



## Birthing: Vindicating a Visceral Body Philosophically

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How to tell our tales? How to listen to the tales we choose to tell? My thesis is that to reorient philosophical conversation toward birth and, specifically, to the origin of our lives in the female body, produces a radical shift. Once we take that turn, many of the tales about our origin truly become 'old tales'.

In this essay I suggest that interpreting/representing/affirming the visceral birthing body in and with the philosophical discourse is possible. I also suggest a vindication of the birthing body and its language is needed. Birth, giving birth, has its language. And, as any language, the language of birth has its hermeneutics and politics. Are we already imagining a new genealogy, a new logos for genos? Can we philosophically (and medically/obstetrically) represent and vindicate this new *genea-logy*?

Birth matters matter –and they matter philosophically too.

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“Will you see it? Will you know it? Will you listen?”

Madeline Medeiros Ruiz,

*Finding Pneuma*

## 1 How to Tell Our Tales?

The philosophy of birth raises many ‘how’ questions. How should we tell our tales, and how should they be heard? How should we talk about birthing philosophically? How does renewed philosophical attention to the birthing body pave the way for a rethinking of birth beyond biology? How does this contribute to naming, elaborating, and making visible concrete aspects of human life in their connection to gender, race, and sexuality? The ‘hows’ do not end here: how do we struggle to communicate our birthing experiences in a way that does not trivialise the experience, and allows us to see it from multiple perspectives? In this paper, I pay philosophical attention to the important issue of the visceral brain within the visceral body, hoping that establishing this discourse will lay the ground for a shift in how we understand birth and the maternal/birthing body. These tales already exist, but I call for them to be articulated and, most importantly, to be allowed to be told and listened to. Listening attentively prompts us to revisit the concept of agency and extend our understanding of the ‘subject’.

This paper is situated in a history of feminist theorising (if not formal philosophising) about philosophy’s potential to rethink the ‘subject’ from the perspective of the birthing body. As philosophical feminist women, some of us attempt to answer these ‘how’ questions in order to reflect on the body/mind dichotomy in a way that might help to further establish the idea that the birthing body is not ‘just’ a body. Some significant contributions to the history of feminist philosophy use ‘birth’ (broadly understood) to reconfigure the subject of philosophy, for example by Luce Irigaray<sup>1</sup> and Julia Kristeva.<sup>2</sup> We can also consider work on birth by Christine Battersby,<sup>3</sup> Adriana Cavarero,<sup>4</sup> Virginia Held,<sup>5</sup> Grace Jantzen,<sup>6</sup> Luisa Muraro,<sup>7</sup> Adrienne Rich,<sup>8</sup> Sara

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<sup>1</sup> Luce Irigaray, *To Be Born: Genesis of a New Human Being* (Basingstoke: Palgrave Macmillan, 2017).

<sup>2</sup> Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982).

<sup>3</sup> Christine Battersby, *The Phenomenal Woman: Feminist Metaphysics and the Patterns of Identity* (Cambridge: Polity Press, 1998).

<sup>4</sup> Adriana Cavarero, ‘Birth, Love, Politics’, *Radical Philosophy*, 86 (1997), 19–23.

<sup>5</sup> Virginia Held, ‘Birth and Death’, *Ethics*, 99.2 (1989), 362–388.

<sup>6</sup> Grace Jantzen, *Becoming Divine: Towards a Feminist Philosophy of Religion* (Manchester: Manchester University Press, 1998).

<sup>7</sup> Luisa Muraro, *The Symbolic Order of the Mother*, trans. by Francesca Novello (Albany, NY: SUNY Press, 2018).

<sup>8</sup> Adrienne Rich, *Of Women Born: Motherhood as Experience & Institution* (New York: W.W. Norton & Co., 1976).

Ruddick,<sup>9</sup> or Iris Marion Young.<sup>10</sup> More recent contributions come from Anna Argirò,<sup>11</sup> Gabriela Arguedas,<sup>12</sup> Lisa Baraitser,<sup>13</sup> Michelle Boulous Walker,<sup>14</sup> Jonna Bornemark,<sup>15</sup> Victoria Browne,<sup>16</sup> Sonya Marie Charles,<sup>17</sup> Sara Cohen Shabot and Michelle Sadler,<sup>18</sup> Bracha Ettinger,<sup>19</sup> Suki Finn,<sup>20</sup> Rebeca Granero,<sup>21</sup> Lisa Guenther,<sup>22</sup> Anna Hennesey,<sup>23</sup> Sara Heinämäa,<sup>24</sup> Elselijn Kingma,<sup>25</sup> Sarah LaChance Adams and Caroline Lundquist,<sup>26</sup> Jane Lymer,<sup>27</sup> Ester Massó,<sup>28</sup> María Martín,<sup>29</sup> Andrea Nye,<sup>30</sup> Johana Oksala,<sup>31</sup> Andrea

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<sup>9</sup> Sara Ruddick, *Maternal Thinking* (Boston, MA: Beacon Press, 1989).

<sup>10</sup> Iris Marion Young, 'Pregnant Embodiment: Subjectivity and Alienation', *The Journal of Medicine and Philosophy*, 9.1(1984), 45–62.

<sup>11</sup> Anna Argirò, 'Nativity, Remembrance, Beginning', *The Hannah Arendt Center Quote of the Week Medium* (2023), 1–17.

<sup>12</sup> Gabriela Arguedas, 'La Violencia Obstétrica: Propuesta Conceptual des de la Experiencia Costarricense [Obstetric Violence: A Conceptual Approach from the Costa Rican Experience]', *Cuadernos Intercambio sobre Centroamérica y el Caribe (CIICLA-UCR)*, 11.1 (2014), 145–169.

<sup>13</sup> Lisa Baraitser, *Maternal Encounters* (London: Routledge, 2008).

<sup>14</sup> Michelle Boulous Walker, *Philosophy and the Maternal Body: Reading Silence* (London: Routledge, 1998).

<sup>15</sup> Jonna Bornemark and Nicholas Smith (eds.): *Phenomenology of Pregnancy* (Södertorn: Södertorn University Press, 2016).

<sup>16</sup> Victoria Browne, *Pregnancy without Birth: A Feminist Philosophy of Miscarriage* (London: Bloomsbury Academic, 2022).

<sup>17</sup> Sonya Maria Charles and Allison Wolf, 'Childbirth is Not an Emergency: Informed Consent in Labor and Delivery', *International Journal of Feminist Approaches to Bioethics*, 11.1 (2018), 23–43.

<sup>18</sup> Sara Cohen Shabot, 'Constructing Subjectivity Through Labour Pain', *European Journal of Women's Studies* 24.2 (2017), 128–142; and "'You Are Not Qualified—Leave It To Us": Obstetric Violence as Testimonial Injustice', *Human Studies*, 44.4 (2021), 635–653; and Sara Cohen Shabot and Michelle Sadler, ' "My Soul Hurt, and I Felt as If I Was Going to Die": Obstetric Violence as Torture', *Hypatia*, 38.3 (2023), 607–627.

<sup>19</sup> Bracha Ettinger, *The Matrixial Borderspace* (Minneapolis: University of Minnesota Press, 2006).

<sup>20</sup> Suki Finn, 'Being-from-Birth: Pregnancy and Philosophy', *European Journal of Analytic Philosophy* 19 (2023), 1–32.

<sup>21</sup> Rebeca Granero Ferrer, 'La Judicialización del Parto: Un Ejercicio de Injusticia Epistémica Testimonial [The Judicialisation of Birth: A Practice of Testimonial Epistemic Injustice]', *Eunomía. Revista en Cultura de la Legalidad* 24 (2023), 163–183.

<sup>22</sup> Lisa Guenther, 'Being-from-Others: Reading Heidegger after Cavarero', *Hypatia* 23.1 (2008), 99–118; and *The Gift of the Other: Levinas and the Politics of Reproduction* (Albany, NY: SUNY Press, 2006).

<sup>23</sup> Anna Hennesey, 'Ritual and Art in a Philosophy of Birth' in *Spirituality and Childbirth: Meaning and Care at the Start of Life*, ed. by Susan Crowther and Jenny Hall (London: Routledge, 2018), pp. 30–51.

<sup>24</sup> Sara Heinämäa, 'Phenomenologies of Mortality and Generativity', in *Feminist Philosophies of Birth, Death and Embodiment*, ed. by Robin May Schott (Bloomington, IN: Indiana Press, 2010), pp. 73–153.

<sup>25</sup> Elselijn Kingma, 'Were You a Part of Your Mother?', *Mind*, 128.511 (2019), 609–646; and Elselijn Kingma et al., 'Neonatal Incubator or Artificial Womb?', *Bioethics*, 34.4 (2020), 354–363.

<sup>26</sup> Sarah LaChance Adams and Caroline R. Lundquist (eds.) *Coming to Life: Philosophies of Pregnancy, Childbirth and Mothering* (New York: Fordham University Press, 2012); and Sarah LaChance Adams, *Mad Mothers, Bad Mothers, and What a Good Mother Would Do* (New York: Columbia University Press, 2014).

<sup>27</sup> Jane M. Lymer, *The Phenomenology of Gravidity* (London: Rowman & Littlefield, 2016).

<sup>28</sup> Ester Massó Guijarro, 'La Violencia Obstétrica como Injusticia Epistémica: El Parto en Disputa [Obstetric Violence as Epistemic Injustice: Birth in dispute]', *Salud Colectiva* 19 (2023), e4464.

<sup>29</sup> María Martín, *Diario de una Filósofa Embarazada [Diary of a Pregnant Philosopher]* (Madrid: Tecnos, 2021).

<sup>30</sup> Andrea Nye, *Socrates and Diotima* (New York: Palgrave Macmillan, 2015).

<sup>31</sup> Johana Oksala, 'What is Feminist Phenomenology? Thinking Birth Philosophically', *Radical Philosophy* 126 (2004), 16–22.

O'Reilly,<sup>32</sup> Laurie Ann Paul,<sup>33</sup> Stella Sandford,<sup>34</sup> Christina Schües,<sup>35</sup> Fanny Söderbäck,<sup>36</sup> Tanja Staehler,<sup>37</sup> Alison Stone,<sup>38</sup> Rodante van der Waal,<sup>39</sup> and Fiona Woollard,<sup>40</sup> among others.

This is by no means an exhaustive list of authors, and I have mentioned only a sample of their publications. Their reflections, together with many others, form a corpus of varied and opposing thought. All allude to philosophy's neglect of pregnancy, birth, miscarriage, or the birthing body (or the body with its peculiar capacity to become two). These references continue a feminist citational practice that makes women philosophers' work visible. They remind us of the rich history and vibrant present of philosophy about birth.

As the title of this article suggests, I would like to think creatively (yes, philosophical thinking can be creative) to illustrate, inform, and question how we represent the visceral body (and the visceral brain within it) when we attempt to voice experiences and events like giving birth that are, by their nature (within certain cultural frameworks) graphic, shocking, bloody, unseen, and unheard. The title suggests that it is possible to interpret/represent/affirm the visceral body within philosophical discourse. It also suggests that this goes beyond clearing/liberating the visceral body from the philosophical discourse. But what else is needed? I suggest that we need not just a philosophical interpretation, representation, or affirmation of the visceral birthing body, but a vindication of that body and its language. I shall explore what this means in the next section. In section 3, I discuss the language of the birthing body: birth has its own language that, like any language, has its own hermeneutics and politics.

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<sup>32</sup> Andrea O'Reilly, *Rocking the Cradle: Thoughts on Feminism, Motherhood and the Possibility of Empowered Mothering* (Ontario: Demeter Press, 2006).

<sup>33</sup> Laurie Ann Paul, 'What You Can't Expect when You Are Expecting', *Res Philosophica* 92.2 (2015), 149–70.

<sup>34</sup> Stella Sandford, "'All Human Beings Are Pregnant': The Bisexual Imaginary in Plato's Symposium", *Radical philosophy* 150 (2008), 24–35.

<sup>35</sup> Christina Schües, *Philosophie des Geborensseins [Philosophy of To Be Born]* (Freiburg: Alber Verlag, 2016).

<sup>36</sup> Fanny Söderbäck, 'Birth', in *The Bloomsbury Handbook of Twenty-First Century Feminist Theory*, ed. by Robin Truth Goodman (New York: Bloomsbury, 2019), pp. 59–79.

<sup>37</sup> Tanja Staehler, 'Pregnant Embodiment as World Transformation', in *Phenomenology and Experience: New Perspectives*, ed. by Antonio Cimino and Cees Leijenhorst, *Studies in Contemporary Phenomenology*, vol. 18 (Leiden: Brill, 2018), pp. 185–200; and 'Passivity, Being-With and Being-There: Care During Birth', *Medicine, Health Care and Philosophy*, 19.3(2016), 371–379.

<sup>38</sup> Alison Stone, *Being Born: Birth and Philosophy* (Oxford: Oxford University Press, 2020).

<sup>39</sup> Rodante van der Waal and Kavery Mayra, 'Obstetric Violence', in *Gender-Based Violence: A Comprehensive Guide*, ed. Parveen Ali and Michaela Rogers (New York: Springer, 2023), pp. 413–425.

<sup>40</sup> Fiona Woollard, 'Mother Knows Best: Pregnancy, Applied Ethics, and Epistemically Transformative Experiences', *Journal of Applied Philosophy* 38.1 (2021), 155–171.

## 2 Vindication of the Visceral

What is ‘vindication’? The *Merriam-Webster*, *Cambridge*, or *Oxford English Dictionaries* define it in two ways. The first is the action of clearing someone of blame or suspicion: ‘I intend to work to secure my full vindication’. The second is as proof that someone or something is right, reasonable, or justified: ‘The results were interpreted as a vindication of the company’s policy’. Synonyms mentioned in the *Collins Dictionary*, [Wordreference.com](http://Wordreference.com), or [Thesaurus.com](http://Thesaurus.com) include defence, acquittal, clearance, justification, proof, explanation, exoneration, exculpation, support, absolution, pardon, or remission. Antonyms include blame, charge, conviction, condemnation, recrimination, accusation, censure, reproach, rebuke, attack, frowning upon, or calling to account.

So, an act of vindicating is a justification or defence against denial or censure. This is clear: vindication occurs when something has gone wrong. Vindication can only follow something bad, like an accusation. If someone thought you cheated, but then announced that you did not, you are vindicated. An accused criminal who is exonerated gets vindication. And that is exactly how feminists have used the term: as demand, request, claim, or complaint. Recall Mary Wollstonecraft’s *Vindication of the Rights of Women* with its roots in the Enlightenment: women are rational too.

In this essay, ‘vindicating’ points precisely to what has not yet been granted but is fair to grant. ‘Birthing: vindicating a visceral body philosophically’ implies acknowledging (1) that birth is related to our bodily organs or viscera, and (2) that such fact has not yet been properly understood or incorporated by philosophy.

What I shall specifically vindicate is the idea that childbirth is the founding moment of how society treats and understands human beings. For childbirth concerns not just women’s bodies, but everybody, since everybody is born. Studying childbirth matters ‘not only for improving the conditions of women’s labour in childbirth, but also for understanding [...] the “innermost secret” of the entire social order’ (Kahn, p. 23). In this sense, philosophy can explore the language of birth because it can explore the systems of meanings from which our tradition emerges. My approach to the philosophy of birth is about treating birth as a meaningful/significant action.

The term ‘visceral’ deserves analysis. In Anatomy, it means of or relating to the viscera – the internal organs of the body. From the French *visceral*, it descends directly from Medieval Latin *visceralis* and from Latin *viscera*, plural of *viscus*, ‘internal organ, inner parts of the body’. Etymology shows that it has always been read also as ‘affecting inward feelings’. The Oxford English Dictionary provides an example of the use of ‘visceral’ as pertaining to, or touching deeply, inward feelings, dating back to as early as 1575).

It is interesting to remember that throughout history the abdominal organs were regarded as the seat of emotion. So, things related to the viscera were associated with

emotions. This is still true: a visceral body connotes a body that displays emotions. This explains why, in many dictionaries, ‘visceral’ is defined as resulting from strong feelings or intuition rather than from careful thought. The visceral is seen as ‘spontaneous’, arising from deeply felt feelings and responses as opposed to conscious intellect: ‘He had a visceral reaction to the sight of blood’.

There is a long list of similar words to ‘visceral’: emotional, emotive, feeling, intuitive, rooted, instinctive, unconscious, unwilling, blind, unreasoned, spontaneous, natural, mechanical, to name just a few. Antonyms are also easy to find: conscious, deliberate, intentional, voluntary, wilful, prepared, intended, volitional, refined, thoughtful, reasoned, etc. The association of visceral with entrails is particularly compelling. In Spanish, for instance, it brings us to *entraña*, and *entrañable*. Visceral is what is close, dear, fond, deep in the heart and feelings, and also touching, moving, and endearing. Visceral can also be linked to what is the substance or central part of something (the heart, core, nucleus) or its intrinsic nature (the essence, root, crux).

So, visceral denotes the internal in the sense of what relates to abdominal organs, insides, instincts, guts, entrails, emotions, etc. In all these senses, visceral can be used to describe the actions of the womb, of the uterus. This marvellously symbolic journey from the insides to the core to the womb (and the womb as what has/gives essence) would require another essay.

Returning to our apparent dilemma between the rational and visceral birthing subject, why do we never think of visceral as applying to the brain? After all, the brain is also an internal organ of the body. Why is visceral usually taken to be based on deep feeling and emotional reactions rather than on reason or thought?<sup>41</sup> What does it mean to use and continue to believe these oppositions? Why could visceral not, if related to our inner parts and emotions, *also* point to behaviour or actions that are conscious, deliberate, intentional, voluntary, wilful, prepared, intended, volitional, refined, calculated, cultivated, projected, thoughtful, reasoned, considered, advised, foreseen, and forethought?

I hope that examining these meanings, interpretations, and descriptions of the roots of action help us to understand why I want to consider the birthing body as a visceral body. Not only because we birth with our viscera, but because birthing with our viscera means all the above – birthing from the core, the root, the insides – and because we also birth with our capacity, reasoning skills, cultural paths, thoughts, will,

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<sup>41</sup> For a different perspective on the visceral brain, see Estela Salagre, Eduard Vieta, and Iria Grande, The Visceral Brain: Bipolar Disorder and Microbiota, *Revista de Psiquiatria y Salud Mental (English Edition)* 10.2 (2017), 67–69, <https://doi.org/10.1016/j.rpsmen.2017.02.005>.

intentions, calculus, volitions, desires, decisions, and biographical experiences. We birth with everything that is dear to us, our values.

The challenge is to talk about the birthing visceral body while retaining agency, that is, without introducing a loss of capacity, reasoning, or decision-making ability that might lead to a bad model of birth care. This typifies a dilemma that we inevitably face in attempting to vindicate a visceral body philosophically. I expand on this dilemma, and my approach to it, in the following sections.<sup>42</sup>

### 3 The Language of Birth (and its Dilemma)

The sounds made by a woman during labour and birth are part of what I call the *language of birth*. Bring those sounds to the forefront of your mind. These differ culturally, as different cultures ‘permit’ different levels of expressions of bodily pain during labour. So, these sounds are not just the cries portrayed in movies and television series. Some are different, more focused, like sounds of sustained concentration, or even pleasure. Some sound like orgasms.<sup>43</sup> You can probably imagine an orgasm more easily than birth in your mind’s ear. How have we reached a situation in which orgasms are more familiar than birth, in which we have heard much more about orgasms and how they might sound than about birth and how it might sound? If you listen to the sounds of real birthing and real orgasms without knowing in advance which is which, can you tell the difference?

The point of such an experiment is not to win points by correctly classifying sounds, but to question ourselves and challenge our perceptions, expectations, and interpretations. Of course, the sounds of orgasms can vary, and some are silent. Likewise, labour and birth have many different melodies. But how is it that we know little about their possible similarities? Why have we expelled birth from the sphere of sexuality? Is it simply because birth often occurs in a health institution, or because linking erotic pleasure with one’s child is a social taboo?

Much could be said about the history of ideas concerning the female body, its relationality, and the how we have constructed birth and orgasm. That would be another essay. Here, we shall follow another path, focusing on the sounds of birthing bodies.

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<sup>42</sup> A related route, even if it differs in many respects to mine, is the ‘new materialism’ movement. See *New Materialisms: Ontology, Agency, and Politics*, ed. by Diana Coole and Samantha Frost (Durham, NC: Duke University, 2010).

<sup>43</sup> On the concept of orgasmic birth, see Elizabeth Davis and Debra Pascali-Bonaro, *Orgasmic Birth: Your Guide to a Safe, Satisfying, and Pleasurable Birth Experience* (New York: Rodale, 2010). The documentary *Orgasmic Birth: The Best-Kept Secret* directed by Debra Pascali-Bonaro (SG Entertainment, 2008) explores the concept of orgasmic birth through interviews with women who have experienced it, and professionals and researchers who discuss the physiological and psychological aspects of the phenomenon. The concept can be controversial and may evoke diverse reactions within childbirth communities.

They are certainly visceral bodies: women living – and expressing – their visceral bodies, and perhaps even their visceral minds. These sounds are part of what I call the *language of birth*, for birthing women do not just bear children; they also bear language. That language is the bridge between nature and culture. Interpreting it allows us to cross the boundaries between biology and society. So how do we interpret this language of birth?

When discussing the hermeneutics and politics of birth, we face an apparent dilemma: are we to interpret labour as a process ruled only by the visceral body? If so, those sounds are ‘just’ sounds: bare screams or cries. But perhaps these sounds have meaning after all. To me, we could interpret them as *phōné*, in the Aristotelian sense, in that they convey sense, connotations, and significance.<sup>44</sup> Or we could recall Ayer’s view of moral language, with its dichotomy between language that ‘just’ expresses emotion and language that has ‘cognitive content’, to grasp what is at stake here.<sup>45</sup>

The danger in this dilemma is that acknowledging or emphasising the role of the visceral body in birth diminishes our rights in the birthing room. Our social contract is largely based on capacity or rationality. Conceiving the birthing body in visceral terms thus runs the risk of leading us/them to conclude that the birthing woman lacks capacity. If we instead conceptualise the birthing subject as a rational subject, we might suppress the altered state of mind and body that characterises many birthing situations. Thus, the dilemma forces us to choose between two ideas of a birthing woman. Either she is in full capacity and can take, maintain, or change decisions, grant or withhold consent, and act as a fully entitled agent, or she is in a special/altered state of mind or body that removes her capacity and perhaps her agency in relation to decisions, informed consent, and the full entitlements of citizenship. The key to philosophising about birth is to bear in mind this dilemma and its risks.

I discuss this dilemma at length later in the paper. For now, I shall simply state that we can evade it by acknowledging both of its horns: the birthing body/mind should be seen as both visceral and rational (in the sense of meaningful). We should take seriously the idea that a woman giving birth occupies the borderlands of nature and culture: ‘The likelihood of speaking in biological determinist ways is so great with childbearing because the woman giving birth stands on the frontier between culture and nature’ (Kahn, p. 33).<sup>46</sup> We should avoid both biological and cultural determinism.

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<sup>44</sup> Aristotle, *The Politics*, trans. by Carnes Lord (Chicago: The University of Chicago Press, 1984); and Diana González Fonseca, ‘Las Políticas de lo Audible: el Sentido entre “Phōné” y “Logos” [The Politics of the Audible: The Meaning between ‘Phōné’ and ‘Logos’]’, *Escritura e Imagen*, 15 (2019), 243–251.

<sup>45</sup> Alfred Jules Ayer, *Language, Truth, and Logic* (New York: Dover Publications, 1936); and ‘On the Analysis of Moral Judgments’, in his *Philosophical Essays* (London: Macmillan 1954).

<sup>46</sup> Robbie Pfeufer Kahn, *Bearing Meaning* (Urbana, IL: University of Illinois, 1995). Further references to this book are given after quotations in the text.



Acknowledging this entails a significant challenge to prevailing world views. As Kahn asks, ‘how could narratives be constructed that place birth in the circle of significant action?’ (Kahn, p. 33). And, I would add, how might narratives be constructed that place birth in the circle of physiological *and* significant action? ‘Part of this restructuring involves knowing the stories that transmit central values of Western culture. To reform reproductive practice it seems necessary to reconstruct culture’ (Kahn, p. 36). Finding words to describe labour and childbirth – exploring a language of birth – is crucial to reconstructing culture and reforming reproductive practice. Exploring the language(s) of birth will not only challenge current narratives on what is or is not giving birth but also contribute to building conceptual and birth care models that tend to those giving birth and those being born.

Bearing this in mind, let us engage in the philosophy and language of birth. What do those sounds/screams/sighs/breaths/murmurs/rustles/exhalations/cries mean? What leads a woman to enter a state in which she sounds this way? I wish to explore what a philosophical vindication of the birthing visceral body might look like. I call this ‘a new *logos for genos*’.<sup>47</sup>

#### 4 Birth Matters Matter, and They Matter Philosophically Too

I use the term ‘genealogy’, literally meaning *logos for genos*, in the sense of language, explanation, discourse, or narration of our origin. Can we philosophically (and medically/obstetrically) represent and vindicate this new genealogy? I work on the philosophy of birth, using philosophical tools to analyse representations and practices around childbirth. My thesis is that to reorient philosophical conversation towards birth and, specifically, to the origin of our lives in the female body, produces a radical shift. Once we take that turn, many of the tales about our origin truly become ‘old tales’.

The philosophy of birth constitutes a vibrant and growing field of contemporary feminist critical thought, to which I add my own voice.<sup>48</sup> My work pays special attention

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<sup>47</sup> Stella Villamea, ‘A Philosophy of Birth: If you Want to Change the World, Change the Conversation’, *Open Research Europe*, 1 (2021b), 1.65.

<sup>48</sup> Stella Villamea, ‘Rethinking the origin: Birth and Human Value’, in *Creating a Global on Value Inquiry*, ed. by Jinfen Yan and David Schrader (Lewiston, NY: Edwin Mellen Press, 2009), pp. 311–329; Stella Villamea and Francisca Fernández Guillén, ‘Fully Entitled Subjects: Birth as a Philosophical Topic’, *Ontology Studies/Cuadernos de Ontología*, 11 (2012), 211–230; Stella Villamea, Ibone Olza, and Adela Recio, ‘On Obstetrical Controversies: Refocalization as Conceptual Innovation’, in *Normativity and Praxis. Remarks on Controversies*, ed. by Ángeles J. Perona (Milan: Mimesis International Editorial, 2015); Stella Villamea, ‘When a Uterus Enters the Room, Reason Goes Out the Window’, in *Women’s Birthing Bodies and the Law: Unauthorised Medical Examinations, Power and Vulnerability*, ed. by Camilla Pickles and Jonathan Herring (Oxford: Hart, 2020), pp. 63–78; Stella Villamea and Brenda Kelly, ‘Barriers to Establishing Shared Decision-Making in Childbirth: Unveiling Epistemic Stereotypes about Women in Labour’, *Journal of Evaluation of Clinical Practice* 26 (2020), 515–519; Stella Villamea, ‘Reasoning from the Uterus: Casanova, Women’s Agency, and Philosophy of Birth’, *Hypatia*, 36.1 (2021a), 22–24; Stella Villamea, ‘A Philosophy of Birth: If you Want to Change the World, Change the Con-

to the moment and experience of giving birth, rather than to the fact of being born. This is because, in contrast to the history of philosophy, I defend the view that the birthing woman is not only an agent of experience, but also a philosophical authority. This is why I focus on the epistemology of birth, namely, on the nature, origin, and limits of the knowledge produced by or related to giving birth.

For many years, I have explored why and how we should introduce birth into the canon of subjects explored by philosophy. In 2004, I started using the term ‘philosophy of birth’, which I had not seen in the literature, to explain what I was doing: approaching birth and birth care from a philosophical perspective. I took the philosophy of birth as an innovative approach to protect women’s human rights.

Birth care brings fascinating philosophical questions to the fore: is a labouring person a rational subject with full rights in practice as well as in theory? Can they exercise their autonomy in a situation of maximum vulnerability? How do we understand the incredible lucidity and awareness that characterises giving birth? How do agency, capacity, and pain intertwine during and between contractions? What do we mean by *informed* consent in childbirth? *Who*, of all involved, has the final say? Birth and birth care pose key questions relating to autonomy, agency, and rationality, and what it means to be a human being.

To provide a full picture of what we should understand by autonomy, agency, and rationality and how these notions are related – to show that a birthing person meets all the necessary and sufficient conditions to be an autonomous and rational agent before, during, and after labour – is beyond the scope of this paper. But as a guideline to contextualise the argument, I shall approach autonomy, agency, and rationality as notions whose meaning is implicit in our everyday communicative practices. Agents are autonomous and rational when they act in accordance with their best beliefs and strong desires. Of course, much could be said about the need to overcome the so-called turn to the subject of modern philosophy, an expression that generally refers to a shift or reorientation in philosophical focus towards the subjective experience or perspective of the individual subject. After all, the entire contemporary metaphysical, ethical, political, and feminist debate revolves around the need to address a situated and relational account of subjectivity.<sup>49</sup> For the purposes of this paper, however, let

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versation’, *Open Research Europe*, 1 (2021b), 1.65; Stella Villarnea, ‘Philosophy of Birth: Unveiling the Stereotype’, *The Project Repository Journal*, 8 (), 60–63; Stella Villarnea, ‘¿Cuándo Pierde una Mujer Derecho a Decidir Cuándo Parir?’ [When Does a Woman Lose her Right to Decide When to Birth?], in *Amores y Violencias: Género, Diversidad Sexual y Derecho*, ed. by Defensoría de la Comunidad Universitaria de la Universidad de León (León: University of León, 2021d), pp. 101–108; Stella Villarnea, ‘Birth: A Radically New Meditation for Philosophy’, *Diogenes* (2024), 1–11

<sup>49</sup> See, for just one example, Kathi Weeks, *The Problem with Work: Feminism, Marxism, Antiwork Politics, and Postwork Imaginaries* (Durham: Duke University Press, 2011).

this basic description of what autonomy, agency, and rationality stand for serve as a clarification for what follows.<sup>50</sup>

## 5 Obstetric Violence as a Violation of Human Rights

I do not just aim to provide a realistic conception of the agency of birthing women, but also to inform how they are treated during labour and birth. My research analyses how much of birth care continues to underestimate a woman in labour's capacity to behave *rationaly*, that is, *with reason*. I have already stated my aim to offer a new *genealogy*— a new meditation on origin and birth. This new *logos* for *genos* begins with the basic premise that birthing subjects are fully entitled citizens, and that their agency, autonomy, and capacity must be acknowledged.

To construct this alternative genealogy, I first target obstetrics as an empirical and symbolic space where contemporary thought reformulates the discourse around our origin. My research identifies obstetrics as the science of origin that defines what it is to be human today. Understanding obstetrics as genealogy is crucial to analysing how birth care practices decisively influence contemporary thought and broader ways of life.

A glance at the contemporary science relating to *genos* shows that obstetrics all too frequently continues to legitimise the use and abuse of women's bodies and justify the rights violations that many women experience at a crucial point in their lives. To understand this, we need only to read the official reports that denounce the tremendously damaging effects of certain unjustifiable, but commonplace, practices performed on women giving birth.<sup>51</sup>

The term 'obstetric violence' describes the violence suffered primarily by women (but also their babies) in health settings during birth care. It refers to poor-quality care that fails to adhere to evidence- and values-based best practices. It hides a systematic deprivation of women's right to autonomy. In its contemporary use, the term 'obstetric violence' serves to distinguish the phenomenon from other related notions such as disrespect, abuse, or medical negligence, and to address its structural and gender

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<sup>50</sup> The view that agents are autonomous and rational when they act in accordance with their best beliefs and strong desires is a traditional way of understanding practical reason that is rooted in Hume's thought. My position is that Hume's account is limited because the beliefs and desires of the subject are shaped by social and power structures that fall outside its control and decision. Here, I am not interested in critiquing Hume's reasons for linking these notions to a universal and individual account of subjectivity. This paper focuses on different aspects. I only mention his account as a possible reference to contextualise my use of concepts such as capacity or agency. For a longer discussion of the feminist notions of autonomy, agency, and rationality, see my paper Villarmea, 2021a, cited above.

<sup>51</sup> To cite just two recent reports: Patrizia Quattrochi et al., *Obstetric Violence in the European Union: Situational Analysis and Policy Recommendations* (Rome: SAAGE, 2023) and Patrizia Quattrochi et al., *Case Studies in Obstetric Violence: Experience, Analysis, and Responses* (Rome: SAAGE, 2023).

dimensions. It also validates the lived experiences of those who are subject to this form of violence, including professionals who witness it.<sup>52</sup>

Like other manifestations of gender-based violence, obstetric violence has come to light only in recent years. Decades of women's testimonies and campaigns by birth rights associations have finally led to recognition of its existence. We can see it clearly in situations of abuse, disrespect, or negligence in birth care, within the broader field of the structural and gender dimensions of violence against women.<sup>53</sup> The term addresses the phenomenon as a violation of human rights.

The term first gained traction in Latin America and Spain and is slowly expanding to the rest of the world. Venezuela was the first country to recognise it as a legal term in 2007 in the *Organic Law on the Right of Women to a Life Free from Violence*. The law defines obstetric violence in relation to the appropriation of women's bodies and reproductive processes by health personnel; dehumanising treatment; abuse of medication; conversion of natural processes into pathological ones; birthing women's loss of autonomy and ability to decide freely about their bodies and sexuality; and the negative impact on women's quality of life.<sup>54</sup> Article 51 of the law provides specific examples of obstetric violence: (1) untimely and ineffective care in obstetric emergencies; (2) forcing the woman to give birth in a supine position, with legs raised, when vertical delivery is possible; (3) impeding early attachment of the child with their mother without a medical cause, or blocking the possibility of holding, nursing, or breastfeeding immediately after birth; (4) altering the natural process of low-risk delivery by using acceleration techniques without full informed consent; and (5) performing caesarean section when natural childbirth is possible (worse if these practices are performed without fully informed consent). Other Latin American countries have also introduced the term in their legislation: Argentina in 2009, Bolivia and Panama in 2013, and Mexico in 2014. It is important to acknowledge their contribution to international legislation publicly.

Spain has been the first (and to my knowledge, still the only) European country to reflect obstetric violence in legislation, if only within its regional legislation in Catalonia in 2020 and the Basque Country in 2022. Including the term in national legislation has proved difficult, as many health providers and professional bodies continue to reject the existence of obstetric violence. International organisations such as the World

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<sup>52</sup> Olivia Verity and Camilla Pickles, 'Obstetric Violence: Where is the Law?', *AIMS Journal*, 34.2 (2022), online.

<sup>53</sup> Michelle Sadler, Mário Santos, Dolores Ruiz-Berdún et al., 'Moving Beyond Disrespect and Abuse: Addressing the Structural Dimensions of Obstetric Violence', *Reproductive Health Matters* 24 (2016), 47–55.

<sup>54</sup> Venezuela, *Ley Orgánica sobre Derecho de las Mujeres a una Vida Libre de Violencia* [Organic Law on Women's Right to a Life Free from Violence], 3 April 2007.

Health Organization, the United Nations (UN), the Committee for the Elimination of Violence against Women, the Council of Europe, and the European Parliament locate obstetric violence at the axis of human rights violations, gender-based violence, and clinical malpractice, considering it in contrast to both respectful treatment and quality care. They all recommend addressing it as a systematic phenomenon within a context of structural inequality, discrimination, and patriarchy. The UN *Special Report on Violence against Women 2019*<sup>55</sup> concluded, for instance, that testimonies from women have shown that mistreatment and violence during childbirth is widespread and engrained in the health system. They happen around the world and affect women at all socioeconomic levels. The UN Report is clear: all such unnecessary or harmful practices must be identified and treated as gender-based violence and violations of women's *human rights*; 2019 was thus the first time that obstetric violence was officially declared a *human rights* issue. To rectify those practices, we need a new genealogy, specifically one that traces and considers how we got here in terms of human rights.

In what follows, I take a particular approach to explaining how we can protect women's and birthing people's rights during childbirth. I focus on the role of implicit bias and gender stereotypes in a particular area of maternity care: the capacity or rationality of a person in labour. Ignoring this capacity and rationality is a common feature of accounts of obstetric violence. A person in labour far from embodies the stereotypically standard or ideal characteristics of a rational agent. But rationality, which relates to reason, is more than comparing stock market values to decide where to invest your money. The birthing woman who decides, for instance, that she wants to get up and move around is indeed *rational*, since she has evaluated the resources and options available to her to adopt an appropriate birthing position. Everyday philosophy calls this 'practical reasoning' or the practical use of reason, which involves life experience. I am reminded that nature documentaries view chimpanzees piling up boxes to reach bananas as proof of a cognitive learning process, while the decisions a woman takes to find a good birthing position are often not recognized as a cognitive process. How do chimpanzees show a spark of intelligence by climbing on boxes when a woman moving around during labour is simply 'following her animal instincts'?

In the next sections, I shall show how the cries of birthing women, far from being merely 'animal instincts', express meaning and embody agency and capacity. After that, I discuss how birthing women have epistemic privilege. Recognising this meaning, agency, capacity, and knowledge is key to tackling obstetric violence.

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<sup>55</sup> United Nations, UN Special Rapporteur on Violence against Women on Abuses during Facility-based Childbirth (New York: United Nations, 2019).

## 6 Cry is a Cry is a Cry

The title of this section is a paraphrasis of the American novelist Gertrude Stein's sentence 'Rose is a rose is a rose is a rose'.<sup>56</sup> Returning to the theme of section 3, this sentence introduces another stereotype or instance of implicit bias concerning a person in labour: the interpretation of their cry. A labouring woman's cry is considered non-rational behaviour; a sign that she has lost control. However, it may be that a woman crying out during labour is being more rational – more *prudent*, in the Aristotelian sense – than we think. Ultimately, perhaps her cry is *premeditated*. After all, a birthing woman is not a being from another world; she is keenly aware that our culture interprets the heart-rending cry of a labouring woman as a paradigm for total loss of control. You need only to watch the films. Consequently, in our context, many women think carefully before releasing loud cries – they may prefer not to be considered a nuisance, another typical learned reaction that demonstrates a certain medical socialisation. It thus takes courage to emit the first cry, to try it out, see what happens, and, if it seems good, to continue ('good' being understood in relation to what is being attempted, i.e., giving birth). But perhaps a birthing woman simply *knows* that her cry will help her, because she has *learned* that guttural sounds emitted from one's throat open the birth canal. There is a direct connection between the muscles of the throat and those of the pelvis – an opera singer will use their pelvic floor to reach the highest or lowest notes. If this is the case, we need admit – as hard as it may be – that women may learn, in antenatal classes or in conversations with friends, that crying out may help them. When the moment arrives, they try it and it helps, so they continue. They choose, test, evaluate, and confirm – pure method. Why are we so reluctant to acknowledge that what they do is rational?

Ludwig Wittgenstein explained that the meaning of a sign cannot be interpreted in isolation; its meaning depends on the context of social practices.<sup>57</sup> For instance, the colour red is meaningless without context. It means 'stop' in a traffic light sequence only under our driving laws. A cry during labour need not be any different.<sup>58</sup> The cry is a sign of something. The patriarchal context interprets it as a lack of control, but the interpretative context may be different: we may read the guttural sound as a way of maintaining the rhythm of breathing and working through pain. Among humans, a cry or guttural sound can have many interpretations: an order, a limit, a lament, a vindication, relief, an impact, a mantra, or an expression of pleasure, to mention a few.

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<sup>56</sup> Gertrude Stein, *Geography and Plays* (Madison, WI: University of Wisconsin, 1993).

<sup>57</sup> Ludwig Wittgenstein, *Philosophical Investigations*, trans. by G.E.M. Anscombe (Oxford: Basil Blackwell, [1953] 2001).

<sup>58</sup> It is worth remembering that labour pain is the only pain that does not indicate that something is necessarily wrong or must be mended or healed.

Why should the labouring cry not also be an *intentional* action that opens an organ to facilitate entry to a unique existential space?

Of course, there are contexts in which the birthing cry means something else – which is why it is so important to remember that the cry is a sign. A cry can, for instance, signify that the birthing woman is expressing fear or anxiety, complaint, or protest. Or it might be how she asks for an epidural.

There are other explanations too. Later in labour, a cry might cease being rational behaviour in the sense of being a premeditated means to an end or learned resource. With luck, at a certain point during birth, behaviour that started for cultural reasons enters a distinct and interesting phase that I shall refer to, for simplicity's sake, as physiological. Once a woman has tested the virtues of her cry, once she is confident of its value and has used it to transition to the next stage of delivery, her cry or scream might become something else, such as a tool for navigation or a – loud – mantra for concentration. Then her cry signals that everything is going well; she feels safe to land on 'planet birth' (a phrase referring to women's descriptions of occupying or entering another time zone, space, or even world during birthing). In those contexts, screaming or crying out during labour does not mean being 'out of herself' but being truly 'in herself'.

Consider soldiers on the battlefield. Battle cries may begin as chants to motivate, then shouts to encourage speed, then tools for focus, and, finally, the sound of the enemy being targeted. We would not routinely consider soldiers as behaving irrationally when they let out this final cry; we would be more inclined to think of their final sound as fulfilling a function – an appropriate means to achieve a desired end. Let us compare this with how easily in some contexts the birthing woman's sounds are taken to mean *just* one thing; that she has lost control, and perhaps even her capacity.

Alternatively, consider how, in some cultures, the pain of grieving for lost loved ones is signified by silent behaviour when in public, while in others mourning is accompanied by, or even requires, heart-breaking screams and loud wails. Why are we more inclined to think of birthing language as less cultural than, say, mourning language?

As humans, birthing women do the same, or similar, things. However, the same scream has different meanings depending on one's prevailing culture, situation, lifestyle, language game, or worldview; and on who, where, when, and for what purpose the birthing scream is uttered. We must challenge the univocity of birthing behaviour to allow different and better interpretations *in context*. The scream of the labouring woman is tuned into a specific culture and context and should be interpreted within both.

To reduce the multiplicity of meanings and application of birthing sounds to a simplistic 'she does not have capacity' is a sign of patriarchy. We must address the

multiplicity of voices in childbirth, their autonomy, and their agency. This is what it means to say that the birthing woman's cry is a sign, is a sign, is a sign.

## 7 A Situated Epistemology of Birth

In the context of a philosophy of birth, I see knowledge as a tool for action. In pregnancy and birth, women's bodies and minds undergo a deep transformation. This involves an aspect of suffering in the classical sense of *pathos*, which women experience at many levels, and over which they do not necessarily have any choice or control. But this is also a time of *projection*, *freedom*, and *existence*, in the sense that these notions have in the phenomenological or existentialist tradition. The knowledge that women construct during their birthing time is *situated* knowledge (i.e., knowledge that is concerned with and gives meaning to a time and a place, in short, to a biography).

It is philosophically significant to identify women's testimonies of obstetric violence as rooted in *situated knowledge*. It affords the birthing woman the epistemic *privilege* to transition from a personal to a universal (or general) sphere of interest. It also means that she is equipped with the epistemic resources to best interpret her needs, claims, fears, and hopes – in other words, her values.

## 8 The Logos for Genos: The Right to Have Rights

Patriarchy's very survival is closely linked to a certain understanding of, and approach to, care during pregnancy, labour, and childbirth. Some philosophers will dispute that my focus on birth can fundamentally challenge epistemology or even obstetrics. Such philosophers misunderstand the origins of these disciplines. I have argued elsewhere that the presumption of women's irrationality is intertwined with the origin of obstetrics.<sup>59</sup> In light of this history, to take the birthing woman's guttural cry as rational and authoritative poses a radical challenge to the foundations of scientific inquiry.

Feminist epistemologists have demonstrated how fundamentally our context affects our claims to objectivity, rationality, capacity, and entitlement, along with the practices that follow from them. Birth activists provide ample evidence of medical interventions undertaken without women's consent and knowledge. Sound knowledge requires an intricate analysis that acknowledges the power dynamics influencing its conclusions. Experiences of obstetric violence can spark such knowledge. My approach to the epistemology of birth highlights how the presumed non-qualification, passivity, and irrationality of women and other people in labour leads to widespread obstetric violence.

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<sup>59</sup> Villarrea, 2021a, cited above.



Our tradition does not quite enact the knowledge needed to understand the birthing mother–infant dyad,<sup>60</sup> the nature of the in-between area or transitional space in Winnicott’s words.<sup>61</sup> That philosophy has so often taken death, rather than birth, as its existential foundation is related in no small part to the absence of women from the practice of philosophy. It is thus up to us, contemporary philosophers, to undertake a radically new meditation on birth, one that finally addresses the *logos* for *genos* displayed by the birthing subject’s authority, agency, and autonomy. Facing obstetric violence is facing *human rights*. My approach to the language of birth is, to paraphrase Hannah Arendt, to finally give us, birthing subjects, the ‘right to have rights’.<sup>62</sup>

## 9 Birth Care and the Category of the ‘Human’

There is much to appreciate on the potentialities of the visceral body for a philosophy of birth, and by extension for philosophy per se. My argument uses the maternal body, particularly the birthing body, as a test case for how to give voice to experiences and events that may remain socially, politically, and philosophically unseen, and importantly, *unheard*. The focus on sound is important. In thinking with the visceral birthing body, we are impelled to give meaning to the sounds of birth that are not words but are neither simply ‘animalistic’ utterances. Rather, they are the sounds of a certain kind of meaning-making during the birthing process – one that I argue entails judgement and reason, much like any other kind of embodied thinking process. This is important for a philosophy of birth: without reclaiming the sound-bath of birth as rational, the birthing visceral body falls out of the scope of agency and loses its claims to capacity, reasoning, or decision-making ability, with dire consequences for birth care, and also for how the category of the ‘human’ is constituted. Without theorising birth as meaningful action, it is relegated to the realm of non-meaning, with its traditional associations of the feminine, the animal, the body, its ‘disgusting’ fluids, and so on. Since we have all been born, this has consequences not just for women, but for all humans.

The emphasis of this paper is mostly on the cry. It is crucial to see that birthing visceral bodies have other manifestations, which in turn throw up countless meaningful

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<sup>60</sup> The reader will find up-to-date knowledge about the birthing mother–infant dyad in Ibone Olza-Fernández, Miguel Ángel Marín et al., ‘Neuroendocrinology of Childbirth and Mother-Child Attachment: The Basis of an Etiopathogenic Model of Perinatal Neurobiological Disorders’, *Frontiers in Neuroendocrinology*, 35.4 (2014), 459–472; and Ibone Olza Fernández, ‘PTSD and Obstetric Violence’, *Midwifery Today*, 105 (2013), 48–49.

<sup>61</sup> On the notions of in-between space or transitional area between mother and infant, see Donald Winnicott, ‘Mirror-Role of Mother and Family in Child Development’, in *The Collected Works of D. W. Winnicott: Volume 8, 1967–1968*, ed. by Lesley Caldwell and Helen Taylor Robinson (Oxford, Oxford University Press, 2016).

<sup>62</sup> Hannah Arendt, *The Origins of Totalitarianism* (New York: Harcourt Brace & World, 1973).

or meaningless images. I have focused on the birthing experience as distinct from pregnancy and brought the birthing scene to life as a visceral (and therefore meaningful) experience, thus building an epistemology of birth. First, 'visceral' was described as what relates to our inner parts and emotions, and this should surely apply to the brain as an internal organ as much as to the other organs. This reading of the brain as a visceral organ allowed the visceral body to be one that accesses the inner workings of the brain during birth, driving behaviour and actions in deliberate, intentional, and thoughtful ways. In some ways, the dichotomy between mind/brain and body/viscera was simultaneously disaggregated and re-established in my argument that a visceral body is a body that accesses the rational brain, rather than seeking to understand a 'different' way that a body might think (i.e., in less conscious, less rational ways). The general thrust of the argument was that, without a claim to rationality in the birthing situation, the birthing body remains a body without a mind. This approach has significant consequences for birth care –for combating obstetric violence and for providing the labouring person with a recognition of their autonomy, citizenship, agency, capacity, and rights, despite their inherent vulnerability.

How we understand our origin and the practices that bring us into being reveals our humanity. The lived experiences of women and their *situated knowledge* challenge widely held assumptions about rationality, about what it is to be a 'birthing woman' and what it is to have agency and capacity in the delivery suite. A philosophy of birth enables us to navigate the stormy waters of contemporary obstetric practice towards an embodied feminist *genealogy* that not only redresses imbalances of gender, but also addresses life and happiness. We can now see how birth and birth care pose key questions relating to knowledge, freedom, gender, and what it means to be a human being, justifying my call for a new genealogy – a new *logos* for *genos*. With this, I hope to have offered some materials to explore what this new *logos* for *genos* might look like. We must expurgate what birthing is from what it is not to understand the full potential of our visceral birthing bodies, and our human bodies more generally. After all, we think *as* bodies, not just about them.

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The author has no competing interests to declare.

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