



Abortion, Child Loss and Science Fiction

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This creative non-fiction piece came from work done as part of the Visceral Bodies Symposium at Kingston University London, April 2023. The piece tells the story of an abortion, undertaken in response to foetal anomaly, and how science fiction and horror narratives offered succour throughout the experience. The piece aims to raise issues about the role that disclosing personal experiences can have in informing academic practice.



Commentary

This article takes the form of a creative non-fiction account of abortion due to foetal anomaly, and the use of science fiction as a discourse for navigating the acute physical experience, as well as the subsequent grief. In writing this piece, I engage in ‘embodied autoethnographic forms of writing’, practices which Boncori and Smith argue, ‘can help learn about, challenge and perhaps change, dominant masculine discourses in academia’.¹ While my article is written in a creative non-fiction style that evokes the concept of ‘writing differently’ (Boncori 2023: 1) from a conventional academic article, my use of science fiction as a discourse for navigating pregnancy loss also suggests a practice of reading and interpreting differently. Science fiction, with its focus on technology and the empiricism of scientific praxis, is often placed at odds with the more feminine genres of fantasy, or even literary fiction. By placing the genre in the context of pregnancy loss and trauma, I put its speculative and spectacular qualities towards challenging existing taboos around abject, ‘leaky bodies’ (Shildrick 1997, 10).²

In bringing together a number of science fiction texts (primarily films and music videos) through the writing of the piece, the article contributes to a project that echoes that of Ann Cvetkovich in *An Archive of Feelings* (2003). Cvetkovich argues that collating ephemera from lesbian communities for literary analysis amounts to a kind of activist scholarship where the literary scholar’s role as a curator and a historian is foregrounded. In my work, by reframing science fiction as a discourse for approaching experiences of trauma and loss, I argue that non-mimetic discourses can be productive avenues for exploring visceral experiences that are often sanitised in discourses surrounding pregnancy loss. Reading science fiction for its feminist and queer content is now an established practice in science fiction studies (Hollinger 1999)³, and is in-keeping with contemporary scholarship which sees science fiction studies as a site for imagining different futures and performing an activist scholarship (Yoshinaga, Guynes and Canavan 2022).⁴

It is the sanitisation of pregnancy loss that led me to give close attention to its visceral, bodily impact. The physical toll of pregnancy loss is often left unaccounted

¹ Ilaria Boncori and Charlotte Smith, ‘I lost my baby today: Embodied writing and learning in organizations’, *Management Learning*, 50(1), 2019, 74-86: 84.

² Margrit Shildrick, *Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)ethics* (New York: Routledge, 1997) p.10.

³ Veronica Hollinger, ‘(Re)reading Queerly: Science Fiction, Feminism, and the Defamiliarization of Gender’, *Science Fiction Studies*, 26(1), 1999, 23-40.

⁴ Ida Yoshinaga, Sean Guynes & Gerry Canavan, ‘Introduction: It’s the End of the World as We Know It – or So We Hope’, in *Uneven Futures: Strategies for Community Survival from Speculative Fiction*, ed. by Ida Yoshinaga, Sean Guynes & Gerry Canavan (Cambridge, MA: MIT, 2022), pp. xi-xviii, (p. xi).

for in narratives on this subject. By writing about the details of pregnancy loss, I aim to foreground the visceral nature of the experience, even over grief for the lost child, while acknowledging the importance of that aspect. The situation depicted, of abortion as a result of foetal anomaly, means that the narrative can be read through the lens of abortion (since the loss of the pregnancy is brought on by medical intervention), or miscarriage (since this is the termination of a wanted child, and therefore the feelings of grief are comparable to those who have spontaneously lost a pregnancy). As such, this piece seeks to join contemporary feminist scholars such as Victoria Browne in contributing to ‘the “full-spectrum” understanding of pregnancy, which seeks to break down pregnancy hierarchies and presumed divisions – between pregnancy, miscarriage, stillbirth, live birth and abortion’ (Browne 2023, xi).⁵

The piece depicts difficulties with navigating disclosure, a concept from disability studies which seeks to capture the tensions at play in disclosing one’s disability, for example in the workplace, and there is evidence that this difficulty persists for those suffering reproductive loss (Gatrell 2011).⁶ Disclosure of disability can be seen as an act of political solidarity with others experiencing disability, and it may deliver ‘reasonable adjustments’ in the workplace environment. However, it can also weaken the individual position of the one who discloses since the uses to which their disclosure will be put are not always clear from the outset. As Kerschbaum et al. argue, ‘acts of identifying shared experiences can engender moments of solidarity that enable continued persistence in ableist and discriminatory institutions. However, it is necessary to also acknowledge that disability disclosures are [...] not experienced equally or in the same ways by all people’.⁷ In considering the disclosures necessary to navigate the experience of child loss, this piece acknowledges its debt to disability studies and continues the tradition of recognising the importance of considering disclosure in autoethnographic projects, including those on child loss. As Boncori and Smith note, ‘Different organizational narratives created through autoethnography can be cathartic to write and to read, but may also be painful to unmask and disclose’.⁸ This piece depicts physical and emotional pain, while holding in mind the pain that the disclosure itself may cause. This piece is part of a wider project, and comes to no final conclusions about the benefits or problems

⁵ Victoria Browne, *Pregnancy Without Birth: A Feminist Philosophy of Miscarriage* (London: Bloomsbury, 2023) p.xi.

⁶ Caroline Gatrell, ‘Policy and the Pregnant Body at Work: Strategies of Secrecy, Silence and Supra-performance’, *Gender, Work and Organization*, 18(2), 2011, 158-181.

⁷ Stephanie L. Kerschbaum, Laura T. Eisenman and James M. Jones, ‘Introduction: Disability, Disclosure and Diversity’, in *Negotiating Disability: Disclosure and Higher Education*, ed. by Stephanie L. Kerschbaum, Laura T. Eisenman and James M. Jones (Ann Arbor: University of Michigan Press, 2017), pp. 1-14 (p. 1-2). <https://doi.org/10.3998/mpub.9426902>

⁸ Ilaria Boncori and Charlotte Smith, ‘I lost my baby today: Embodied writing and learning in organizations’, *Management Learning*, 50(1), 2019, 74-86: 84.

with disclosure, but seeks to reinforce the pertinence of the framework of disclosure for the context of pregnancy loss.

Article

I Prologue

This piece is based on a talk that I gave for the Visceral Bodies symposium at Kingston University, London in April 2023. The abstract published in advance of the talk represents the first time I disclosed my experience of traumatic pregnancy in a public forum. The abstract reads:

Anna McFarlane had a 14-week abortion, following the diagnosis of a significant foetal anomaly. This talk tells that story and draws on imagery from science fiction and horror to show the emotional impact that such an event can have. The talk explores the value of popular culture in allowing the expression and exploration of traumatic experiences.

Every time I shared my involvement in the event I shared a link containing this synopsis and everyone in my online networks could potentially see this deeply personal information about me. This was once information that I wouldn't have willingly shared with anyone. I only told the people who knew I had been pregnant, because I felt I had no choice. I didn't want to inflict the weight of my grief on anyone else. Since my abortion in 2016, this experience has inspired a project which was awarded a prestigious British Academy postdoctoral fellowship. I can frame myself as doing activist scholarship, but am I also using my traumatic experience as a kind of capital, to carve out an academic niche? My positionality, as someone who has suffered a traumatic abortion (which would be followed by another miscarriage with medical evacuation in 2017), has been further complicated since I have birthed two healthy sons. Am I still part of a child loss community when I now have children of my own?

The bones of the talk came from an event I held as part of Dundee Women's Festival in 2020. I was due to give a talk about my research, but strike action fell on the day of the event. I decided that I would continue with the event as a private citizen, and I would share my own experiences rather than promoting the university or the research I carried out there. Once again, external circumstances were intruding upon my research. The ideal image of research as objective, and shaped by intellectual concerns, is again undermined as the politics of trade union action changed the course of my work once again, and led me to share my experiences in a public forum for the first time.

While my traumatic experiences have shaped my research, my research also shaped the way that I dealt with my traumatic experiences. I was a science fiction scholar first and foremost throughout my PhD, so when I was faced with adversity it was natural that I would draw on the imagery and discourse of science fiction to narrativize my experience, and to make sense of it. Science fiction and horror cinema particularly came to mind. These visual modes, often engaging viscerally with the body, are unafraid of tasteless, gratuitous representation. I was thankful to draw upon these discourses during a period of my life when the pressures of stigmatisation and sanitisation threatened to suffocate my experiences of my own body and my own grief. This is the experience I'm going to share with you now.

II Becoming Pregnant

As far as I was concerned, it began one Sunday night as I sat with my partner, half-watching a TV show while doing some admin for the project I was working on at Glasgow University. I had logged into my remote desktop and my email to do some work and my partner asked me, 'How is it that you have over 500 messages in your junk box?' I had assumed it was perfectly normal to have hundreds of junk emails and I didn't check them unless I was searching for something that might have been mislaid. I found that they had all been sent from the same person. These emails were so bizarre and rambling that I wouldn't have been at all surprised if they were generated by a machine yet to develop full artificial intelligence. But almost immediately my partner was repeating, 'I think these are from a real person... I think these are from a real person', and I could feel my pulse elevate as we began to read through them. Some messages were just links to random YouTube videos, some rambled on about the Illuminati or similar conspiracy theories – but then others linked to my Twitter profile, and familiar descriptors began to appear. Black hair...glasses. This was a real person, and they knew what I looked like. Then my fear was elevated to the next level when I saw descriptions of the building where I worked. This person knew where to find me, physically, in the real world. Finally, I realised – 'Oh my God, I know who this is!'

The name was in the first email address that had contacted me, I could have known immediately, but the lack of context had thrown me off. The emails were coming to my Glasgow University email account and many of them referenced academic articles I had published online. Based on that, I had at first assumed that the perpetrator would be associated with Glasgow in some way. It was only when I realised the frequency of the references to the library in Dundee where I worked that I remembered the name. I had seen the man in the library; I had only served him a small number of times, but his habit of rambling without making sense combined with his arrogant air set off

warning signals in my core, and now I found he had been obsessing over me, sending me hundreds of messages, many of a sexual nature. Discovering his emails sent an icicle of terror right through my heart. I have previously only felt similar emotions while watching the most terrifying of horror films. When I told my partner, ‘I know who it is!’ it was like the moment in the horror film when someone realises, ‘**The call is coming from INSIDE THE HOUSE!**’.⁹

In those days that followed I found myself afraid to go near the windows in my flat in case I turned my head and found the stalker staring up at me. I didn’t go out alone for days. The terror and anxiety of the first days faded but I still felt like some of my power had been taken away from me, and it was in this environment that I got pregnant, almost immediately. What happened to me? There may have been a latent desire to get pregnant. My interpretation was that through the experience of the stalker I realised what it was to live in fear and it triggered a primal reaction in me. Being in danger meant it was more important to reproduce the species, maybe in the same way that you hear about people during wartime having sex with strangers they pick up on the streets, or people at funerals who find an empty cupboard at the wake to get off with each other. Extreme emotions are all wound up with lust and libido and the drive to procreate.

A few weeks later, I was pregnant and I knew it in my body but was yet to do a test to confirm. I had come to London to work at the Wellcome Trust Library for a research project. Every day I walked the short distance from the Euston Travelodge, crossing the busy streets and watching the happy travellers around me dragging suitcases and drinking beer in the sheet-glass windows of the hostels and hotels that filled the area. For the most part I was alone, and in my exhaustion and my nervous state I relished the chance to quietly witness the changes inside me as they took over. The morning’s nausea developed into a fierce appetite as the day wore on, and my mind was taken up with worries and hopes and a deep awareness of my flesh, of my heartbeat and the work that was going on unseen. I studied as much as I could, reading about the Scottish writer Naomi Mitchison’s nursing experience, her multiple pregnancies and her grief as one of her young children died.¹⁰ When I was finished with the books, I wandered through the exhibitions. Henry Wellcome collected weird and wonderful artefacts from around the world, beautiful objets d’art that had a connection to what we might think of as ‘the medical’. What this really meant were figurines and the votary body parts related to the most consistent aspects of human experience – the weakness of

⁹ *When A Stranger Calls*, dir. by Fred Walton (USA, 1979).

¹⁰ This work was sponsored by a Wellcome Trust Small Grant and would result in the article ‘“Becoming Acquainted With All That Pain”: Nursing as Activism in Naomi Mitchison’s Science Fiction’, *Literature and Medicine*, 37.2 (2019), 278-297. <https://doi.org/10.1353/lm.2019.0013>.

our bodies, the pleasures of sex, and the dangerous beauty of fertility. Rare and beautiful books lay open in glass cases showing intricate drawings of the foetus at its various stages of development. The drawings were beautiful, and it wasn't clear to me how someone living in a time before the ultrasound scanner could have seen the body and the position of the foetus in such exquisite detail. I lingered on the alien perfection of the development from conception to human child. I looked at those pictures and thought about the one that I believed to be inside me, quickly building strength, knit further into me with every passing hour and every nourishing meal.¹¹

III The Anomaly

When we went to the ultrasound scan there were four of us: my mum, my sister, and my partner. After the weeks of nerves and excitement, nausea and hormones, vitamins and abstinence, I was excited to see what was inside me. I felt like I had never really believed in my pregnancy and would not understand it until I saw the foetus on the screen in front of me. I lay on the bed and pulled up my shirt while the others pulled chairs around. We chatted and joked excitedly. The sonographer came in chirpily and addressed me in the sing-song manner that I had come to expect from strangers who knew about my pregnancy. There seems to be a cultural confusion between pregnant women and the babies growing inside them. As she began to move the scanner across my stomach I saw a heartbeat and experienced a vertiginous sensation: I hadn't made it up, my baby wasn't some kind of neurotic apparition. It took my breath away and then the sonographer, never once



Figure 1: Foetus, uterus and placenta – three figures demonstrating the nourishment of the foetus in utero. Line engraving, ca. 1791. Wellcome Collection. Public Domain Mark. Source: Wellcome Collection.

¹¹ Figure 1 shows an example of such an image from the Wellcome Collection: *Foetus, uterus and placenta: three figures demonstrating the nourishment of the foetus in utero*. Line engraving, ca. 1791. <https://wellcomecollection.org/works/f76xztwq>.

losing her patronising, lilting tone said, 'Now, I'm seeing a defect here, and it is quite a significant one...'. My mind refused to function for a few seconds; the woman's tone and the content of what she said were so much at odds with each other. I thought I must be mistaken, or that maybe the word 'defect' held some qualities I hadn't previously understood. 'What does that mean?' I asked as my mother leant forward and took my knee in her hand. 'You can see here, the abdomen...' She outlines the blurry shape of my foetus's navel and I can see, now that she points to it, a bulge where no bulge should be. As though my foetus is growing a foetus of its own, a pregnant lady inside a pregnant lady. The defect is called an 'omphalocele' a term that I later find out comes from the Greek 'omphalus' meaning navel, and 'ocele' meaning a haemorrhage. It is a word that is featured in almost no online testimonials about foetal abnormality, one that appears almost exclusively in medical journals or textbooks. I find when I get home that it is a word that brings up very little comfort on an internet search, only a Wikipedia page dominated by technical language, and a number of disturbing pictures of dark foetuses that have never become viable. The sonographer leaves the room to find a doctor. My sister sits alone, silently, a tear falling down her face.

The sonographer comes back to tell us that no doctor is available, but we can come back the next morning to see him, to confirm what we already know. When the woman talks about 'discussing options' I feel all hope desert me, and I know what I will have to do. My mum grabs me with one of her strong hands and leads me to the bathroom. The ultrasound requires a full bladder for a clear picture and I had embraced this task, like all the others of the pregnancy, with zeal and even in that moment of tragedy the physical needs of my body had to come first. As I sat on the toilet and cried and peed, my mum in the cubicle with tears in her eyes, fiercely unable to let me out of her sight, I kept repeating to her 'Thank God I'm not in Ireland, thank God I'm not in Ireland'. In 2016, abortion there was still illegal. The thought of dealing with the situation without having all the options on the table was unthinkable. As it was it was unthinkable, but I had to live through it and so I would.

The abortion took place on a Saturday. We arrived around midday. It was 1:15 when I took the first round of medication. I think it's fair to say that I was unprepared for the process. A friend had been through an abortion a few months previously and she had told me she'd been in at 9 and out by 5. As it turned out, I would be in the hospital for 45 hours, getting maybe two hours' uninterrupted sleep during that time.

The first oral pills were combined with a pessary and only brought on period-like cramps. Sometimes I paced the room, or jumped up and down, or danced frantically – anything to begin the process, to get it over with and speed my return home. Hours passed with no significant developments. At 11pm the 'show' came, a small knot of

blood and mucus that I passed into the patient toilet. I knew it was unlikely, but I hoped that the red and shining threads spreading into the bowl might conceal the foetus, that maybe I had done it. I hoped that I could go home, or that the foetus would follow soon after, but I had a long way to go. It was only when the night grew late that I began to feel some proper discomfort. I took some cocodamol and dozed in and out of a late-night showing of *LA Confidential*. Around 1am my mum and my partner turned off the television and curled up as best they could on the chairs and a yoga mat, jackets and jumpers over them. The pain was building in me and I dozed when I could and leaned into it when it grew worse. I pushed with it and let it flow through me, never moving or asking for more medication in case I lost my dream-like state. At 3am this was finally broken as my waters came gushing out of me, soaking the heavy hospital-issue maternity pad in my pants. I screamed and jumped up, 'I think my waters just broke!'. I crouched on the bed unsure what to do.

After the waters broke the contractions were coming hard, about every four minutes. I moved on from cocodamol to tramadol, which made me sick. When the vomit came it was one of the ugliest noises I've ever heard, the ugliest sickness, the guttural growling of a possessing spirit being pushed up from my guts. Despite this illness the tramadol must have had some effect. After the vomiting, when I suffered the contractions, I found that I could tune out in between – for four minutes at a time I slept trippy dreams, patterns forming on the insides of my eyelids, the schema of the world squared off and repeated to fit into my ranging mind, my living nightmare. Around 6am the contractions calmed and my mum put me to bed.

When I awoke it was time for tea and toast, and a new nurse for a new day. I had gotten through my first day of medication and the necessary 12-hour period had almost elapsed before I could take the next course. It was 11am, and the time to begin taking the drugs again drew near. I went to the toilet with the idea of getting up and walking around before having any pessaries applied and needing to lie on my back and hold them in. That was where my foetus, my hoped-for baby was born. I hadn't felt anything since the final contractions around 6am so I was quite unprepared and was peeing directly into the toilet, instead of in a bedpan as I had been told. I didn't like using the bedpans in case I needed to shit and the midwives would have to deal with it. As I began to pee I felt something hot and angular move through my vagina. I immediately tightened my muscles and grabbed a bedpan while shouting 'It's happening, something's happening!'. My mum was waiting outside and shouted through the door, 'Are you okay? Unlock the door!' repeatedly until I let her in. I had now passed most of the foetus but still it was hanging out of me, perhaps a limb or the umbilical cord remained inside me. I didn't look and I didn't touch and as soon as the midwife arrived I told her that I didn't want

to do either. I thought that she would simply grab the thing with her gloved hand and tug it out of me, but I suppose there are dangers associated with doing this. 'You have to push for me now – like you would if you were going to do a poo, but I promise you won't'. How she could promise me such a thing I don't know, but I did as she told me and I felt the remainder of the foetus slip out of me, and into the bedpan. Mum later told me that the midwife had positioned herself in such a way that neither I nor my mum could see into the bedpan. Mum suspected that the midwife wanted to protect us from seeing the foetus's protruding navel, the ugly bump of its organs in the base of the umbilical cord, but perhaps she simply respected my wishes and thought that mum shouldn't see the foetus if I didn't want to, unless I specifically granted permission.

I was so excited to have the 'birth' over with. At the time there was no acknowledgement in my mind about the significance of what had happened, I didn't experience the poignancy of what was going on in the moment. I heard afterwards that women can experience a euphoric rush directly after the birth of their child, and this was perhaps what saved me in that moment from facing up to the truth. I was simply delighted, another obstacle – the most significant obstacle, I thought – had been overcome between me and the hospital door, I could surely return home soon.

I was told that I would have to wait another hour or two for the placenta to pass. This seemed like a minor inconvenience, the afterbirth, surely easier and quicker than the main event. When the allotted time had passed I went into the toilet and pushed and pushed. Although I made sure to use the bedpan as instructed on this occasion, convinced that the placenta would slip out of me easily, I only shat. I flushed it away but had to leave the bedpan for the midwives, feeling disappointed and ashamed. A registrar was called in to give me a vaginal examination. The discomfort familiar to many women of the speculum being inserted was followed by a series of pokes and prods that were more uncomfortable than any smear test I have had. I was told that the placenta was too high to pull out without danger of it separating. I imagined that this would leave strings of the thing inside me to rot and decay, infecting me afterwards and bringing me right back to a hospital bed. I had two choices; I could take another course of abortifacient pills, spend more hours aching and straining in this room when I had thought our exit was so near. The other option was to go under general anaesthetic and have it surgically removed. I was distraught. The energy it had taken to get this far was taking its toll and I was tired of pushing and pain, tired of needles, and tired of the hospital itself. I asked to have a few minutes to make a decision and spent them crying. In the end I decided on the general anaesthetic. During my research trip to the Wellcome Collection I had seen [an exhibition on states of consciousness](#), and one exhibit showed a video of people being put under anaesthetic.¹² It showed the

¹² 'States of Mind: Tracing the Edges of Consciousness', Wellcome Collection, 4 February 2016-16 October 2016.

light go out in their eyes as consciousness left them, their bodies manipulated slabs on the table, breathing apparatus forced roughly down their throats as they were hoisted from bed to bed by medical staff used to treating unconscious patients as cargo to be moved, or specimens to be sliced. This video now returned to me, along with the tentative, nauseous excitement and worry that I had experienced in the library as a newly-pregnant woman. The physical and emotional toll of anaesthetic was almost too much to bear, but the other option, the pills, would almost certainly involve another night in hospital and I might still have to go under anaesthetic if they failed to have an effect. My decision was made, and I would not be present for the final stage of the birthing process. When the charge nurse came to tell us it was time to go it must have been about 8:45pm and I felt like I had never been so relieved.

IV Science Fiction, Horror and Traumatic Pregnancy

When I walked into the car park after the hospital I felt like Ryan Stone (Sandra Bullock) at the end of Alfonso Cuarón's film *Gravity* (2013).¹³ Ryan has been trapped in earth's orbit where vast clouds of debris have been circulating the earth, destroying communications satellites and compromising the International Space Station and any other safe harbour to be found in orbit. Ryan is an engineer on her first space mission. She is grieving her daughter, who died in an accident, and when the debris begins to circulate the earth, causing devastating damage each time it returns, it becomes a metaphor for grief as Stone must struggle alone to survive, dealing with periodic catastrophes that are no less devastating for their predictability. When she finally makes it back to Earth against all odds **she is reborn**, crawling from the lake where her shuttle has crash landed. For me, the clinical and painful environment of the hospital was reminiscent of those functional spaces in a shuttle or space station, and the pain and grief I had suffered over the course of the previous 45 hours. I walked across the car park on unsteady legs, grateful to be alive and for the physical ordeal to be behind me, like Sandra Bullock returning to terra firma in the film.

I think I spent a fortnight off work – nearly a week before the abortion and a week after. I couldn't discuss what had happened without breaking down, and the more time I took off it seemed the more my absence would be notable, I might have to explain myself. The last thing I wanted was to break down at work; the grief was so intense, I felt the need to compartmentalise it somehow, to keep it out of the workplace, for fear that it might flood into that space of my life and make me unable to do my job, to appear in public. It was important to me to keep the emotion private, it would have been embarrassing to cry. I spent the fortnight watching TV and repeatedly watching the music video for the song '**Voodoo In My Blood**' by Massive Attack and

¹³ *Gravity*, dir. by Alfonso Cuarón (USA, 2013).

Young Fathers.¹⁴ It fascinated me. A woman walks alone into an underground car park, slightly unsteady on her heels and looking over her shoulder, telegraphing her discomfort in this isolated space. The setting is reminiscent of the subway station in Gaspar Noé's *Irreversible* (2003), site of one of the most violent and controversial rape scenes in cinematic history.¹⁵ This is the site of a violation. The lyrics seemed to emerge from the child I had lost; close and yet alien, a mix of kinship and violence, grief and hope:

Why does the blood always stick to your teeth
 Momma stop giving me grief
 Barely barely grieving
 Keep the front door open

While the lyrics spoke to me in that alien voice, the visuals of the video conveyed my bodily experience. An external force takes hold of the woman. She is approached by a floating, metallic orb. It hovers before her and seems to hypnotise her. It can control her movements, fling her violently against the tiled walls and floor. A needle emerges from the orb directly in front of her eye. It penetrates her. Reproductive trauma and sexual trauma resonate with each other through the crossing of boundaries. The lyrics repeat, 'I'm yours. I'm yours.'

I learned that the **video took inspiration** from the cult 1981 film, *Possession* (dir. Andrzej Żuławski).¹⁶ *Possession* tells the story of a young woman possessed and includes a scene where, as in the Massive Attack video, the woman loses control of herself, or is taken over by the force inside of her, in a subway station. She flings herself (or is flung) against the tiled walls. In *Possession* she carries a bag of shopping and the walls are pasted with milk or yoghurt. The scene is almost comical, the high melodrama contrasted with the quotidian reality of getting the subway and walking home with shopping. These narratives of penetration and trauma attracted me, a woman's body being commandeered by an unknown force. There is an uncertainty over what comes from the woman's own behaviour, her hysteria, and what comes from the world around her, or the violating presence acting from inside her body. These narratives focus on the impact on the body. I read forums where people grieved their lost children, a grief that I definitely felt, but I saw little about the physical trauma involved in these situations, the sense of violation. The feeling that your body was held together by thin threads, the

¹⁴ Massive Attack feat. Young Fathers, 'Voodoo in My Blood', Music Video, *YouTube*, 23 February 2016, <<https://www.youtube.com/watch?v=ElvLZMsYXIo>> [accessed 26 March 2024].

¹⁵ *Irreversible* [*Irreversible*], dir. by Gaspar Noé (France, 2002).

¹⁶ *Possession*, dir. by Andrzej Żuławski (France and West Germany, 1981).

anxious sensation that wounds could reopen with an indelicate movement. I realised that I wanted to think about the mother and her body, and not just grieve the hopes and dreams I had for my lost child. Following the abortion, I had a ‘missed miscarriage’ some months later, one that was only discovered through an ultrasound scan. This one was dealt with surgically through dilation and curettage, or a D&C, and thankfully *did* only involve a 9–5 stay at the hospital, though there was still bleeding from pessaries and distress as I was taken to theatre while wondering how much blood loss was normal for the procedure. I had hopes that the surgical approach would allow for the products of conception to be tested for anomalies to help me understand why things were going wrong, but no answers were found. This experience had less emotional resonance, since I was more prepared; I almost expected something to go wrong.

V Pregnancy Images

The images of pregnancy I saw often repeated the sanitisation that I had found frustrating while pregnant, and despicable while going through my abortion experience. Pregnant women were represented in photographs with their heads cut out of shot, dressed in baby pastels and infantilised, just as I was by the sing-song voice of the sonographer speaking to me like a child as she gave me devastating news. Even the grief associated with child loss was sanitised, represented by candle flames instead of the viscera and blood that really marked the experience for me. It was important to me that different ways of grieving were recognised. Sanitised images are produced with good intentions, in that they aim to avoid traumatising or retraumatising women, but there is a thin line between protecting women who have suffered, and silencing women who have suffered by deeming their experiences too shocking to represent. To hide the physical facts of these events is to stigmatise them and build on a taboo.

For me, science fiction has offered an alternative to sanitised images of pregnancy. I have heard countless women discuss their pregnancies (whether healthy or traumatic) through comparison with *Alien* (dir. Ridley Scott, 1979). When they do so, they’re talking about how weird it is for a body to change so drastically, how weird it is to host something unknown under your skin, to feel its touch from the inside. They’re also comparing pregnancy to a ticking time bomb. The thing growing inside you will have to come out one way or the other and, however it happens, there will be blood. While there is an argument that such imagery represents a misogynistic discomfort with the process of pregnancy, there is also a reading through which this comparison, repeated again and again, shows an appetite for thinking about the dangers of pregnancy, rather than simply focusing on the sanitised image of loving mothers-to-be and cute babies. *Alien’s* sequel *Prometheus* (dir. Ridley Scott, 2012) includes a scene where the main

character Elizabeth Shaw (Noomi Rapace) attempts to give herself a C-Section with a machine that isn't calibrated for female use – she has to programme it to remove a tumour from her abdomen in order to deliver the alien growing inside her, in an implicit commentary on the default status of men in medical and technological design.¹⁷ Still very distant, very estranged, from the abortion experience of many women – taking place in a medical pod on an alien planet – it is one of the few depictions of abortion in contemporary Hollywood cinema.

VI Epilogue

These science fiction images I was drawn to aren't always directly visceral, they don't directly portray the bodily experience of child loss, but through the use of science fictional or horror modes and imagery they capture something of the trauma of these experiences, the feeling of being overtaken by something, whether the hormonal urge to become pregnant, the alien nature of pregnancy itself, the invasion of medical intervention, or the bodily grief of child loss. In my work I argue that collating such texts and interrogating their meanings as documents of trauma, grief, and child loss, provides an alternative form of grieving. I follow Ann Cvetkovich whose study *An Archive of Feelings* (2003) documents the experiences of trauma in lesbian communities through gathering pop culture artefacts and ephemera, performing what Cvetkovich describes as a kind of activist scholarship, arguing that her work is complementary and contrasting to the work that therapy can do in terms of trauma. She identifies the purpose of her work, which is to:

expand the category of the therapeutic beyond the confines of the narrowly medicalized or privatized encounter between clinical professional and client...I do seek to counter the assumption that clinical approaches are the only model for responding to trauma. Trauma cultures are actually doing the work of therapy; rather than a model in which privatized affective responses displace collective or political ones, [I propose] a collapsing of these distinctions so that affective life can be seen to pervade public life.¹⁸

Unearthing these unseen collective experiences, offering up an archive, finding alternative discourses in pop culture and ephemera, and combining these with the disclosure of personal experience builds on a feminist tradition of scholarship that does not aim for the exclusively objective and authoritative, but is saturated in blood.

¹⁷ *Prometheus*, dir. by Ridley Scott (UK, USA, 2012).

¹⁸ Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (Durham, NC: Duke University Press, 2003): 10. <https://doi.org/10.1215/9780822384434>.

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Competing Interests

The author declares that she has no competing interests.

