they have to run away because he suspects Peter, Ruth and Anna are plotting to do something bad to them:

HENRI. Maybe we could sleep tonight with Uncle Peter!

CECIL. No. I don't think he can be trusted. I think Uncle Peter's one of them... We'll go to bed, and then when Anna and Ruth are sleeping, we'll slip on out of here.

HENRI. (Crying.) I don't think Anna and Ruth would really, really harm—

CECIL. They're not themselves. Ever since that baby.

HENRI. Yeah. I hate that baby.¹⁹¹

Despite the fact that Cecil shares Anna's quite visible belly, the pregnancy, for all intents and purposes, is "invisible" in this scene. Allowing these imaginary children the opportunity to express ambiguity and resentment toward the baby further saves Anna from being subsumed by her gestational status. She remains an active character and necessary apart from just her pregnancy.

Another way Vogel encounters invisibility is by confronting things that normally remain invisible in the depicted life of a pregnant woman. For example, sexual desire is not often associated with pregnant women. Therefore the dissonance created by Vogel's combination of the two pushes Anna's pregnancy to the boundary between invisible and visible because it is difficult for the audience to see a woman as both pregnant and sexual.

¹⁹¹ Vogel, *And Baby Makes Seven*, 26.

Vogel's Anna is given opportunity to express her sexuality and desire in an early scene in the play, maintaining the sexual part of her female identity. In scene 2, Anna fondly reminisces with Peter that there was, "No turkey baster for little Emma."¹⁹² Anna alludes to the role playing and sex they had the night they conceived the baby. Peter says that the fantasies were not necessary, showing himself to care for Anna romantically. Anna kindly rejects him by letting him stroke her breasts. Ruth enters and is invited by Anna to join in. Peter seems uncomfortable when Ruth approaches. There is an impression that he is trespassing into a lesbian relationship—or perhaps that he is put off by the "three-way" of exhibiting this type of affection toward a woman who is with child. But led by Anna, they all eventually accept the communal affection as the scene fades.

From the first scene in *And Baby Makes Seven*, we learn that Anna and Ruth are a couple and that Anna is pregnant by Peter's sperm. Very shortly thereafter, we learn that Peter and Anna had a night of mutually-enjoyed sex to conceive the baby. This explicitness is perhaps more necessary because Vogel offers ambiguity with regard to the romantic relationships present in the play. Bringing three people together who engage in panamorally suggestive relationships but drawing lines to delineate less traditional partnerships leaves questions where spectators expect ready answers. But being explicit about the conception of the baby connects the sex act to the pregnancy and the ambiguity serves the purpose of reclaiming the experience for all women by resisting the pitfalls that can come with normative patriarchal structures of romance: namely, an expectation of specific power dynamics.

Witnessing the invisible and visible stages of pregnancy separately is important

¹⁹² Vogel, *And Baby Makes Seven*, 14.

because they affect the pregnant subject in different ways. If the invisibly pregnant stage was acknowledged and considered (once made evident), even though only in retrospect, the pregnant woman's silent experiences might leak into the collective consciousness. The invisible stage of pregnancy is representative of part of the silencing system that works on women. Women can feel they are not "supposed" to show certain things about their bodily and psychological experiences of early pregnancy and because they are unseen, and therefore unrecognized and disregarded. Likewise, women can also wish to hide particular things during this time, before the pregnancy is known. But while allowing her the agency to decide when or how or if she reveals her pregnancy, the underlying problem is not what she is hiding but why. If we were to know more about this invisible stage, there may be more opportunities to stem social stigma and give the pregnant woman what she really needs, when she needs it.

Within the next gestational stage—visibility—Vogel confronts the problem of locating a woman's maternal identity and subjectivity within her already-operating female subjectivity. That is, Vogel attempts to find the mother-to-be without losing the woman-that-is. The assumption that maternity subsuming femininity is acceptable or expected must be challenged. The problem Vogel faces with representing a visible pregnancy on stage is no doubt exacerbated by pregnant and birthing women's experiences often being represented as ridiculous. Perceptions of pregnancy and childbirth in our society are ill-formed by the images they frequently produce of women either panting while waddling quickly to the nearest bathroom (again, out of the scene) or screaming, squeezing hands and cursing at their husbands.

Vogel does not completely avoid the caricature trap. She uses the bathroom-trip-frequency spoof in scene 3 of *And Baby Makes Seven*. However, she does so in order to place Ruth and Peter in a position to talk without Anna overhearing. This is a small move, but valuable. The “joke” Vogel offers of a pregnant woman having to relieve herself yet again is deflated almost as soon as it is presented because the audience needs to quickly pay attention to a covert discussion. This type of move is important because while the stereotypes of pregnant women and their experiences are reductive (as all stereotypes are, of course), they are usually still based on a truth. Pregnant women, especially in the third trimester, do visit the bathroom with increasing frequency due to the enlarged uterus and the increased weight of the child.¹⁹³ Vogel is able to make sure this part of the experience is not lost (either by omission or dismissal by way of a joke) by keeping it as a visible action on stage and then redirecting quickly and intentionally to another plot point.

Female subjectivity is often rejected when representing visible pregnancy by reducing the pregnant woman to an out-of-control belly at the mercy of men and stereotypes. Vogel refuses to limit Anna with stereotypical behavior. One place this is seen is in Vogel’s delay to display Anna exhibiting tension or anxiety. This bypasses the cliché of the “hysterical” pregnant stereotype by allowing time to understand the reasons behind her stress. Vogel waits until scene 8 to give a more distraught depiction of the pregnant subject. By waiting this long, she allows other reasons (that are not related to pregnancy) to exist, explaining Anna’s behavior in this scene:

¹⁹³ On average, a baby’s weight increases from 1.5 pounds at 26 weeks to approximately 7.5 pounds at 40 weeks (or, full term). The greater weight and size of the baby and uterus pushes against a woman’s bladder, causing her to have frequent urges to urinate.

ANNA. There's gotta be some respect for other people's property around here.

RUTH. Sweetie, there's no reason to get—

ANNA. Don't fucking condescend to me! Like I'm the one who's crazy! It drives me nuts to hear the way you both talk to me, sometimes, like I'm a goddamn carton of eggs that has to be carried very carefully or—

PETER. (*Very calmly.*) We're not talking to you like that, Anna—

ANNA. Like hell you're not—

RUTH. What do you want from us?

ANNA. Just some respect! Some order in this household! Some quiet and some, some... You two just traipse in and out at all hours of the day while I sit here, bloated and tethered like some goddamn Goodyear blimp on Super Bowl day. I'm supposed to give up coffee, smoking, drinking, fucking, spicy foods, and I'm expected to be understanding of what Ruth wants, what Peter needs. Who the fuck am I, some kind of knocked-up Miss Manners? It's ninety degrees in August, and I can't get a seat on the subway! I fucking hate New York, and I just want to see my knees again! I WANT TO KILL, MAIM, MOON THE NEIGHBORS! (*Takes a breath; continues a bit more calmly.*) It would be nice, too, if Peter would pick his shoes up when he takes them off instead of leaving them in the middle of the floor for me to trip over, so I don't have to worry about dropping the goddamn baby in a burst of placental juice all over the—

RUTH. Maybe it would be a good idea if you went in and laid down. You're just having...

ANNA. I'm just what... What?

RUTH. You're having one... of... those—

ANNA. Don't say it!!! Don't you dare fucking say it! (*Smashes her coffee cup. She crosses to the bedroom, stops, and says with great dignity.*) You can both suck my imaginary dick!¹⁹⁴

Before this scene, the audience has been privy to a different, calmer Anna. By giving us time, we are able to understand Anna's character—rather than just the fact that she is pregnant—so that a lapse into stereotypes is avoided. We get to hear Anna's complaints and see her struggles before we witness her anger. This more comprehensive understanding paints her outburst as something greater than just a result of hormones and gives her credit for having feelings both outside of and within her pregnancy.

The visible stage of pregnancy must be considered on its own because it has to work against so many more assumptions than the previous two stages, including

¹⁹⁴ Vogel, *And Baby Makes Seven*, 28.

associations made between a larger, round belly and the maternal predisposition of the woman who carries that belly. The period during which a woman is known and seen as a pregnant woman carries with it many more expectations for the woman that affect how she is allowed to view and represent herself and what she is permitted to do with her body. Learning more about this stage and the woman's experience of it could make people more sensitive to the pressures and restrictions both necessarily and needlessly inflicted upon her (as well as those self-inflicted).

Unfortunately, plays such as *Expecting Isabel* and *Ruined* run into problems fully confronting the visibly pregnant subject because so much is left assumed. Miranda and Nick meet with pregnant women in their story, but those women and their experiences of pregnancy are left out and their large bellies are meant to carry a meaning for the audience that is assumed will be readily understood. Salima's pregnancy experience is overshadowed because other threats take precedence. And so we are left to assume she experiences pregnancy (rather than witness it) because she eventually has a larger belly.

In the course of *And Baby Makes Seven*, there is a significant amount of pregnancy experience depicted. We understand the pregnancy to be nearing its end from the beginning of the play. We further know that their goal was to rid the household of the imaginary boys before the baby was born. So once the boys are gone, it is understandable to expect that the childbirth will occur next. The birth occurs between scenes. Scene 12 is Cecil's death scene (the last of the boys to be killed) and in Scene 13, Peter and Ruth are returning from the hospital after the birth:

PETER. My hands are still shaking. I could barely get the keys out of the door. I feel like every pore of my body has been drained of sweat. My God. I never want to see blood again.

RUTH. Sit down. I'll pour us some vodka.

PETER. Did you ever imagine? Have you ever seen anything like that? It was nothing like that movie they showed us. Before tonight in that delivery room, I thought *Aliens* was science fiction. Those things bursting out of people's bodies—it didn't look human! Did it? Look at that!!! Look at how my hands are still shaking—see? I don't know if I'm laughing or crying. Is this how you feel when you get your period?

RUTH. Drink this.

PETER. Have you ever seen that kind of pain? I don't know how women do it—

RUTH. It's all right now. It's over. Try not to think about it. They say you forget the pain.

PETER. I sure as hell won't. Natural childbirth! Natural! Like...like volcanoes, or tidal waves, or earthquakes—¹⁹⁵

Vogel does a good job of showing Anna's experience with her pregnancy, the power she has in the household and how she prepares herself and the others for the next step in their family life. It is all the more curious, then, that she is not granted a childbirth scene and that she is left out of describing her own experience even after it happened. Instead, emphasis is put on Peter's reaction and Ruth's adjustment. After the dialogue above, Ruth explains her discomfort with not being a biological parent to the child. She is further disappointed that they have a boy who looks like Peter.

Anna's absence from the birth is somewhat diminishing, attempting to suggest that she was perhaps still mainly needed in the play for the visibility of her pregnancy. Fortunately, her necessary roles in the story (as both Anna and Cecil) and her return for the final scene do refute this suggestion. Unfortunately, the stark void left by removing the birthing woman from her own experience creates limitations for how Anna's maternal subjectivity can be understood and it throws into greater relief the assumption that motherhood must necessarily subsume womanhood.

Childbirth representation has its own limitations and is understandably difficult to

¹⁹⁵ Vogel, *And Baby Makes Seven*, 40.

stage for many reasons. Albee does not attempt to stage the childbirth in *The Play about the Baby*, but instead off-stages it. While perhaps easier for production, this treatment reveals the ease with which playwrights can brush aside the female experience of childbirth to suit their needs for the script or chosen style, rather than pursuing what could further be illuminated in their script by *using* the experience. Albee helps with the problem of empty theatrical conventions broadly, but leaves his female characters (pregnant, birthing and non-gestating) without the agency to communicate missing, experiential information—particularly about childbirth.

A better understanding of the experience of childbirth is necessary in order to validate the birthing woman's toil and joy—but even further, to put the human female body in perspective regarding labor and consider her and her work first. The birthing woman experiences and actively participates in amazing physiological and psychological happenings during childbirth that confirm she is not just strong, but able. Were we to understand the experience as more than just screaming and pushing, perhaps we would start to give women their full credit in all the labor they perform and help curtail gender inequity.

In the last, postpartum, scene of *And Baby Makes Seven*, Anna, Peter, Ruth and the baby are having dinner. Everything is rote. They are having dinner and everything is bland (presumably due to the lack of imaginary kids). Then Peter starts acting odd and falls on the floor, screaming. He indicates that Orphan, who died of rabies, bit him as revenge and he is experiencing shock. This creates the opportunity, which the women take, to bring the boys back.

A problem with this scene is that there is a baby present with specific stage directions that said baby needs to cry, gurgle and react at specific times. The most common theatrical convention in this type of case is using a baby doll and sound effects. This is a curious conclusion to a play involving imaginary children. The pregnancy, not present during this scene of course, is then more of an imaginary child than Cecil, Henri or Orphan. The conventions (pregnant belly or lack thereof, baby dolls, etc.) are being used to indicate an ever-presence that has an effect on the scene and characters in it and yet no life of its own. This demonstrates quite explicitly the empty and reductive nature of the theatrical conventions used to indicate pregnancy, birth and postpartum life.

The denouement described above leaves much to be desired as the play becomes trapped by its own convention of creating imaginary children. Once the baby is born, there is nowhere to go but back into the imaginary, which is detrimental for the progress made for the pregnant subject. After revealing her suffering while avoiding the hysterical stereotype, pursuing sexual gratification despite her asexual status as a pregnant woman, and making choices about her family life, Anna reverts to a silent nonentity. Her childbirth occurs off stage and is described by others' words. She allows the male in the house to "bring back" the imaginary boys she took great pains to eliminate. And any and all experience of the postpartum subject is silenced by the sound effect of a baby's cries. The birth overshadows the choices Anna makes and the power she wields as the primary person who shaped the pregnancy and what was to come after.

In the last scene in which we see Anna pregnant, we watch her make a pivotal decision with regard to what her postpartum world will look like. It is Cecil's death scene. Cecil decides he wants to die like Julius Caesar. Peter holds out a sword and

Cecil runs into it, impaling himself. Before doing so though, there are stage directions that explain how Anna and Peter arrange the sword explicitly so as to avoid the belly and enter under one of Anna's arms. The act of arranging the sword makes the audience aware that the pregnancy is ever-present and this method of killing puts Cecil's destiny in Anna's control. She decides which child she will save and with the force of her own weight against a weapon, extinguishes the other.

These decisions grant Anna a role in the forming of her identity. Many pregnant characters are not given an identity past their necessary role as "walking pregnancy." However, being given the chance to mold your own identity is significantly more work when you are operating within life stages that are not permanent identities themselves.

Postpartum experience, while not a stage in the baby's development, is a part of the woman's development. As demonstrated by the diversity of stories in *Motherhood Out Loud*, all of the experiences of trauma, beauty, joy and sorrow on the path to motherhood (or not), including the immediate postpartum events, alter her maternal and womanly identities. While the visibly pregnant and birthing women have parts of their experience that explicitly "encroach" upon those around them, the postpartum woman has less of a chance to put her experience forth. As if it wasn't enough that she is the lone person to experience what the actual birth was like, familiarity with her postpartum stage also enables us to respond productively to *all* that comes after a birth and not just the child.

Vogel allows pregnancy to exist separately, albeit temporarily, from the female subject and be, in effect, another character, while still always maintaining the connection to the female subject. The separation acknowledges the pregnancy as a female experience, though not the only female experience. It also allows greater fluidity and

more options with regard to theatrical choices as well as the associations made between children and parents, including the romantic relationships that exist between those parents. Most importantly, by granting the pregnant character more than one subjectivity (as a woman, a pregnant woman and a young boy), more of her experience and choices are given time to be seen, heard and understood.

After ultra-sounding the state of pregnancy and childbirth on stage in the first part of the 21st century, I am prepared to investigate further what is actually being censored with the exclusion of gestation experience. What is so threatening about a woman experiencing pregnancy and childbirth? Can it be that we are still trapped in artistic expression that privileges what a man experiences? Are we stuck using hollow conventions to mean more than they are able?

Feminists and gender theorists acknowledge the political need for women's representation. But as Judith Butler points out, "the qualifications for being a subject must first be met before representation can be extended."¹⁹⁶ Much in the same way in which Butler characterizes the political systems which constitute the female subject, the theatre makes for itself female subjects to serve its own needs, interests and agendas. If theatre, then, is supposed to be a tool to depict human experience, the current state of pregnancy and childbirth depiction shows it to be floundering in the struggle to be more than just male. To right this and extend her the proper representation, we must provide the female subject with her qualifications by first allowing that she indeed has experience. Even though none of the plays examined here is without fault when it comes

¹⁹⁶ Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990), 2.

to how they represent gestation, they each make strides that chisel away at the larger problem which hinders the acknowledgement and representation of women's experience.

Estela Welldon in her book, *Mother, Madonna, Whore*, finds that power comes from the womb being, "the essential point [that] lies in women's capacity for procreation, the expression of which is fundamentally different from anything men experience."¹⁹⁷ With newfound attention, I hope this study helps to reclaim the "inner spaces" of pregnancy and childbirth experience as ones of strength, trauma and beauty that insist on theatrical representation. Alice Rayner says that ghosts—those ephemeral references she sees theatrical conventions to be—"hover where secrets are kept and demand that secrets come out."¹⁹⁸ In the same way, the ghosts of pregnancy and childbirth are lingering by their insufficient representations and clamoring for the secrets to be spilled. It is time we heed their insistence.

¹⁹⁷ Estela Welldon, *Mother, Madonna, Whore: The Idealization and Denigration of Motherhood* (New York: The Guilford Press, 1991), 42.

¹⁹⁸ Rayner, *Ghosts*, xxxv.

Appendix A

Figure 1:



Costume renderings for *Spring Awakening*, the musical.

Figure 2:



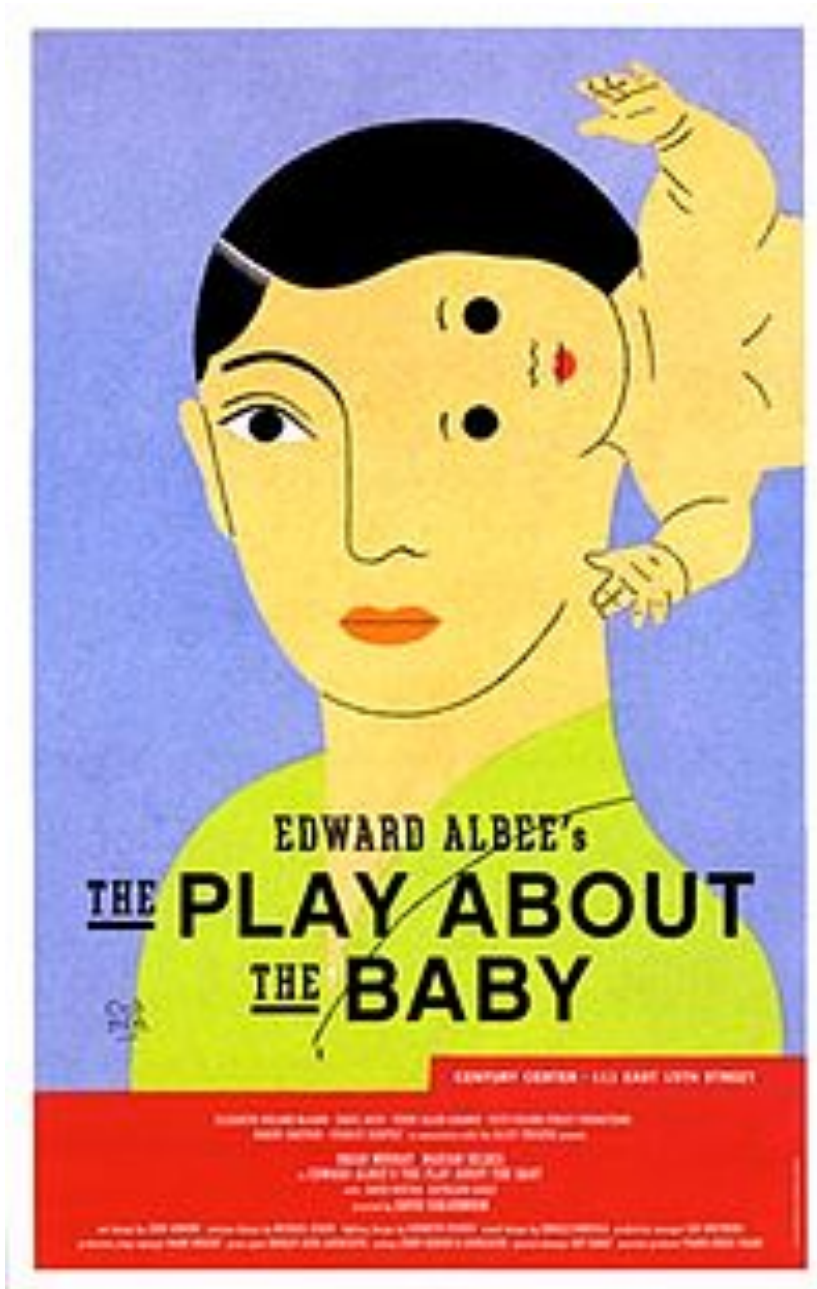
Lea Michele, original Wendla in the Broadway premiere of *Spring Awakening*.

Figure 3:



Picture of an early production of *Spring Awakening*, in which you see Wendla, wearing the short pinafore and speaking to her mother about how babies are made.

Figure 4:



Poster from the first American production of *The Play about the Baby*.

Bibliography:

Albee, Edward. *The Play about the Baby*. New York: Dramatists Play Service Inc., 2003.

Anderson, Geneva. "Review: In Lynn Nottage's Pulitzer Prize winning "Ruined," life in the war-ravaged Congo comes to life, at Berkeley Rep." *Arthound*, March 15, 2011. Accessed March 2, 2014, <https://genevaanderson.wordpress.com/2011/03/15/review-in-lynn-nottes-pulitzer-prize-winning-%E2%80%9Cruined%E2%80%9D-life-in-the-war-ravaged-congo-comes-to-life-at-berkeley-rep-through-april-10-2011/>.

Ayvazian, L., B. Berman, D. Cale, J. Goldberg, B. Henley, L. Issaq, C. LaZebnik, L. Loomer, M. Lowe, M. Pennette, T. Rebeck, L. Rice, A. Weisman and C. L. West. *Motherhood Out Loud*. New York: Dramatists Play Service Inc., 2012.

Bellafante, Ginia. "Broadway is Rucker's Latest Alternative." *New York Times*, December 26, 2006. Accessed November 19, 2014, http://www.nytimes.com/2006/12/26/theater/26shei.html?_r=0.

Betterton, Rosemary. *An Intimate Distance: Women, Artists and the Body*. New York: Routledge, 1996.

Betterton, Rosemary. "Promising Monsters: Pregnant Bodies, Artistic Subjectivity, and Maternal Imagination," *Hypatia* 21.1 (2006): 80-100.

Brakman, S. and S. J. Scholz. "Adoption, ART, and a Re-Conception of the Maternal Body: Toward Embodied Maternity." *Hypatia* 21.1 (2006): 54-73.

Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge. 1990.

de Beauvoir, Simone. *The Second Sex*. New York: Vintage Books., 1989.

Drapkin Lyerly, Anne. "Shame, Gender, Birth," *Hypatia* 21.1 (2006): 101-118.

Esslin, Martin. *The Theatre of the Absurd*. New York: Anchor Books, 1961.

Gélis, Jacques. *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe*. Cambridge: Polity Press, 1991.

Gener, Randy. "In Defense of 'Ruined'," *American Theatre* Vol. 27 Issue 8, (Oct. 2010): p 118-122.

Grosz, Elizabeth. *Volatile Bodies: Toward a Corporeal Feminism*. Indiana University Press, 1994.

Held, Virginia. "Birth and Death," *Ethics* 99, no. 2, (1989): 362-388.

Herbert, James. "Catching up with Duncan Sheik." *UT San Diego* [San Diego] March 28, 2014. Accessed November 18, 2014, <http://www.utsandiego.com/news/2014/mar/28/duncan-sheik-cygnet-theatre-interview/>.

Hirshman, Linda. *Get to Work: ...And Get a Life, Before It's Too Late!* New York: Penguin Books, 2006.

Jelavich, Peter. *Munich and Theatrical Modernism: Politics, Playwriting and Performance 1890-1914*. Cambridge: Harvard University Press, 1985.

Joeres, Ruth-Ellen Boetcher. *Respectability and Deviance: Nineteenth-Century German Women Writers and the Ambiguity of Representation*. University of Chicago Press, 1998.

Kaplan, E. Ann. *Motherhood and Representation: The Mother in Popular Culture and Melodrama*. New York: Routledge, 1992.

Kingston, Anne. *The Meaning of Wife: A Provocative Look at Women and Marriage in the Twenty-first Century*. New York: Picador, 2004.

Kinsella, Tina. "Pauline Cummins Birth, Body, Performance: Matching Theory with Practice." Paper presented in the National College of Art and Design, Dublin, February 20 2015.

Komporaly, Jozefina. *Staging Motherhood: British Women Playwrights, 1956 to the Present*. New York: Palgrave Macmillan, 2006.

Lewis, Ward B. *The Ironic Dissident: Frank Wedekind in the View of his Critics*. Columbia, SC: Camden House, Inc., 1997.

Loomer, Lisa. *Expecting Isabel*, New York: Dramatists Play Service, 2005.

McDaniel, L. Bailey. *(Re)Constructing Maternal Performance in Twentieth-Century American Drama*. New York: Palgrave Macmillan, 2013.

Murphy-Lawless, Jo. *Reading Birth and Death: A History of Obstetric Thinking*. Indianapolis: Indiana University Press, 1998.

Nottage, Lynn. *Ruined*, New York: Dramatists Play Service, 2010.

Oliver, Kelly. *Subjectivity Without Subjects: From Abject Fathers to Desiring Mothers*. Lanham, MD: Rowman & Littlefield, 1998.

Olopade, Dayo. "The Root Interview: Lynn Nottage on 'Ruined' Beauty," *The Root*, March 1, 2010, Accessed April 24, 2015,

http://www.theroot.com/articles/culture/2010/03/interview_of_lynn_nottage_on_her_play_ruined.2.html

Osnes, B. and A. Andes, eds. *Essays and Scripts on How Mothers are Portrayed in the Theatre: A Neglected Frontier of Feminist Scholarship*. Lewiston, NY: The Edwin Mellen Press, 2010.

Poston, Carol. "Childbirth in Literature," *Feminist Studies* (June, 1978):18-31.

Rayner, Alice. *Ghosts: Death's Double and the Phenomena of Theatre*. Minneapolis: University of Minnesota Press, 2006.

Rothman, Barbara. *Encyclopedia of Childbearing: Critical Perspectives*. Phoenix, AZ: Oryx Press, 1993.

Sater, Steven. *Spring Awakening: A New Musical*, (New York, Theatre Communications Group, 2007).

Spiegel, Allen. *Home Healthcare: Home Birthing to Hospice Care*. Owings Mills, MD: National Health Publishing, 1983.

Vogel, Paula. *And Baby Makes Seven*. New York: Dramatists Play Service, 1984.

Wedekind, Frank. *Spring Awakening: A Children's Tragedy*. Translated by Jonathan Franzen. New York: Dramatists Play Service, Inc., 2008.

Welldon, Estela. *Mother, Madonna, Whore: The Idealization and Denigration of Motherhood*. New York: The Guilford Press, 1991.

Zacher, Scotty. "Interview: Playwright Lisa Loomer," *Chicago Theater Beat*, February 3, 2010, accessed April 24, 2015, <http://chicagotheaterbeat.com/2010/02/03/lisa-loomer-interview/>

Zeitlin, Froma. *Playing the Other: Gender and Society in Classical Greek Literature*. The University of Chicago Press, 1996.