“Patient, Activist, Educator, Human: Telling Stories about Birth”

Sabbatical Report by Aryn Bartley

Writing and Literature

Image: Hannah Höch, “Birth,” 1924. This file is made available under the Creative Commons CC0 1.0 Universal Public Domain Dedication.

Content note: This sabbatical report includes a discussion about the dynamics of birth trauma, medical racism, and the devastating human impacts of the 2022 Supreme Court decision eliminating the federal right to an abortion.

Introduction

I am a teacher of writing and literature here at Lane. I am also a mother who has experienced pregnancy, miscarriage, birth, and postpartum anxiety. As a teacher, I believe that telling our stories is a powerful way of connecting with others, processing our own experiences, and widening our collective understanding of what it means to exist in this world. I know, too, that telling our stories can be both liberating and transformative. Based on my belief in the power of storytelling and spurred on by my own reproductive health experiences, in 2018, I began to facilitate creative writing and art workshops with Well Mama, an organization in Eugene supporting people experiencing postpartum depression and anxiety.

In these workshops, participants at times shared their birth stories, some of which were traumatic. As I listened, I noticed that people seemed relieved to share their experiences in a nonjudgmental space. While more and more, we are seeing spaces for sharing birth stories open up in mass culture, on an individual level, birthing people can often feel like they don't have a space to share what birth was like for them, especially if their experience was challenging or traumatic. A cultural focus on the well-being of the new child often subsumes or erases a focus on the well-being of the mother or other birthing person.

Two years ago, as I conceptualized my sabbatical plan, I decided that I wanted to learn more about the role birth stories, and especially traumatic birth stories, can play in culture. Beck and Watson define birth trauma as a "perception of 'actual or threatened injury or death to the mother or her baby,'" as defined by the birthing person (in Reed, Sharman, and Inglis). Between 33 and 45% of new mothers report experiencing a traumatic birth (see Alcorn, O'Donovan, Patrick, Creedy, & Devilly, in Beck, Watson, and Gable, 175; and Reed, Sharman, and Inglis). Birth trauma "is associated with postpartum mental health problems, including depression and

post traumatic stress disorder" (Reed, Sherman, and Inglis). Birth trauma is often related to the actions of care providers, which can include a disregard for the birthing person's desires, self-knowledge, and consent; lies and threats; and physical violence: a practice described as "obstetric violence."

I was especially interested in the resonance of the theoretical and practical work on narrative conducted in trauma studies, in which the opportunity for trauma survivors to tell their stories, allows "a new sense of positive identity [to] emerge" (Schauer, Nooner, and Elbert 5). My primary research goal was to parse themes of self, agency, power, and control as they related to trauma and narrative. What common themes mark narratives about the experience of birth trauma? I wanted to consider, as well, how the act of narration might help people to process, heal from, or honor their experiences. What role do birth stories play for others who have similar (or different) experiences? How can we understand these stories as political statements?

I drafted myself a lofty reading plan, which started out with reviewing and learning more about "big picture" disciplinary theories about the relationship between rhetoric, narrative, and health; then moved to a study of reproductive justice, trauma, and storytelling; addressed secondary sources about traumatic birth; and then, finally, narrowed in on my primary texts. I intended as well to interview medical educators. Knowing that this content would be intense and potentially difficult to read, I committed myself to walking, journaling, and exercising as forms of self-care.

In my "Evaluation of Success" section of my sabbatical proposal, I wrote, "I will consider my sabbatical a success if I can gain a broader understanding of narrative medicine as it relates to reproductive and maternal health, and especially birth trauma. . . .I feel that the work is even more important to share with the larger health humanities and narrative medicine

educational communities. Researching this proposal has showed me that there is a rich and vibrant discussion currently taking place about birth trauma narratives, and I plan to produce an article for presentation and publication: for example, in the *Journal of Medical Humanities*, *Literature and Medicine*, or *Rhetoric of Health and Medicine*." Over the course of my sabbatical leave, I believe I more than met these goals.

Methods and Processes

My sabbatical experience ended up turning into four distinct, but interrelated projects (!), each of which was uniquely rewarding, and each of which informed the others. The first was my proposed research project. Over the course of the sabbatical experience itself, I was able to read many of the texts I had initially planned to explore, as well as a good many more. I enjoyed following the "rabbit holes" that were citation pages and links, discovering and learning more about areas of inquiry such as graphic medicine. As the term went on, I narrowed my focus until, finally, I decided to interpret three primary texts: two birth justice projects – Birth Monopoly and the Birthright podcast – and Shout Your Abortion, a reproductive justice project centered on abortion narratives.

I also spent time reporting out to larger communities about the creative facilitation work I have done with Well Mama. As part of this work, I dove into theories of trauma-informed facilitation, using them as foundations for explaining how the transformative language arts practices I draw upon in my workshops help to make space for healing and connection. The third project involved participating in a narrative medicine project with children with juvenile dermatomyositis (JDM) and juvenile idiopathic arthritis (JIA). (The project had been delayed and ended up being implemented during my sabbatical leave.) Finally, I took an art class,

experiencing firsthand how creative production in community could promote rejuvenation and healing.

I was least successful in learning about how traumatic birth narratives were used in medical education; I feel, however, that the sabbatical project ended up being even more rich, rewarding, and busy (!) than I had anticipated.

Results/ Outcomes

Project One: Research into the Rhetorics of Reproductive Justice and Birth Narratives

My primary sabbatical research focused on online birth narratives that were mobilized for the purpose of health activism. It was important for me at the start of my project to investigate the various fields in which I might situate my project: namely, the health humanities, narrative medicine, the rhetorics of health and medicine, and the rhetorics of reproductive justice.

The health humanities engage with literature, history, philosophy, religious studies, the fine arts, and the social sciences as foundational for understanding our experiences with health, healing, illness, mortality, and the healthcare system. As described by the Health Humanities Consortium, "[t]he Health Humanities use methods such as reflection, contextualization, deep textual reading, and slow critical thinking to examine the human condition, the patient's experience, the healer's experience, and to provide renewal for the health care professional."

Spearheaded by physician and English professor Rita Charon, narrative medicine has emerged as a field of study within the health humanities over the last two decades. Practitioners of narrative medicine seek to rehumanize healthcare by exploring how engagement with literary

texts and visual art can help current and future care providers to better understand the human experience that is so often erased or ignored in medical practice. As described in *Principles and Practices of Narrative Medicine*, close reading helps health care providers to practice "attention" by attuning them to the complexity of the narratives patients produce – including aspects of patient stories that contradict expectations and the gaps and silences within narratives. Close reading and expressive writing help patient and provider to understand the way storytelling and other forms of artistic expression "represent," or give form to, experience.

I was lucky, during the summer preceding my sabbatical, to have been accepted to participate in the Project Narrative Summer Institute through Ohio State University, where I met daily with a community of scholars to investigate narrative medicine through a narrative-theory lens. Together, we studied short stories, graphic narratives, and stand-up comedy about health-related topics, considering how they represented issues like health, illness, disability, caregiving, suffering, and embodiment. At the end of the Institute, I began to explore some of the themes that would drive my sabbatical, presenting on the ethics of reading, responding to, and representing birth trauma narratives. I conceptualized a number of frameworks that might guide an ethical response to these kinds of texts, including mirroring and transcribing, close reading as an invitation to dialogue, considering a story as a gift, and "other-oriented springboarding." While researching my presentation, I discovered and incorporated into my presentation the work of amazing women artists who engage creatively with questions around storytelling, creativity, reproduction, parenting, human connection, the body, trauma, and mental health. (See the next two pages for some of this art and the Appendix for the artists' statements.) These frameworks, images, and perspectives shaped my mindset as I reengaged with my studies in Fall term.

Chiharu Shiota, *Circulation*, 2018.
Installation: metal rings, red wool.

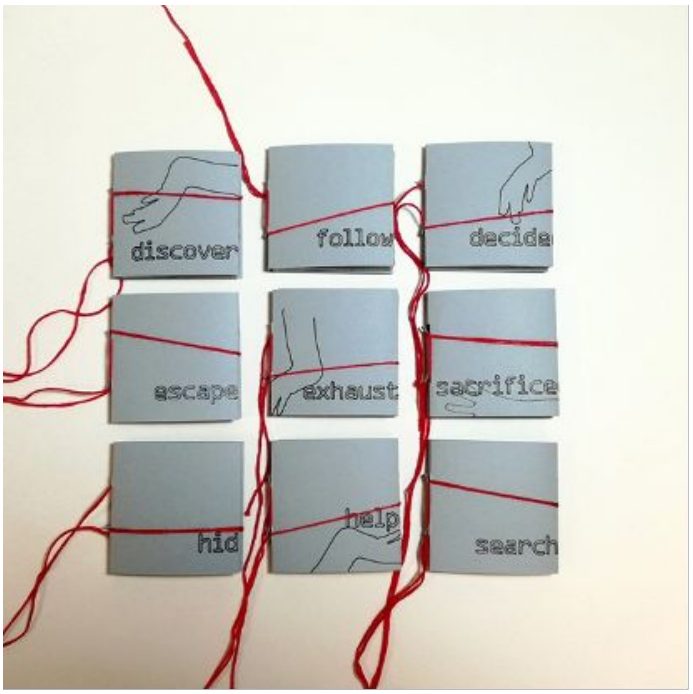
Tatiana Blass, *Penelope*, 2011.
Installation: carpet loom, wool yarn, chenille.

Sonia Farmer, *The Red Thread Cycle*, 2019.
Paper, ink, tyvek, board, bookcloth, thread, audio recording

Rima Day, *Scriptum V* detail, 2021.
Silk organza, thread, paper, and wire.

Elizabeth Eastmond, *Doleket: In Flames/ Full of Light*, 2013.
Fabric, thread.

Yayoi Kusama (pictured), *Infinity Mirror Room—Phalli's Field,* 1965/ 2016.
Stuffed cotton, board, and mirrors



Claire Weetman, *Ariadne's Thread*, 2018.
Card, tracing paper, print, thread.

Yemisi Ajayi, *Women's Circle of Life*, 2019.
Hand printed cotton fabric.

Mafe Bastos, *Righteous Hand*, 2022-3.
Recycled linen, cotton thread, and glass beads.

I spent time in fall exploring the rhetorics of health and medicine (RHM), or the ways in which people write or otherwise communicate about and within health and medicine. As Lisa Melancon and Erin Frost have written, "For many years, an often-overlooked aspect of health and medicine was the communicative dimension, that is the discourses—oral, written, visual, and technological. When we speak of discourses, we are thinking about lab notes, case reports, electronic medical records, patient notes, regulatory documents, insurance claims, online health information, patient education materials, and pharmaceutical advertisements. . ." They and other scholars note that the "everyday" nature of these kinds of communicative genres and forms may have led to a kind of invisibility within the field of rhetoric, but the field is currently thriving.

Within the rhetorics of health and medicine, scholars have advocated for taking seriously the rhetorics of reproductive justice (RRJ). Sister Song: Women of Color Reproductive Justice Collective's defines reproductive justice as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities" (n.d.). According to Sister Song, reproductive justice is broader than the right to an abortion, addressing structural issues of access, not only choice. Reproductive justice also addresses access to various forms of reproductive health and wellbeing. With all this in mind, I would describe the rhetoric of reproductive justice as the study and/or practice of people communicating about topics related to reproduction, especially in ways that support autonomy, agency, and human rights.

Reproductive justice advocates ask us to pay attention to how individuals and communities are positioned within larger systems and structures of power and oppression. Over the course of my research, I found that the healthcare system, laws and judicial decisions, and racism directly impact what happens in the birthing room.

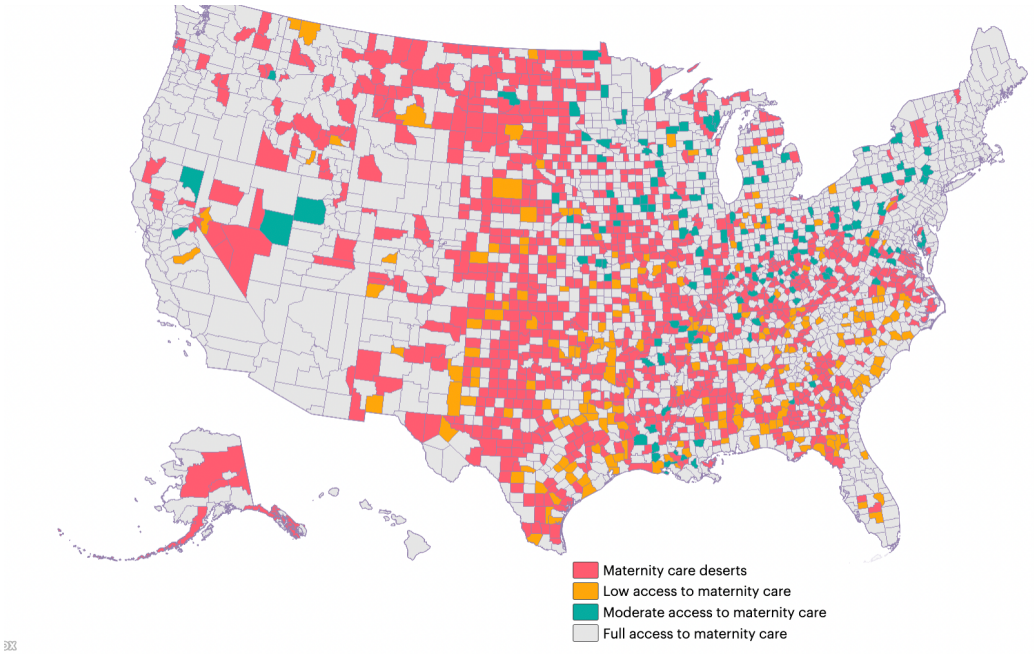


Figure One: "Maternity Care Deserts Across the U.S.," March of Dimes, 2024

Figure One displays an image from the March of Dimes's 2024 report, "Nowhere to Go: Maternity Care Deserts Across the U.S." The counties in red – over 35% of U.S. counties – are classified as "maternity care deserts," where maternity care services are completely absent (9). In 2021 and 2022, one out of every 25 obstetric units in the U.S. closed (5). In 2023, 2.3 million reproductive-aged women lived in maternity care deserts, and more than 3 million more lived in counties with limited access to maternity care (5).

Furthermore, the Supreme Court's 2022 decision in *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade* and eliminated the federal right to an abortion, has led to a marked decline in reproductive and maternal care in a large portion of the country. Obstetricians and other reproductive care providers in these states are refusing or hesitating to provide safe reproductive care to their pregnant patients for fear of being prosecuted. ProPublica has recently reported on the deaths of two women in Georgia, which has a six-week abortion ban. Amber Nicole Thurman died after having an abortion due to her medical providers delaying

treatment when she developed an infection (Surana, "Abortion"). Candi Miller, who had multiple chronic illnesses, died because she was afraid to go to the hospital after experiencing complications due to an abortion (Surana, "Afraid"). Both were Black mothers.

Dobbs has exacerbated already-existing disparities based on race, class status, language, and national identity. Research has shown, for example, that in the U.S., Black and indigenous women as well as rural women are more likely to experience negative pregnancy and maternal outcomes than non-Hispanic white and/or urban women (Kozhimannil). Black women in particular are more likely to die of pregnancy and childbirth than women of other racial backgrounds, they experience more maternal health complications than white women, and many Black women have limited access to reproductive health care (National Partnership for Women and Families). These poor outcomes are caused not only by structural inequalities that lead people to forego medical care during pregnancy, but also by the chronic effects of racism on the body (known as "weathering") and by medical racism. Black mothers and other birthing people routinely report being ignored, disrespected, treated with contempt, and discriminated against in medical spaces (see Galvin; Harper; March of Dimes; Davis; and National Partnership for Women and Families).

In the birthing room itself, the way pregnant and birthing people are treated during labor and delivery can support their agency, autonomy, connection with others, and humanity – or it can deny them. As Sara Cohen Shabot has written, "the dissatisfaction felt by countless women with over-medicalized childbirth has to do not necessarily with the loss of a 'natural' labor experience but, rather, with the erasure of the lived body, which is frequently objectified in medicalized childbirth, . . . and transformed into . . . an instrument to be controlled and managed by medical authorities."

It is important to note that medical objectification is built into the structures and discourses of the hospital: as Craig Irvine and Danielle Spencer write, in the hospital, "One hears the odd rhythms of an unfamiliar language reducing patients to injury or pathology, mapped to a disease entity, and becoming 'the knee in room 3' – an assemblage of . . .organs and body parts, each treated by a different service of the hospital" (68). Furthermore, medical systems often encourage efficiency and expediency, limiting the amount of time providers can spend with patients. As S. Kay Toombs notes, this framework emerges from the Cartesian perspective that has influenced the current medical system:

> The traditional biomedical paradigm focuses exclusively along 'Cartesian' lines on the body-as-machine, with a concurrent de-emphasis on the personhood of the patient and the reality and importance of the human experience of illness . . . Indeed, the prevailing model so effectively separates the biological physical body from the person whose body it is that medical education deems it necessary explicitly to remind students that patients are persons. (in Irvine and Spencer 80)

And Irvine and Spencer note that these structures impact everyone, including clinicians, who feel "diminished and disempowered . . ., caught in the maw of bureaucratic documentation and burdensome regulation, estranged from the call to care and the intimacy of the doctor-patient relationship" (68). Unfortunately, systemic pressures can pave the way for obstetric violence.

Cohen Shabot and others describe how obstetric violence can not only harm birthing people physically and emotionally, leading to increased rates of postpartum depression, anxiety, and PTSD; they can also damage the connections between birthing people and those they love, leading to feelings of isolation and loneliness. These impacts are increasingly acknowledged in mass culture, including in tv shows like *Insecure*, *Fleischman is in Trouble*, and *Sex Education*.

As my research progressed, I became increasingly curious about the ways that birth justice activists were seeking to transform these conditions. I ended up focusing in on online activist sites, which often pair birth stories with educational information for healthcare providers to advocate for changes to obstetrical culture.

I started out looking at sites focused on traumatic birth narratives, including Birth Monopoly, which challenges obstetric violence and advocates for a maternity care system "that recognizes you own your body." I quickly discovered other birth story projects that gathered positive birth stories, like Kimberly Seals Allers's project, "Birthright: A Podcast about Joy and Healing in Black Birth." These kinds of sites often shared a similar goal as traumatic birth narrative sites, but offered positive visions of birth to guide practitioners toward an understanding of the dynamics that could prevent rather than cause birth trauma. As I researched, I also discovered potent intersections between contemporary birth story projects and storytelling about other reproductive health experiences, like abortion and infertility.

As I discussed in an article that emerged from my sabbatical research, we might think about reproductive justice stories as being what scholars in rhetoric, bioethics, women's and gender studies, and especially critical race theory have called "counterstories." In the 1980s, legal scholar and critical race theorist Richard Delgado described the ways marginalized communities can use counterstories to push back against oppressive mainstream narratives (Delgado 2412). In the 90s, feminist philosopher and bioethicist Hilde Lindemann theorized counterstories as "narratives of resistance and insubordination that allow communities of choice to challenge and revise the paradigm stories of the 'found' communities in which they are embedded" by "undermining a dominant story, undoing it, and retelling it in such a way as to invite new interpretations and conclusions" (Nelson, 1995, 23). The foundations of

counterstories might be traced to the Abolitionist movement, where formerly enslaved people like Olaudah Equiano, Frederick Douglass, and Harriet Jacobs penned their own stories that asserted their humanity in the face of the rhetoric of slavery. Civil Rights activists also practiced counterstorying to challenge white supremacy, white privilege, and systemic racism, and counterstorying is currently practiced in many antiracist spaces, including the writing classroom.

Counterstories have also been important to feminist practice since the 1960s and 70s, when women gathered into consciousness raising groups to tell stories from their own experience. Feminists also used personal narratives to challenge dominant paradigms around sexual and reproductive heath when they organized more formally to publish the classic text *Our Bodies, Ourselves* in 1970. This book paired the stories of individual women with educational information for a lay audience. This kind of narrative-based activism around reproductive and sexual health has continued into the current day in projects organized by groups like Shout Your Abortion, the TMI Project, and California Latinas for Reproductive Justice. Currently, the internet allows people to share their health and reproductive health stories in blogs and discussion forums as well as in online spaces that deliberately curate stories for the purpose of activism.

Based on my research, I developed the central ideas for a presentation, which I shared in Spring 2024 at the Health Humanities Consortium Conference – an international conference hosted by the main disciplinary organization of the field of health humanities – and an article which is currently under review at the *Rhetoric of Health and Medicine Journal*. In my presentation, I discussed the way that Birth Monopoly and Shout Your Abortion mobilize personal narratives to advocate for change. In particular, I looked at the way that depictions of trauma (in Birth Monopoly) and the absence of trauma (in Shout Your Abortion) pushed back

against conventional narratives about birth and abortion. By telling their stories, I argued, narrators challenged the objectification that they had experienced either in medical or political contexts by asserting their own insights and self-knowledge. In my article about two birth justice projects – Birth Monopoly and the Birthright podcast – I focused similarly on how birth stories championed the subjectivity of their narrators in the face of a medical system that can be dehumanizing and objectifying. I talked about the ways that both projects offered insights into medical practice and modeled an ethical relationship with the other.

As I wrote my article, I was inspired by a number of different theories about how storytelling works. For example, in the field of narrative medicine, Rita Charon and Craig Irvine discuss how close attention to a story can help readers and listeners to build empathy with the other. Yet empathy has often been critiqued as allowing people with power to ignore their own implication within systems of oppression by assuming total similarity between themselves and the marginalized storyteller. Shui-Yin Sharon Yam, talks, on the other hand, about how stories can encourage a different kind of empathy, which she calls "deliberative empathy." Stories that appeal to deliberative empathy uncomfortably increase the distance between marginalized storytellers and their privileged readers and listeners. In so doing so, they encourage their audiences to think critically about difference rather than similarity, to notice larger structures of oppression, and ultimately, to act in solidarity with the other. This concept is perhaps related to Sayantani DasGupta's advocacy of "narrative humility," the understanding that "we cannot ever claim to comprehend the totality of another's story, which is only ever an approximation for the totality of another's self."

I also learned more about *nommo*, a concept from African rhetorical traditions meaning the transformative power of the spoken word. Nommo emphasizes the way oral storytelling can

build community, encouraging audience participation through, for example, the act of call and response (Hamlet). This concept helped me to think about how the collaborative storytelling at play in the Birthright podcast created an ethic of community that mirrors the podcast's call for obstetrical culture to actively incorporate members of the birthing person's community into the birth process.

Ultimately, I argued that birth story projects ask their audiences – including healthcare providers who hold positions of power – to think about how they receive the stories of others, and to consider how that relationship between teller and listener might translate to other settings. In the act of storytelling, these birth justice projects model interactions grounded in careful attention, respect for the unique humanity of the other, humility, and collaboration.

Project Two: Community Writing/ Arts in Health

During my sabbatical leave, I also enjoyed sharing the work I do with Well Mama. I attended the Coalition for Community Writing's 2023 Conference on Community Writing in Denver, CO, learning about the fantastic work people all around the country are doing in community writing and sharing my own work in trauma-informed facilitation. I transformed my presentation into an essay called "Processing Postpartum in Community: A Trauma-Informed Approach to Expressive Writing Facilitation during the COVID-19 Pandemic," which will be published in a forthcoming collection from Routledge titled *Syndemic Motherhood: American Epidemics through Engaged and Applied Arts* and edited by Ali Duffy, Sarah Johnson, and Tamar Neumann. In both the presentation and the article, I described how I weave principles of trauma-informed care championed by SAMHSA (Substance Abuse and Mental Health Services Administration) into my creative facilitation workshops. Principles like peer support,

collaboration, agency, voice, and attention to cultural, historical, and gender issues guide my practice and help create a space for all to share their art, stories and experiences (SAMHSA).

I was inspired as well to encounter a global community of practitioners who are working in various contexts – hospitals, community centers, colleges, and more – to weave together the arts and health. Arts-in-health leaders from around the world are using the arts- writing, painting, photography, ceramics, dance, theater, and more – to build community and ameliorate loneliness, provide opportunities for self-expression, reduce depression and anxiety, and more. Reflecting upon this work, talking about it with others, and learning more about other arts-in-health projects around the world reaffirmed for me that coming together creatively in supportive communities can help people make it through challenging and traumatic times.

Project Three: Narrative Medicine Facilitation

I am trained in narrative medicine and social-emotional arts facilitation, and committed in the Winter of 2023 to work as a facilitator on a narrative medicine intervention designed for children with juvenile dermatomyositis (JDM) and juvenile idiopathic arthritis (JIA), two pediatric rheumatology conditions. Led by Aviya Lanis, M.D., a pediatric rheumatologist working at the time at Seattle Children's Hospital, over the course of six weeks, a group of facilitators from across the United States paired up online to guide small groups of children through art and writing activities. This project had been planned for Summer of 2023, but due to unforeseen circumstances, had to be rescheduled for Fall 2024.

I found it beneficial to use narrative medicine strategies with a new population. It was fascinating and fun to get to know the kids and to see how they interacted with each other through art and storytelling. I also enjoyed getting to know my cofacilitator, who had a very

different kind of energy. His calm, thoughtful demeanor was a good balance to my energy, which can be a little bit more excitable when I'm in the classroom!

Dr. Lanis presented the results of our research, which found that children's self-reports indicated a decrease in symptoms of anxiety and depression and a slight increase in negativity about their diagnoses, at the Health Humanities Consortium Conference. The sample size was small and some of the results were not statistically significant, so we are advocating for research with larger groups.

Project Four: Art-making!

Finally, I made art myself. Here is where I walked the walk that I had been talking about for so long. As I worked through materials about pregnancy, birth, and other reproductive health experiences that were often emotionally challenging to read and listen to, and as I reflected upon my own sometimes difficult reproductive health experiences, taking a botanical illustration and painting class rejuvenated me. As I painted from photographs and objects, I found that close observation of line, color, and shading worked for me like a mindfulness practice. It was also grounding and restorative to gather in community with others to paint and to observe and appreciate each others' art. You can see a sampling of my sabbatical art on the next page!


Aloe with shell

Reflections

How wonderful it was, as a teacher and a scholar, to be able to take a term to engage in research of personal, social, and medical significance and to contribute to my discipline in meaningful ways. I know I would not have been able to participate in the activities described here had I not been granted time set aside to do so. Being able to immerse myself in self-directed learning helped to rekindle an intellectual and activist spark that had grown somewhat dim after the first years of the pandemic.

I hope that my primary research amplifies the powerful activist projects happening around birth justice for teachers in the field, ideally so that they can bring these projects into their work with students, including future reproductive healthcare professionals. There are so many incredible insights that emerge from these narrative projects about how we can better support pregnant and birthing people as well as new parents. Furthermore, my reports on my facilitation practices are meant to serve as a resource for others who wish to better support people going through the postpartum transition. I hope that by highlighting trauma-informed principles and discussing how they might be applied in arts-in-health spaces, I might provide creative arts facilitators with foundational tools for creating their own workshops carefully and responsibly.

When it comes to my work at Lane, this project has given me a much deeper grounding in and understanding of the health humanities, including narrative medicine. I feel more confident in my ability to develop an introductory health humanities course, and plan to do so in the next year. I believe that the field of the health humanities holds great promise in community college settings like Lane, where we educate many students who wish to enter the health professions. I would love, as well, to continue to work in arts-in-health areas in the Eugene-Springfield community, and to build more bridges with local, national, and global organizations.

Works Cited

Beck, Cheryl Tatano, Sue Watson, and Robert K. Gable. "Traumatic Childbirth and Its Aftermath: Is There Anything Positive?" *The Journal of Perinatal Education*, vol. 27, no. 3, pp 175-184. June 2018. http://dx.doi.org/10.1891/1058-1243.27.3.175

Birth Monopoly. 2023. Retrieved 21 September, 2023. https://birthmonopoly.com/

Blakemore, Erin. "Consciousness-raising Groups and the Women's Movement. *JSTOR Daily*. 11 March 2021. https://daily.jstor.org/consciousness-raising-groups-and-the-womens-movement/

Cohen Shabot, Sara. "We Birth with Others: Towards a Beauvoirian Understanding of Obstetric Violence." *European Journal of Women's Studies*, vol. 28, no. 2, 5 May 2020. https://doi.org/10.1177/1350506820919474

DasGupta, Sayantani. "Narrative Humility." *The Lancet*, vol. 371, no. 9617, 22 March, 2008, pp. 980 – 981. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)60440-7/fulltext

Davis, Dána-Ain. *Reproductive Injustice: Racism, Pregnancy, and Premature Birth*. NYU P. 2019.

Delgado, Richard. "Storytelling for Oppositionists and Others: A Plea for Narrative." *Michigan Law Review,* vol. 87, no. 8, 1989, pp. 2411–2441.

Galvin, Beth. "New Project Highlights Stories of Black Mothers Who Survived Near-fatal Pregnancy, Childbirth Complications." Fox 5 Atlanta.11 Jan. 2023. https://www.fox5atlanta.com/news/morehouse-medicine-black-pregnancy-complications

Hamlet, Janice D. "Word! The African American Oral Tradition and Its Rhetorical Impact on American Popular Culture." *Black History Bulletin*, vol. 74, no. 1, Winter/Spring 2011,

27-31.

Harper, Kimberly C. *The Ethos of Black Motherhood in America: Only White Women Get Pregnant*. Lexington Books. 2021.

Health Humanities Consortium. "Defining Health/Medical Humanities" HHC Curricular Toolkit. https://healthhumanitiesconsortium.com/publications/hhc-toolkit/. August 2021.

Irvine, Craig and Rita Charon. "Deliver Us from Certainty: Training for Narrative Ethics. In Charon, Rita, et al., eds., *The Principles and Practices of Narrative Medicine*. Oxford UP. 2016.

Irvine, Craig and Danielle Spencer. "Dualism and Its Discontents I: Philosophy, Literature, and Medicine." In Charon, Rita, et al., eds., *The Principles and Practices of Narrative Medicine*. Oxford UP, 2016.

Kozhimannil, Katy B. "Indigenous Maternal Health – A Crisis Demanding Attention." *JAMA Health Forum*, vol. 1, no. 5, 2020.

March of Dimes, "Nowhere to Go: Maternity Care Deserts Across the U.S." 2024. https://www.marchofdimes.org/sites/default/files/2024-09/2024_MoD_MCD_Report.pdf

Melancon, Lisa and Erin A. Frost. "Charting an Emerging Field: The Rhetorics of Health and Medicine and Its Importance in Communication Design." *Communication Design Quarterly,* vol. 3, no. 4, August 2015, pp. 7-14.

National Partnership for Women and Families. "Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities." April 2018. https://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html#

Nelson, Hilde Lindemann. “Resistance and Insubordination.” *Hypatia*, vol. 10, no. 2, Spring 1995, pp. 23-40. https://www.jstor.org/stable/3810277

Reed, Rachel, Rachael Sharman, and Christian Inglis. “Women’s Descriptions of Childbirth Trauma Relating to Care Provider Actions and Interactions.” *BMC Pregnancy and Childbirth*, vol. 17, no. 21, 2017. https://doi.org/10.1186/s12884-016-1197-0

SAMHSA’s Trauma and Justice Strategic Initiative. “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach.” July 2014. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

Schauer, Maggie, Frank Neuner, and Thomas Elbert. *Narrative Exposure Therapy: A Short-Term Treatment for Traumatic Stress Disorders*. 2nd ed. Hogrefe P, 2011.

Sister Song. “Reproductive Justice.” https://www.sistersong.net/reproductive-justice

Surana, Kavitha. “Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother’s Death Was Preventable.” *ProPublica*, 16 September 2024. https://www.propublica.org/article/georgia-abortion-ban-amber-thurman-death

---. “Afraid to Seek Care Amid Georgia’s Abortion Ban, She Stayed at Home and Died.” *ProPublica*, 18 September 2024. https://www.propublica.org/article/candi-miller-abortion-ban-death-georgia

Yam, Shui-Yin Sharon. *Inconvenient Strangers: Transnational Subjects and the Politics of Citizenship*. The Ohio State UP, 2019.

Appendix: Artists' Statements

Yemisi Ajayi, Women's Circle of Life

"This mixed-medium textile art piece symbolizes Yemisi's reflection on women's reproductive health and the role women play in replenishing the Earth's mystery. It tells about the strong women than weakness and inferiority as often portrayed by patriarchal cultures. . . . The repeated figures of women express their empowerment, love, and support, and their different colors represent diversity in skin colors and yet universality of womanhood. The circles around them represent the ovary — a symbol of women's fertility, with red symbolizing strength, power, and passion. The spirals in the background symbolize birth control intrauterine implants. Their color, orange, is associated with joy, warmth and sunshine representing the liberation that comes from autonomy and women's control over their bodies and lives."

Mafe Bastos, *Righteous Hand*

"It symbolises the power of healing touch and the transformative energy of love. The power of love can guide us through the darkness. . ."

Tatiana Blass, *Penelope*

"The work consists of a 14-metre red carpet that runs from the entrance to the Chapel to the altar, where there is a manual pedal loom in which the warp of the carpet is attached. The threads come out tangled on the other side of the loom and pass through the existing holes in the rammed earth walls, reaching the outside area. The red threads invade the green of the garden, lining all the grass, bushes and trees, creating a dubious movement of construction and deconstruction, a reference to the myth of Penelope."

Rima Day, *Scriptum V*

"Red thread symbolizes human connection in Japan," she says. "My fascination with the similarity between nature and the human body manifested in matrixes that resemble blood vessels, root systems, and tree vines."

"I was thinking about how a mother's body nourishes a baby. All the necessary nutrients are gathered from all over her body, transporting through the connection of the umbilical cord to give the baby what is needed for growth. Sometimes, the mother's body gets weaker because of it. Maybe a mother's love is very much the same. She gathers parts of herself, almost in sacrifice, and gives it to her child."

Elizabeth Eastmond, *Doleket: In Flames/ Full of Light*

"While no one really knows how the prophet Abraham came to know God, many a rabbi has told a tale, a midrash, about this event. One famous one is how Abraham came upon a castle alight — a castle *doleket*. According to many, the term doleket has two meanings: one is that the castle was radiating 'brilliant light.' But others maintain it was burning, being destroyed by flame. Who is the master of this castle, asked Abraham, that they would build it only to allow it to burn? And so, the midrash goes, he came to know God.

I wanted to convey this idea in my quilt — while something can be in flames, it can also be full of light. So I made the one-inch timbers of this creation stand strong and straight, then allowed some to fall at an angle, denoting fallen beams. I kept the fabric intact, but left the edges ragged, and threads raveling. The body holds together, but is mounted on a fabric with text, as the written word is both permanent and ephemeral."

Sonia Farmer, *The Red Thread Cycle*

> "Even though the series is rooted in the cultural space of Trinidad, the poems nevertheless remind their reader of the violence that disproportionately affects our region of the world. They are hard poems to digest, but we must be open to what the pain of these poems teaches us about trauma and survival in the Caribbean. We have to look. . . . Each poem deserves its own consideration of form, pacing, and reading, so she used a different folding structure for each one, allowing the seven different voices in the poems to share their own individual encounters within the overall experience of sexual trauma. These books reinterpret the original linear poetic forms, each structure inhabiting the individual voice of the poem to refract and reflect its narrative, allowing the reader to access their core emotional complexity as they engage with each piece. . . ."

Yayoi Kusama, Infinity Mirror Room, Phalli's Field

> "My art originates from hallucinations only I can see. I translate the hallucinations and obsessional images that plague me into sculptures and paintings. . . . As an obsessional artist I fear everything I see. At one time, I dreaded everything I was making. The armchair thickly covered in phalluses was my psychosomatic work done when I had a fear of sexual vision. . . . To create an endless mirror room had been my long-cherished dream…"
>
> "By obliterating one's individual self, one returns to the infinite universe."

Chiharu Shiota, Connection

"I believe weaving may be the wrong expression, I do not weave in a traditional sense, I am drawing a line with the yarn, like a line in a painting, and these lines are entangled with each other, and knotted or cut just like relationships between humans."

"Because red is the colour of blood, it symbolizes the inside of the body, and therefore, it represents human connections and relationships."

Claire Weetman, *Ariadne's Thread*

"Ariadne features in the Greek Mythology of The Minotaur and Theseus where she gives a ball of thread to Theseus, so that he can find his way out of the labyrinth after slaying the Minotaur. This myth gives its name to the methodical process of solving a problem, where Ariadne's Thread means that one applies exhaustive logic to all available routes through an ordered search to find all possible solutions to a problem.

The stories around Ariadne are used in this collection of artist books, which combine silhouettes of hands, words that shift meaning as the books are opened, imagery and folded forms to represent the labyrinth and a selection of possible threads to explore as you consider the solution to your problem."