Sevasti-Melissa Nolas:

»Incongruent Gestures«

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SUBJECTIVITIES

INCONGRUENT GESTURES Giving Birth

I went into labour on a Sunday evening, five days before my baby's due date. At 10pm on the Tuesday night, sleepless and terrified by the nauseating feeling of my own body contracting every ten minutes or so and with no relief in sight, I sought out medical assistance at the hospital where I was registered to give birth. I was hoping to get admitted onto the labour ward and be given something – anything at this point – to make the pain go away so I could rest before the big push. I was assessed as medically not ready enough (contractions not close enough, cervix not dilated enough) and sent home with paracetamol. I lay on the sofa for what turned into a third sleepless night, the cold, sticky, and slimy-to-the-touch pads of a mini-TENS machine on my back doing little to subdue the nauseating pain of the contractions. My waters broke at home at 5am on the Wednesday morning: a split second of relief and euphoria in what, at this point, was 58 hours of sensory overload. My second attempt to access maternity care was more successful. An exhausted, leaky, vomiting mess, I was permitted to join the labour ward for what my medical notes record as (only) four hours and 23 minutes of labour including:[1] a back that refused to be introduced to the needle of the epidural, likely on account of the curvature in my lower spine and despite the repeated attempts of two kindly and gentle anaesthetists; a doctor's fist shoved up my vagina without anaesthetic or informed consent to put a probe on the baby's head, an act I have since come to recognise as an instance of obstetric violence; a midwife who finally pushed the 'emergency stop' button, putting an end to the nonsense of 'normal birth' for the sake of it; an emergency C-section under general anaesthetic; the loss of 1.3 litres of blood to primary post-partum bleeding. The emergency C-section, classified on my medical record as a Category 1, "immediate threat to the life of the woman or foetus",[2] saved my baby's life, who was in cardiac distress and who had passed meconium in utero. It also most probably saved mine. I am not sure when a sense of those four hours and 23 minutes started to galvanise as a feeling of being suspended in some sort of spatiotemporal configuration somewhere between life and death.[3] I am grateful to the multitude of professionals who made sure that my baby and I landed on the side of life; but this was not the only feeling. I was also left discombobulated and misconfigured – six months after my son's birth I developed chronic lower back pain, sciatica, and the sort of depression that accompanies feeling debilitated, constrained in movement, and in constant pain. The pain persisted for two years and only subsided following laparoscopic surgery to remove two fibroids outside my womb. Since April 2013, I have lived in the uncomfortable knowledge and with the haunting feeling that had I been labouring back in time or in a remote elsewhere today, either one or both of us may not have made it through.

INCONGRUENT GESTURES Troubling Labour

This essay is about what it might mean to have conversations about such discombobulation, about being suspended somewhere between the living and the dead.[4] I stage these speculative conversations through the object of the fibroid, the reading of my medical record which I obtained from the hospital using a Freedom of Information request in 2019, ultrasound photography, old photographs of my paternal grandmother, and *The Simpsons*. Following my labour and in a second, independent medical opinion I sought out a few years later, I was told that, in all likelihood, the reason for my labour's 'failure' to progress was the presence of two fibroids outside my uterus.

The term "failure to progress" is the term that clinical staff used at the time to describe what had happened; it is also recorded as such in my medical record. In the US and the UK it is now described as an outdated term and terms such arrested labour, prolonged labour or slow progress in labour (NICE) are recommended instead.

"Evidence Based Birth", https://evidencebasedbirth.com/friedmans-curve-and-

failure-to-progress-a-leading-cause-of-unplanned-c-sections/ (2024).

Fibroids, or myomas, are described in the medical literature as "benign tumours" and develop in women of reproductive age. They can be found inside and/or outside the womb and its lining, and five different types of fibroids are identified, depending on their location. They can be single or multiple, and their sizes tend to vary from a few millimetres to 30cm or larger. Fibroids can cause increased menstrual bleeding, including clotting and painful periods. They can also cause pain during intercourse, as well as lower back pain, and are the leading reason for hysterectomies. Estimates of prevalence vary considerably, although latest estimates from countries of the globalised north, namely the UK and US, place prevalence between 70% of white and 80% of black women by age fifty.

NICE: "Fibroids", in: *NICE National Institute for Health and Care Excellence*, https://cks.nice.org.uk/topics/fibroids/ (July 2022) (only available in the UK).

The causes of fibroids are largely unknown.[5] It is these benign and enigmatic objects that form the starting point of this essay, which is part of a larger interdisciplinary project that explores and experiments with multimodality, reflexivity, childhood, motherhood, labour, and the body politic.[6] My project is inspired by reflective writing in medical anthropology in which authors use their own encounters with chronic illness, clinical abuse, and mis(se)diagnoses, to theorise illness, medicine, the body, and the social.[7] My project retains the value of turning the gaze on oneself as a way of generating new knowledge, challenging power relations, and finding ways to imagine these experiences and categories differently. My subject is the experience of living and labouring with an under-researched and medically dismissed gynaecological condition. Theoretically, however, my project departs from this work to join others who explore the entanglements of the medical and the social, the biographical and the historical, of science and technology, and of image and text in order to reveal a body multiple.[8] In line with this body of scholarship, I approach my theoretical task from a practice perspective.[9] As much as is possible, I look at the ways in which medicine attunes to, interacts with, and shapes its objects in its various and varied practices,[10] or at least how these practices are codified in medical and midwifery textbooks and systematic reviews, and recorded in medical records such as my own. My focus, however, is not on the medical practices themselves but on the ways in which these attunements, interactions, and shapings find their audiences: in this case, me, my fibroids, and my baby, the objects of medicine's varied practices. In this essay, I take up Donna Haraway's invitation to "stay with the trouble",[11] making a foray into this under-researched gynaecological condition of uterine fibroids under the conditions of pregnancy and labour.

"*Trouble* is an interesting word. It derives from a thirteenth-century French verb meaning 'to stir up', 'to make cloudy', 'to disturb'. We—all of us on Terra—live in disturbing times, mixed-up times, troubling and turbid times. The task is to become capable, with each other in all of our bumptious kinds, of response. Mixed-up times are overflowing with both pain and joy—with vastly unjust patterns of pain and joy, with unnecessary killing of ongoingness but also with necessary resurgence. The task is to make kin in lines of inventive connection as a practice of learning to live and die well with each other in a thick present."

Donna Haraway: *Staying with the Trouble: Making Kin in the Chthulucene*, Durham, North Carolina: Duke University Press (2016), p. 1.

Haraway traces the noun "trouble" to its 13th century French root in the verb "trubler", meaning to "stir up", "to make cloudy", "to disturb" – all good descriptions for how I experienced living with fibroids.

I trouble labouring with fibroids by mixing modes and media, memories and stories, the then and the now as well as the not-yet. I experiment with images where words fall short in communicating the more affective, ephemeral, and sensory aspects of these attunements and interactions, without doing away with the words themselves. In this sense, the narrative I hope to have produced is a radicle that shatters a certain linear unity and knowledge derived from words alone.[12] This is not, then, an essay as such, but a bulb: a rhizome yet-to-come. In this rhizome yet-to-come, the bringing together of different sources of evidence and experience, including administrative records, memories, popular culture, and family albums, is not so much an analysis as it is a configuration of modes and media; it is a creation of "entanglements that matter" in order to reach a point "where it is no longer of any importance whether one says I".[13] The meaning of analysis here is one of "touching, not mastering", of "folding" mode and medium onto one another.[14] Analysis in this sense involves an engagement with the senses, a resonance between them, and an openness to one sense triggering another – it is "a mimetic form of analysis, of becoming (an)other".[15] This essay, as such, has been written through triggers: an anecdote triggers a thought that triggers an image that triggers an insight that triggers an essay. In the process and over the next period, the story changes from one of grief to one of joy: nomad thought,[16] wandering across your pages and screens.

Gilles Deleuze and Félix Guattari's opening paragraph in *A Thousand Plateaus* is a statement of authorship and of true collaboration: while each recognises the other's contribution to the final text, the process of thinking and writing together has made them other, no longer themselves. In this essay, I borrow the spirit of this statement of authorship in two ways. The first is in the collaboration that I stage between past-me and present-me in writing the story, a narrative that I have told many times, afresh. Like any good collaboration, we've had to work together to reach compromises in the interest of telling that story differently, more hopeful than first experienced, mining together for insights that may have initially got lost in the maelstrom of it all. The second sense in which I borrow Deleuze and Guattari's statement of authorship is in the ways in which text, image, and sound come together in the re-telling of this story to create meaning that neither text nor image nor sound alone can make, and where it is no longer of importance from which of these modes and media meaning emerges, because it is in their combining that meaning actually resides.

Gilles Deleuze, Félix Guattari: *A Thousand Plateaus*, Minneapolis: University of Minnesota Press (1987), p. 3.

To write about pregnancy, labour, and childrearing is also a challenge in dancing with grand narratives and scripts of midwives versus doctors, vaginal versus C-section births, breasts versus bottles, crying it out versus co-sleeping, as if these things were always natural or rational choices, or even choices at all. In this dance it is easy to misstep in search of certainties. This challenging dance is another sort of labour, itself in need of troubling. I hope to

avoid the lure of certainty by mapping the "messy actualities of practice";[17] in this sense, this essay does not hold a resolution, for rhizomes never do. Instead, under fecund conditions, they multiply. To this end, and to keep me to the task of multiplicity, I have over the last ten years kept company with the likes of Ruth Behar, Andrew Irving and Michael Jackson in anthropology, and Jennie Ashworth, Hilary Mantel, Maggie O'Farrell, Marina Benjamin, and many, many other memoirists, essayists, and writers who, like the best sort of sociologists, turned their private troubles into public issues,[18] bearing different bodies of work to their publics.

"[...] wounded is a tricky thing for any woman to admit to being. Not least because any time a woman utters a sentence about her own experience, she becomes a kind of terrorist and there's an army out there waiting to strike her down. Some days it feels like writing truthfully about her own life is the most subversive thing a woman can do [...]."

Jenn Ashworth: *Notes Made While Falling*, London: Goldsmiths Press (2018), p. 104.

"We do what we have to do to survive; as a species, we are inventive in the face of adversity. Robert Frost said, 'The best way out is always through', and I believe this to be true but, at the same time, if you can't go through, you can always go around."

Maggie O'Farrell: *I am, I am, I am: Seventeen Brushes with Death*, London: Headline Publishing (2018), p. 233.

"[...] when biological destiny veers from the norm, there are parts of the psyche that take time to catch up. You understand what has happened, the medical disaster; you reason about it. But there are layers of realisation, and a feeling of loss takes time to sink through those layers. The body is not logical; it knows its own mad pathways."

Hilary Mantel: *Giving up the Ghost: A Memoir*, London: Fourth Estate (2010), p. 230.

"No one objects to autobiography, as such, as a genre in its own right. What bothers critics is the insertion of personal stories into what we have been taught to think of as the analysis of impersonal social facts. Throughout most of the twentieth century, in scholarly fields ranging from literary criticism to anthropology to law, the reigning paradigms have traditionally called for distance, objectivity, and abstraction. The worst sin was to be 'too personal'. But if you're an African-American legal scholar writing about the history of contract law and you discover, as Patricia Williams recounts in *The Alchemy of Race and Rights,* the deed of sale of your own great-great-grandmother to a white lawyer, that bitter knowledge certainly gives 'the facts' another twist of urgency and poignancy. It undercuts the notion of contract as an abstract, impersonal legal document, challenging us to think about the universality of the law and the pursuit of justice for all."

Ruth Behar: *The Vulnerable Observer*, Boston: Beacon Press (1996), pp. 12–13.

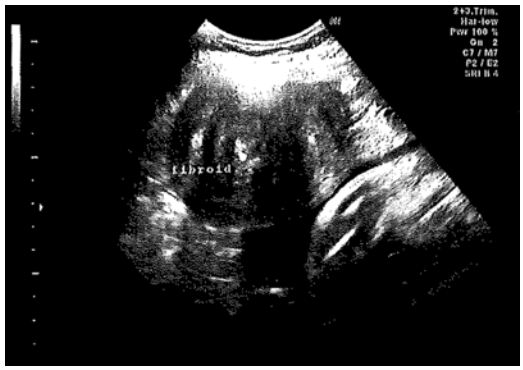
"When I was heavily pregnant I met an off-duty consultant obstetrician at a party: 'The thing about childbirth', he slurred to me, in a confidential tone, gesturing with his wine glass towards my stomach, 'is that it's either all fine or it completely fucks up. Theres nothing in between'. Not the most comforting pronouncement but perhaps one of the most honest."

Maggie O'Farrell: *I am, I am, I am: Seventeen Brushes with Death*, London: Headline Publishing (2018), p. 79.

INCONGRUENT GESTURES Benign Objects

I was due to give birth in hospital because of the very-late-in-my-pregnancy discovery of these benign objects on my womb. A few weeks before the fibroids made themselves known, I had been to see the midwife for one of those regular check-ups. I had asked her about these perfectly formed, hard roundnesses that seemed to have made an unexpected appearance, almost overnight, on the left side of my body and just below my belly button. Could it be the baby's head? I asked. My midwife felt around my bump with her hand as a perplexed look formed across her face. No, that can't be, she said. The baby's head is most definitely in your

cervix, where it should be, she assured me. What about this other rounded hardness just below my belly button? A foot, perhaps? Neither of us can determine what this strange object is. I was soon to learn, in a rather blasé way, what those indeterminate objects were. I still remember the name of the consultant who carried out the ultrasound. It was the second ultrasound I'd had in two weeks, prompted by the sudden onset of a pain in my side. The previous one had been my scheduled 32-week scan that focused on the baby alone; despite the size of the fibroids, they remained, at this stage, undetected, as if woman, foetus, and fibroids did not reside in the same body. It was with some irony that I later realised that this separation was also reflected in the hospital's floorplan: ultrasounds for foetuses carried out on the lefthand side of the corridor, scans of mothers' troubling and troubled bodies carried out on the right, pregnancy an inconvenient entanglement of bodies and objects that technology and architecture would separate.



Photograph by Sevasti-Melissa Nolas (2013).

An ultrasound image of Sevasti-Melissa's fibroid. Reproduced from a copy of the author's medical record.

"Fibroids!", the consultant announced, after what felt like an inordinately long silence, punctuated only by the visuals of the ultrasound screen which I could see but not decipher, the baby no longer in focus. He dutifully measured them in centimetres: one was 8cm and the other 5cm which later,[19] post-pregnancy, would shrink to 6cm and 2.5cm respectively. He told me that I would need to make an appointment with my midwife because, looking at my clinical notes, a home birth would no longer be possible. Fibroids increase the risk of postpartum bleeding. I would need to give birth in hospital and under medical supervision. I went home to google "what are fibroids?".

INCONGRUENT GESTURES Primary Postpartum Bleeding

Primary postpartum bleeding is blood loss through the genital tract (uterus, cervix, vagina) following delivery. It can happen any time from the baby's birth and up to 24 hours following. Anything up to half to a litre of blood loss from a healthy woman living in a high-income country is considered minor/mild – as one midwifery textbook notes, half a litre of blood is the equivalent of a routine blood donation, usually inconsequential. Loss of over a litre of blood is considered major blood loss, and obstetric haemorrhage is the second leading cause of direct maternal death in the UK and Ireland.

Cecily Begley: "Physiology and Care during the Third Stage of Labour", in: Jayne Marshall, Maureen Raynor: *The Myles Textbook for Midwives* (Sixteenth Edition), Edinburgh, London: Elsevier (2014), p. 406; Eleni Mavrides, Shubha Allard, Edwin Chandraharan, Peter Collins, Laura Green, Beverly J. Hunt, Solon Riris, Andrew J. Thomson on behalf of the Royal College of Obstetricians and Gynaecologists: "Prevention and Management of Postpartum Haemorrhage", in: *BJOG 124* (2016), pp. e106–e149.

Giving birth in hospital was always how I had imagined it happening: I was born in a hospital, and I was going to give birth in a hospital. But in that first check-in appointment on a mild September day, I was seduced by the idea of a home birth, a 'normal birth'. "There's nothing quite as lovely as jumping into your own shower and climbing into your own bed after giving birth!", my midwife, with a healthy irreverence for children, informed me. And so, much against my own instincts, I started to lose myself in a cosy fantasy of home-birthing for the next six months, and began to write my birth plan accordingly.
The fibroid scan set in motion a series of meetings including a visit to the consultant obstetrician at the hospital, about which I emailed my midwife:

"I saw the consultant obstetrician this afternoon. I'm attaching a picture of the notes that are in my file. [I did this because, in an unfortunate reinforcement of stereotypes, the notes were illegible, and I had half hoped that my midwife would be able to decipher them]. "He confirmed the fibroid. He did not appear to be too troubled by it, he said the baby's head is all the way in the pelvis now", ["troubled" my original phrasing; "the pelvis", not "my pelvis" – it occurs to me now that I was experiencing my body as somehow other, alien, objectified], "and he seemed to be of the view that the fibroid would not interfere with normal birth. Nevertheless, his initial recommendation was to have the baby on the labour ward, although he agreed that I could start my labour in the birthing centre providing it is possible to have a 'venflon'", [I write in the email like I know what I'm talking about, at the same time as the inverted commas indicate that this was not my language], "inserted in my hand in the BC (birthing centre), just in case. He also said that there was no medical reason not to use the birthing pool or TENS machine for pain relief during labour."

Email (20 March 2013).

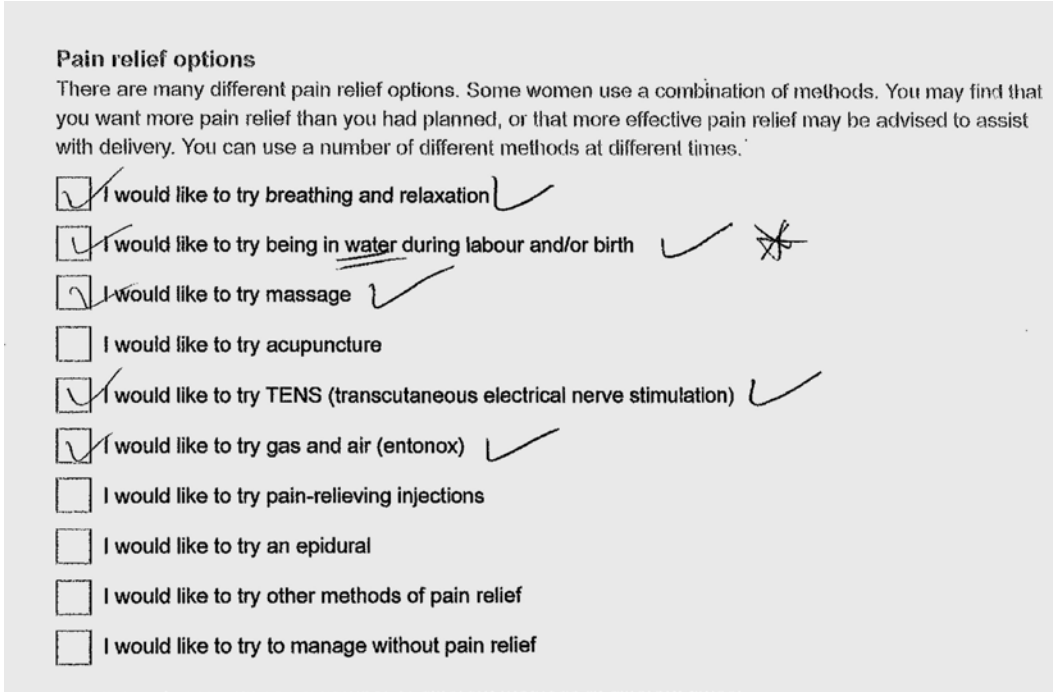
I remember the meeting with him well. Hanging on to the script of 'normal birth' that I had not myself been sure about months before, I had to push for him to agree to me starting labour in the Birthing Centre. The Royal College of Midwifery (RCM) describes the term 'normal birth' as "the most commonly used term to describe an uncomplicated, straightforward physiological labour and birth during the 1990s in the UK". THE RCM acknowledges that 'normal birth' is a term that people who give birth often find problematic and is currently running a research project to build consensus on better and more acceptable language.[20] For the RCM, the term 'normal birth' is "important to many midwives who see it as central to the role of the midwife, the bedrock of what we do and who we are". I am fighting the midwife's fight. I have lost sight of myself – if ever I had eyes on her to begin with. The only thing I seem to be able to hang on to is my birth plan, a last vestige of certainty. "This is clearly a change to my original birth plan", I write in my email to the midwife, the anger and confusion still palpable to me in the text all these years later. I recall it taking me ages to write that email, in the way it still does when I write a complaint or make a case. I want to be unequivocal. My email is business-like; it builds a case using well-structured paragraphs, each one containing a separate thought. Bullet points for the issues I want addressed. This surprises me when I go back over my files.

But the email is also a journey in search of meaning: in the midst of it all is a plea that echoes back at me across time. I want to be spoken to and recognised as a person. A human being. Not (yet) a body with(out) organs to be shuttled between ultrasound machines, labour wards, and birthing centres. I write:

"I would like to get a better idea of what the implications of 'increased risk of post-partum bleeding' means for me as a person and what I can reasonably expect to experience in terms of interventions/care straight after birth and the weeks that follow. I get the mechanics of uterus contracting (or not) and how this relates to bleeding", [I am not sure why I've written this because I haven't got a clue. I think what I mean is that it has been imparted to me that, from a physiological perspective, fibroids can make you bleed heavily], "but I still don't get a sense of what this means for me and the sort of intervention/care that comes with it."

Email (20 March 2013).

Of course, telling someone what they might reasonably expect to experience is in the same sort of genre as the so-called birth plan. "The problem of patient choice" is how Annemarie Mol puts it in her study of diabetes,[21] and the birth plan document provided to expectant mothers is written in the same genre of choice. The illusion that we have a choice is an illusion that blurs and obscures our practices of care. What will happen to me, and how will you care for me, is what I am really asking. Or maybe better still: please care for me, I am scared.



Pain relief options

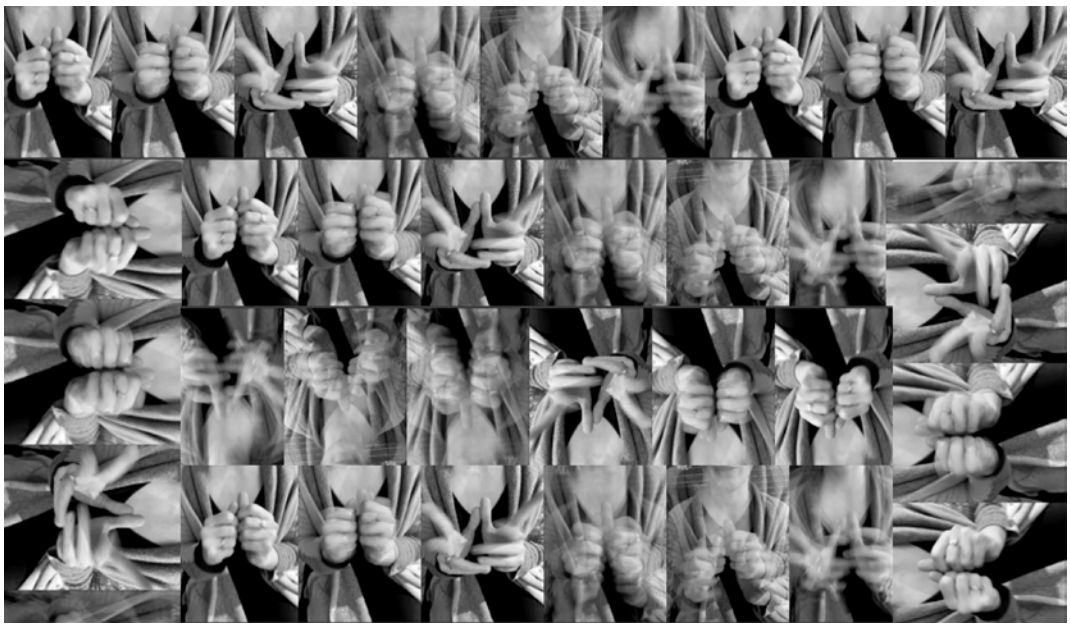
There are many different pain relief options. Some women use a combination of methods. You may find that you want more pain relief than you had planned, or that more effective pain relief may be advised to assist with delivery. You can use a number of different methods at different times.

- [x] I would like to try breathing and relaxation
- [x] I would like to try being in water during labour and/or birth
- [x] I would like to try massage
- [ ] I would like to try acupuncture
- [x] I would like to try TENS (transcutaneous electrical nerve stimulation)
- [x] I would like to try gas and air (entonox)
- [ ] I would like to try pain-relieving injections
- [ ] I would like to try an epidural
- [ ] I would like to try other methods of pain relief
- [ ] I would like to try to manage without pain relief

Photograph by Sevasti-Melissa Nolas (2012). A snapshot of my birth plan.

INCONGRUENT GESTURES Incongruent Gestures

Clear communication is prized in clinical textbooks and good practice guidelines. For example, midwifery training emphasises "the need for midwives to be emotionally aware and develop good communication and interpersonal relationships with women, their partners and colleagues in the interdisciplinary team" and student midwives are assessed on their interpersonal and communication skills.[22] In the context of primary postpartum bleeding, Guideline 52 of the Royal College of Obstetricians and Gynaecologists,[23] issued in December 2016, lists "communication with the woman" as the second most important aspect of the management of primary postpartum bleeding after identifying the severity of the haemorrhage: "Communication with the patient and her birthing partner is important, and clear information of what is happening should be given from the outset".[24] Before communication it is a case of minimising the risks.



Still from video by Sevasti-Melissa Nolas (2019).
VIDEO ▸ cache.ch/1737

Re-visiting that hand gesture that was used to illustrate postpartum bleeding to me; performed in my living room six years later, sitting where my midwife sat six years earlier, video recorded by my five-year old at the time of capture.

Yet despite the emphasis on clear communication in the clinical context, research on National Health Service (NHS) complaints suggests that many of those complaints are triggered by safety incidents and poor experiences,[25] including issues around listening and poor communication.[26] "Bad health outcomes", as medical anthropologist Charles Briggs puts it, "provide seemingly indisputable evidence of failed health/communicative subjects".[27] Arnold and Black make the case that care and communication are very much entangled: communication constitutes and shapes care giving and care receiving practice. The same authors also point out that language goes beyond the verbal and the logo-centric; they make a specific reference to gestures, and note that language as a form of care constitutes an intersubjective endeavour.[28] On the back of my email, my midwife makes an unscheduled home visit early

one morning to try to explain what's going on. She feels she owes me that. This hasn't been handled well, she tells me. I am wearing a black wrap-around GAP maternity dress with black tights, the dress a hand-me-down from my best friend. I am due down in Brighton later to present at a conference, a last professional commitment before going on maternity leave. My midwife sits on one sofa. I sit on the other. She starts to explain. She talks about postpartum bleeding. That's what fibroids do. This is why I can't have a home birth. Her words are accompanied by what is supposed to be an illustrative hand gesture, but her words and gestures lie beyond the boundaries of my comprehension. The gesture makes it worse. I cannot even see comprehension as a silhouette on the horizon. The word incongruent derives from the Latin *incongruens*, which means not meeting together. The midwife and I were in the same room, sat opposite each other, bodies upright and still, eyes meeting in a picture-perfect representation of textbook 'good communication'. But we were not meeting together. We go around the fibroid houses several times, circling around and getting nowhere. My midwife's words, their meaning, feel hard and impenetrable, like the benign objects stuck to the outside of my womb. I feel angry, upset, and frustrated. My midwife is really trying to make meaning with her words and her hands, I can see that much. But I still don't understand. I feel like this risk she keeps referring to has no body. It is a ghost, difficult to grasp. I try. "What are you actually saying?" I venture. And then I take a risk, I reach out to touch the ghost. "Are you saying I might bleed to death? Is that what you mean?"

INCONGRUENT GESTURES Configuring Conversations

"The body is not an automaton operated by the person but the embodied person herself. We are our bodies; consciousness is not separated from the body."

Havi Carel: *Illness: The Cry of the Flesh*, London: Routledge (2019), p. 13.

Many a time, when words come tumbling out of my mouth seemingly without volition, I am still surprised by that I who has risen to the surface, who has ventured to risk. What embodiment, what consciousness, was she drawing on?

Complaints are "complex narratives",[29] and labour stories, like many other stories of life and death, get passed down the generations.[30] My mother's labour story was characteristic of the nonchalance and unflappability that I so admire about her: "waters broke in the morning, you arrived mid-afternoon, whole thing nine hours, had to call the friends with whom we were having lunch to ask for a rain check. As it happens, we never saw them again". But this is not the story that I grasp for on this occasion. Instead, my mind wanders down the years to another labour story that has been passed down to me by a son, my father, as a story of how he got his name. It is not the story of his birth but that of his brother, who was born in the north of Greece in the early 1940s. While the details have been lost to time, the labour, so the story goes, was so long, so painful, and so precarious that, at one point, it looked like the mother-and-baby-to-be, my not-yet-grandmother and not-yet-uncle, would be lost to family history. On that late October night, my grandmother did what she had always done when life threw her curveballs: she appealed to the nearest Saint, disrupting long-established name-giving traditions and practices of making family in the process. In Greece, tradition has it that the firstborn daughter/son is named after the paternal grandmother/grandfather, the

second-born daughter/son is named after the maternal grandmother/grandfather and so on, crisscrossing the generations. Making good on her pledge, my grandmother gave her first-born son, my uncle, the name of the Saint she had appealed to, with her second son, my father, who arrived five years later, taking the name of his paternal grandfather.

"Spinning, weaving, binding, threading, braiding, and knotting are not only some of humanity's oldest techniques; they are amongst its oldest metaphors. In societies throughout the world, human relationships – including relationships with gods and sprits, with material possessions, and with abstract ideas such as history, society, fate, and destiny – are conceived of as bonds, ties, or strings, while wider fields of relationship are compared to networks, webs, and skeins, or the warp and woof of woven cloth."

Michael Jackson: *Life Within Limits: Well-being in a World of Want,* North Caroline: Duke University Press (2011), p. 158.



Photograph by V. Koutzavelis of Ioannina, Greece (ca. 1937).

My grandmother as a young woman in her engagement photograph. Photograph from the Sevasti-Melissa Nolas family photographic archive.

Post labour, my mind has raced back to this scene – one that I have only ever experienced vicariously through hand-me-down stories and my own imagination – to contemplate another woman's pain and terror and her response to this, a woman whose name I also bear. Yet, despite my grandmother's many concerted efforts, over the years, to instil religious belief in her grandchildren – and granddaughters especially – even as a child I chose to dwell in secularism and popular culture. So, as the midwife moves her hands in mysterious ways in

my London living room, I appeal to my own church of popular culture: *The Simpsons.* All I can think about is Mr. Burns from *The Simpsons*. An incongruent and somewhat disturbing image, and I wish my lovely midwife would stop making that hand gesture.



Credit: Everett Collection Inc / Alamy Stock Photo.

Mr. Burns, a character from the Simpsons.

Coming of age in the 1990s, *The Simpsons* was a large part of my media landscape, even if I did not watch the show with the same fervour as the Japanese manga cartoon *Candy Candy*, or later *90210* and *Twin Peaks*. *The Simpsons* was always on, always there, providing a pitch-perfect parody of family life, schooling, nuclear energy, religion, femininities/masculinities, intergenerational relationships, and popular culture itself. As Jonathan Gray points out, parody "has a great power and potential to write back to and even write over other texts and genres",[31] a fertiliser for rhizomes and other living matter, we might say. The show's main parody character in particular – Bartman, Bart Simpson's superhero alter-ego – created what Mortiz Fink has called a "remix culture":[32] "popular culture's practices of semiotic reworking and remixing" by fans off-screen. Mr. Burns is Springfield's nemesis, a symbol of power and impending harm, a nuclear plant manager "unconcerned for [his employees] safety and well-being",[33] and clearly at least one woman's idiosyncratic figuration of the risks of postpartum bleeding. At the same time, Mr. Burns' hand gesture is an embodied memory for me, a gesture that my friends and I would bring out in those liminal spaces between classes, during breaks, and in our own time, as we hatched plots that no adult in authority could endorse. We did the Bartman on Mr Burns. And so, as a child of the MTV generation, in the face of a painful memory, I find myself once again doing the Bartman.

INCONGRUENT GESTURES Re-claiming the Benign

In this final section, I take up the opportunities offered by parody and the remix culture to reclaim and recast the benign. According to the Oxford English Dictionary, the term benign is derived from the Latin *benignus*, probably meaning well (*bene*) born (*genus*). Benign in medical terms, and in gynaecology specifically, is used to denote a non-cancerous growth. My own and other women's experiences of living with fibroids, as documented in scant qualitative research literature on the topic,[34] suggests that benign is far from the case.

"I remember having sort of heavy periods but they might have been more clotty periods early on and them being difficult to manage and not very nice but certainly this potential for flooding is scary. It's scary. And I've been caught out. I've been in a situation where I drove to the Trafford Centre shopping with my daughter and I had tampons and pads on and I stepped out of the car and there was this woosh and fortunately my daughter's a doctor so she's quite comfortable, she wouldn't have been embarrassed or anything by that. But I was terribly embarrassed. I couldn't move, I couldn't walk forward or backward and of course I had to send her into Marks & Spencer to get me some clothing, all of that. So it could be as bad as that standing up from sitting down somewhere at work and then realising your skirts or your trousers and got to deal with that kind of thing. Being kind of anxious about that possibility. Yeah, so yeah it can impinge on what you do. I tried not to let it impinge on things. I said I liked walking I try not to let it impinge on things like that but I'd be talking about stacks of supplies going round here there and everywhere with me that kind of thing. So, yeah, I think you perhaps know that other people struggle like that but you almost don't say anything, sort of feel I've got to manage it, I've got to cope with it. I can't say I'm going home now, I'm having a terrible day of it. You've got to just keep going."

Interview with Charlotte by Healthtalkonline (December 2008).

TalkHealth, an archive of patients' stories, hosts a single story of living with uterine fibroids. Charlotte, a 54-year-old African Caribbean woman, talks about her heavy periods and flooding.[35] She is diagnosed with fibroids and talks on camera about the different ways that she tries to manage her condition without initially going down the hysterectomy route. At the time of filming, however, she plans to go to her GP to ask for a hysterectomy.

I spend many months after the birth of my son living in chronic pain. I am unsuccessful in convincing my general practitioner (GP) to take my sciatica and chronic lower back pain seriously, in what has become an all too familiar story of what happens when women in pain encounter the medical profession. I am fobbed off with painkillers and the instruction to "do some stretches". My periods have also become ridiculous. In the end, it is a woman GP who makes the referral to a gynaecologist: a GP who happened to be available on the day and time I could make an appointment, who happened to be pregnant, and who also happened to be experiencing fibroids herself. It would take another GP referral, six months after the first one, to convince the sonographer and the duty gynaecologist (both women) at the same hospital I laboured in of the need for a laparoscopy to have the fibroids removed.
I review my own correspondence with friends and family in the period post-surgery and find that the fibroid's materiality has become an object of curiosity for both myself and for others. I am trying to imagine the embodiment of this invisible thing, to imagine what space it occupies in an already crowded body, how much it weighs. This materiality is important, carrying meaning and feeling. It is a materiality that, in medical jargon, is reduced to the benign through analogy to healthy and 'natural' objects, such as fruits and vegetables as well as the size of a foetus measured against weeks of gestation. Fruits and vegetables are used in clinical settings as descriptors of fibroid size: mine were approximated to me by the doctor who did the original scan pre-labour as the "size of an orange" and "the size of an egg". These are small to medium sized fibroids. Footballs, grapefruits, and watermelons are sometimes also conjured up in conversations. As Marina Benjamin writes in her memoir of hysterectomy and the menopause:

"As it was, menopause arrived with no preamble, being handed to me by apologetic surgeons like the booby prize in the hospital raffle. The surgeons had excised my uterus, which with its *heavy load of fibroids weighed roughly the same as a bag of tangerines*, and my ovaries had gone with it in a two-for-one deal. Approaching 49, I found myself barren and in shock. Whatever dignity (if so might be termed the stuffing up of my fear) that I had momentarily mustered to sign the medical waiver lay in tatters around the hospital bed."

Marina Benjamin: *The Middlepause: On Turning Fifty*, Melbourne: Scribe Publications (2016), p. 18. Emphasis added.

So, what might it mean to do the Bartman with these troublesome objects and to reclaim the benign?
Life writing in the form of memoir is a well-established feminist practice which recognises the personal as political. "Memoir", Alison Light writes, "weaves its way between what is often called the private and the public"; it provides a "history from the inside".[36] The 'inside' I am concerned with is the private, in Light's terms, figured as that is in the affective and the everyday, but also more literally my 'insides' – that is, the areas of my body that, in this case, can only ordinarily be accessed through the imagination or with the help of medical imaging technologies; and I cannot do it with words alone.
Margate-based artist Hayley White makes large-scale charcoal drawings re-imagining the MRI scans of her twin fibroid: "The circle is the cell, the earth, moon, and sun. It's Gaia. The beginning and the end and everything we are and are not. Granular and galactic [...]" she writes about this drawing in the comment field under it on her Instagram.[37] Her fibroid series,[38] *Map: Finding Fibroids* (2020),[39] an artist's book made to be the same size as the largest

fibroid in her womb, and *Glory Box* (2020) are creative expressions to understand, in her words, a medical condition. White's *Glory Box* and *Map* perform what Celia Lury and Nina Wakeford note of inventive methods, an "expansion of the present" and a "maximization of the agencies involved in social life".[40] The fibroid comes out of the body; it can be held and shaped, interrogated, and reconfigured. Even perhaps be made fun of. My own attempts are somewhat more prosaic; I find myself gravitating towards pop art as a way of loosening the hold this object has had on my body and mind, to inject some hedonism into those wholesome fruit and veg discourses. I also, as always, seek refuge in humour, and I return to laughter.[41]

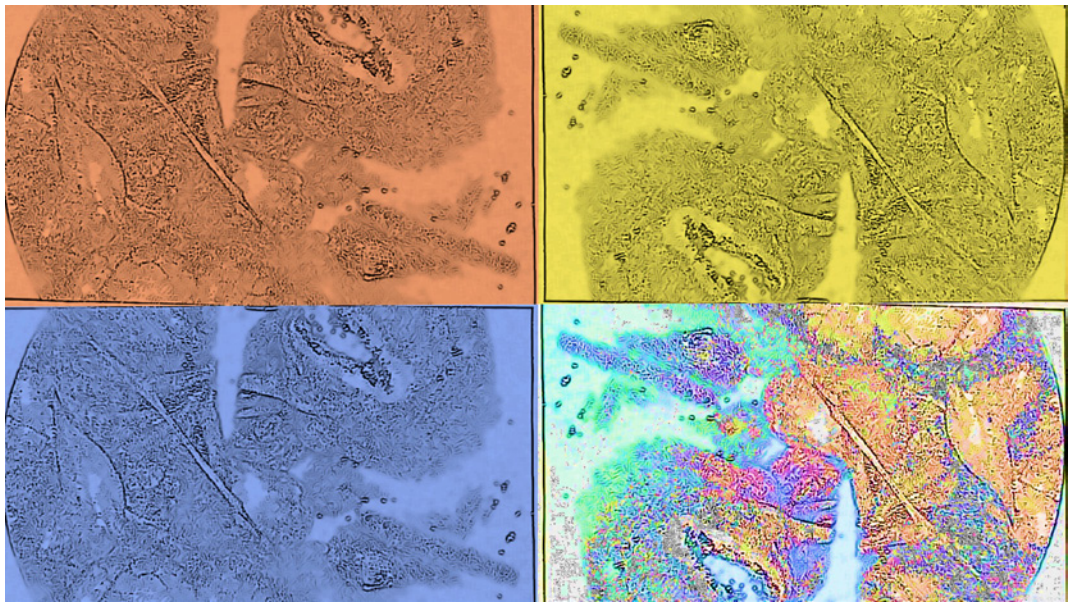


Photograph by Hayley White, Charcoal on canvas 150cm x 150cm (2022); used with permission from the artist.



Photograph *Glory Box* by Hayley White (2020); used with permission from the artist.

Sculpture and artist's book *Glory Box* is 8cm square (the same size as the artist's largest fibroid) made with blood rag, string and images of MRI machine, hadron collider, photos of flint (stone) and fibroid scans. The box remains empty unless it houses one of the artist's smaller amulet sculptures.



Artwork "Remixing the benign: a Bartman homage to my fibroids" by Sevasti-Melissa Nolas.

Before going under the anaesthetic for my day surgery, I asked the surgeon to keep the removed fibroids. In a Michael Taussig *I Swear I Saw This*[42] moment, I wanted to see the pesky things when I came around. "Why?", the surgeon asks. "I'm curious", I respond. "What do you do as a profession?", he asks. "I'm a researcher", "What of?", "Health services", I say. This was a very-clunky-though-not-entirely-untrue shorthand at the time that I used to use to describe myself professionally when in a medical context.[43] He can't see the relevance of a health services researcher being curious about her insides. Nevertheless, he follows my wishes. When I come around, I am brought these benign objects to examine for myself. "Are you the lady who wanted to see her fibroids?", the recovery nurse asks me. "Yes!", I respond with as much enthusiasm as I can muster coming out of general anaesthetic. She puts what looks like a large yoghurt Tupperware under my nose, and I peer into the receptacle with child-like glee at the chopped up orange and scrambled egg.

INCONGRUENT GESTURES Coda

If care and communication are very much entangled,[44] then what this rhizome of an essay attempts to demonstrate are the many fibrous and sinewy threads that make up that entanglement. The attempt to perform configuration, to shape communication and care together, in medical encounters and in their re-telling necessitates a troubling labour across modes and media, time and space, the fictive and the real. Deleuze and Guattari's root-book, the classical book that imitates the world, the book beloved of experts, is useless in configuring life and death conversations.[45] Instead, and what I have attempted here, is an extraction of the principal root of binary logic - midwives versus doctors, vaginal versus C-section births, breasts versus bottles, crying it out versus co-sleeping - in order to graft a more radicle and radical form of showing and telling of care and communication through incongruent gestures, folded over, made anew, more hopeful than first experienced, drawing the reader into, I hope, the fecund mess of imagining things otherwise.[46]

Notes

1 Medical records will only record what is described as 'active' labour: the period of time following the rupture of the membranes and the dilation of the cervix more than 6cm.
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3 Jenn Ashworth: *Notes Made While Falling*, London: Goldsmiths Press (2018); indeed, the original title of this essay was "Incongruent gestures: configuring conversations between life and death".
4 An earlier version of this essay was presented at the Critical Public Health workshop organised by Flora Cornish and Cathy Campbell at the London School of Economics in December 2019, as well as the Interrogating Speculative Futures workshop organised by Natassia Brenman and Natashe Lemos Dekker at Goldsmiths, University of London in July 2021. I am especially grateful to both Rochelle Burgess and Annelieke Driessen, respectively, for being such gentle and generous discussants. I thank Dominik Mattes and Janina Kehr for including the essay in their edited publication even though I was not able to present at the linked conference, and for all their enthusiasm and support of the project. Ellie Walton has, once again, been copy editor extraordinaire. I thank Julia Koroknai and Friederike Rosenbaum for all the hard work on formatting this essay. I am so grateful to dear friends, and my family, near and far who supported and encouraged me to write this essay, who read various drafts, who fed back, forwards and sideways, and who laughed and cried with me in all the right places.
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