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Reinscribing a New Normal: Pregnancy, Disability, and Health 2.0 in the Online Natural Birthing Community, Birth Without Fear

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Abstract: I argue in this article that the online natural birthing community, *Birth Without Fear*, operates as a Health 2.0 space where members reinscribe a new normal regarding disability and pregnancy, a process that both empowers and disempowers women. To explore this issue, I draw on concepts and terminologies from cyberfeminist and feminist disability studies. In using these methodologies, I bring attention to how pregnant bodies are perceived as medically disabled and highlight how *Birth Without Fear* both positively and negatively shapes rhetorics of pregnancy on the web.

Introduction

> 'I learnt two lessons while in labour with my son, to STICK UP FOR YOURSELF and THAT I KNOW MY BABY & BODY BEST' (Mamabearbri "Sticking Up for Myself and My Birth").
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> 'It was amazing to learn to trust my body, and watch and feel it doing everything as it should. I am NOT broken! I am strong, and it was the first time I could honestly say I am proud of my body' (Mamabearbri "A Healing Natural Water Birth").
>
> 'I learned how to put my fear aside and have the birth nature intended' (Laura M).
>
> 'Through this birth, I have be [sic] re-born as a more whole version of myself. I trust my body. I trust my partner. I trust myself. I am happy' (Boyda-Vikander).

In her book *What a Girl Wants? Fantasizing the Reclamation of Self in Postfeminism*, Diane Negra argues that the pregnant body has been 're-classified' as 'natural, normal, and healthy' to the extent that it has become an object of exhibitionism and even 'fetishization and eroticization' (63). But as the above quotations posted by

women to the online birthing community *Birth Without Fear* reveal, there remains an assumption that pregnancy and childbirth are not 'natural' or 'normal.' They instead stress that society perceives pregnant bodies as medically disabled and, therefore, as disempowered.

Online birthing communities like *Birth Without Fear* rewrite rhetorics of disempowerment and disability regarding pregnancy and in so doing, they operate as cyberfeminist spaces. The term 'cyberfeminism' is multivocal, but according to Rebecca Richards '[c]yberfeminisms are political, aesthetic, and cultural movements that rely on playful ambiguities, contradictions, and technological interventions to subvert gendered hierarchies and sexist oppression' (n.p.). In the introduction to the book *Cyberfeminism 2.0,* editors Radhika Gajjala and Yeon Ju Oh define cyberfeminism as that which 'necessitates an awareness of how power plays not only in different locations online but also in institutions that shape the layout and experience of cyberspace' (1). Feminist rhetorician Mary Hocks offers yet another view of cyberfeminism, suggesting that it provides 'researchers and students opportunities to develop activist rhetorics about techno-science, gender and other identities, and cultural practices' (235). I add to these definitions by emphasizing that cyberfeminism also represents women's use of digital technologies and online spaces to gain power over embodied experiences of pregnancy and childbirth. Although individuals in the *Birth Without Fear* community may not identify as cyberfeminists, I would argue that by rewriting rhetorics of disempowerment and disability, they promote cyberfeminist values intended to connect and empower women on the web and beyond.

While *Birth Without Fear* is a dynamic cyberfeminist space, not all of the community's efforts empower women. In fact, as the community rewrites medical rhetorics of disempowerment and disability, they inadvertently reinscribe a 'new normal' that idealizes and romanticizes 'natural' childbirth, a process that can make community members who do not have non-medicalized births feel physically disabled. This is problematic because communities like *Birth Without Fear* are often viewed by participants as liberatory spaces, despite the fact that they embody values and practices that both empower *and* disempower women. The purpose of this article, therefore, is to unpack this complex phenomenon and to understand both the opportunities and challenges that underwrite feminist efforts to empower women's embodied experiences of pregnancy and childbirth.

To accomplish this, I analyze four aspects of the *Birth Without Fear* (BWF) community. I begin by examining how BWF operates as a Health 2.0 space where participants communicate about birth-related issues. In the next section, I briefly discuss the Health 2.0 movement's relationship to self-help culture. Although these sections do not deal overtly with how *Birth Without Fear* shapes conversations regarding disability and pregnancy, they provide a cultural and historical backdrop for my analysis.

In the third and fourth sections, I move into the heart of my analysis by examining how Health 2.0 communities like BWF rewrite medical rhetorics of pregnancy and disability, and in doing so, reinscribe a new normal for childbirth that both empowers and disempowers women. To explore these issues, I draw on concepts and terminologies from cyberfeminist and feminist disability studies. In using these methodologies, I bring attention to how pregnant bodies are perceived as physically disabled and highlight how BWF both positively and negatively shapes rhetorics of pregnancy on the web. Understanding this process is important as it brings critical attention to how feminism evolves in digital spaces, knowledge that can benefit individuals working in feminist studies, medical professions, classrooms, and communities within cyberspace and beyond.

About *Birth Without Fear* & Methods

Birth Without Fear (http://birthwithoutfearblog.com/) is a multi-faceted, online blogging community devoted to exploring diverse birthing options—from at-home, non-medicalized births to planned Cesarean sections. I describe *Birth Without Fear* as a 'natural' birthing community as it promotes the idea that pregnancy and labor are part of 'natural' female processes and experiences. The community's founder, January Harshe, explains that it began 'as a simple passion to let women know they have choices in childbirth. It then evolved to become an inspiration and support to women and their families through their trying to conceive, pregnancy, birth and post partum journeys' ("About BWF"). In addition to the blog, BWF consists of an affiliated Facebook site, Twitter feed, Pinterest board, and Instagram page and currently reaches over a quarter million people. These Web 2.0 spaces make up what I call the 'BWF community.' In each of these spaces, content is largely user-generated, although initial posts and status updates on the BWF Facebook page are created by January and her support staff.

My interest in *Birth Without Fear* began in 2011 when a friend emailed me a link to the blog. Her message came at a time when my scholarly interests in pregnancy rhetorics and my own fascination with non-medicalized childbirth were coalescing. After reading dozens of birth stories on the blog and seeing how the community uses the affordances of Web 2.0 technologies to promote non-medicalized birthing practices, I knew I had found a rich site for feminist analysis as well as a space where I could learn from and connect with other birth advocates. The analysis I present here, then, is undertaken neither entirely for academic nor personal reasons. It instead embodies my multilayered perspective as a woman, scholar, feminist, daughter, and potential mother.

For the purposes of this article, I focus on content from the BWF blog and Facebook page. This is because these are the facets of the community I am most engaged in and because they receive considerable traffic in the form of status updates, stories, and comments. I used participant-observer research methods to collect and analyze data over a fourteen-month period. I collected dozens of artifacts such as social media posts, videos, images, and birthing stories during this time frame. I then selected materials that best demonstrate how BWF both positively and negatively shapes rhetorics of pregnancy on the web. This approach provided insights into the community's attitudes and beliefs regarding disability and childbirth. Because all content from the BWF community discussed in this article is available publicly on the web, I did not change avatar or screen names.

Health 2.0 Meets the Birthing Blog

Before moving into a discussion of how *Birth Without Fear* reinscribes a new normal for childbirth, I want to look first at the community's relationship to the Health 2.0 movement and self-help industry. Examining this relationship is essential as it provides context for understanding the cultural, historical, and socio-economic conditions the community operates within.

One of the first things many of us do when we experience an illness or unknown physical condition is to 'Google' it. Not surprisingly, we increasingly see the web as a resource that can provide answers to our health questions. In response to this growing trend, organizations such as the **Mayo Clinic** (http://www.mayoclinic.org/) have introduced online community health initiatives intended to connect 'people who have been through the Mayo Clinic experience with others' and to provide 'a place for community members to share information, support and understanding' (n.p.).

Organizations like the Mayo Clinic highlight the Internet's role as a popular source for what has been coined Health 2.0, a movement that seeks to 'marry Web 2.0 technology, participatory discourse, and network subjectivity to health care management' (Levina 14). Health 2.0—an outgrowth of Web 2.0 technologies like social networking sites, blogs, and wikis—brings together groups and individuals who seek to share health-related information and ideas. Health 2.0 spaces also offer individuals who have limited or no access to quality healthcare a resource where they can seek free medical advice.

One of the most important features of Health 2.0 is its mission to create a discourse of self-empowerment through virtual connectivity. **WebMD** (http://www.webmd.com/) , for example, promises users on its 'Living Healthy' page that they can '[d]iscover new ways to live an inspiring life through natural beauty, nutrition and diet, an active lifestyle, and better relationships' (n.p.). Visitors to the site are introduced to what other users are 'clicking on' as well as to the 'editor's picks' on health and nutrition articles (n.p.). These features can help users feel empowered by the information they find on the site and by their relationships to other users. Society's movement toward a supplemental healthcare model that uses the affordances of Web 2.0 technologies isn't limited to organizations like the Mayo Clinic or WebMD, however.

Another—and, I contend, more dynamic—brand of Health 2.0 has emerged in the form of the birthing blog.[1] In general, birthing blogs inform women about the diverse birthing options available and raise awareness about alternative birthing practices. Many birthing blogs have emerged as part of a growing trend in which women insist that the modern medical establishment accept non-medicated and midwife-assisted birthing practices as legitimate. Moreover, these blogs promote the idea that women's pregnancies and birthing stories are important experiences that should be shared in an effort to empower women. Although numerous birthing blogs exist, *Birth Without Fear* is an example of a dynamic blogging community that strives to support women in their birthing choices and to create an online space where women can be empowered by birth and motherhood, qualities that make it an important cyberfeminist space.

Like Health 2.0 communities such as the Mayo Clinic or WebMD, the primary goal of BWF is to provide a supportive environment for women to access medical information, ask questions, and share stories. Many women visiting the site seek

medical advice about when and how to give birth, the types of birthing options available, and advice on breastfeeding. On the **BWF Facebook site** (https://www.facebook.com/birthwithoutfear?hc_location=stream) , for example, one mom recently inquired: 'If you are nursing when your new baby is born, do your breasts still produce Colostrum for the newborn?' (Jackson). Another woman responded: 'The answer is yes, your body will still produce colostrum for your newborn child' (Garza-Medina). Although informal exchanges like this do not constitute (nor are intended to replace) formal medical advice, they reveal that participants see BWF as a space where health-related issues can be dialogically addressed. The community therefore operates as a Health 2.0 environment where participants can informally communicate about birth-related issues and questions.

Self-Help Culture

According to Wendy Simmonds, the self-help industry was a distinctly American phenomenon that grew out of seventeenth-century '[p]uritan notions about self-improvement, Christian goodness, and otherworldly rewards' (4). Since that time, the self-help industry has continued to grow in the United States and the annual sales of self-improvement books, magazines, and guides are in the billions of dollars. According to a *Forbes* magazine article, in 2008 Americans spent eleven billion 'on self-improvement books, CDs, seminars, coaching and stress-management programs' (n.p.). This is a staggering number, especially considering that 2008 marked the beginning of the U.S. recession.[2]

The growth of the self-help industry increased women's access to female-authored and women-centered self-help resources and materials. Among the best known of these is *Our Bodies, Ourselves* (OBOS). Sometimes called the bible of women's health, it 'promotes accurate, evidence-based information on girls' and women's reproductive health and sexuality, and addresses the social, economic and political conditions that affect health care access and quality of care' (n.p.). Despite its humble beginnings as a manual on women's health that sold for just seventy-five cents in the early 1970s (Davis 1), later versions of the book became a remarkable international success:

> Since the first commercial edition was published in 1973, OBOS has sold over four million copies and gone through six major updates. The latest edition appeared in 2005. It occupied the *New York Times* best seller list for several years, was voted the best young adult book of 1976 by the American Library

> Association, and has received worldwide critical acclaim for its candid and accessible approach to women's health. (Davis 2)

Both the historic and modern success of female-authored health guides like OBOS point to two important ways women have influenced and continue to influence self-help culture and the Health 2.0 movement. For one, many women in Western countries now have the authority to speak about their health, bodies, and life experiences. As I discuss in the next section, such access allows women to rewrite rhetorics of ability/disability. Secondly, women's entry into the self-help industry puts them in a position to influence women's ways of knowing. These achievements are significant as they allow women to shape social perceptions of women's bodies as well as public policy and medical practices.

It is essential to note, however, that while many women have gained the ability to speak about their bodies and health, such access comes at a price. Entry into the self-help industry also means entry into capitalistic economies that disproportionally oppress and exploit women, as illustrated by Maria Shriver's 2014 report entitled "**A Woman's Nation Pushes Back from the Brink** (http://shriverreport.org/series/a-womans-nation-pushes-back-from-the-brink/) ," Shriver argues that American economic, governmental, and social practices have fostered a society where one in every three women experiences poverty, despite the fact that women earn the majority of college and advanced degrees. Moreover, while self-help industry resources like *What to Expect When You're Expecting* or *Birth Without Fear* provide women with important information, they inadvertently play into neoliberal ideologies that maintain it is the responsibility of the individual—not the state—to ensure access to appropriate medical care, a burden that is especially difficult for poor women and women of color. This myopic focus on an individual woman's ability to make choices for herself and her family through access to self-help culture and Health 2.0 technologies serves to divert attention from the exploitative nature of capitalistic economies.

Issues regarding race, poverty, and access to healthcare have long been at the center of feminist debate, as demonstrated by activists like Angela Davis, Dorothy Roberts, and Barbara Smith as well as by organizations like the **Combahee River Collective** (http://en.wikipedia.org/wiki/Combahee_River_Collective) and the **National Latina Institute for Reproductive Health** (http://www.latinainstitute.org/en) . These efforts to resist the paternalistic, racist, and capitalistic exploitation of women—and especially women

of color—have influenced how feminist scholars analyze intersections between class, race, and women's health.

While a comprehensive discussion of this topic is beyond the scope of this essay, the point I want to make is that women's relationship to the self-help industry and Health 2.0 movement is complex and does not always result in empowering outcomes for women. In the next section, I analyze two aspects of this complex problem—pregnancy and disability in the context of women's health—by examining how the reinscription of a new normal for childbirth empowers some women at the expense of others.

Rewriting Disability: Medicalization, Pregnancy & Connectivity

Women's pregnant bodies have historically been constructed as physically disabled, a process that led to the medicalization of pregnancy and childbirth. This approach to pregnancy became prominent during the eighteenth century as the practice of women's midwifery declined and the use of male doctors rose (Wajcman 64). As midwifery moved from women's hands into those of sanctioned medical professionals who were almost exclusively male, pregnancy and childbirth were reconceptualized 'as medically problematic rather than as experientially and organically demanding' (Barker 1067). No longer was pregnancy a natural occurrence, but rather it was a medical condition that required supervision and control. Moreover, the medicalization of birth encouraged women to fear birth and to place their trust in medical professionals and the systems they had built, rather than in centuries of woman- and community-oriented midwifery care that viewed childbirth as a non-pathological experience. A major by-product of this movement was the adoption of a medicalized attitude toward birth that conceived of and treated the pregnant body as disabled (Seigel 149).

Unfortunately, this attitude toward pregnancy and childbirth is still with us today. According to a 2010 study by the Centers for Disease Control and Prevention '[i]n 2007, approximately 1.4 million women had a Cesarean birth, representing 32% of all births, the highest rate ever recorded in the United States and higher than rates in most other industrialized countries' (Fay Menacker and Hamilton 6). As research in obstetrics and perinatal care consistently shows, a significant percentage of Cesarean sections are medically unnecessary and result in longer healing periods and potential health risks (Page; Regan, McElroy and Moore; "Midwifery: Evidence-

Based Practice"). Despite this, nearly one-third of women in the U.S. continue to have highly medicalized childbirths like Cesarean sections, due in part to the medical establishment's view that the pregnant body is disabled.

The concept of disability is fluid, however, and while I use it here to analyze how social and medical systems construct pregnancy, I must acknowledge that some individuals' perceptions of and experiences with disability may differ from how I discuss it here. An individual with a permanent disability might argue that a pregnant woman is only temporarily perceived as disabled and is therefore not truly disabled. It is also important to recognize that many disabled individuals experience social stigmas in ways that pregnant women do not. Moreover, as Susan Wendell reminds us, 'some people are perceived as disabled who do not experience themselves as disabled' (108). While I find feminist disability theory as theorized by scholars such as Rosemarie Garland-Thomson, Susan Wendell, and Helen Meekosha useful for understanding how pregnant bodies are medically constructed as disabled, I am aware that there are other (perhaps contradictory) applications for this theory. For the purposes of this article, I draw on Garland-Thomson's notion of feminist disability theory as that which 'augments the terms and confronts the limits of the ways we understand human diversity [and] the materiality of the body' (1).

The connection between pregnancy and feminist disability studies takes on a new dimension when considered in the context of participatory Health 2.0 technologies. Cyberspace is increasingly a venue for communities like *Birth Without Fear* to advocate for women's health and the right to recognize pregnancy and birth as 'natural.' In a recent story posted on the BWF blog, for example, one mother shares the story of "**A Healing Natural Water Birth** (http://birthwithoutfearblog.com/2013/09/06/a-healing-natural-water-birth/) ," telling readers that:

> It was amazing to learn to trust my body, and watch and feel it doing everything as it should. I am NOT broken! I am strong, and it was the first time I could honestly say I am proud of my body. (Mamabearbri)

In the comments section of her post, one reader responds 'Thank you for reminding me to just have faith in my body and what it is made to do!' (Mamabearbri). The narrator's assertion that her body is 'NOT broken' and the commenter's response that she will 'have faith in my body and what it is made to do' responds to a dominant medical narrative that regards the pregnant body as disabled or 'broken.' By utilizing the affordances of the web, the BWF community rewrites this narrative

and asserts that women's bodies are strong and capable. The community therefore uses Health 2.0 technologies to augment and confront 'the materiality of the body' in relation to a technocratic view of birth and to assert that the pregnant body is not disabled, but 'strong' and capable (Garland-Thomson 1).

Just as importantly, communities like *Birth Without Fear* help women connect in a Health 2.0 environment. On the "I Am Strong (http://birthwithoutfearblog.com/2013/07/21/i-am-strong-adri/) " page of the BWF blog, one woman shares her story about resisting a Cesarean section. She proudly tells readers:

> I am strong because I labored for 45 hours and pushed for 2.5 hours in the comfort of my own home with my husband and midwives, only to be transferred to the hospital because of a swollen cervix. I am strong because the doctors considered me a 'trauma patient' in need of a c-section, and I calmly declined asking for an epidural, some sleep, and time to push my little girl out naturally. I had to sign paperwork declining advice for a cesarean.

This mother's story is followed by a number of comments, one in which a reader exclaims: 'Yes you are strong!! […] I will keep your story in mind and pull from your strength' (Meghann). This exchange is just one example of how women use the affordances of the *Birth Without Fear* Health 2.0 environment to form and maintain kinship networks, to share birthing and medical experiences, and to 'pull' from each other's strengths. According to Helen Meekosha, this process gives women who are perceived as disabled 'a way of recognizing and sharing their common experience' and in 'playing a part in the building of supportive personal networks' (70). Moreover, narratives like these give members opportunities to voice their empowerment as women and mothers. The Health 2.0 movement and the participatory affordances of a virtual space like *Birth Without Fear* help make such moments of celebration and resistance possible. Such moments, however, are not always sustainable and sometimes marginalize the very individuals they seek to empower, a complex phenomenon I explore in the next section.

Reinscribing a New Normal: Challenges & Consequences

The *Birth Without Fear* community is an empowering space for women, but it also reproduces a dis/ability binary by reinscribing a 'new normal' for childbirth. (I use the term dis/ability to denote the dual nature of the ways the community simultaneously resists and reinscribes a disability/ability binary). This occurs

because the community's idealization of natural birth can sometimes make women who are unable to have natural births feel physically disabled.

In a moving story entitled "**Cesarean Birth Trauma and then VBAC** (http://birthwithoutfearblog.com/2014/05/15/cesarean-birth-trauma-and-then-vbac-2-stories/) ," for instance, one woman describes her experience with 'birth trauma,' a form of post-traumatic stress disorder related to childbirth. She begins her story by sharing her grief over having a medically mediated birth that made her feel disabled, broken, and betrayed. She tells readers that:

> I never doubted my body's ability to give birth. I guess that is why I didn't think I needed to research my birth options. My mother gave birth vaginally, her mother, my other grandmother had 10 children vaginally, all the way back to my great great grandmother who had six sets of twins vaginally on a Cherokee reservation. My first pregnancy was stressful but I had a great doctor who assured me all would be ok.
>
> Unfortunately, circumstances beyond our control, we had to a move 5 hours away at 32 weeks. That's where any "birth plan" I had went out the window. The only doctor I found who would see me obviously had no faith in me. I honestly believe when I walked in the door he saw a very petite woman and thought C-SECTION! The day before my 40 week appointment I had an ultrasound done and everything looked great.

**Replaced with the correct image June 2, 2015*

She goes on to explain her disappointment at having a medically mediated birth that made her feel physically disabled:

> Almost twelve hours in my doctor came in and started pushing for a c-section. I said I didn't want one and that's when he pulled out all the stops telling me "your baby will go into distress", "fine don't do one now but I'll just be back in an hour or so rushing you in for an emergency c-section" and the real kicker "I have been doing this a long time and I know when a woman isn't meant to give birth, you're just too small".
>
> Feeling beat down and like my body was betraying me I agreed. Strapped down and feeling broken I welcomed my beautiful daughter into the world. They brought her over to see me for a brief second and my husband was able to hold her and go with her to the nursery. Laying there being stitched up I cried. Not the beautiful happy cry it should have been. I felt terrible. My child was beautiful but I didn't get to hold her and bond. I was not happy like I should be I was angry. I felt like a failure.
>
> In the recovery room it only got worse. My nurse said something along the lines of, "I hope you didn't want a big family" I asked what she meant and she said "well they will only allow you to have one or two more c-sections". I told her I would attempt a VBAC next time and she said, "not in this city you won't". Again I felt like a failure.

This mother's story reveals how the idealization of birth can sometimes make women who are unable to have non-medical or low-tech births feel disempowered. Her use of phrases like 'my body was betraying me' and words like 'broken' and

'failure' stress that her experience did not live up to the new normal reinscribed by communities like BWF.

Moreover, her narrative is an example of how some women equate their reproductive abilities with empowerment and success. While birth is certainly an important and empowering experience for many women, we need to recognize how romanticized birthing standards can situate women's power within a heteronormative framework that equates reproductive success with female power. Feminist disability theory can help break down this framework as it resists social markers that normalize and categorize characteristics such as 'natural/unnatural,' 'normal/abnormal' or 'abled/disabled.' Feminist disability theory instead stresses that there is a complex continuum for what constitutes abled or disabled and that the act of identifying and classifying qualities that indicate ability/disability reflect cultural as well as individual values and perceptions (Wendell 106-09). What I want to emphasize here is that the notion of disability is discursively and physiologically constructed; being aware of this can help us deconstruct dis/ability binaries like those created by communities like *Birth Without Fear* as well as problematize heteronormative frameworks that associate reproductive success with empowerment.

The above story, like so many others, brings attention to how Health 2.0 communities like BWF play the dual role of resisting rhetorics of disability while simultaneously reinforcing and reinscribing them. The binary nature of this rhetoric becomes particularly complex when one considers how American culture perpetuates the idea of a 'perfectionist motherhood' in which women have perfect births and are always 'perfect moms' (Negra 54). Such impossibly high standards for birthing and motherhood leave many women feeling powerless and physically disabled when their experiences do not conform to the ideal. Moreover, the reinscription of a new normal creates a dis/ability binary that can inadvertently promote the idea that every woman can birth naturally and that such a birth is only a matter of personal choice or self-discipline. This is a dangerous mentality as it can cause some women to perceive themselves as disabled when they do not achieve an idealized birth; it can also pressure women who need medical interventions into resisting certain types of assistance. It is important, then, to recognize how Health 2.0 communities like *Birth Without Fear* and the virtual connectivity they offer empower women, yet simultaneously reinscribe a new normal that reinforces a dis/ability binary.

One of the most influential factors that encourages women to strive for the new normal endorsed by communities like *Birth Without Fear* is Western society's obsession with Health 2.0 and self-help culture, movements that promote an individualized, neoliberal model of self-care. As I describe in the previous section on self-help culture, many women are acculturated to believe that they are solely responsible for their health and well-being. As a result, when a medical intervention becomes necessary, they sometimes internalize this experience as reflective of their own failures at childbirth. This 'bootstraps mentality'—or the attitude that an individual, regardless of her circumstances, is responsible for her own successes or failures—leaves many women feeling as though they are personally responsible for falling short of the new normal reinscribed by natural birthing communities. Although Health 2.0 spaces like *Birth Without Fear* empower women, it is important to recognize that they also propagate capitalistic notions of self-care, a practice that can cause women to internalize feelings of failure when they cannot achieve the new normal. (e.g. physically bear children or give birth without medical intervention).

The social and psychological power of the new normal for childbirth is so pervasive that the term 'birth rape' has begun circulating in some natural birthing communities. Generally speaking, birth rape refers to the unwanted and/or unexpected intervention of medical practitioners into the birthing process. Birth rape can be anything from a doctor forcing a C-section on a patient to a midwife performing an unsolicited membrane sweep. Many women who experience birth rape report feelings of invasion and helplessness. The new normal for natural birth, however, has redefined the framework for what constitutes birth rape. Commonplace medical procedures such as routine ultrasounds or cervical exams are now considered intrusive by some natural birth advocates. In a December 9, 2010 post to the *Birth Without Fear* blog provocatively titled "**A License to Rape** (http://birthwithoutfearblog.com/2010/12/09/a-license-to-rape/) " the narrator describes birth rape this way:

> In what other situation would one human being put their hand (or instrument) in a woman's vagina and do whatever they want and get away with it? Even if a woman consents, if it hurts her, if something is done she does not want or she is BEGGING them to stop, it is not OK. Ever. This is sexual abuse. This is birth rape. No man or woman should ever have their body violated in such a way. No doctor or midwife should feel they have the license to do it. No one should say it does not happen and tell women to get over it.
>
> These things lead to traumatic experiences, post partum depression and post traumatic stress disorder. The amount of women with PPD and PTSD is much higher than realized. It is not hormones, it is trauma. It is abuse. It is rape. The trauma many women experience with their births is sickening and a lot women don't even realize it. Why is this? The AMA, ACOG and media have made it 'normal'. So many women have experienced it and told that this is just how birth is. Suck it up.

Women who experience birth rape often describe their experiences using language similar to how one might describe a physical or psychological disability. In an excerpt from the above post one mother tells readers that, despite advocating for a natural birth, healthcare professionals pressured her into a medicalized birth in which she was given drugs, induced, and subjected to a painful exam. She tells readers that:

> I labored with pit naturally (had an amazing nurse). I was at a 4 and was told that I couldn't relax enough and my doctor wanted me to have Nubane to help. They told me Nubane makes you feel like you have had a few drinks and won't get to your baby. I couldn't lift my head off the pillow. I had no control and that's when the contractions were terrible! Dr. came at this point while I was drunk on drugs and could barely speak to do and exam. During the exam she put in an internal monitor (I about came off the bed). I asked her what she was doing. "I am putting in the internal monitor", she yelled. Then she looked at the monitor, said my contractions weren't strong enough, and turned the dial a few clicks (it should be a click every 30-60 min). I had the most excruciating contraction. She looked at me and said "Now either you can have an epidural now or you can have one in an hour when I take your baby by c-section.
>
> It was 3:30 at this point. I started crying. She wanted to know why I was crying. (Gee I don't know...becuase you just said the 2 things I am absolutely terrified of in one sentence). I did the epidural. She came in at 4 and told me she wouldn't be delivering my baby because she had prior obligations. My daughter was born at 9:03 that night. I was left feeling as though there was something wrong with my body. I asked her what went wrong and her response was, "some women just don't labor well and you needed help". Obviously, I have learned my body works just fine, thank you, and I am now a childbirth educator and hope to change the birthing world!

Like this mother, many women use words like 'wrong' or 'no control' when describing birth rape. This terminology emphasizes that women who experience birth rape are often left with emotional scars as well as the belief that they are physically disabled, a response that can be exacerbated by romanticized birthing standards.

A redefined framework for birth rape intersects in interesting ways with feminist disability theory which stresses that disabled women's bodies are typically perceived

as 'asexual, unfit to reproduce, overly dependent, unattractive—as generally removed from the sphere of true womanhood and feminine beauty' (Garland-Thomson 17). Because a medical model of perinatal healthcare views the pregnant body as disabled—and therefore as nonsexual, unfit, and overly dependent—medical professionals may treat the sexual aspects of a pregnant woman's body much like they would a disabled body, thereby fostering an environment where birth rape is more likely to occur. Natural birth communities like *Birth Without Fear*, then, are both the problem and the solution. They resist a medical model that treats the pregnant body as disabled, yet simultaneously create normative frameworks that can cause women to feel like there is 'something wrong' with their bodies when they are denied birthing experiences they believe are authentic or 'natural.' That said, I want to be careful not to essentialize every woman's experience with birth rape or to suggest that all women equate birth rape with disability. I instead want to stress that we should be mindful of how natural birthing communities' reinscription of a new normal is both empowering and disempowering for women.

An important feature of a Health 2.0 environment like BWF is that the process of reinscribing a new normal and of redefining the framework for birth rape occurs more rapidly than it would in a print-based environment. Community members, for example, can easily distribute content across multiple online platforms in a short period of time. They can also comment on the dominant narratives of the community, thereby reinforcing and reinscribing them. To return to the above story regarding birth rape, this post (at present) has received 299 comments over a four-year period in which readers share their own experiences with and attitudes toward birth rape. Unlike a print-based environment where content and knowledge moves slowly by comparison, the affordances of real-time, participatory Health 2.0 spaces like *Birth Without Fear* create an environment where the reinscription of a new normal can occur rapidly.

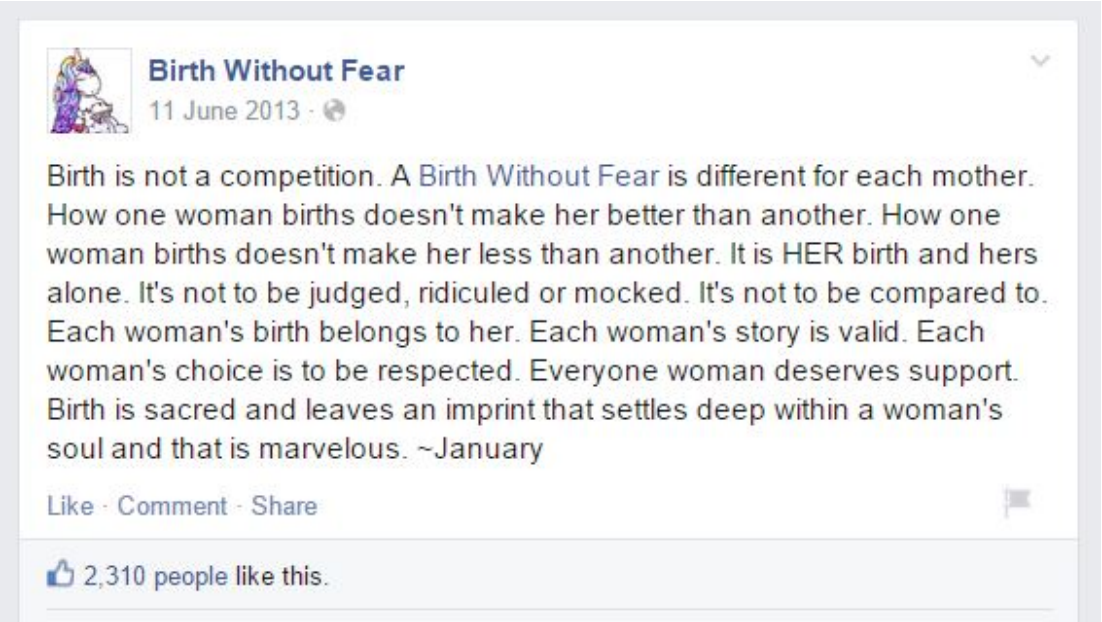
Moreover, the rhetoric of dis/ability and the reinscription of a new normal are amplified by the participatory nature of online spaces like blogs and social media. While the collaborative nature of these spaces connects community members in positive ways, it can also enable hostile exchanges. On the "A License to Rape" blog post there are a number of comments in which women attack one another. In one comment, for example, a community participant tells another commenter that:

> People like you are quick to rush in to invalidate another woman's grief, pain, and injury by shushing her, telling her that her well being doesn't matter as

> much because her healthy baby was surgically removed by "experts." Do you even have kids of your own, or if you do, were they born in the "good ol days" of doctors who were always ready to slab em and grab em with stirrups, epi, forceps, and gas? Pull your head out, woman. ("A License to Rape")

In instances like these, we see Blair, Gajjala, and Tulley's notion of kinship networks disintegrate as the participatory nature of a Health 2.0 environment like BWF empowers some women at the expense of others. It is therefore critical that those of us who work with and participate in cyberfeminist communities pay attention to the Janus-faced nature of Web 2.0 spaces as well as recognize that while these spaces are intended to empower women, they do not always succeed.

Although communities like *Birth Without Fear* reinscribe a new normal that can negatively impact women by creating a dis/ability binary, it is vital to note that they often do so unintentionally. On the BWF Facebook "**About** (https://www.facebook.com/birthwithoutfear/info) " page January stresses to readers that:



In this passage, January romanticizes birth as a 'sacred' experience, yet she attempts to resolve the unintended (yet unavoidable) consequence of some members feeling that their birth experiences do not live up to such a standard. By attempting to neutralize the binary of ability/disability, she fosters a spirit of support for all women, regardless of their childbirth experiences. In this way, January propagates cyberfeminist ideologies that emphasize support and female agency while stressing that each woman's experience is valuable and unique. This supportive attitude is embraced by the many members of the BWF community who often leave comments

on both the blog and Facebook page that celebrate (rather than shame) women who have had birthing experiences that do not embody the new normal reinscribed by the community.

Closing Thoughts & Future Directions

I argue in this essay that *Birth Without Fear* is an important space where the social movement toward participatory Heath 2.0 technologies and efforts to validate women's birthing experiences come together in both empowering and disempowering ways. While understanding how sites like BWF empower women is essential, the work of feminist studies cannot stop here. Instead, we must use our theoretical knowledge to advocate in both academic and non-academic spaces for a revised understanding of women's bodies, pregnancy, disability, and obstetrical practices. Doing so is essential not only for feminist studies, but also for individuals working in and affected by healthcare systems.

While the analysis I present here offers insights into an understudied area of cyberfeminist and feminist disability studies, there remain unanswered questions. I wonder, for instance, about how and to what extent cyberfeminist communities like *Birth Without Fear* reimagine pregnancy and childbirth as experiences that can be codified and consumed within capitalistic economies and what impact this process might have on poor women and women of color. I have touched on this issue throughout this essay, but further analysis is needed. I also wonder about the role visual media plays in reinscribing a new normal that both resists and creates rhetorics of dis/ability. While the scope of this essay prohibits an in-depth analysis of these important areas, I hope to explore these issues and others in future research.

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Footnotes (returns to text)

1. Due to the scope of this essay, I do not discuss blogs as a genre of feminist discursive activity. For information on connections between blogs, feminism, and motherhood, see Clancy Ratliff's "Policing Miscarriage: Infertility Blogging, Rhetorical Enclaves, and the Case of House Bill 1677," Susan Herring, Inna Kouper, Lois Ann Scheidt, and Elijah L. Wright's work "Women and Children Last: The Discursive Construction of Weblogs," and Lori Kido Lopez's "The Radical Act of 'mommy blogging': Redefining Motherhood Through the Blogosphere."
2. For a more expansive history of American self-help industry and culture, see Micki McGee's book *Self-Help, Inc.: Makeover Culture in American Life*.

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CYBERFEMINISM FEMINIST DISABILITY STUDIES HEALTH 2.0 PEER REVIEWED PREGNANCY SELF-HELP

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