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A Pregnant Pause: Pregnancy, Miscarriage, and Suspended Time

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Abstract

This article takes the rupturing of normative, linear, reproductive time that occurs in the event of miscarriage as a potentially generative philosophical moment—a catalyst to rethink pregnancy aside from the expectation of child-production. Pregnant time is usually imagined as a linear passage toward birth. Accordingly, the one who “miscarries” appears as suspended within an arrested journey that never arrived at its destination, or indeed, as ejected from pregnant time altogether. But here I propose to rethink both pregnancy and miscarriage through the lens of “suspended time”—a theoretical move that shifts the accent from the future as the dominating frame of reference to the lived present. Drawing on work by Kathryn Bond Stockton, Lauren Berlant, Lisa Baraitser, and others, the article explores overlooked temporalities of pregnancy and miscarriage that operate not in the mode of futural projection or futural loss, but rather through present-oriented forms of adjustment and sensing, attachment and intimacy, maintenance and care. By “suspending the future,” then, we can resist the oppositional framing of pregnancy and miscarriage, because if pregnant time is not represented in exclusively future-oriented terms as being-toward-birth, then miscarriage need not be understood as pregnancy’s *undoing*.

The time of pregnancy is commonly represented as a quintessentially futural time: a time that derives its meaning and structure solely from the event-horizon of birth and the projected future of the expected child.¹ In the proleptic version promoted by “prolife” narratives, a predetermined future is collapsed in on the present, as the fetus is constituted as already an individuated child, and the pregnant person² is automatically designated as “already a mother embarked on a life trajectory of mothering” (Berlant 1994, 148).³ In less politically toxic versions, the pregnant person may be identified more as an “*expectant* mother” or a “*mother-to-be*,” and as such, the future is signified as still to come, rather than as somehow already here. Nevertheless, the future remains the privileged temporal horizon, with pregnancy framed as a one-way passage to birth (*when are you due?*) and a forward time of teleological progress and *being-toward*. Pregnant time is consistently aligned with the developmental trajectory of the gestating fetus (Franklin 1991), and it is presumed that the lived time of the

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pregnant person is, or at least should be, “all directed for the sake of a child produced” (Scuro 2017, 189).

When pregnancy does culminate in the birth of a living child, this conventional temporal teleology seems to attain an inevitable confirmation. The present embodied by the pregnant person, it appears, was rightly preidentified as already the “past” of the future “mother-and-child” (Doyle 2009, 32). But when the projected endpoint of birth does not materialize due to miscarriage or stillbirth, the teleology unravels,⁴ provoking not only a series of biomedical questions about what happened and why, but also a series of temporal questions and reorientations that can have a profoundly unsettling effect.⁵ Those who knowingly undergo miscarriage find themselves within an unpregnant present that has to be lived and navigated. Anticipations of the imminent future require adjustment (*this time next week* or *this time next month*), as do projections into the longer-term future. In some cases, miscarriage is experienced as relatively insignificant, or indeed, as a relief or reprieve—an event that reopens possible futures that pregnancy had presumably foreclosed. But in others, the cessation of pregnancy entails a sense of a “lost” (Murphy 2010) or “fragile” future “ebb[ing] further out of reach” (O’Donnell 2019), coupled with feelings of grief or anxiety that may be amplified for people whose reproductive capacities are most uncertain, or those in oppressed groups whose futures (and the futures of their potential/actual children) are the least secure, protected and socially valued (Kafer 2013; Gumbs 2016; Ross and Solinger 2017). “The future that had been so intimately involved in making sense of the present”, as Ann Cahill writes, “blinks, or fades, or painfully erodes out of existence, leaving the present unmoored” (Cahill 2015, 54).

As the present becomes “unmoored,” questions may also arise about the pregnancy itself: what is the value, meaning, or significance of a pregnancy that ends without the birth of a child? From the perspective of those who have experienced an involuntary cessation of pregnancy, these may essentially be questions about the past—looking back, what sense can be made of this period of time that did not amount to what it was expected or “supposed” to? But miscarriage also opens up significant conceptual questions about the time of pregnancy more generally. If pregnancy is not to be understood simply as the retrospective or prospective “past” of a “mother-and-child,” then what kind of “present” does it embody or enable? Is pregnancy more than just a “rite of passage” or “in-between” stage on the way toward something else? Can we think of pregnancy as a complex and heterogeneous duration of lived time, rather than simply the cumulative amount of time it takes for a fetus to develop (or not) into a baby? (Duden 1993, 97).

In this article, I take the rupturing of normative, linear, reproductive time that occurs in the event of miscarriage as a potentially generative philosophical moment—a catalyst to rethink pregnancy aside from the expectation of child-production. When pregnant time is imagined as a linear passage toward birth, the miscarrying/unpregnant person appears as suspended or “stuck” within an arrested journey that never arrived at its destination, or indeed, as ejected from pregnant time altogether. But here I propose to rethink *both* pregnant time and the time of miscarriage through the lens of “suspended time”—a theoretical move that shifts the accent from the future as the dominating frame of reference to the lived present. Suspended time has emerged as an important theme within feminist/queer theory in recent years: for example, in the work of Kathryn Bond Stockton, Lauren Berlant, and Lisa Baraitser (Bond Stockton 2009; Berlant 2011; and Baraitser 2017), who each demonstrate that suspended time is not equivalent to a cessation of time, even as it is “radically outside of the [linear] time of normative

development” (Baraitser 2017, 92). I argue that this body of work on suspended time is not only pertinent to thinking through experiences and representations of miscarriage, but also to rethinking pregnant time more generally. Through *suspending the future to encounter the present*, we can bring to light overlooked temporalities of pregnancy and miscarriage that operate not so much in the mode of futural projection or futural loss, but rather, through present-oriented forms of adjustment and sensing, attachment and intimacy, maintenance and care. Ultimately, this enables us to resist the oppositional framing of pregnancy and miscarriage, because if pregnant time is not represented in exclusively future-oriented terms as *being-toward-birth*, or a means to an end, then miscarriage need not be understood as pregnancy’s *undoing*. Prior to this exploration of suspended time, however, the article will do some ground-clearing work, offering up a critique of the ubiquitous depiction of pregnancy as the intermediate “liminal” stage of a “rite of passage.”

Between and Between

The representation of pregnancy as “liminal” is pervasive within academic literature on pregnancy across a range of disciplines.⁶ In continental feminist philosophy, claims about the “liminality” of pregnancy are often rooted in the work of Julia Kristeva, where the “liminal” or “abject” names that which is excluded or inexpressible but persists on the margins and poses a perpetual threat to the stability and unity of the established symbolic order (see, for example, Stacey 1997; Oliver 1998; Ziarek 1999; Longhurst 2001).⁷ But within pregnancy scholarship across a wider range of disciplinary contexts, the point of reference is more commonly the classic anthropological notion of “liminality” developed by Arnold van Gennep and subsequently Victor Turner, where the “liminal” names the “in-between stage” of a social rite of passage. In his 1909 book *The Rites of Passage*, van Gennep proposes that social rites of passage manifest a sequential, tripartite structure. Individuals undergoing a rite of passage or ritual initiation are symbolically detached from a fixed point in the social structure, before undergoing a liminal period of transition, during which they reside at the margins of society with no clearly defined status or role (van Gennep 1960). Finally, they are reincorporated into the community with a new social status. Turner further developed this idea, analyzing liminality as a “betwixt-and-between” period of “mid-transition” (Turner 1964, 243). His ethnographic work is devoted to demonstrating how symbols and metaphors of the liminal vary: for instance, they may denote pollution and transgression, or revolve more around ideas of growth and maturation. But the “most characteristic mid-liminal symbolism,” Turner argues, “is that of paradox, or being *both* this *and* that” (Turner 1977, 37). “Liminaries,” he writes, “are betwixt and between established states of politico-judicial structure. They evade ordinary classification, too, for they are neither-this-nor-that, here-nor-there, one-thing-not-the-other” (37).⁸

The predominant spatial metaphors for the liminal in these classic accounts are borders, thresholds, margins, limits, and boundaries. The “liminary” or “liminar” is represented as being both “inside” and “outside” their society or community, occupying an “in-between” space in which “one is suspended, straddling or wavering between two worlds, neither here nor there, betwixt and between settled states of self” (Carson 2002, 80). Such spatial metaphors are also coupled with temporal metaphors that portray liminality as an intermediate stage in the life course characterized by temporariness and transitoriness. It is said to constitute the middle passage between the “no-longer” and the “not-yet,” between the point of departure and point of arrival. Both van

Gennep and Turner refer to pregnancy as a symbolic and literal illustration of liminality. Turner notes that liminal states of being can be expressed by symbols of “gestation, parturition, lactation and weaning” and novices treated as “embryos in a womb” (Turner 1977, 37); while van Gennep refers to pregnancy as a transitional liminal state between “woman-not-mother” and “woman-mother”—a movement of a woman from her former position toward, but not yet occupying, her new status (van Gennep 1960, 11).

Within more contemporary academic accounts of pregnancy, the notion of pregnancy as an “in-between” state of being continues to be a common theme—across anthropology, sociology and psychology as well as philosophy. Emma Kowal, for example, writes that the pregnant subject “inhabits a liminal space of waiting, a space structured both by what is emerging and what is being left behind.” She is “stranded between her life as an independent woman and a lifetime of service to her baby” (Kowal 2009, 215, 213). Robbie E. Davis-Floyd’s account of pregnancy from a “Turnerian perspective” describes it as “both a state *and* a becoming.” First comes the “separation process,” during which “the newly pregnant woman gradually separates herself from her former social identity” (Davis-Floyd 1992, 22), and then comes the “liminal phase” where she is presented with a “set of possibilities from which to choose how she will interpret her own unique experience of becoming a mother” (24). Denise Côté-Arsenault and colleagues also draw on van Gennep’s and Turner’s work to propose that the pregnant person is in a state of liminality: “no longer who she was, and not yet who she will be”; “the woman who once existed becomes hidden for a time and the act of creation is defined by what has not yet happened” (Côté-Arsenault, Brody, and Dombeck 2009, 73, 75).⁹

In the narrative sketched out in these accounts, the rite of passage is finally fulfilled when “the mother returns home after birth, with the new child in her arms, anticipating the inclusion of the new baby and family unit into the community and family” (73). Or as Kowal writes, “after the birth, the mother finally grasps what she meant when fashioning her child through her words and actions. The pregnancy is complete and can begin retroactively to have meaning” (Kowal 2009, 217). The question arises, however, as to the status of those who do not fulfill such expectations of “completing” the “successful role transition” from “woman to mother” (or indeed, those whose identity as “mother” or “woman” is contested or rejected to begin with¹⁰). Referring to van Gennep’s distinction between physical birth and “social parenthood,” Côté-Arsenault and colleagues propose that in cases of adoption or surrogacy, or when a newborn remains in intensive care for a long time, the liminal period is prolonged or left “unresolved,” as the rite of incorporation into parenthood is “unclear” (Côté-Arsenault, Brody, and Dombeck 2009, 73). In cases of miscarriage or stillbirth when there is “no baby to take home,” such irresolution is presented as essentially intractable, as the passage to parenthood can never be completed:

The mother entered liminality but is left in this frightening place of being between roles. . . . She engaged in the rituals and *communitas* that she needed, but the death of the child prevented reintegration either as a mother or a woman. . . . she is left being simply a woman. . . . she is unable to become a mother in a way that society would recognize and unable to return to thinking of herself as being only a woman. (Côté-Arsenault, Brody, and Dombeck 2009, 84)

This depiction of miscarriage in terms of an incomplete rite of passage also appears in the work of anthropologist Linda Layne and philosopher Alison Reiheld, both of whom refer to van Gennep and Turner to anchor their arguments (Layne 2002; Reiheld 2015). As a state of “betwixt and between,” Reiheld contends, miscarriage falls between the stable identities of “not-a-parent” and “parent”; between “not-having-procreated” and “having procreated”; between “old normal” and “new normal.” Having departed from a social status or position, she claims, return is impossible: the transition is “halted” more than it is “reversed” (Reiheld 2015, 11). As such, the “no-longer” still applies, but the “not-yet” becomes simply a “not.” What was supposed to be a transitional, temporary condition has become permanent, and the process of becoming a parent through pregnancy can now never be realized, at least in relation to this particular might-have-been-child. The pregnancy that does not lead to parenthood is thus a “becoming that never becomes” (11), leaving the unpregnant person “trapped in liminality” (14), or in more colloquial terms, a state of “limbo” (Layne 2002, 60).¹¹

For these scholars, it is vital that we properly recognize miscarriage as a “liminal” event, so as to better understand its “taboo” status (at least within societies like the US and UK¹²) and identify the need for more adequate cultural representations and social rituals to support those who go through it. They argue that while there are rituals such as childbirth classes and baby showers designed to guide pregnant people through the “liminal” passage and “cushion the transition from woman to mother” (Côté-Arsenault, Brody, and Dombeck 2009, 78), there are no equivalent conventions for those whose pregnancies end unexpectedly without the production of a living child. The idea, then, is that more care and attention must be paid to those instances when the rite of passage *goes awry*, such that miscarrying/unpregnant people can be “reincorporated” into regular social life, despite not having “completed” their pregnancy.

But has enough been done to interrogate the conventional notion of pregnancy as a linear passage toward the “fixed point” of motherhood or parenthood in the first place? Elsewhere, I have emphasized that social support for pregnancy is highly conditional and variable, depending upon who is pregnant (Browne 2018).¹³ Hence claims that miscarriage is a “liminal” or “taboo” event *in contrast* to pregnancy do not adequately acknowledge that some people’s pregnancies are already deemed “taboo”: for instance, those marked by disability, conspicuous queerness, racialized otherness or a whiteness “contaminated by poverty” (Tyler 2008, 25; Ross et al. 2017). And when such pregnancies end in miscarriage, this outcome is more likely to be treated dismissively as a “lucky escape” and unworthy of sorrow and grief, or indeed as evidence of irresponsibility or neglect.¹⁴ But in this article, I want to focus specifically on questioning the temporal logic at work within depictions of miscarriage that render the miscarrying/unpregnant person “stuck” or “trapped” within the liminal phase that is pregnancy. The analyses offered up by Layne, Reiheld, and others are certainly insightful inasmuch as they make sense of miscarriage through the dominant cultural logics of pregnancy. That is, in contexts within which pregnancy is treated overwhelmingly as a teleological passage toward childbirth, it is no wonder if pregnancies that do not arrive at the “rightful endpoint” are stigmatized as “incomplete” and “falling short.” But from the point of view of feminist/queer time studies, it is rather surprising to see the traditional “rite of passage” model being deployed so persistently as the primary analytical framework within this body of work on pregnancy and miscarriage, given its rootedness in those

heteronormative “conventional logics of development, maturity, adulthood and responsibility” that feminist/queer theorists have so fiercely resisted (Halberstam 2005, 13).

It should be stressed that many of the feminist scholars mentioned above are fiercely critical of hegemonic, linear narratives of pregnancy. Davis-Floyd, for example, laments that “the progress of the ritual will feel inevitable and unchanging, with a pre-determined order and progression from which there is no deviation possible” (Davis-Floyd 1992, 19); and Layne strongly castigates the relentless promotion of “happy endings” and presentation of the “trimesters” of pregnancy *inevitably* following one another (Layne 2002, 71–73). But reinscribing the traditional “rite of passage” model as the master frame surely keeps us locked within the very same linear logics and imaginaries under critique. Reiheld even provides illustrative diagrams to emphasize her claim that miscarriage needs to be understood as “liminal”: straight lines with “non-parent” and “hasn’t procreated” at one end, and “parent” and “has procreated” at the other, with “miscarriage” in the middle (Figure 1).

My point, then, is that continuing to work within the terms of this analytic model (where “liminality” is understood in the van Gennepian rather than the Kristevan sense) can end up reinforcing presumptions that childbirth is ultimately the whole point of pregnancy and its main guarantor of meaning. It implies that even if we view pregnancy as a creative or generative mode of being not-quite-one-thing-or-another, its ambiguity is ultimately a *temporary phase* (rather than an inescapable aspect of intercorporeal existence) that would ideally be resolved through birth/motherhood as a purportedly “stable” event or “clear” end-state of being. But as reproductive justice scholars have argued time and again, “mother” or “parent” is not a fixed or settled identity, especially for those whose motherhood/parenthood is consistently challenged, denigrated or denied within racist, xenophobic, homophobic, transphobic and ableist social contexts; and although birth does represent a crucial political-legal threshold, it is hardly a fixed point of individuation or psychosocial resolution.¹⁵ Moreover, repeatedly depicting the miscarrying/unpregnant person as “trapped” or “stuck” within a “becoming that never becomes” makes it very difficult to get beyond the assumption that a present disconnected from an expected or prescribed future must be emptied of meaning and substance—a zone of “arrested development” or “thwarted” becoming (Winnubst 2006; Lahad 2017). Certainly, the experience of ambiguity and irresolution can be difficult to bear, but this is only exacerbated by linear models of the “life course” that perpetuate an impossible identity template whereby ambiguity is deemed inherently problematic and must be eliminated as far as possible.

To be clear: rejecting the “rite of passage” model as an analytic paradigm does not mean denying the powerful ways pregnancy may be actually experienced as an “in-between” temporality of transition and anticipation, or miscarriage as an “arrested journey” or state of “limbo.” Plenty of sociological and anthropological research, such as Layne’s, attests to such personal experiences, as well as life-writing about pregnancy and

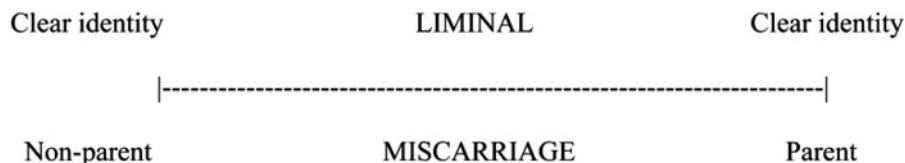


Figure 1. “The parenthood dimension of the liminality of miscarriage” (in Reiheld 2015).

miscarriage across a range of online and print media. But from the point of view of philosophical feminist theory, as well as acknowledging and bringing these experiences to view, it is also imperative to articulate a more thoroughgoing challenge to the cultural predominance of this particular cache of temporal tropes—*passage, arrival, arrest, stuckness*—and the normative linear framework to which they are wedded. The rest of this article, then, will explore alternative temporal frameworks and tropes that enable us to think more concretely and deeply about pregnancy as a multilayered, multidirectional, polytemporal *lived present*, rather than a transitional stage or “middle passage” on the way toward something else. How might the meanings of pregnancy be determined aside from the prospective and the retrospective? How can the duration and “presentness” of a pregnancy be understood, without being figured as a point of crossover or a pathway, or read solely through what might become, has become, or did not become its future consequence?

Sensing, Shaping, and Growing Sideways

Terms like *presentness* have acquired “an excess of (mostly negative) ontological and epistemological baggage” within academia over the past few decades (Bayly and Baraitser 2008, 341). From a phenomenological perspective, the very idea of a discrete “present” that can be separated from past and future as fluid modes of temporal orientation is nothing but an illusion brought about by abstraction and the “vulgar” notion of time.¹⁶ However, motivation for turning attention back to “the present” often emerges in contexts where an expected or prescribed future has been extinguished or called into question, especially by those who are positioned outside or against normative futural imaginaries. Within queer theory, for instance, the dominance of “the future” as a normative horizon has been one of the most intensely debated topics in recent years, following Lee Edelman’s searing critique of “reproductive futurism” and its central figure: the imaginary Child to whom mainstream heteronormative politics defers as a symbol of innocence to be protected, and of continuity into the future (Edelman 2004).

Edelman’s work has certainly sparked controversy, not least among feminist critics,¹⁷ and to turn away from futurity may seem tantamount to ceding or abandoning the terrain of struggle, particularly when so many are routinely excluded from “the future” represented by the “always already white . . . healthy and nondisabled” Child (Kafer 2013, 32–33). As Alexis Pauline Gumbs writes, “to answer death with utopian futurity . . . is a queer thing to do . . . A thing that changes the family and the future forever” (Gumbs 2016, 21). Yet Edelman’s polemic has also served as a catalyst for many fruitful interventions that “defuturize” time, considering what it might mean to suspend the future horizon from its privileged position within political imaginaries. In her discussions of “crip futurity,” for instance, Alison Kafer interrogates how disability has been consistently rendered the site of “no future,” as the future for disabled people is presented as either a bleak or diminished future that “no one wants,” or a curative future where disability has been eradicated (Kafer 2013, 2). But in its very frustration of the normative “investment in controlling the future,” as Rosemarie Garland-Thomson argues, disability constitutes an alternative “narrative resource” for reimagining lived time and futurity in ways that do not “trade the present in on the future” (Garland-Thomson 2012, 352).¹⁸ To pursue this kind of reasoning is not to deny the phenomenological point that futurity in the Husserlian sense of “protention”¹⁹ “laces every moment of human existence,” such that we simply cannot avoid being aligned with

it (Chakrabarty 2000, 250–51), nor to refute that different kinds of political futurity are possible. Rather, to “suspend the future” is “to refuse it as the dominating frame of our worlds . . . to suspend the desirability of fixed endpoints” (Winnubst 2006, 200).

Edelman’s own refusal of “reproductive futurism” turns him toward the “pulsive force” of negativity, rather than a renewed conceptualization of the “present” as such (Edelman 2004). But for others, suspending linear temporalities and the overbearing “weight of the discourse of futurity” (Bond Stockton 2009, 101) does explicitly invite a different way of conceptualizing the present. In *Cruel Optimism*, for example, Lauren Berlant identifies an “urgent need to wrest the present both from the forms we know—the burden of inheritance, of personality, of normativity—and from future-oriented ones to which the claims of the present are so often oppressively deferred” (Berlant 2011, 157). In this book, the present is endowed with a new vitality and legitimacy as a site of theoretical interest—as much more than just a “rest stop between the enduring past and the momentous future” (158). *Cruel Optimism* thus develops a sense of the present as an extended, ongoing “stretch of time that is being sensed and shaped” (199), which Berlant suggests can be captured through the concept of *impasse*. Though usually this term designates “a time of dithering from which someone or some situation cannot move forward” (4), in Berlant’s formulation, it is a term for “encountering the duration of the present” as a “thick moment of ongoingness”—for discovering “a rhythm that people can enter into while they’re dithering, tottering, bargaining, testing . . .” (28). Another temporal concept Berlant deploys to articulate the elongated, suspended, stretched-out present is the *situation*:

[a] state of things in which something that will perhaps matter is unfolding amid the usual activity of life. It is a state of animated and animating suspension that forces itself on consciousness, that produces a sense of the emergence of something in the present that may become an event. (5)

Berlant’s concepts of the *present*, the *impasse*, and the *situation* in *Cruel Optimism* are devoted specifically to theorizing economic and social precarity within post-1980s liberal capitalism, and the “openings within and beyond the impasse of adjustment that constant crisis creates” (6). Their relevance to a feminist reimagining of pregnancy and miscarriage may not, therefore, be immediately apparent (though of course contemporary pregnancies are significantly shaped by such conditions of precarity). But as Lisa Baraitser argues, Berlant’s work on suspended time and the lived present can be brought to bear upon multiple sites of inquiry, opening up broader questions about “the nature and quality of this time, and its relation to time as development, progress, departure and arrival” (Baraitser 2017, 52). Along such lines, I suggest it has much to offer as we seek to “encounter the duration” of pregnancy without being overdetermined by the future-horizon of birth; to conceptualize pregnant time aside from the usual tropes of *forwardness*, *being-toward*, or *passing through*.

For instance, Berlant’s notion of the present as a suspended “stretch of time that is being sensed and shaped” nicely captures the acute tentativeness expressed within so many first-person accounts of pregnancy: the sense of being in uncertain or uncharted territory, and the everyday practices of adjusting oneself, hesitating, improvising, and feeling out how to “be” pregnant or “do” pregnancy:

I am pregnant. I am pregnant, but nothing is assured. The ground shakes. I vomit, once, twice. I get dressed, I go to work. What to think. What to feel. What to do. (Tyler 2000, 288)

Really I had no idea how I felt and nor did I have any gauge against which I could measure what was normal. (Greengrass 2018, 153)

Freshly pregnant, but also fresh from the sadness of losing a pregnancy, I found myself asking the same question over and over: “Now what?”. . . I wasn’t able to just go about living my life as usual. I had a hard time simply “being” pregnant, and I felt compelled to “do it” properly. (Garbes 2018, 15)

When encompassed within the “rite of passage” model of pregnancy, such feelings of tentativeness, dislocation, strangeness, and not-knowing become quickly subsumed by rituals and platitudes designed to resolve uncertainty, hesitancy, and aimlessness, and usher the pregnant person along the “pregnancy journey” by way of key “milestones”—the scans, the check-ups, the markers of fetal development. “All must be directed for the sake of a child produced” (Scuro 2017, 189). But Berlant’s exhortation is for us to “pause for a bit” (Berlant 2011, 154) and “hold the present open” (197), examining its qualities and contours without subordinating all experience to the forward pull of future investment and projection. This means “*staying with*” feelings and practices of “sensing and shaping” that may not be “hooked on any future” or future-directed temporality (14) and are more about making- and being-present, adjusting and surviving within the shifting and tenuous parameters of one’s present situation.²⁰

This kind of present-oriented approach does not entail ignoring the many different ways in which pregnancy is experienced as a fluctuating time of change, growth, or possibility; rather, it untethers the concepts of change and growth from the future-dominated frameworks within which they are usually thought. We are generally primed to think of change as a transitional process of turning from A into B—a gradual passage forward (as in the traditional “rite of passage” framework), or an abrupt break with what has gone before. But Berlant proposes a different definition of change as “catching up to what is already happening” (Berlant 2011, 54), as an “an impact lived in the body before anything is understood” (39). This reconceptualization offers a different way of thinking about pregnancy as a time of change: a lived time oriented as much around *what is already happening* as it is toward the *to-come*, and structured through rhythms of negotiating and renegotiating a changing bodily situation. In cases of unplanned pregnancy, this notion of change as “catching up to what is already happening” might seem particularly applicable; but however planned, intended, or desired a pregnancy may be, it entails a continual reassessment of bodily sensations and reevaluation of the pregnant body in relation to the pre-pregnant body, as well as to stringent regulative ideals of what a pregnant body should be and how it should be managed and maintained (Neiterman 2012).²¹

By way of illustration, we can turn here to Iris Marion Young’s renowned phenomenological essay “Pregnant Embodiment” (1984), in which she proposes that pregnancy has a “unique temporality of growth and change,” as the pregnant person “experiences herself as a source and participant in a creative process” (Young 2005, 54). One way to interpret this would be to envisage a temporality that is developmental and future-oriented—propelling the pregnant subject onward toward a future of birth and

parenthood as that which prospectively, or preemptively, gives meaning to the pregnancy. And as I have argued elsewhere, exclusive emphasis upon active transformation and developmental change during pregnancy has the effect of erasing or marginalizing those pregnant bodies that do not “grow and change” as they are expected to (Browne 2017). Yet in the personal account of her own pregnancy that she weaves through the text and uses to substantiate her philosophical claims,²² Young describes a discontinuous lived temporality that is arguably better parsed by Berlant’s conception of change as “catching up to what is already happening”:

In pregnancy my prepregnant body image does not entirely leave my movements and expectations, yet it is with the pregnant body that I must move. . . . I move as if I could squeeze around chairs and through crowds as I could seven months before, only to find my way blocked by my own body sticking out in front of me. . . . my habits retain the old sense of my boundaries. (Young 2005, 50)

What Young is describing here is less a “forward time” of developmental change from A to B, and more a kind of time-lag whereby the habitual body image is somewhat out of sync with the dynamic body schema that moves and engages with the world, “catching up” to it as the pregnant person conducts their daily life. And in turn, this notion of change as a process of “catching up to what is already happening” can prompt us to revisit the common depiction of pregnancy as a time of “growth.” To “grow” is usually understood to refer to a process of maturation and development into something else: as such, when Young speaks of pregnancy having a “unique temporality of growth and change,” we might again presume she is invoking a developmental temporality pertaining to the gestation of the fetus as an unfinished baby, or the pregnant person’s “growth” toward the endpoint of childbirth and parenthood. But does growth always have to be understood in forward, developmental, teleological terms? Kathryn Bond Stockton, for example, in *The Queer Child*, proposes the concept of “growing sideways” as a means of “deflat[ing] the vertical, forward-motion metaphor of growing up” toward full stature and maturity (Bond Stockton 2009, 11). The “growing sideways” concept is specifically aimed at capturing the experience of the “queer child” out of sync with their peers and “repelled by the future mapped out for her,” who feels there is “nowhere to grow” and hence a sense of “growing toward a question mark. Or in a haze. Or hanging in suspense—even wishing time would stop, or just twist sideways, so that one wouldn’t have to advance to new or further scenes of trouble” (3).²³ However, Bond Stockton is clear that “growing sideways” should also be taken as a more capacious concept, suggesting that “the width of a person’s experience or ideas, their motives and motions, may pertain at any age,” and that we all need “new words for growth” that reach beyond a “simple thrust toward height and forward time” (4). From this perspective, “growing toward” appears as a “short-sighted, limited rendering of human growth, one that would oddly imply an end to growth when full stature (or reproduction) is achieved” (11).

Bond Stockton’s concept of “sideways growth” thus offers a promising way of breaking with the idea of pregnant time as a narrowly or exclusively forward time directed toward birth and parenthood. On the one hand, “growing sideways” can be taken quite literally in the sense of a pregnant person who physically spreads out and takes up more space.²⁴ But it can also serve as a temporal metaphor for aspects of pregnancy that do not conform or slot neatly into developmental, forward-moving time: the attachments, affinities, and affective activities that organize and “bind people to the present” (12). Stockton describes such intercorporeal practices of connection, kinship, and solidarity as “moving

suspensions” and “unruly contours of growing that don’t bespeak continuance,” locating “energy, pleasure, vitality and (e)motion in the back-and-forth of connections and extensions that are not reproductive” and exceed normative teleologies of the future (13). To consider this in relation to pregnancy, we can turn to an affecting portrait of such “side-ways” relations in *The Argonauts*, as Maggie Nelson recalls a pregnant summer spent alongside her partner as he undergoes and recovers from top surgery:

2011, the summer of our changing bodies. Me, four months pregnant, you six months on T. We pitched out, in our inscrutable hormonal soup, for Fort Lauderdale, to stay for a week at the beachside Sheraton in monsoon season, so that you could have top surgery by a good surgeon and recover. . . . The air was hot and lavender with a night storm coming in. There was always a night storm coming in. . . . The crowds were loud and repulsive and a little scary but we were protected by our force field. . . . (Nelson 2015, 80)

In Nelson’s depiction, the two protagonists are by no means turned away from the future—“I had started showing. . . Maybe there would be a baby”—and they are filled with a sense of change: “we were two human animals undergoing transformations beside each other, bearing each other loose witness. In other words, we were aging” (83). But the account here is focused more on their mutual lived time over that summer—on the possibilities of connection enabled by their changing pregnant and post-op bodies—than a projected final endpoint when the pregnancy or surgery will have led to an ultimate result or conclusion.

The extracts quoted above, by Nelson, Young, and others, offer only snapshots of specific pregnant lives, and there are, of course, “a thousand ways of living a pregnancy” (Guenther 2006, 55). But they give an indication of what it might mean to understand pregnancy as a lived present and an open-ended “process of emergence” rather than the linear unfolding of a predetermined path (Berlant 2011, 6), or a generic passage that can be simply marked off as one goes along (*fourteen weeks to go!*). They illustrate how pregnancy can be meaningful and significant in itself, regardless of whether it culminates in a live birth that retrospectively gives pregnancy meaning as the prehistory of a postnatal future. It is worth clarifying here that “suspending the future” and foregrounding the “presentness” of pregnancy does not equate to a denial of the future-oriented features of pregnancy: the reckoning with possible postpregnancy futures; the planning and preparing; the affective intensities of anticipation, expectation, speculation, hope, and longing, as well as anxiety, fear, or dread.²⁵ Nor does it discount the ways that pregnancy “milestones,” timelines, schedules, and rituals can serve as experientially significant temporal anchor points. The intention, rather, is to attend more carefully to those aspects of pregnant time that are so often overlooked or skipped past within the usual representations of pregnancy: temporalities of adjustment, sensing, and improvisation; of connecting and witnessing; of impededness, slowness, or directionlessness; indeed, of nothing very much happening at all. A more complex pol-tymporal understanding of pregnant time thus begins to appear: as multilayered, multirhythmic, and multidirectional, and far removed from normative future-dominated depictions that subordinate pregnant time to the teleology of the future “mother-and-child,” or reductively align it with the developmental time of the fetus. In what follows, I will consider how this temporal strategy of suspending the future can simultaneously open up a different way of thinking about miscarriage.

Staying with Suspension

The usual model of pregnant time as a linear progression toward birth means that the time of miscarriage can appear only as an arrest of, or ejection from, pregnant time. But through suspending the future in order to “encounter the duration” or lived present of pregnancy, we eliminate the presumption that the future horizon of birth provides the sole measure and structuring principle of pregnancy, and that pregnancy is only to be valued for its “product.” In turn, then, we also eliminate the presumption that a pregnancy that has not culminated in birth and a baby (or babies) is necessarily a “waste of time” that amounted to nothing. Reframing pregnancy in nonteleological terms as a “situation” entailing multiple complex temporalities can thus help to address the *problem of meaning* that arises in the event of miscarriage. My point here is not that negation, lack, and loss ought to be banished from determining the meaning of a “miscarried pregnancy.” The idea, instead, is that when pregnancy is reframed as a complex lived present rather than a singular, one-way journey, it can be fully grasped as significant in itself, and not only because of where it is presumably headed. Accordingly, if there is a sense of disorientation or loss in the event of miscarriage, this can be understood not only as the loss of a developing fetus or baby with whom one was in relation, or an imagined future of parenting an expected child, but moreover, as the loss of a particular form of embodiment and way of being in the world. So even when there is no baby or child at the end of it all, this does not mean the pregnancy has amounted to nothing. There are “contours of growing,” in Stockton’s words, that are not procreative in the conventional sense, and are not just *canceled out* in the event that a projected future does not materialize. Pregnancy can enable changes and connections that spread or spiral outward in the world, and do not acquire meaning only in a prospective or retrospective sense. Hence if the meaning of pregnancy does not depend entirely on its future outcome, then miscarriage need not be understood as pregnancy’s *undoing*, as if pregnant time simply halts or is erased with the onset of miscarriage time.

Further, theoretical accounts of suspended time within feminist/queer theory help to push back against the idea that the miscarrying/unpregnant person is “trapped” in a kind of *nontime* that is the absolute negation of pregnant time. Though miscarriage is often presumed to be a singular event that happens “in a moment” and brings the “pregnancy journey” to a sudden halt, in fact it can span days, even weeks, and incorporates a disynchronicity or time-lag between demise of the embryo/fetus and expulsion or removal from the pregnant body (Hardy and Kukla 2015). This gives rise to an array of temporal experiences that may share common traits with the pregnant time with which the time of miscarriage overlaps, such as the temporality of “catching-up” to a changing bodily situation that is largely out of one’s control. Just as being pregnant entails “catching up to what is already happening,” so does becoming unpregnant: “It felt like my body had only just realized I wasn’t pregnant anymore” (Hintz-Zimbrano 2015).

Another recurring temporal theme within personal accounts of miscarriage and its aftermaths is that of waiting: “waiting for the fetus to expel itself, waiting for an appointment for a surgical extraction, waiting for grief to lessen” (Hardy and Kukla 2015, 107). Waiting often conjures assumptions of an entirely passive and blank time, especially if it is not an intentional “waiting for the baby” but rather for a miscarriage and its aftereffects to be over. And indeed, waiting in miscarriage narratives is often described as a kind of “limbo”—a suspended, futureless time that “stretches out endlessly” (Miscarriage Association 2014). But as Baraitser argues in *Enduring Time* (Baraitser 2017), although it may be experienced as obdurate, arduous, even unbearable,

suspended time should not be understood as stilled or as “outside of time.” It is a form of lived time that has duration, even if it is not experienced as flowing or progressing toward a tangible, anticipated, or longed-for future. Moreover, though it might be imagined that suspended time is empty or dead, that “suspension of the flow of time would mean a failure to live and feel” (Baraitser and Riley 2016), suspended time is commonly felt to be “thick” and “viscous,” or “oddly lively” (Baraitser 2017, 89). Indefinite periods of waiting in miscarriage, for instance, are often emotionally complex and highly intense, “saturated with complicated bodily and social meanings” (Hardy and Kukla 2015, 107–8).

If our temporal imaginaries remain tethered to the conventional “rite of passage” framework, accounts of being “on hold” or “in limbo” during, or following, miscarriage can appear only as the antithesis of what the time of pregnancy is supposed to be: a hopeful movement forward toward a future birth and new identity as a “mother” or “parent.” But like Berlant and Bond Stockton, what Baraitser incites us to do is to pause and “stay with” suspended time “rather than passing through it” (Baraitser 2017, 5)—to stop measuring all life experiences and events against an idealized model of developmental or progressive time as “proper time” itself. This opens up a way of thinking about miscarriage that is less about trying to *rescue* the “liminar” from temporal suspension through reincorporation into normative social time, and more about attending to and reflecting on “the *qualities* of time that has nevertheless been suspended” (50):

The thought of carrying a dead embryo inside me drove me crazy . . . that time . . . was an eternity, it simply didn’t pass. (Gerber-Epstein, Leichtentritt, and Benyamini 2009)

The next few months were a blur. I put one foot in front of the other, but I’m still not sure how I managed to make my way in the world. (Hintz-Zimbrano 2015)

I feel gelatinous, a bit like putty, neither solid nor liquid. Like I no longer have edges to contain me. (Gibney 2019, 101)

Living through suspended forms of time during or following miscarriage can be distressing, unsettling, disorienting, depressing, exhausting, desperate, even tortuous. Yet just as “no baby” need not equal “no future,” it generally does not equate to a complete cessation or breakdown of the lived present either. Indeed, personal accounts of miscarriage consistently describe a wealth of emotional and material practices of endurance, survival, care, and solidarity—the forging of “sideways relations” through the sustaining of people and things, connections and ties that do not depend upon a certain or projected future as a guarantee of meaning or purpose. This is not so much “the time of generation or production,” as Baraitser describes it, but the time of “trying to keep something going—keeping things functioning” through pain, loss, sadness and uncertainty (Baraitser 2017, 52), of saying to each other “we are *here*” (Gibney and Yang 2019, 8). Feminist writers Dania Rajendra and Angela Garbes, for example, each depict the process of reckoning with their miscarriages as a re-immersion into everydayness and the political realities of the present conjuncture, rather than a journey of “moving-on” or refocusing all attention on a future goal of parenthood:

We paid \$10 each at the door of a juke joint where the price of admission included a red Solo cup, allowing us to help ourselves to unlimited refills from a keg that sat on the floor, late into the night. We were sad, but we were drunk, and we talked loudly about the importance and beauty of our freedom. . . . In Jackson I saw a family burning wood and trash in a drum on their front lawn. The windows of their house were broken; the fire was for heat. . . . (Garbes 2018, 77–78)

I walk around in a warm and living body that carries a brittle length of something hollow, full of dark, cold, missing person-potential. . . . Everydayness is a blessing—a binding sign of the fullness of this life—my life. (Rajendra 2019, 112–14)

Experiences of miscarriage can of course be “wildly divergent, even within one life” (Garbes 2018, 83), and I am certainly not trying to suggest that there is always an experience of grief, sadness, or loss, or an onset of something like suspended time that is necessarily lived in a particular way. The aim, instead, is to try and consider these kinds of temporal experiences in terms other than *lack*, *antithesis*, or *falling short*, and to call for greater social patience and openness in relation to miscarriage. This means, firstly, expelling all assumptions that a miscarrying/unpregnant person must “move on” as soon as possible—a response of *shutting down* that is particularly directed toward those whose pregnancies are denigrated or demonized: who are deemed too young or too poor, for example, to be pregnant anyway and thus not permitted to feel sadness or grief, or those who are expected to “move on quickly” as per the “strong Black woman” archetype (Van 2001, 239; Ceballo, Graham, and Hart 2015).²⁶ It also means resisting the impulse toward “fixing and . . . manic repair” (Baraitser and Brook 2021, 244) through immediately reinserting the miscarrying/unpregnant person back into linear reproductive time—“pointing [them] toward happiness” (Ahmed 2010, 576) with talk of “*trying again*” and “*better luck next time*.” This impulse finds consistent expression within various pregnancy-loss support communities, where books, blogs, newsletters, and articles talk of hope and the future—the chances of being able to become pregnant again, of future pregnancies culminating in the live birth of a “rainbow baby”, of reaching the end goal of parenthood. To be sure, the thought of future pregnancy, birth, or parenthood can function in many cases as an important source of hope, energy, and optimism. And for those whose reproductivity has been cast as a threat to social futures, or for whom the future has been effectively foreclosed, insisting upon generation and futurity can be a vital form of both persistence and resistance (Gumbs 2016; Vergès 2020, 124). But as Garbes argues, the incessant focus within some pregnancy-loss communities and wider society upon fixing problems and “reinforcing that you can and will get pregnant again as the goal” leaves “no room for the possibility of not trying over and over to get pregnant again” (Garbes 2018, 87)—a process that can be an economic and emotional drain.²⁷ Moreover, it can obscure the often difficult and slow work of reckoning with complex feelings and corporeal repercussions in the present, sidestepping grief as something to be “*grappled with*” by presenting it as a time-limited problem with a clear resolution (Scurio 2017, xiii). In Berlant’s words, then, we must eschew the temptation to approach the present as “more or less a problem to be solved by hope’s temporal projection” (Berlant 2011, 12), being wary of the “cost of future projection” when it functions as a diversion from the work of caring and world-making in the present (Deutscher 2016, 4).

Care Time

This article has considered miscarriage as a temporally troubling phenomenon that can serve as a catalyst for reconceiving the time of pregnancy more generally, by putting normative reproductive time “out of joint” and thereby “opening up alternative logics and orientations” (Kafer 2013, 36). Instead of working from the linear “rite of passage” model as the master frame and setting the “suspended time” of miscarriage against the “forward time” of pregnancy, I have suggested that “suspended time” can serve as a formulation for rethinking both miscarriage time and pregnant time. It must be acknowledged that although pregnant time and miscarriage time are imbricated and overlapping, they are not equivalent forms of “suspended time,” at least in relation to future birth as an open/foreclosed possibility. Yet it is important to overturn the persistent idea that pregnancy and miscarriage are antithetical phenomena, and that “productive” birth-giving pregnancy is the only kind of pregnancy that really counts (Mullin 2005). Indeed, this can be understood as a way of queering pregnancy, whereby pregnancy is extricated from the stronghold of “reproductive futurism” and appears instead as an unpredictable mode of embodiment that exceeds and “skews” (Andrzejewski 2018) the narrow linear visions that would subsume it as symbol and lived experience.²⁸

The discussions above have also begun to consider the implications of “de-futurizing” pregnancy for a politics and ethics of care. In the first instance, I have argued for a present-oriented attitude to miscarriage based on patience, openness, and responsiveness rather than futural projections and normative horizons. There is significant overlap here with Maria Puig de la Bellacasa’s conception of “care time” as a time that “suspends the future and distends the present” (Puig de la Bellacasa 2017, 207), in order to make time for the “hovering and adjusting” that constitutes caring attention. Or as Baraitser and Brook describe it, “care time” demands a commitment to staying thoughtful and attuned, “fostering forms of connection that consist of waiting *with*” rather than waiting *for*, “enduring with, staying with, staying alongside” (Baraitser and Brook 2021, 244). This kind of strategic “de-futurizing” is also relevant to ongoing pregnancies—serving as an antidote to sacrificial “fetocentric” logics that subordinate the lived present of the pregnant person to the imagined demands of the future. It is an approach that foregrounds the living of pregnancy as a “situation,” located within an intricate mesh of power relations, social texts, and infrastructures that all play a crucial role in determining how a pregnancy is experienced as well as how it turns out. Pregnancy, then, must be treated as a complex “scene that matters” (Baraitser 2017) and not only because of the gestational time it may be accumulating. Care about, for, and with pregnant people is needed not solely because of future consequences or outcomes—not just because they might be “holding the future” or a “mother-to-be”—but because of their specific situation in a certain time and place. Social attitudes would then pivot less around *When are you due?* or *You can try again*, and more around *What makes you feel cared for?*²⁹ *What enables you to care? What structures of support are needed now?*

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Notes

1 In this article, I am referring to collective imaginaries and social discourses of pregnancy/miscarriage within the contemporary UK and US.

2 I use the gender-neutral terms *pregnant people* or *pregnant person* here in recognition of the fact that not all pregnant people exist as “pregnant women,” and in an effort to expand the conceptual frame. This is not to say, however, that gender-specific terminology should be completely discontinued within feminist work on pregnancy, given that pregnancy is such a deeply gendered affair. For instance, I do refer to ubiquitous representations of pregnant people as “mothers-to-be” because this reflects a social reality. For more on my approach to pregnancy/miscarriage and gendered terminology, see Browne 2018. It is an issue I continue to reflect on and discuss.

3 There is a large amount of feminist scholarship on the “public fetus” or the “fetal fetish.” See, for example, Petchesky 1987; Franklin 1991; Berlant 1994; Morgan and Michaels 1999; Dubow 2011; Mills 2014; Gentile 2014.

4 It is often argued that the terms *miscarriage* and *stillbirth* are insensitive and carry problematic connotations; as such, many academics prefer the term *pregnancy loss*. However, as Erica Millar and others demonstrate, the language of “loss” is coming to overdetermine the representation of noninduced pregnancy cessation in politically problematic ways (see, for example, Millar 2018). In light of such arguments, I have opted to use the more colloquial term *miscarriage* here, while recognizing its contested status. By way of further terminological clarification: the line between *miscarriage* and *stillbirth* is variable. For example, the UK National Health Service defines *miscarriage* as “the loss of a pregnancy during the first 23 weeks,” and a *stillbirth* as “when a baby is born dead after 24 completed weeks of pregnancy”; but in the US, the point of distinction is usually twenty weeks or fewer. Here I use *miscarriage* as an umbrella term for ease of reading, but this is not to support any fixed definitions—the arguments can also pertain to what might be categorized as *stillbirth*. It should also be noted that while my focus in this article is on miscarriage, feminist accounts of abortion also reclaim pregnancy as a lived present rather than the preemptive “past” of a future “mother-and-child” in extremely significant ways, both phenomenologically and politically speaking. That said, in my forthcoming book *Pregnancy Without Birth*, I suggest that within prochoice discourse on abortion, the telos of birth is often replaced by the telos of “the decision” as that which prospectively or retrospectively gives a pregnancy meaning. In contrast, pregnancies that end in miscarriage, without a choice or a child, are less easily recuperated within a teleological framework of meaning. The nonchosen nature of miscarriage thus forces us to reckon with the contingency of all pregnancies, whatever their outcome, and in the process, to rethink the supposed “chosenness” of pregnancies that do end with a baby or an abortion (Browne forthcoming).

5 Taking a historical perspective illustrates how expectations concerning pregnancy have shifted dramatically over the past century or so because of social, medical, and technological transformations. Lara Freidenfelds, for example, illustrates that while in previous eras, pregnancy in America was regarded as a “precarious and unpredictable process” and miscarriage as routine and unremarkable, advances in medical care and the rise of “pregnancy planning” have now created “unrealistic and potentially damaging expectations about the ability to control reproduction and achieve perfect experiences” (Freidenfelds 2019). It is also important to bear in mind the economic and racial disparities in pregnancy outcomes that make the “myth of the perfect pregnancy” more attainable for privileged white women than for any other group. Laura Briggs, for instance, cites a large study finding that after controlling for confounders, the rate of miscarriage for Black or African American women in the US was 57% higher overall and 93% higher after week ten of pregnancy, and another that shows that the mortality rate for Black infants is more than twice that for white infants. Briggs also notes that infant mortality rates are elevated for Native Americans, Asian Americans, and Latinx communities, particularly Puerto Ricans, but she explains that this dataset has greater variation because of the different health experiences of the different groups, which have not been made into coherent groups the way African Americans have (Briggs 2017, 129–34). In the UK, too, statistics published in 2020 show that as in the US, where Black women die from pregnancy- or childbirth-related causes at three to four times the rate of white women, “there remains a more than four-fold difference in maternal mortality rates among women from Black ethnic backgrounds and an almost two-fold difference among women from Asian ethnic backgrounds compared to white women” (MBRRACE UK 2020, iii).

6 The “liminality” concept is also widely deployed within social-scientific research on experiences of illness and disability. See, for example, the literature review by Blows et al., 2012.

7 Gloria Anzaldúa should also be highlighted as a thinker of the “liminal” in the sense that the “Borderlands” or “*Nepantla*” can be understood as spaces of perpetual liminality that hold the potential for subversion and transformation (Anzaldúa 1987; 2015). Homi Bhabha too considers the liminal as a

kind of “third space” of interstitial cultural enunciation (Bhabha 1994), which subverts established entities and becomes productive of new meanings, relations, and identities.

8 It should be noted that in his later work, Turner moved away from focusing on liminality in ritual settings as a transitional phase, speaking more of “liminoid” phenomena and cultural forms that develop outside the central symbolic sphere but represent an ongoing reminder of the fragility and ambiguity that underpin social life and relations. This would bring him rather closer to Kristeva and others, but it is his earlier work that generally receives most attention, at least in the literature I have examined in my research for this article.

9 For further examples of the “liminality” framework deployed in relation to pregnancy, see also Brubaker and Wright 2006, or McMahon 1995.

10 The motherhood of women of color, poor, queer, and migrant women, for example, is consistently discounted and discredited (Ross 2016, xvi–ii), and so presumptions that giving birth is enough to be considered a “mother” must be reconsidered. It would also be interesting to consider these analyses of pregnancy as a transition “from woman to mother” in relation to gender transition and the pregnancies of trans men, or those who identify and exist otherwise than as a “woman.” Existing research, for example, documents how pregnant men are repeatedly subjected to being effectively “de-transitioned” by others, as the essentialist link between pregnancy and womanhood is so deep and enduring (see, for example, Riggs 2013 or Toze 2018).

11 Both Reiheld and Layne propose that the liminality of the embryo/fetus is also in play here too: during gestation, the embryo/fetus is in an ambiguous state of being, and in death it represents another “border crossing.” It can also be “liminal in yet a third way” when it is found to have “severe congenital malformations” (Layne 2002, 65). Layne thus categorizes the dead embryo/fetus as “superliminal,” serving as “an unwelcome reminder of the fragility of boundary between order and chaos, life and death” (65).

12 For academic discussions of miscarriage in contexts beyond the UK and US, see, for example, van der Sijpt 2018 or Kilshaw 2020.

13 In *Battling over Birth: Black Women and the Maternal Health-Care Crisis*, for example, Julia Chinyere Oparah and colleagues report that the participants in their study found the typical prenatal appointment to be not only inadequate to meet their needs, but an additional source of stress (Chinyere Oparah et al. 2018).

14 Miscarriages and stillbirths are increasingly becoming criminalized in the US. In a study of 413 arrests for “feticide” or “fetal harm” and forced interventions on pregnant women between 1973 and 2005, 71% were living in poverty and 59% were women of color (Paltrow and Flavin 2013). In the past decade, arrests and forced interventions have “skyrocketed,” according to the National Advocates for Pregnant Women: at least 700 more cases were reported by 2018, and those targeted continue to be “overwhelmingly low income and a disproportionate number are women of color” (Paltrow 2016).

15 As Baraitser asks, “Once the baby is out, are there ‘two’ who are so clear for us all to see?” (Baraitser 2009, 124).

16 For more on the phenomenology of time, see Browne 2014.

17 To explore some of the critical pushback against Edelman, see for example, Doyle 2009; or Muñoz 2009. Women barely feature in *No Future*, and the “anti-reproduction” stance of the book does not recognize that certain populations have been forced not to reproduce. But Penelope Deutscher suggests that Edelman’s critique of “reproductive futurism” is not incompatible with feminist reproductive politics, in that “the pregnant woman can certainly be added to [Edelman’s] account of those held hostage . . . to reproductive futurism” (Deutscher 2016, 51). Extending Edelman’s argument, Deutscher proposes that the fantasy of the Child also stimulates fantasies of the Pregnant Woman, who can appear in the guise of the “good mother” who will deliver the future that the imaginary Child is made to stand for, or the “bad mother” who jeopardizes this future’s materialization (51).

18 As Rachel Robertson puts it, “Breaking the notion of a mapped linear development from dependent child to independent autonomous adult, of a future controlled by past and present, we may find ourselves able both to live in the present without the shadow of the future and imagine a future inclusive of disability and all other forms of human variation” (Robertson 2015, 10). See also Rice et al. 2017.

19 In his lectures on *The Phenomenology of Internal Time-Consciousness*, Edmund Husserl proposes that the structures of time-consciousness are essentially “retentional” and “protentional.” Conscious temporal experience is constituted through retentions of the “just passed”—the “comet’s tail” of what has been perceived—and protentions, or immediate anticipations of what will be perceived (Husserl 1928/1964, 44–57).

Unlike secondary “recollections” and “expectations” that come and go, and require an active awareness, retention and protention are passive, immediate phenomena that belong to all experience (68–71).

20 Indeed, for those whose pregnancies are deemed “high-risk,” the focus may be more on *staying* pregnant than anything else. See, for example, Alcade 2011 or Nakamura Lin 2019.

21 I note that this analysis does not pertain to cases of unknown or denied pregnancy (Lundquist 2008).

22 To consider the philosophical issues that this eclectic approach raises, see Sandford 2016.

23 The “growing sideways” concept is also inspired by “the matter of children’s delay”—children grow “sideways” as well as “up” because “they cannot, according to our concepts, advance to adulthood until we say it’s time” (Stockton 2009, 6).

24 This is experienced by some as a particularly problematic aspect of pregnancy (Bordo 1993, 91). Yet despite the pressures to maintain a “tightly managed body” and control weight gain during pregnancy, many pregnant women document a sense of release from the feminized “slender imperative,” of being granted permission to spread outwards and take up more space via what is coded as socially acceptable “heterosexual fat” (Berlant 1994).

25 In *addicted.pregnant.poor*, for example, Kelly Ray Knight documents how pregnancy is experienced by many of the subjects of her study as a “ticking time bomb” (Knight 2015, 8).

26 This kind of dismissive response is also commonly directed at those with living children already (see, for example, Kamal 2019, 182). Alongside the dismissal or “disenfranchisement” of miscarriage grief, however, it is also important to consider the growing *expectation* of miscarriage grief within some pregnancy-loss support communities in the UK and US, and within wider social discourses and medical institutions. I consider this in my forthcoming book, *Pregnancy Without Birth* (Browne forthcoming).

27 Ruth Cain and Elizabeth Peel, for example, suggest that the contexts in which lesbian or queer women are exhorted to “just try again” can be socially or economically fraught (Peel and Cain 2012).

28 For more on the queering of pregnancy and reproduction, see also Park 2013; Gibson 2014; Summers 2014; and Mamo 2017.

29 This question is taken from a research project designed by Kristen Swanson of the College of Nursing at Seattle University, and quoted in Garbes 2018, 82.

References

- Ahmed, Sara. 2010. Killing joy: Feminism and the history of happiness. *Signs: Journal of Women in Culture and Society* 35 (3): 571–94.
- Alcade, M. Cristina. 2011. “To make it through each day still pregnant”: Pregnancy bed rest and the disciplining of the maternal body. *Journal of Gender Studies* 20 (3): 209–21.
- Andrzejewski, Alicia. 2018. The then and there of transmasculine pregnancy. *Synopsis*. <https://medical-healthhumanities.com/2018/06/10/the-then-and-there-of-transmasculine-pregnancy/>.
- Anzaldúa, Gloria. 1987. *Borderlands/La frontera: The new mestiza*. San Francisco: Aunt Lute Books.
- Anzaldúa, Gloria. 2015. *Light in the dark/Luz en lo oscuro: Rewriting identity, spirituality, reality*. Durham, N.C.: Duke University Press.
- Miscarriage Association. 2014. Waiting. <http://www.miscarriageassociation.org.uk/wp-content/uploads/2017/01/Waiting.pdf>
- Baraitser, Lisa. 2017. *Enduring time*. London: Bloomsbury.
- Baraitser, Lisa, and Will Brook. 2021. Watchful waiting: Temporalities of crisis and care in the UK National Health Service. In *Vulnerability and the politics of care: Transdisciplinary dialogues*, ed. Victoria Browne, Jason Danely, and Doerthe Rosenow. Oxford: Oxford University Press.
- Baraitser, Lisa, and Denise Riley. 2016. Lisa Baraitser in conversation with Denise Riley. *Studies in the Maternal* 8 (1): 5.
- Bayly, Simon, and Lisa Baraitser. 2008. On waiting for something to happen. *Subjectivity* 24 (1): 340–55.
- Berlant, Lauren. 1994. America, “fat,” the fetus. *boundary 2* 21 (3): 145–95.
- Berlant, Lauren. 2011. *Cruel optimism*. Durham, N.C.: Duke University Press.
- Bhabha, Homi. 1994. *The location of culture*. London: Routledge.
- Blows, Emma, Lydia Bird, Jane Seymour, and Karen Cox. 2012. Liminality as a framework for understanding the experience of cancer survivorship: A literature review. *Leading Global Nursing Research* 68 (10): 2155–64.

- Bordo, Susan. 1993. *Unbearable weight: Feminism, western culture, and the body*. Berkeley: University of California Press.
- Briggs, Laura. 2017. *How all politics became reproductive politics: From welfare reform to foreclosure to Trump*. Oakland: University of California Press.
- Browne, Victoria. 2014. *Feminism, time, and nonlinear history*. New York: Palgrave.
- Browne, Victoria. 2017. The temporalities of pregnancy: On contingency, loss and waiting. In *Motherhood in literature and culture: Interdisciplinary perspectives from Europe*, ed. Gill Rye, Victoria Browne, Adalgisa Giorgio, Emily Jeremiah, and Abigail Lee Six. London and New York: Routledge.
- Browne, Victoria. 2018. The politics of miscarriage. *Radical Philosophy* 2 (3). <https://www.radicalphilosophy.com/article/the-politics-of-miscarriage>.
- Browne, Victoria. Forthcoming. *Pregnancy Without Birth*. London: Bloomsbury.
- Brubaker, S. J., and C. Wright. 2006. Identity transformation and family caregiving: Narratives of African American teen mothers. *Journal of Marriage and Family* 68 (5): 1214–28.
- Cahill, Ann. 2015. Miscarriage and intercorporeality. *Journal of Social Philosophy* 46 (1): 44–58.
- Carson, Ronald. 2002. The hyphenated space: Liminality in the doctor-patient relationship. In *Stories matter: The role of narrative in medical ethics*, ed. Rita Charon and Martha Montello. New York: Routledge, 171–82.
- Ceballo, Rosario, Erin T. Graham, and Jamie Hart. 2015. Silent and infertile: An intersectional analysis of the experiences of socioeconomically diverse African American women with infertility. *Psychology of Women Quarterly* 39 (4): 497–511.
- Chakrabarty, Dipesh. 2000. *Provincializing Europe: Postcolonial thought and historical difference*. Princeton: Princeton University Press.
- Chinyere Oparah, Julia, Linda Jones, Dantia Hudson, Talita Oseguera, and Helen Arega. 2018. *Battling over birth: Black women and the maternal healthcare crisis*. Amarillo, Tex.: Praeclarus Press.
- Côté-Arsenault, Denise, Davya Brody, and Mary-Therese Dombeck. 2009. Pregnancy as a rite of passage: Liminality, rituals and communitas. *Journal of Prenatal & Perinatal Psychology & Health* 24 (2): 69–87.
- Davis-Floyd, Robbie E. 1992. *Birth as an American rite of passage*. Berkeley, Los Angeles, Oxford: University of California Press.
- Deutscher, Penelope. 2016. *Foucault's futures: A critique of reproductive reason*. New York: Columbia University Press.
- Doyle, Jennifer. 2009. Blind spots and failed performance: Abortion, feminism, and queer theory. *Qui Parle* 18 (1): 25–52.
- Dubow, Sarah. 2011. *Ourselves unborn: A history of the fetus in modern America*. Oxford: Oxford University Press.
- Duden, Barbara. 1993. *Disembodying women: Perspectives on pregnancy and the unborn*. Trans. Lee Hoinaki. Cambridge, Mass.: Harvard University Press.
- Edelman, Lee. 2004. *No future: Queer theory and the death drive*. Durham, N.C.: Duke University Press.
- Franklin, S. 1991. Fetal fascinations: New dimensions to the medical-scientific construction of fetal personhood. In *Off-centre: Feminism and cultural studies*, ed. S. Franklin, C. Lury, and J. Stacey. London: HarperCollins Academic.
- Freidenfelds, Lara. 2019. *The myth of the perfect pregnancy: A history of miscarriage in America*. Oxford: Oxford University Press.
- Garbes, Angela. 2018. *Like a mother: A feminist journey through the science and culture of pregnancy*. New York: HarperCollins.
- Garland-Thomson, Rosemarie. 2012. The case for conserving disability. *Journal of Bioethical Inquiry* 9 (3): 339–55.
- Gentile, Katie. 2014. Exploring the troubling temporalities produced by fetal personhood. *Psychoanalysis, Culture & Society* 19 (3): 279–96.
- Gerber-Epstein, Paula, Ronit D. Leichtenritt, and Yael Benyamini. 2009. The experience of miscarriage in first pregnancy: The women's voices. *Death Studies* 33 (1): 1–29.
- Gibney, Shannon. 2019. Siannah: The trip was good. In *What god is honored here? Writings on miscarriage and infant loss by and for Native women and women of color*, ed. Shannon Gibney and Kao Kalia Yang. Minneapolis: University of Minnesota Press.
- Gibney, Shannon, and Kao Kalia Yang. 2019. Introduction: Reclaiming life. In *What god is honored here? Writings on miscarriage and infant loss by and for Native women and women of color*, ed. Shannon Gibney and Kao Kalia Yang. Minneapolis: University of Minnesota Press.

- Gibson, Margaret. 2014. *Queering motherhood: Narrative and theoretical perspectives*. Toronto: Demeter Press.
- Greengrass, Jessie. 2018. *Sight: A novel*. London: John Murray.
- Guenther, Lisa. 2006. *The gift of the other: Levinas and the politics of reproduction*. Albany: State University of New York Press.
- Gumbs, Alexis Pauline. 2016. M/other ourselves: A black queer feminist genealogy for radical mothering. In *Revolutionary mothering: Love on the front lines*, ed. China Materns Gumbs and Mai'a Williams. Toronto: PM Press.
- Halberstam, Judith. 2005. *In a queer time and place: Transgender bodies, subcultural lives*. New York and London: New York University Press.
- Hardy, Sarah, and Rebecca Kukla. 2015. Making sense of miscarriage online. *Journal of Social Philosophy* 46 (1): 106–25.
- Hintz-Zimbrano, Katie. 2015. Miscarriage stories: 10 women share their loss. *Mother*. <http://www.mother-mag.com/miscarriage-stories/>
- Husserl, Edmund 1928/1964. *The phenomenology of internal time-consciousness*, ed. Martin Heidegger. Trans. James S. Churchill. Bloomington: Indiana University Press.
- Kafer, Alison. 2013. *Feminist, queer, crip*. Bloomington: Indiana University Press.
- Kamal, Soniah. 2019. The face of miscarriage. In *What god is honored here? Writings on miscarriage and infant loss by and for Native women and women of color*, ed. Shannon Gibney and Kao Kalia Yang. Minneapolis: University of Minnesota Press.
- Kilshaw, Susie. 2020. *Pregnancy and miscarriage in Qatar: Women, reproduction and the state*. London: Bloomsbury.
- Knight, Kelly Ray. 2015. *addicted.pregnant.poor*. Durham, N.C.: Duke University Press.
- Kowal, Emma. 2009. Waiting for the baby. In *Waiting*, ed. Ghassan Hage. Melbourne: Melbourne University Press.
- Lahad, Kinneret. 2017. *A table for one: A critical reading of singlehood, gender and time*. Manchester, UK: Manchester University Press.
- Layne, Linda. 2002. *Motherhood lost: A feminist account of pregnancy loss in America*. London and New York: Routledge.
- Longhurst, Robyn. 2001. *Bodies: Exploring fluid boundaries*. London and New York: Routledge.
- Lundquist, Caroline. 2008. Being torn: Toward a phenomenology of unwanted pregnancy. *Hypatia* 23 (3): 136–55.
- Mamo, Laura. 2007. *Queering reproduction: Achieving pregnancy in the age of technoscience*. Durham, N.C.: Duke University Press.
- MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK). 2020. *Saving lives, improving mothers' care: Lessons learned to inform maternity care from the UK and Ireland confidential enquiries into maternal deaths and morbidity 2016–18*. https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2020/MBRRACE-UK_Maternal_Report_Dec_2020_v10.pdf
- McMahon, Martha. 1995. *Engendering motherhood: Identity and self-transformation in women's lives*. New York: The Guilford Press.
- Millar, Erica. 2018. *Happy abortions: Our bodies in the era of choice*. London: Zed Books.
- Mills, Catherine. 2014. Making fetal persons: Fetal homicide, ultrasound, and the normative significance of birth. *philoSOPHIA: A Journal of Continental Feminism* 4 (1): 88–107.
- Morgan, Lynn M., and Meredith Wilson Michaels, ed. 1999. *Fetal subjects, feminist positions*. Philadelphia: University of Pennsylvania Press.
- Mullin, Amy. 2005. *Reconceiving pregnancy and childcare: Ethics, experience, and reproductive labor*. Cambridge, UK: Cambridge University Press.
- Muñoz, José Esteban. 2009. *Cruising utopia: The then and there of queer futurity*. New York: New York University Press.
- Murphy, Samantha L. 2010. *Lost futures: Stillbirth and the social construction of grief*. Saarbrücken, Germany: Lambert Academic Press.
- Nakamura Lin, Jami. 2019. The night parade. In *What god is honored here? Writings on miscarriage and infant loss by and for Native women and women of color*, ed. Shannon Gibney and Kao Kalia Yang. Minneapolis: University of Minnesota Press.

- Neiterman, Elena. 2012. Doing pregnancy: Pregnant embodiment as performance. *Women's Studies International Forum* 35 (5): 372–83.
- Nelson, Maggie. 2015. *The Argonauts*. Minneapolis: Graywolf Press.
- O'Donnell, Lucy. 2019. *Sitting with uncertainty*. Grondon Graphics. https://www.annemariemurland.com/uploads/1/2/1/5/12152765/pdf_version_lucy_odonnell_sitting_with_uncertainty_jun20_digital.pdf.
- Oliver, Kelly. 1998. *Subjectivity without subjects: From abject fathers to desiring mothers*. Oxford: Rowman & Littlefield.
- Paltrow, Lynn M. 2016. The dangerous state laws that are punishing pregnant people. *Think Progress*, September 28. <https://thinkprogress.org/criminalization-pregnancy-us-43e4741bb514/>.
- Paltrow, Lynn M., and Jeanne Flavin. 2013. Arrests of and forced interventions on pregnant women in the United States, 1973–2005: Implications for women's legal status and public health. *Journal of Health Politics, Policy and Law* 38 (2): 299–343.
- Park, Shelley M. 2013. *Mothering queerly, queering motherhood: Resisting monomaterialism in adoptive, lesbian, blended, and polygamous families*. Albany: State University of New York Press.
- Peel, Elizabeth, and Ruth Cain. 2012. "Silent" miscarriage and deafening heteronormativity: A British experiential and critical feminist account. In *Understanding reproductive loss: Perspectives on life, death and fertility*, ed. Sarah Earle, Carol Komaromy, and Linda Layne. Aldershot, UK: Ashgate.
- Petchesky, Rosalind Pollack. 1987. Fetal images: The power of visual culture in the politics of reproduction. *Feminist Studies* 12 (2): 263–92.
- Puig de la Bellacasa, María. 2017. *Matters of care: Speculative ethics in more than human worlds*. Minneapolis: University of Minnesota Press.
- Rajendra, Dania. 2019. Binding signs. In *What god is honored here? Writings on miscarriage and infant loss by and for Native women and women of color*, ed. Shannon Gibney and Kao Kalia Yang. Minneapolis: University of Minnesota Press.
- Reiheld, Alison. 2015. "The event that was nothing": Miscarriage as a liminal event. *Journal of Social Philosophy* 46 (1): 9–26.
- Rice, Carla, Eliza Chandler, Jen Rinaldi, Nadine Changfoot, Kirsty Liddiard, Roxanne Mykitiuk and Ingrid Mündel. 2017. Imagining disability futurities. *Hypatia* 32 (2): 213–29.
- Riggs, Damien W. 2013. Transgender men's self-representations of bearing children post-transition. In *Chasing rainbows: Exploring gender fluid parenting practices*, ed. Fiona Joy Green and May Friedman. Bradford, Ont.: Demeter Press.
- Robertson, Rachel. 2015. Out of time: Maternal time and disability. *Studies in the Maternal* 7 (1): 1–13.
- Ross, Loretta. 2016. Thank God for the doulas! Foreword to Mary Mahoney and Lauren Mitchell, *The doulas: Radical care for pregnant people*. New York: The Feminist Press.
- Ross, Loretta J., Lynn Roberts, Erika Derkas, Whitney Peoples, and Pamela Bridgewater Toure, ed. 2017. *Radical reproductive justice: Foundations, theory, practice, critique*. New York: Feminist Press.
- Ross, Loretta J., and Rickie Solinger. 2017. *Reproductive justice: An introduction*. Oakland: University of California Press.
- Sandford, Stella. 2016. Feminist phenomenology, pregnancy and transcendental subjectivity. In *Phenomenology of pregnancy*, ed. Jonna Bornemark and Nicholas Smith. Huddinge: Södertörn University.
- Scuro, Jennifer. 2017. *The pregnancy [does-not-equal] childbearing project: A phenomenology of miscarriage*. London: Rowman & Littlefield.
- Stacey, Jackie. 1997. *Teratologies: A cultural study of cancer*. London and New York: Routledge.
- Stockton, Kathryn Bond. 2009. *The queer child, or growing sideways in the twentieth century*. Durham, N.C.: Duke University Press.
- Summers, A. K. 2014. *Pregnant butch: Nine long months spent in drag*. New York: Soft Skull Press.
- Toze, Michael. 2018. The risky womb and the unthinkability of the pregnant man: Addressing trans masculine hysterectomy. *Feminism & Psychology* 28 (2): 194–211.
- Turner, Victor. 1964. Betwixt and between: The liminal period in rites de passage. *Proceedings of the American Ethnological Society*, Symposium on New Approaches to the Study of Religion: 4–20.
- Turner, Victor. 1977. Variations on a theme of liminality. In *Secular ritual*, ed. Sally F. Moore and Barbara Myerhoff. Assen and Amsterdam: Van Gorcum.

- Tyler, Imogen. 2000. Reframing pregnant embodiment. In *Transformations: Thinking through feminism*, ed. Sara Ahmed, Jane Kilby, Celia Lury, Maureen McNeil, and Beverley Skeggs. London and New York: Routledge.
- Tyler, Imogen. 2008. Chav mum, chav scum: Class disgust in contemporary Britain. *Feminist Media Studies* 8 (2): 17–34.
- Van, Paulina. 2001. Breaking the silence of African American women: Healing after pregnancy loss. *Health Care for Women International* 22 (3): 229–43.
- van der Sijpt, Erica. 2018. *Wasted wombs: Navigating reproductive interruptions in Cameroon*. Nashville, Tenn.: Vanderbilt University Press.
- van Gennep, Arnold. 1960. *The rites of passage*. Trans. Monika B. Vizedom and Gabrielle L. Caffee. Chicago: University of Chicago Press.
- Vergès, Françoise. 2020. *The wombs of women: Race, capital, feminism*. Trans. Kaiama L. Glover. Durham, N.C.: Duke University Press.
- Winnubst, Shannon. 2006. *Queering freedom*. Bloomington: Indiana University Press.
- Young, Iris Marion. 2005. Pregnant embodiment: Subjectivity and alienation. In *Throwing like a girl and other essays*. Chicago: University of Chicago Press.
- Ziarek, Ewa Plonowska. 1999. At the limits of discourse: Heterogeneity, alterity, and the feminine. In *Language and liberation: Feminism, philosophy, and language*, ed. Christina Hendricks and Kelly Oliver. Albany: SUNY Press.

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