

‘I SPOKE TO HER IN MY MIND, NOT WITH MY LIPS’:

**PREGNANCY, NAUSEA, AND FETAL PERSONHOOD
IN MANILA CITY, THE PHILIPPINES**

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Abstract

Historically, the Philippine Catholic Church has been a vocal opponent of any state legislation which attempts to provide broader access to contraceptives and family planning methods for the Filipino population. This position is predicated on the assertion that personhood begins at the moment of conception and that any act preventing that person from being born ought to be considered murder. The position of the Church is commonly understood as the defining feature of a shared ideology of fetal personhood in the Philippines, yet it has not been based on any substantial body of work on everyday Filipino beliefs concerning fetal personhood. Based on participant observation and in-depth semi-structured interviews during three months of fieldwork among working class families in Manila City, this thesis examines the ways that Manileñan women actually experience pregnancy and their relation to the unborn child. Borrowing from existing scholarship on the subject in other regions of the Philippines, this thesis makes a distinction between ‘fixed’ and ‘processual’ notions of fetal personhood, the former pertaining to those Catholic and secular biomedical positions which hold that personhood begins at a given moment or fixed point of the development of a fetus. Conversely, processual notions of fetal personhood hold that personhood is gained incrementally over time. However, the emphasis of this thesis is on women’s experience of a relationality between their own behaviour and that of the fetus. For Manileñas, the ‘symptoms’ of first trimester pregnancy (nausea and vomiting for example) or 'lihi' in Tagalog are not experienced as arbitrary physiological and hormonal changes. Instead they are taken as evidence of the growth, movement, intention, personality, gender, and agency of the developing child. For Manileñan women, these factors are all indications of a person who is coming into being, one that is responsive also to their own behaviour. The thesis focuses on early pregnancy, women’s experience of the nausea, smells and cravings of this period, and follows it through into an account of the way in which the inter-relationship between woman and fetus carries over in situations of extremity, such as premarital pregnancy, to allow the possibility of women seeing their fetus as responsive even to their existential dilemma.

Statement of Originality

This work has not previously been submitted for a degree or diploma in any other university or institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

(Signed)_____

Date: 15/10/2018

Daniel Alexander Tranter

Human Research Ethics Approval Number

Ethical and scientific approval has been granted for this project to be conducted by Mr Daniel Tranter under the supervision of Associate Professor Kalpana Ram by the Macquarie University Human Research Ethics Committee.

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Prologue - Sarah

I met Sarah during a four-week research internship in Manila in June of 2016. The NGO I was working for arranged a home-stay with a local family and it was Sarah who had volunteered to host me. Sarah was fifty-six years old then. She wore red thick-rimmed glasses and had long dark hair with grey streaks. One of the first things she told me when we met was that everyone called her a ‘chatterbox’, and she admitted that she loved to talk. As we walked back to her house just a few streets away from the NGO, she began telling me about life in Manila. “Life is difficult here”, she said. “It is hard to pay for everything, because we have so many living in our house.” Sarah is a Catholic Filipino woman and a mother of three. At that time two of her adult children, her eldest daughter’s husband, along with seven of her grandchildren all lived with her and her husband, Leo. With the addition of their adopted nephew, that totalled thirteen people residing in a small three bedroom house in an old working class area of Manila City. I soon learned that this kind of living arrangement was common in Sarah’s *barangay*, ‘Barangay Nuebe’ (*barangay* comes from the Spanish word *barrio* meaning neighbourhood, district, or ward). Many generations have lived in the same houses since the development of Barangay Nuebe in the 1950s.

After a few days of staying with Sarah’s family, she returned to the house one humid evening from a trip to the market (*palengke*). She carried a small plastic bag containing a few bananas (*saging*), a handful of *Kopiko Brown* three-in-one coffee sachets, and a packet of *Marlboro* reds. “I want to tell you the story of when I became pregnant with Esther”, she told me. It was typhoon season and a loud rain had begun to fall hard on the roof. She took me upstairs and we sat on the floor. After emptying the contents of the sachets into mugs with hot water then lighting a cigarette and offering me one, she began her story.

Sarah discovered she was pregnant when she was just a teenager. Sarah was not married to Leo at the time, and she knew that having sex with him had been a sin. She was terrified of how her parents and the other residents of Barangay Nuebe might react so she decided to keep her pregnancy a secret. This became increasingly difficult as her body began

to change. Her tiredness and mood changes, her withdrawal from social life, her sudden bouts of nausea and apparent distaste for foods that once brought her joy and comfort all aroused her mother's suspicion. As the weeks wore on, Sarah reached a crisis point. She was scared and isolated. Her changing body, over which she had no control, was betraying her. Her mother asked her outright if she was pregnant. She denied it, but this did nothing to stop her mother keeping a close eye on her.

One day, around the time she was eight weeks pregnant, Sarah was feeling unbearably nauseous so she hid in the bathroom, hoping to be sick without her mother knowing. Just as she was kneeling over the toilet, she noticed someone breathing outside the door, listening in on her. It was her mother. Sarah panicked. If she threw up now her mother would hear and surely she would know what was going on. Sarah described to me a sick feeling of profound dread at the prospect of being found out. And yet she could not directly control her sickness. In that moment, she spoke to her unborn daughter. Sarah pleaded with the child growing in her belly to keep still so she would not throw up, or else the two of them would be found out. "I didn't throw up, Esther listened to me," Sarah said. *'I spoke to her in my mind, not with my lips'.*

INTRODUCTION

This thesis is an exploration of the experience of early pregnancy with a predominant focus on young, unmarried women. It is based on three months of ethnographic fieldwork conducted in Sarah's barangay. I returned to Barangay Nuebe in January of 2018 to meet with Sarah, to learn more of her extraordinary story, and to speak with other women about their experiences. I was interested in exploring the particular socio-cultural dynamics of early pregnant experience that allowed Sarah to speak and plead with her daughter, enlisting her help and support during this period of crisis and turmoil. Sarah introduced me to the residents of the barangay as her adopted son and told them I was writing a thesis on *pagbubuntis*, or pregnancy. For the men, this elicited blank looks and incredulity. Women who were mothers, on the other hand, would often volunteer to help me learn, even asking when it would be their turn to be interviewed. In listening to their stories, I learned that it was exceedingly common for young unmarried women who had become pregnant to subsequently try to keep their pregnancy a secret. As their pregnancy progresses and the early stage sensorial and bodily changes manifest, these bodily developments rub up against the social and moral landscape of Catholic Manila, precipitating a crisis in their lives. Philippine law, as well as their own moral sensibilities, deter them from terminating their pregnancies, while the fear of ostracism and judgment from their families and community, as well as strong feelings of guilt and shame, dissuade them from sharing their discovery. Slowly but surely their situation reaches a boiling point; these young women come to their 'wits end', so to speak, as their bodies and behaviour begin to betray the pregnant condition that they so desperately want to hide. This existential crisis of early pregnancy for young, unmarried women in Manila is the core theme of this thesis.

Intertwined with this common thread and woven through women's stories, this thesis contains descriptions of the relationship they cultivate with the unborn child developing inside them. From their descriptions, I came to learn that those bodily and sensorial changes that accompany early pregnancy, such as food cravings and aversions, mood fluctuations, and nausea and vomiting, to name a few, are not thought to be arbitrary or merely physiological,

let alone, as in biomedical discourse, hormonal. In contrast to the biomedical perspective, these changes are interpreted and lived as emerging from the activity and attributes of the unborn child. This period of early pregnancy during which the onset of bodily and sensorial change begins is referred to as *lihi* or one's *lihi-lihi days*. *Lihi* constitutes an explicit explanatory model which encompasses the entire period of early pregnancy beginning with the cessation of menses, the earliest indicator of conception, up until the third or fourth month when the quickening begins. It is this lived experience of the fetus as having the ability to affect and shape the mother's subjectivity, understood through the lens of *lihi*, that forms the basis of another key assertion of this thesis; that fetal personhood in Manila is constructed and lived relationally.

My aim in this thesis is to demonstrate the way that this relationship, predicated on forms of *intercorporeal* exchange, is already a form of communication with the unborn fetus. Explicit forms of address, whether with the lips or the mind, further build on this. My argument is twofold. First, I seek to show that examining the relationship cultivated during the *lihi* period between mother-to-be and unborn child sheds light on the ways that women construct and understand fetal personhood during their pregnancy. Second, I wish to bring out ways in which this relationship is a resource drawn on by young pregnant women in times of paralyzing crisis.

The Philippines and Fetal Personhood

Human life is the most sacred physical gift with which God, the author of life, endows a human being. Placing artificial obstacles to prevent human life from being formed and being born most certainly contradicts this fundamental truth of human life...We are pro-life. We must defend human life from the moment of conception or fertilisation up to its natural end.

— The Catholic Bishops Conference of the Philippines

Fetal life and its precise beginnings are a hotly contested and controversial subject in the Philippines. Article 2, Section 12 of the Philippine Constitution holds that it is the role of the state to “equally protect the life of the mother and the life of the unborn from conception”. Naturally, the practice of intentionally terminating a pregnancy, abortion, is illegal in the country. Despite its illegality, according to the Center for Reproductive Rights, “in 2008 alone, an estimated 560,000 induced abortions took place in the Philippines; 90,000 women sought treatment for complications and 1000 women died” (2010, p. 13). Not only are abortions illegal, but due to the constitutional belief in the sanctity of unborn life, there is inadequate sexual education for school children as well as unequal access to contraceptive resources, usually based on class and economic disparity. It has been poor and working class Filipino women who have suffered most as a result of the church and states’ stance on the beginnings of human life.

In attempting to alleviate the experience of those women who are worst affected, in December of 2012 the Philippines Government signed into effect the “Responsible Parenthood and Reproductive Health Act of 2012”, commonly referred to as “The RH Law”. As well as extending access to affordable family planning methods and resources not considered abortifacient, the law ensures that women who require post-abortive medical attention will not be denied such and shall receive “humane, nonjudgmental and compassionate” treatment in accordance with legal and medical ethical principles (Republic Act No. 10354, Section 3, j).

In the lead up to this legislation, the Philippine Catholic Church and in particular the Catholic Bishops Conference of the Philippines presented staunch opposition to its implementation. As David, La Viña, & Atun (2014, p. 62) have have pointed out, “their arguments are rooted in...constitutional protection of the “right to life,” where life is defined as beginning at the moment of conception, in turn defined as the moment a woman’s egg is fertilised. Thus, modern contraceptive methods are equated with abortion.” But as Collantes (2017, p. 3 - 4) adds, the Church’s opposition to the RH law also stems from its belief that the law will lead to the breakdown of the traditional Filipino family unit if children are given more adequate sexual education and people can more freely access reproductive health and

family planning services. Despite these positions held by the Catholic Church, and the fact that according to the 2010 population census roughly 80-81% percent of the Philippine population identify as Roman Catholic, polls have suggested that between 69-71% of the population were in favour of the RH law's passing (Social Weather Stations, 2008; Montenegro 2010). As Buckley has noted, the Catholic Church "has substantial social influence, yet struggles to turn that influence into a unified voice in political life" (2014, p. 314).

Hannah Bulloch (2016, 197) has argued that "while in this context debates swirled around the issue of fetal personhood, our understandings of how Filipinos actually construct personhood are poor at best." If abortions are so frequent despite their illegality, and a majority of Filipinos appear in favour of the RH law, how can we be sure their views and beliefs on fetal personhood wholly align with the Catholic Church and state positions? Bulloch urges the importance of ethnographic study that is capable of "shedding light on everyday religion and cultural diversity in the Philippines today" as well as developing understandings of people's "moral decision making" around issues of reproductive health (2016, p. 197 - 198). Although the field research topic was formulated in response to my own desire to follow up on the extraordinary stories women were beginning to share with me about their forms of communication with their unborn child, Bulloch's argument highlights the urgency of studies such as the one undertaken here. In particular, the specific topic it is devoted to, the question of "how people actually understand fetal and early infant personhood in the practice of their everyday lives" is, according to Bulloch, a question that "remains almost entirely unexamined" (2016, p. 197). In the next section I set out the specific contribution to the literature on fetal personhood which this thesis aims to provide.

The Anthropology of Fetal Personhood

Bulloch (2016) demonstrates that anthropologists have traditionally made a distinction between ‘fixed’ and ‘processual’ notions of fetal personhood. As an example of processual personhood, Bulloch points to Andrew Canessa’s (1988) work with the Aymara Indians of the Andes who consider the newborn to still be a fetus until the time of the child’s first haircut. After this first public ceremonial hair-cutting, personhood is then gained slowly over time through a *process* of learning to “perform certain productive tasks within the community” (Bulloch, 2016, p. 198). Conversely, the Philippine constitutional definition of personhood is an example of ‘fixed’ personhood whereby personhood is seen to be gained ‘all at once’ at the moment of conception. Implicit in this discussion is the anthropological observation that personhood is not defined, regarded, or extended to individuals in the same manner across history and culture. It is this variation and diversity of conceptualisations and social enactments of personhood that anthropology has taken as its focus.

Based on her ethnographic fieldwork in Siquijor, an island in the Visayas of the Philippines, Bulloch asserts that, unlike the dominant constitutional and Catholic views on personhood, Siquijodnan people, despite their Roman Catholic beliefs, do not regard personhood in ‘fixed’ terms. Rather, they hold personhood to accrue processually. This is because, as Bulloch (2016, p. 208) points out, although they consider there to be a soul present at the moment of conception, this is insufficient to produce a person. An important element of Siquijodnan cosmology maintains that “a soul can exist independent of a body and therefore a soul can exist without being a person” (*ibid*). Therefore, it is the body that is the crucial constituent of personhood; the union of a body and a soul comprises a person. Bulloch lays out the development of the fetal body over the course of the pregnancy, from *dugo ra* (just blood), to blood with bones forming in it, to between the fourth and fifth month where her interlocutors describe the fetus as “*morag tawo pero dili tawo* — kind of a person but not really a person”. Finally at six months of gestation the fetus is considered to be really a person, ‘*tawo gyud*’ (*ibid*).

I will also attempt to present in this thesis for a Manileñan understanding of processual personhood, but with a key difference. The women of Barangay Nuebe make no explicit *discursive* distinction regarding the personhood of the fetus at conception and at any other time during the pregnancy. The majority of women did not use the word human, person, or the Tagalog term *tao*. Rather they invariably claimed that it is alive (*buhay*) from conception, or that from the very beginning it is an *anak* or *sanggol* (child or baby). This would still indicate that women in Manila hold a ‘fixed’ view of fetal personhood. But Bulloch (2016, p. 200) herself has noted:

Processual personhood often involves an important relational element, that is, the conferral of personhood is anchored in the growth of social relationships with the unborn, neonate, or infant. Even in cultures in which fixed notions of personhood are dominant, in practice the construction of the person is often nuanced through everyday forms of *relationality*, such as touch and communication (my emphasis).

Something not explicitly addressed in this thesis is the degree to which women’s views overlap with or contradict the dominant Catholic view on fetal personhood. Interviews with women indicated that there is a general belief that the fetus is human and alive from the moment of conception, however the finer points and distinctions are not outlined or explored here. In explicit discourse, unlike Bulloch’s interlocutors, women in Manila make no formal claim the fetus may have a soul but in lacking a body, they therefore lack legitimate personhood. As will argued however, despite the epistemological descriptions of a ‘fixed’ personhood, in practice, personhood is acquired processually as the pregnancy progresses and women establish forms of *relational* exchange with the fetus. Further field research could address questions such as; to what extent does the Catholic Church have a role in shaping views on fetal personhood? What kind of power dynamics are at play? Where can further discrepancies between discourse and practice or experience be located? These questions could not be adequately addressed in this thesis due to insufficient time in the field, but more saliently, due to the fact that the families I spent time with did not regularly attend mass. On the two occasions that they did attend, I accompanied them, and the topics of abortion and fetal personhood were not featured during the service.

A crucial element of this thesis is the argument that fetal personhood in Manila is made *relationally*. Some of this is to be reconstructed from the way in which women discuss the *lihi* period of early pregnancy, which I will seek to show, points to a consistent pattern — that of an *intercorporeal* relationship which is established *over time* through various forms of bodily and affective exchange, and one which begins very early indeed.

In her volume, “Personhood: An Examination of the History and Use of a Concept in the Anthropological Literature”, Laura P. Appell-Warren (2014, p. 1) describes personhood as:

...The attainment of physiological, psychological and social competence as it is defined by a given culture. The attainment of different levels of personhood is marked throughout the life cycle of rituals, rites of passage and by other recognised markers. The concept of personhood not only includes the external markers decided upon by a culture but includes aspects of the internal, i.e. how the individual experiences his or her personhood.

This culturally contingent nature of personhood is also emphasised by anthropologists Conklin and Morgan who argue further that concepts of personhood are conditionally predicated on “the social meanings given to bodies — newly forming babies’ bodies in particular — and, in turn, on how body imageries are used to create and transform social relationships” (1996, p. 657). In her own work, Morgan (1996) emphasises the fuzziness of the line between ‘natural bodies’ and ‘social persons’. She is particularly sceptical of certain Western feminist approaches which attribute or deny personhood to the fetus based on the complexity of the physiological development of its body alone. She argues against the idea that this can be generally taken as an indicator of certain “morally meaningful qualities (e.g., sentience, consciousness, responsibility” or mental faculties and capacities of mind of the fetus, which are then extended to make arguments about the legitimacy of its personhood, or lack thereof (1996, p. 55). This critique is aimed at certain feminist arguments (see Sherwin, 1992 and Whitbeck, 1984) which hold that personhood is dependent on the individual’s *capacity* for relationality, or the ability to enter into and engage in relationships with other individuals. Since the fetus is unable, by this argument, to enter into such relationships of its own accord

— it has yet to establish *corporeal autonomy* from the pregnant woman's body — fetal relationality is not possible, and it therefore lacks any morally or socially meaningful version of personhood.

Morgan posits an alternate formulation. According to her, “the fetus's capacity for relationality is not determined by its intrinsic characteristics, its personality or biological functions, but by the meanings people give it in a social world” (1996, p. 64). In fact, her position and criticism of what she terms the model of ‘Western feminist relationality’ runs deeper. Whereas this model of relationality interprets fetal bodies as ‘blank slates’, a “material substrate upon which meaning is encoded” (1996, p. 56), she highlights certain non-Western models of relationality which see fetal bodies in their material form as “the literal instantiation of social relations” (*ibid*).

For example, among numerous cultural groups globally there exists the idea that rather than an instantaneous conception occurring by which a sperm fertilizes an egg with the fetus subsequently developing, the fetal body is literally *built* or *made* through repeated sexual intercourse. This idea of a protracted conception process is common throughout regions of the Pacific (Strathern, 1988) as well as among Amazonians in Brazil (Maybury-Lewis 1967; Conklin, 1995). It can also be found in regions of the Philippines (Jocano, 1969). Chapter One of this thesis outlines similar understandings among my own interlocutors. The thesis has taken from this literature the insight that ‘relationality’ in fetal development may be located not only in its growing capacity for communication, response, and autonomous relationship making but also, as Morgan argues, because the fetus itself can be understood as “a motley amalgam of many social influences which enable its constitution” (1996, p. 57). Even the material body is socially constituted and therefore valued and granted personhood. Relationally dependent personhood is tied not merely to the development of a competent cognitive self but is incipient in the formation of the very materiality of the body. In this way, as Morgan (1996, p. 56) states, degrees of personhood are linked with the “exchange of body substances (such as blood, sweat, or breast milk)”.

Prominent conceptions of relational personhood can be attributed to theorists working in regions of the Pacific during the mid 80s to early 90s. They argued that Melanesian,

Polynesian, and Micronesian conceptions of the person depicted a *dividual*. This was to contrast with Western ideas of the person as *individual*, that is as a “bounded, unique, more or less integrated motivation and cognitive universe” (Geertz, 1983, p. 59). This idea was propounded most saliently by Marilyn Strathern in her famous book, *The Gender of the Gift*. Through comparison and analysis of Melanesian ethnographies, Strathern argued that Melanesian persons are composed relationally, meaning that in Melanesian cultures, a person is a constellation of cumulative events, relationships, exchanges, and processes shared between other persons (1988, p. 13). She states:

Far from being regarded as unique entities, Melanesian persons are as dividually as they are individually conceived. They contain a generalised sociality within. Indeed, persons are frequently constructed as the plural and composite site of the relationships that produced them. The singular person can be imagined as a social microcosm. This premise is particularly significant for the attention given to images of relations contained within the maternal body.

The notion of the ‘dividual’ is proposed by Dumont (1970) in his ‘Homo Hierarchicus’, an examination of the caste system in India. In her text however, Strathern borrows the term ‘dividual’ from Marriott, who, describing concepts of personhood in Hindu society in South Asia, describes the physical processes of mixing, connecting, and separating within the bodies of actors as akin to the process occurring between actors. “...Persons — single actors — are not thought in South Asia to be ‘individual’, that is, indivisible, bounded units...Instead, it appears that persons are generally thought by South Asians to be ‘dividual’ or divisible” (1976, p. 111).

Other anthropologists working on theories of ‘ethnopsychology’ among Pacific island cultures developed notions comparable to the Melanesian and Indian dividual person, which also came to be generally understood under the term ‘relational personhood’. This was often achieved in a manner that contrasted with ‘Western’ notions of the person as the bounded, autonomous individual. Catherine A. Lutz for example, working among inhabitants of Ifaluk, an island in Micronesia, makes a strong distinction between the American conception of the person as a “sovereign individual” (1988, p. 81) with a mind that is distinct from the body on

the one hand, and the “ethnopsychological beliefs that surround and structure Ifaluk emotional life”, premised on the notion that the person is “first and foremost a social creature and only secondarily, and in a limited way, an autonomous individual”, on the other (*ibid*). She states further that for Ifaluk people “the point at which the self stops and the other begins is neither fixed nor conceptualised as an impermeable wall” (1988, p. 88). Similarly, Linnekin and Poyer take up the the concept of ‘consocial personhood’ which also speaks to the way that persons are thought of as relational, “as distinct from the Western concept of a physically bounded, genetically determined, self-actuating individual” (1990, p. 7). They contend that Oceanic institutions such as “kinship, adoption, land rights, and title systems” are predicated on the concept of the person as “a node of social relationships” which sees persons defined through “their social placement” (*ibid*).

These theorists did not go without their critics. For instance, Morton and Macintyre see this division between Western and Pacific notions of personhood as “little more than a resurrection of well worn contrasts between ‘primitive’ and ‘modern’” (1995, p. 8). Macintyre herself in her article “Violent Bodies and Vicious Exchanges” (1995, p. 29 - 43) argues that in order to depict Melanesian cultural conceptions of the person as wholly relational, one needs to disregard as epiphenomenal the impact and influence of colonisation in the region. This inattention leads to the representation of cultures as “ahistorical and hypostatic”, and establishes an essentializing dichotomy (1995, p. 29). Kavapalu’s article levels a critique along similar lines, arguing that by depicting Pacific cultures as wholly relational and overemphasizing the social nature of their conceptions of the person, one risks neglecting the ways that people organise experiences as individuals. She contends that the various accounts of the extent to which Pacific cultures are interpersonal and relational have been exaggerated to the neglect of the personal and individual (1995, p. 17).

This thesis sets out a view of relationality in women’s experiences of fetal personhood in Manila that in important ways does not partake of the literature on personhood that draws such sharp distinctions between individuality and relationality. The critiques of such binary oppositions pertain precisely to this polarity. By contrast, what this thesis explores in no way requires a denial or erasure of the way women experience themselves as individuals during

pregnancy. Rather my employment of the terms *relational personhood* and *relationality* is a way of capturing the *processual* and *relational* nature of personhood when viewed through the lens of *lihi*. Like Morgan's usage of the concept, it highlights the fetus's participation in forms of bodily exchange with pregnant woman which allow it to be considered and experienced as an emerging person. This participation indicates its capacity for communication and response, rather than the attribution of these capacities at certain stages of physiological development. As well, *lihi* interpretations indicate that the materiality of the fetal body is *made* or *built* through relations, between the mother-to-be and the fetus, as well as between them and the outside world. In the model of *lihi*, it is the mother-to-be, as well as those around her, who interpret her bodily, affective, and behavioural changes in order to determine the personhood of the fetus. Because the sensorial changes that occur during *lihi* occur processually, then so too does the personhood of the fetus as the emergence of new changes indicate new exchanges, new responses, and new communications between the pregnant woman and the unborn.

Stage Setting and Thesis Outline

Before concluding this introduction with an outline of the thesis, I want to briefly introduce the key members of several families who appear throughout. For the sake of reducing confusion I shall only mention those women whose narratives and experiences are explored here, but these names are not an exhaustive list of all the people I interviewed nor of all those who shared information with me and thus led to the formulation of this thesis. Of course, the names mentioned here are pseudonyms.

Sarah and her daughter Esther, aged thirty-five, who figure predominantly in Chapter Three, are members of the Bautista Family. Their house is situated across from the Reyes Family in a small, tight alley. The eldest member of the Reyes family is Lola Ba whose husband passed away many years ago. She lives with four of six of her adult children and two of their spouses, as well as seven of her grandchildren and two of her great-grandchildren, both of whom are under the age of three. Ate Annalyn is her third-eldest daughter, is a mother

of four and is aged thirty-four. Brave, Lola Ba's granddaughter, Ate Annalyn's niece, is aged nineteen, and has a three-year-old son.

Ate Mary-Lyn is fifty years of age and has three adult children who live elsewhere in Metro Manila. Her husband has also passed. She owns a *sari-sari* (a small store selling assorted beverages, cigarettes, coffee, snacks, and everyday household items) which is situated at the intersection of the small alley where the Reyes and Bautista families live and the main street running through Barangay Nuebe. A few houses down from Ate Mary-Lyn's *sari-sari* is Ate Donnie's house who is aged thirty-three and is the mother of three.

Explored in Chapter One, the bodily changes of early pregnancy described by these women are explained under the model of *lihi*, the term for the period of early pregnancy during which the onset of such changes begin. By an analysis of *lihi* explanations, I highlight the existence of a deeply relational connection between the pregnant woman and the fetus. I link these explanations to the anthropological concept of sympathetic magic to show that by consuming certain foods, or by exposing herself to certain sights or objects, the mother-to-be imparts the properties of those things to the development of the physical attributes and personality of the fetus. Likewise, the pre-existing attributes of the fetus, its gender, and personal physical features, are often manifest in the mother's behaviour and demeanor. I then argue that we can think of the personhood of the fetus as processually *and* relationally constituted because the physical constitution of the fetus, its very materiality, is made out of and exhibits the pregnant woman's own encounters with the external world.

In chapter two, I examine *lihi* explanations in order to show that the relationship between the pregnant woman and fetus is one of *intercorporeality*. I take up pregnancy nausea as a key example specifically, because it is explained and experienced as being caused by the movement and motility of the fetus. Phenomenological readings of pregnancy nausea assist in positioning nausea in this context as the fetus announcing its presence, highlighting the intercorporeal, or inter-bodily nature of early pregnancy relations as well as indicating that the implications of the *lihi* model may not be limited to local, cultural conceptions.

In the final chapter, I show how this intercorporeal relationship forms a habitual bodily background to early pregnancy, one that 'shows up' or is foregrounded when young,

unmarried women's pregnancies reach a state of extremity or crisis. It is this intercorporeal relationship with the fetus which can then be turned to for comfort and support during such times. I argue that such a habitual background is the necessary precursor to the kinds of speech pregnant women engage in with their unborn babies in enlisting their help and support.

CHAPTER ONE: “*Those Lihi lihi Days*”

Children are not born as natural, asocial beings. This returns us to the original point: social relationships are not constructed after the event, so to speak, through posterior socialisation.

— Marilyn Strathern, “The Gender of the Gift”

Early pregnancy is marked by the onset of particular bodily changes and ‘symptoms’ which range on a scale from barely perceptible to fundamentally debilitating. Nausea and ‘morning sickness’ can occur suddenly, without warning, and disappear just as quickly. Food cravings and aversions can manifest, producing a hunger for particular, strange, or rare foods, while at other times causing women to feel nauseous at the mere thought of meals once loved. These, along with tiredness, irritability or inexplicable happiness, sudden dislike or unusual fondness and affection for one’s partner, change in hygiene habits, among other changes, are all recognised by Manileñas as ‘*lihi*’, a term which constitutes an explanatory model of these changes. In this chapter I outline and explore the dynamics of *lihi* and demonstrate the way that it not only provides an explanation for otherwise seemingly random and inexplicable bodily phenomena for Manileñas, but affords insight into how fetal personhood is understood in relation to the pregnant woman’s body. This is to say that particular ‘symptoms’ of *lihi* are often attributed to the presence, agency, personality, physical characteristics, and gender of the fetus. Additionally, the actions, behaviours, and consumption patterns of the mother in turn have the ability to ‘mark’ the fetus in particular ways. I demonstrate this with ethnographic examples in order to set up two significant elements of fetal personhood in Manila.

The first, is that the presence, personae, subjectivity, and agency of the fetus is made, manifested, and known through the medium of the mother’s body. Anthropological descriptions of sympathetic or imitative magic are particularly relevant to a discussion of what the nature of this maternal knowledge might be. This chapter will link this area of

anthropological debate, re-enlivened by the work of Taussig (1993), to Strathernian notions of relational personhood. The deep connection between pregnant woman and fetus evinced in *lihi* can be illuminated by debates around sympathetic magic as a form of understanding causality, but one of the contributions of this thesis is to show that it is these very same forms of interconnection that also allow the relational personhood of the fetus to be made palpable.

The second is explored when this discussion assumes new significance in the third chapter of the thesis, where analysis turns to examine the ways in which *lihi* as a form of profound interconnectedness between mother-to-be and fetus becomes a supportive foundation which can be drawn upon as a coping resource by the pregnant woman.

‘Tell Me About Your Lihi’

I asked Esther if she experienced nausea and sickness during her early pregnancy. “Oh yes, vomiting, dizziness, I was pale, and I didn’t want to take a bath”. I was puzzled by the last ‘symptom’. “You didn’t want to take a bath? What do you mean? Because you didn’t want your mother to see your pregnant body?” “Ah no”, she said. “I just didn’t want to be in the water, I just didn’t want to get wet.” I asked if this was common among women in Manila; Sarah and Esther assured me that it was. “During your pregnancy, if you don’t want to take a bath, it means you are going to have a boy. That’s why I have four boys and no girls,” Esther explained. Her father had been listening and interjected, “She still doesn’t want to take a bath!” The mood was light as we all laughed at his joke.

Here we see an instance of the manner in which the early-stage fetus’ gender can be revealed through the mother’s body and behaviour. Speaking with Annalyn Reyes, a neighbour of the Bautista family, I heard again a similar line of reasoning as she talked about being pregnant with her second child, a girl. “My mother [Lola Ba] said to me, ‘before when you were pregnant with Raul you wanted to eat and eat and eat and had lots of energy. Now you are lazy and don’t want to eat and don’t want to do any work. It must be a girl!’” This manifestation of the unborn child’s gender through the mother’s demeanor and behaviour is also described in Llwag, De la Cruz, and Macapagal (1998) who explain how a child, from the

moment of conception, “elicits gender-related responses” in the mother. “For instance, it is believed that the girl-child’s gender is evident in the way her expectant mother looks pretty and not so heavy” (1998, p. 10). The male unborn child also possesses gendered features which manifest in the mother’s subjective experience, making her more hungry, more aggressive, and heavier (*ibid*).

For Tagalog speakers, the batch of ‘symptoms’ associated with that which we can call ‘morning sickness’ and the bodily changes that come with early pregnancy are colloquially referred to as *‘lihi’* or *‘lihi-lihi’*, with some women referring to this period of time as their *‘lihi-lihi days’*. These are shortened versions of the terms “*naglilihi*” and “*paglilihi*” which can mean “craving something”, “the feeling of being pregnant”, and “conceiving”. When I learnt these words, some women were sure they were not interchangeable, that *naglilihi* means specifically ‘the feeling of pregnancy’ and *paglilihi* means ‘when you’re craving something’. Others assured me that they more or less mean the same thing. Additionally, not all women agreed that either terms meant ‘conceiving’, but a handful were adamant that this is exactly what the terms mean. Two of the eldest women I spent time with, both in their mid-late 60’s, said that *naglilihi* means you are conceiving. Lola Ba told me, “*naglilihi* means conceiving. The conceiving takes four to five months. Maybe for some women they don’t feel anything, their stomach just gets bigger and bigger.” I asked her why those things happen during your *naglilihi*. “Something is happening in the body”, she said. “It’s the child inside being made, something is inside...the baby is doing something, something is happening inside your body.” Ate Mary-Lyn explained *naglilihi* along similar lines. She was describing an illness she had a few years earlier, “I felt lazy, I did not want to do anything, I just wanted to lie down. It felt exactly like *naglilihi*. I didn’t want to work, I didn’t want to cook, or clean, or do anything. My husband even asked me, ‘Are you conceiving?’”. I had not been asking her about pregnancy but since she brought up the word *naglilihi*, I quickly interjected and asked about it and how long it usually lasts. She said, “*naglilihi* means you are conceiving, it usually takes three months.”

Anthropologists Michael Tan (2004) and F. Landa Jocano (1970) corroborate these descriptions and explanations. Tan uses the term *paglilihi*, rather than *naglilihi* for the early

pregnancy period, concluding that: “this whole phase...is referred to as *paglilihi*, a protracted period of conceiving.” Jocano’s description is lengthier (1970, p. 284-6). His field work is based among Tagalog speakers of Bay, Laguna, roughly 75 kilometres south of Manila City, and of these communities he says:

Conception is locally known as *lihi*. It begins at the time the woman’s menstruation stops and ends about two months later. The presence of the baby forming inside the womb is recognized by the people as having various effects on the physical condition of the mother. She suffers from nausea, dizziness, irritability, increase or decrease of appetite, general weakening of the body, desire to have more sleep or tendency to sleep less, and, above all, special cravings for certain foods.

Jocano (1969) also conducted fieldwork among farmers in a small barangay (barrio) located in the central region of Panay island in the Visayas. He tells us there conception is known as *panamken* which requires repeated coitus for a woman to conceive. One of Jocano’s Panay interlocutors states, “If it takes several weeks to complete a simple house, so, I imagine it would take several unions to form a human being” (Jocano, 1969, p. 21). Lola Ba and Ate Mary-lyn’s way of understanding conception as something that does not occur instantaneously but accumulates over a matter of months is clearly widespread in the Philippines.

This notion of a protracted conception requiring repeated intercourse is also illustrated by Battaglia (1990, p. 38) who explains the process by which her informants understand the fetus to form in her ethnography of Sarbal island in Papua New Guinea:

The skeleton is the first part to form, providing a frame or “support” (*labe*) for the red flesh and organs. Fat or “grease” is added last, some say by subsequent acts of intercourse, supplementing or “completing” (*gaba*) the fetal body. The grease additive, which thickens the watery, “fishlike” infant blood, strengthens the bones, and generates heat, is thus the first gift of nurture the child will receive: an intentional, unsolicited ‘pure gift’.

Among the women of Manila I interviewed, however, it must be reiterated that there was no general agreement on the usages of terms. This idea of *lihi* as a prolonged conception period was not shared with all my interlocutors, some had not even heard of the idea. Additionally,

there was little agreement on what causes the *specific* phenomena of *lihi*. However, there were general principles that were widely shared. I will here try to lay out these general principles by examining some specific causal relationships between *lihi* phenomena and fetal characteristics.

A common example I encountered was that if you are craving *buko* (coconut) then it is because your baby has a very large head. Similarly, if you eat too much coconut, your baby will grow a big head. In Ate Esther's case, her baby was a boy and the gendered characteristics of boys manifested in Ate Esther's behavioural orientation in the form of her being repelled by the idea of bathing, the explanation being that boys like being dirty and do not care for their hygiene. Jocano (1970, p. 285) also reports that one young housewife said that during her *lihi* she hated her husband, but only during the early period of her pregnancy. In particular, it was the smell of him that she found nauseating, "his body odour was strong and foul". Jocano was told that this is because her baby was a girl, "When the woman hates her husband during her *lihi* period, the baby will be a girl and will look like the mother" (*ibid*). These examples demonstrate the influence that the baby and its characteristics (both physical and temperamental) can have on the mother's bodily subjectivity, which can be considered a two-way flow. Just as the inherent characteristics of the baby can manifest through the mother's body (in her subjectivity, her bodily experience, her behaviour, and her physical appearance), so also the things that the mother ingests, consumes, has contact with, and even sees, can influence the physical developmental trajectory of the fetus. One woman told me, "I did not eat anything black during my *lihi*, I don't like to eat black foods or look at black things, because I don't like black and I don't want a black baby." Lola Ba told me:

When I was pregnant with MJ I craved *lechon kawali* (crispy-skin deep fried pork belly). Even though I had money, I didn't buy it, I just hung around the vendor and stole it when they weren't looking. When she was born she had a birthmark (*balat*) in between the top of her leg and hip on the right side. People said she was very lucky it didn't appear on her face.

The birthmark, she said, was the same shape and colour as a piece of *lechon kawali*. I asked her, “Is it true that if you look at black things or eat anything black when you’re pregnant that your baby will have a darker complexion?” She replied simply, “I don’t believe that.” However, Jocano (1969, p. 23) confirms that this explanation existed among his interlocutors:

Because of the close connection between a mother and her child during this stage of development, whatever the mother eats influences the child’s physical and emotional life. If the mother prefers coconut meat, the child will have a white complexion; if dark-coloured fruits - like *duhat* or *lumbuy* [black palm and blackberries respectively] - the child will also be dark skinned.

So when cravings surface, they may in some cases be because of the physical characteristics of the baby, but they also may themselves cause a physical change in the baby if satisfied. As in Lola Ba’s case, it wasn’t the birthmark that caused her to crave roast pig skin but the craving and *consumption* of roast pig skin which caused the birthmark. Jocano (1970, p. 285) lists some more examples of physical traits of children which are explained in relation to *lihi* cravings.

An albino boy who lived close to the house where I stayed was white “because the mother conceived him while yearning after a doll. That is why his skin and eyelashes are white.” A fat girl was “that way because her mother conceived her while wanting to eat squash”.

Sometimes though the causal direction is unclear. It can be ambiguous as to whether the characteristic triggered the craving or whether the satisfaction of the craving caused the characteristic. Some women did not see a difference, “My daughter has white skin just like the *macopa* (java apple) has white flesh.” I asked in response, “Did you crave the *macopa* because your daughter was fair skinned or is your daughter fair skinned because you ate the *macopa*?” My question was met with confusion and impatience, “That is not important”, I was told. In this instance it appears that the influence was non-directional but simultaneously occurring, that is, neither the desire to eat *macopa* nor the fair skin of the child pre-existed the other. It should also be highlighted that specific sets of symptom/causal explanation couplings may be

believed by some as legitimate and rejected by others as superstition. As well, those who disagree on one set may agree on others.

Even though there is inconsistency regarding specific causal explanations, there is a general consensus that the baby's characteristics can affect the mother's bodily subjectivity during pregnancy and vice versa, ie., the mother's consumption habits and activities, and even thoughts, can affect the development of the child. The general principle is that whatever symptoms manifest in the mother's experience, it is because the baby is actively doing something, or it is because the baby has certain personal, physical, and gendered characteristics which are manifesting in the mother's body. Ate Annalyn summed it up like this,

The old women say that *lihi* happens because it is your child that wants that food, or is doing that thing to you, or because the food or things you want are what your child looks like. But sometimes you can make your child look like the things you eat, or sometimes the things you look at.

All this said, when I would ask my interlocutors, 'can you please tell me about your *lihi*?', they would nod and tell me about things like nausea, vomiting, odd food aversions and cravings, paleness, dizziness, laziness, bizarre fluctuations in sense of smell i.e., hating smells one normally adores, adoring smells usually thought of as disgusting or undesirable. Ate Esther experienced all of the above during those first three months, as well as, apparently, not wanting to take a bath, which she named as part of her *lihi*. The fetus revealed itself as a boy in his mother's refusal to bathe.

Hart (1965, p. 37) explains in Caticugan, the Philippines, the term used for 'morning sickness' and abnormal food cravings is *pangala*. Here "cravings are regarded as desires created by the fetus". Obeyesekere (1985) tells us in Sinhala, Sri Lanka, these phenomena of early pregnancy are called '*dola-duka*'. Obeyesekere takes a psychoanalytic approach by offering the most common food cravings and identifying their symbolic origin. For example, speaking of the craving of sweets and cookies, which are typically childhood foods, he says, "the consumption of these heavily charged foods facilitates regression, in a culturally acceptable form, into something approaching the security of childhood" (1985, p. 648).

Another example is the craving of foods generally consumed by males and normally taboo to females. He attests that craving for these foods “must specifically be related to the problem of *male envy* in this village” (*ibid*).

Other non-anthropological studies of early pregnancy ‘symptoms’ take various approaches oriented by identifying cravings and nutritional needs (Landman and Hall, 1983; Al-kanhal and Bani, 1995; Olusanya and Folashade, 2009), evolved physiological strategies for coping with pregnancy (McKerracher, Collard, Henrich, 2016), and the relationship between environment and early pregnancy phenomena (Weigel, Caiza, Lascano, Barreno, and Mosquera, 2000). In this thesis, I depart to some extent by taking up the phenomena of early pregnancy in Manila as indicative of the developing relationship between mother-to-be and fetus, an interpretation that has remained unexplored or certainly, underdeveloped. I explore this relationship by employing the concepts of sympathetic magic and relational personhood posited by Frazer (1932) and Strathern (1988) respectively.

***Lihi* as Sympathetic Magic**

I here want to explore the principles found in *lihi* explanations of early pregnancy experience by reference to the anthropological concept of sympathetic magic. James George Frazer (1932) proposed that analysis of the principles of magic reveals two corresponding features or principles. The first is that of ‘imitative’ or what he also called ‘homoeopathic’ magic based on the ‘Law of Similarity’, and the second is ‘contagious’ magic, based on the ‘Law of Contact or Contagion’ (1932, p. 11). The former, imitative magic, is based on the idea that “like produces like, or than an effect resembles its cause”, while the second, contagious magic, reveals the idea that “things which have once been in contact with each other continue to act on each other at a distance after the physical contact has been severed” (*ibid*). Fraser illustrates these principles with a plethora of examples in order to argue that these principles of magic can be found all over the world and in numerous culturally-specific forms. Here I quote:

Perhaps the most familiar application of the principle that like produces like is the attempt which has been made by many peoples in many ages to injure or destroy an enemy by injuring or destroying an image of him, in the belief that, just as the image suffers, so does the man, and that when it perishes he must die (Fraser, 1932, p. 12 - 13)

Fraser also shows how people not only deploy imitative magic in order to harm other people, that is, to produce negative effects, but also to produce desired effects. He describes a Malay woman who takes some of her clothes off during rice pounding. “Being asked why she stripped the upper part of her body naked in reaping the rice, she explained that she did it to make the rice-husks thinner, as she was tired of pounding thick-husked rice. Clearly, she thought that the less clothing she wore the less husk there would be on the rice” (1932, p. 28).

In a development of Fraser’s descriptions of these principles, Michael Taussig (1993) takes a profound interest in the notion of like producing like, extending the principle to numerous forms of human learning, practice, and knowledge making under the term, ‘mimesis’ or the mimetic faculty. Taussig, acknowledging the problematic nature of Fraser’s account, yet giving credit where it is due, frames it thus: “I want to dwell on *this notion of the copy, in magical practice, affecting the original to such a degree that the representation shares in or acquires the properties of the represented* (1993, p. 48, original emphasis). Later he states that his interest lies with the pan-human notion of “the power of the copy to influence what it is a copy of” (1993, p. 250). The Malay woman who removes her clothing in order to reduce the amount of husk from the rice so to make her work easier, makes herself into a copy of the rice husk, and changes elements of herself in the hope of changing the original, the rice husk, along exactly the same lines as her own changes. In the example of creating an image of a person and then inflicting harm onto the image in the hope of inflicting that same harm onto the person themselves, the image is the copy, while the person is the copied. How can we apply this logic in understanding *lihi*?

Let us take the example of pregnant women who avoid desiring, looking at, or consuming dark-coloured foods and objects in case they bring about a dark complexion for the fetus. They worry that this change can occur through the consumption or visualisation of dark-coloured things. So what is the copy and what is the copied? I suggest that the thing

subject to change, the ‘original’, is the fetus, while the thing that is altered in order for that change to be effected, the copy, is the pregnant woman’s subjectivity shaped through her embodied practice.

Let us take another example. Hart (1965) describes how pregnant women in a Bisayan Filipino village often desire their children to be born with fair skin. In order to effect this change, a pregnant woman will seek out white Americans walking along the sidewalk. If she nudges the individual, her baby will be born with light skin (1965, p. 30). In this example, the desired change is light skin while the means of effecting the change is touching a person with light skin. The copy is the mother’s own skin, her sense of touch, her sensorial subjectivity, in seeing, approaching, and brushing the skin of another light-skinned individual. By bringing this element into her own subjective experience she alters the copied, that is, the fetus. Her own subjectivity becomes a representation of the fetus’s characteristics and by altering or bringing particular elements within the purview of her subjectivity, she hopes to change, incite, or avoid certain developments in the fetus.

For Manileñan women, the characteristics of the fetus have the ability to influence the mother’s subjectivity, characteristics, and behaviour. Take for instance the refusal to bathe evinced in Ate Esther’s experience. The thing subject to change here is her own behaviour and desires. The means by which the change occurs is the gender of the fetus. Here the fetus is seen as a representation or copy of the pregnant woman’s subjective experience, which is the thing to be altered or changed. This link between the mother-to-be and fetus suggests a fundamentally profound relational connection.

This is where we can also usefully turn to a Strathernian (1988) model of relational personhood. Central to her thesis is the idea that the Melanesian person is composed of social relationships — the body is a “*microcosm of relations*” (1988, p. 131). The body of the person “shows the imprint of past encounters”, and is not merely, as Morgan (1996) criticises, a blank slate onto which social meaning is ascribed. When a Manileñan child is born with cleft lip, the mother takes responsibility for it. She sees that it is because she stared too long at another individual with the condition. In Barangay Nuebe, I noticed that one of the young children playing around Ate Mary-lyn’s *sari-sari* had one eye pointing in a different direction to the

other. One of Mary-lyn's friends noticed my noticing. She said, "It's because his mother took drugs during her pregnancy, that's why he looks like a madman". This sentiment is not to be mistaken for a biomedical explanation. It is not that the mother's drug use caused a birth defect. It is that the symbolic logic of imitative magic is at play. The experience of drug taking altered the copy of the fetus, that is, the mother's subjectivity, thus altering the original, the fetus. We can see then how *lihi* constitutes a legitimate basis for the argument that fetal personhood in Manila is constituted processually — the characteristics of the fetus emerge over time — but also *relationally*, because it is only through the medium of the pregnant woman's body and subjectivity that the personhood of the fetus can be interpreted and known. It is also through their relationship that the personhood of the fetus is *made*, for certain events, relations, and encounters are evident in the resultant physical and material constitution of the fetal body.

Concluding Remarks

In concluding, I want to reflect on some of the differences between the *lihi* model of experiencing the presence of the fetus, compared with other means now available for establishing such presence. It presents a markedly different scenario compared with discovering the sex of the fetus via an ultrasound, for example. Whereas the ultrasound provides visual confirmation of the genitalia of the unborn, in Ate Esther's case the unborn exhibits his presence, gender, and a degree of agency by influencing his mother's preference of hygiene practices. In cases where the sex is revealed through an ultrasound, the mother and fetus can remain two distinct entities, and in the biomedical imagination, the only relation between them is one of dependence for nourishment and housing. In the case of Ate Esther, and what other women's descriptions of *lihi* demonstrates, is that the relation between mother-to-be and fetus is both mutual and far more profound. There is a deep, interdependent connection.

This is significant for two reasons. The first is that the early stage fetus is evidently already granted a measure of personhood, in that it is experienced as a social actor with the

capacity to affect the mother's subjectivity in the form of bodily changes. These are not arbitrary physiological occurrences, but evidence of the presence and projects of a person with attributes, personality traits, gender, etc, effecting those changes. We may now compare it with Catholic and pro-choice discourse in which the fetus is a person in its own right; an entity distinct from the mother. It is this which renders the fetus in need of legal and moral protection according to the Church. However, in these accounts of fetal personhood, the significance of the mother's role and subjective experience is ignored as irrelevant, limiting her freedom to make choices about her own body. By sharp contrast, the *lihi* model does grant personhood to the fetus, but only insofar as it is manifest and known through the mother's body, thus upholding the mother's subjective bodily experience as integral to understanding fetal personhood.

The second reason this is significant will become more apparent as the thesis proceeds. The profoundly relational connection between mother-to-be and fetus in the very early stages of pregnancy also establishes an avenue for the mother to negotiate with the fetus. I examine the implications of this avenue of communication in Chapter Three where I take up Sarah's story of being pregnant with Esther and Esther's story of being pregnant with her son.

Unlike the cravings of *lihi*, nausea and vomiting are not seen as following an imitative logic. Instead, they are seen as having their own specificity, that is, being caused by the activeness and motility of the fetus. The next chapter will turn to a specific discussion of nausea and vomiting to explore its capacity to develop further this account of the intercorporeal nature of the relationship between mother-to-be and unborn child.

CHAPTER TWO: Pregnancy Nausea and Intercorporeality

Nausea is understood by Manileñan women to be produced by the presence, growth, movement, and activity of the fetus. This chapter will develop the theme of the intercorporeality evinced in pregnancy by taking nausea to reveal another dimension of the relationship developing between mother-to-be and fetus during the early pregnancy stage. For this interpretation, the tools of phenomenology are required, and will be introduced here since they also play a particularly significant role in the theme of the final chapter, which tries to show how the intercorporeality of mother and fetus becomes part of the resources used in states of desperation by young, unmarried pregnant women. I begin by introducing phenomenology through Iris Marion Young (1990) and her influential account of ‘pregnant embodiment’.

A significant moment in the literature on pregnancy: Iris Marion Young’s essay on ‘Pregnant Embodiment’

Iris Marion Young’s “Pregnant Embodiment: Subjectivity and Alienation”, is one of the earliest sustained attempts to provide a description of the “specific experience of women” (1990, p. 160) that has largely been omitted from discursive renderings of pregnancy. She shows how in medico-scientific treatise, pregnancy is not something that belongs to the woman herself, but to the fetus. The “woman is a container”; pregnancy a condition under the jurisdiction of medicine, to be observed, scrutinised, and treated. In attempting to rectify this state of affairs, she develops an account of pregnancy considered from the viewpoint of the subject. Using diary and literary references, as well as phenomenological analysis, Young describes key characteristics of “bodily existence unique to pregnancy” (1990, p. 160). Simultaneously a remedy for the absence of subjectivity in the general discourse of pregnancy, as well as a gentle critique of dominant phenomenological accounts of bodily existence, Young makes the case that the pregnant subject is “decentered, split, or doubled”

(1990, p. 160 - 161). What does Young mean when she describes the bodily subjectivity of pregnancy as split? Her meanings are complex and manifold. First, in pregnancy, she says, the mother-to-be experiences her insides both “as the space of another” (1990, p. 163) as well as continuing to experience it as still her own body. She experiences herself in the style we commonly describe as ‘not quite being oneself’. Young’s description of the first sensations of fetal movement, or quickening, is illuminating:

Then I feel a little tickle, a little gurgle in my belly. It is my feeling, my insides, and it feels somewhat like a gas bubble, but it is not; it is different, in another place, belonging to another, another that is nevertheless my body (p. 162 - 163).

Second, and concomitantly, Young identifies pregnancy as a challenge to the integrity of bodily existence, a blurring of the boundary between “within, myself, and what is outside, separate” (1990, p. 163). Young (*ibid*) quotes feminist poet and essayist, Adrienne Rich (1977) who says that in pregnancy, “...women are powerfully and vulnerably attuned both to “inner” and “outer” because for us the two are continuous, not polar”.

Further, pregnancy can entail a disruption of the body’s habitual modes of attending to the world. The pre-pregnant body remains as the subject’s sense of her body image — for that is an enduring sense built up over a long period of time — and yet her bodily boundaries have been extended, thus breaking “the continuity between [her] customary body” or the body of habit (Merleau-Ponty, 1962, p. 164 - 167) and “[her] body at this moment” (Young, 1990, p. 163). Young elaborates:

As I lean over in my chair to tie my shoe, I am surprised by the graze of this hard belly on my thigh. I do not anticipate my body touching itself, for my habits retain the old sense of my boundaries. In the ambiguity of bodily touch, I feel myself being touched and touching simultaneously, both on my knee and my belly. The belly is other, since I did not expect it there, but since I feel the touch upon it, it is me (1990, p. 164).

Finally, Young argues that “pregnant existence” is constituted by a peculiar temporality in which the mother-to-be inhabits a split between past and future. Pregnancy is something that is simultaneously *happening to* her and something that she is *doing*. She is both “source and

participant in a creative process”, caught, so to speak, in a ‘dialectic’ of waiting, doing nothing, and a process of growth and change. The mother-to-be does not plan and actively orchestrate the pregnancy, but nor does it “merely wash over her; rather, she *is* this process, this change” (1990, p. 167) .

There are clearly many dimensions to the meanings that Young gives to the notion of split subjectivity in pregnancy. One of the key dimensions embedded in her account is a corrective to the way in which phenomenology itself drew on a strict distinction between immanence and transcendence. Immanence in phenomenology refers to the capacity we all possess of experiencing our bodies as objects like any others in the world — this would occur, as Sartre would have it, particularly when we are caught in the critical gaze of others. Elaborating on Sartrean conceptions of Self/Other relations via the gaze, Gallagher shows how the presence of the Other provokes certain “essential modifications” to appear in the very being of the subject, an experience of immanence. She outlines Sartre’s description of ‘the Look’, a depiction of someone peeping through a keyhole, spying, when suddenly the person being spied upon becomes aware of the person spying and looks back through the keyhole themselves:

At the keyhole, I am conscious (in fact, self-conscious), but I do not have explicit awareness of myself as a voyeur; I am completely one with my actions...It is not until I am observed that shame instantly washes over me, and I confront my self in the act, and my being-a-peeper is fixed by the other...I become set in stone, thing-like; I coincide exactly with what the other sees (Gallagher, 2012, p. 45).

More directly relevant here is the account of immanence that Young takes from Simone de Beauvoir, who uses the term to characterise the way in which women are enclosed in immanence, shut up in their flesh (de Beauvoir, 1997, p. 608 - 609). de Beauvoir does not see this condition as some kind of eternal feminine essence or bio-neurological disposition, but very much a consequence of their relation to men in the patriarchal hierarchy. ‘The Second Sex’ (1997), probes the various ways that womens’ situation in patriarchal society confines them to their bodies, particularly so in pregnancy, as the mother-to-be is bound to her body, blocking the way between her and her projects in the world (1997, p. 97, p. 609).

Young argues that it is unnecessary to choose in such a strict manner between these two modes of existence: “They assume that insofar as I adopt an active relation to the world, I am not aware of my body for its own sake. In the successful enactment of my aims and projects, my body is a transparent medium” (1990, p. 164). Young makes the case for an alternate formulation whereby the pregnant subject’s awareness may be oriented toward her body, but she is not necessarily trapped by it. Pregnancy itself, she argues, dissolves the boundary between these two conditions, so that they coexist simultaneously. She may experience her body as immanent, but in an “aesthetic mode” (*ibid*). She can appreciate the sensations of her body from a position of curiosity and interest, living the limitations “as a fullness rather than a lack”. She describes:

This belly touching my knee, this extra part of me that gives me a joyful surprise when I move through a tight place, calls me back to the matter of my body even as I move about accomplishing my aims. Pregnant consciousness is animated by a double intentionality: my subjectivity splits between awareness of myself as body and awareness of my aims and projects (1990, p. 164)

This split between transcendence and immanence and the dissipation of their rigid distinction in pregnancy is but one aspect of Young’s split subjectivity. The key aspect of split subjectivity I will take up as more relevant to pregnancy nausea, is the dimension outlined earlier — the experience of the pregnant subject as split between self and not-self. First, however, I will briefly outline Manileñan women’s experience of pregnancy nausea which is understood, not as produced by the biology of hormonal oscillations, but as the result of fetal development, movement, and activity.

***‘Likot’*: Nausea and Motility**

One day I was talking with Ate Esther and Sarah about what causes *lihi*. Specifically, I wanted to know why women feel nauseous during pregnancy, and want to throw up. They talked back and forth for a few seconds and agreed that it is because of the baby; “It is moving around and taking the energy of the mother,” Sarah said. She told me it is because of their movement, like

when you have an upset tummy and everything feels like it is moving around and wants to come out, that's the same as the baby when you are pregnant and feel sick. This idea was echoed during my interview with Henriette, a librarian and mother of two. She said the nausea started around the fifth week of her first pregnancy and that she had nausea and vomiting almost every day up to the fourth month, mostly in the afternoons. When I asked why she said, "He was a very active (*likot*) baby, from almost the beginning he was very active, and it made me sick almost everyday." The word *likot* that she used is literally translatable to motile, but is intended to mean restless, or fidgety, and has connotations of mischievousness. She continued, "I was told if I talk to my baby I can become very close to him, and that maybe that will calm him down. So I am always singing and talking to him, ' *mahal kita anak*' (I love you my baby), 'your mommy and daddy love you very much'." At this point we may recall Lola Ba's response when I asked her why the woman experiences changes in her body during *lihi*. She said it was because the baby was growing, and that the baby was '*doing something*.' Along similar lines, Jocano reports that in Laguna, the *hilot* (local midwife) will tie a long piece of cloth called *bigkis* around the waist of the pregnant woman to restrict the movement of the baby so it does not affect her breathing and reduces her nausea and dizziness (1970, p. 288).

In a phenomenological sense, there is a reasoning here that is entirely understandable, even logical, given the discursive elements feeding into women's experiences. As discussed in Chapter One, the *lihi* model attributes a kind of agency to the fetus, made evident through the mother's body and the specific content of pregnancy symptoms. Following from this, it is not a stretch of the imagination to envision the movement of the developing fetus inside oneself as the cause behind one's nausea. But it is not merely the local cultural model that posits such connections. I turn at this point to showing the close overlap between *lihi* framings of pregnancy nausea and the recent phenomenological literature on pregnancy which specifically develops the theme of pregnancy as a relationship with 'the Other'.

The 'Otherness' of Pregnancy

Naka characterises reproduction as “a relation to the Other” since it “consists in giving birth to another being” (2016, p. 120). Invoking Levinas, she says it is “the occurrence of that which is beyond us, beyond our comprehension or control” (*ibid*). Along with Young, she too asserts this “duality” (2016, p. 124) of pregnancy, arguing that the woman “literally feels divided in relation to the Other”, as her body is simultaneously her, hers, not her, and not hers. Naka argues that the sudden intrusion of the Other in pregnancy overturns the woman’s former way of being (*ibid*).

This idea of the developing life-form as an Other is also posited by de Beauvoir. She declares that it is not the mother who makes the baby, rather “it makes itself within her, her flesh engenders flesh only” (1997, p. 513). de Beauvoir’s is a somewhat radical position. She refers to the developing lifeform as a “parasite that feeds”, leeching and possessing the maternal body, a “gratuitous cellular growth”, while the mother-to-be is subjected to “mysterious laws” and “strange outer forces” and is the “site of an alien teleology” (1997, p. 512 - 515; see also Lundquist, 2008, p. 143). I do not seek to criticise or even argue against de Beauvoir’s language, for her position can be understood in the time, place, and context in which she was writing and Zerilli (1992) has defended de Beauvoir’s strategic use of graphic language along these lines. I do however want to develop an alternate lens through which to view this relationship in pregnancy. The baby is not, in *lihi* framings, an alien growth possessing the mother’s body, but a being with whom the mother is engaged in a relationship with, another being who initially emerges as ‘the Other’, without any necessary level of choice, but who nevertheless comes to be known as a person through the forms of relational exchange previously outlined.

If we turn back now to Sartre’s account of the voyeur turning into a shamed object when looked back at, we can examine the woman’s experience of pregnancy in similar terms. This is certainly what Gallagher (2012) suggests. According to Gallagher, Sartre sees the instant we are turned into an object with their look as the extent to which we can experience the subjectivity of another being. In pregnancy however, as *lihi* framings of the fetus attests, its subjectivity is not experienced in terms of seeing and being seen, but of *feeling* and *being felt*. As shown in Chapter One, for pregnant women in Manila the bodily changes of the *lihi*

period are not merely physiological symptoms but are due to the movements, growth, characteristics, and personality of the fetus.

Here then is a degree of overlap between *lihi* beliefs and de Beauvoir's conception of the foetus as a tenant who "battens upon her substance" (de Beauvoir, 1997, p. 54) and Sartre's notion of the modifying capacities of the Other toward the self. I want to argue for a difference though. In Sartre's formulation of Self/Other relations, and in de Beauvoir's, as it specifically pertains to mother and foetal relations, any mode of attending to the Other that grants them the status of a subject, that is, establishes what Sartre calls a "We-subject", remains at the level of a "psychological, subjective event in a single consciousness" (Sartre, 1957, p. 425). It fails to meet the criteria for a legitimate foundation for an "ontological relation with others" (*ibid*). De Beauvoir's criticism of such modes of relation between mother and foetus is levelled along similar lines. She asserts that at the beginning of the process, "the baby is not present; it has as yet only an imaginary existence...she experiences concretely no more than the disturbing organic phenomena taking place within her" (de Beauvoir, 1997, p. 515). In other words, both de Beauvoir and Sartre deem any experience of the Other as a subject to be illusory, at best no more than perhaps a psychological projection, de Beauvoir perhaps with more justification since she is rebelling against the coupling of maternity and the eternal feminine as the natural state of womanhood. But these assumptions are overly individualistic limitations, unnecessarily limiting, and out of keeping with the model of intercorporeality (Merleau-Ponty 1962, 1973) that we can find in pregnancy nausea, and to which we now turn, using the work of feminist phenomenologists writing well after Young.

Intercorporeality

Following Young's precedence, Flakne aims to redress traditional phenomenological approaches, by bringing pregnancy into the analytical picture with a focus on nausea. She identifies those major existential-phenomenologists writing on nausea, such as Levinas and Sartre, who saw in the experience of nausea our "enmeshment in and sheer exposure to being by way of our bodies" (2016, p. 104). In this view, nausea is seen as an experience of

immanence. Both Sartre and Levinas write of nausea as an exposure to oneself, blurring the subject and object distinction, and at the same time producing an impotence from which the subject cannot escape (2016, p. 104). Flakne argues pregnancy nausea is altogether different, and here I quote in full.

Pregnancy nausea is indicative not of stasis, indetermination, and immanence, but of a transformation occasioned by the direct impingement of an Other upon us. In pregnancy nausea, the Other announces itself to us through interoceptive sensations that destabilize old bodily habits, directing us toward new ones. Instead of nausea leading to a smothering collapse of the self into self or into immanence, nausea may instead indicate an intrusion of the Other into the intimate space of our bodies (2016, p. 104).

By interoceptive awareness, Flakne means the perception or awareness of the internal state of the body. In the early stages of pregnancy, the mother-to-be experiences the “incipient body” (2016, p. 114) of another being beginning to form within her. Nausea is then one of the first announcements of its coming. In this way then, the pregnant body is not a substance being leached upon, as in de Beauvoir’s articulation, instead it is a “meeting place” (2016, p. 105). In this sense the Other is not indifferent or unknowable as in Sartrean self/Other relations.

Here Merleau-Ponty offers an alternative phenomenological tradition which requires a little laying out to see how we can apply it to our context. For Merleau-Ponty the body is both the vehicle for being in the world and the general medium for having a world. So then, the corollary follows that “the body of the other person” too is a “vehicle of a form of behaviour” (Merleau-Ponty, 1962, p. 406). Exploring self and other relations, Merleau-Ponty is questioning how it is possible to know that the other person exists. He probes the paradox of the existence of other first person perspectives on the world:

How can the word ‘I’ be put into the plural, how can a general idea of the I be formed, how can I speak of an *I* other than my own, how can I know that there are other *I*’s, how can consciousness which, by its nature, and as self-knowledge, is in the mode of the *I*, be grasped in the mode of Thou, and through this, in the world of the ‘One?’” (1962, p. 406).

His solution is so to push inter-sociality back to the foundation of our very sense of self, but here he also offers anthropology a resolute incorporation of the body into this social inter-relationality. In perceiving others via our sensory functions, as they appear in our “visual, auditory and tactile field” (p. 411), we are already in communication with others. As soon as another living body has entered our perceptual field (not just visual, but tactile too), the objects around us “take on a fresh layer of significance: they are no longer simply what I myself could make of them, they are what this other pattern of behaviour is about to make of them” (1962, p. 412). In this regard, the other is not merely a “fragment of the world”, but a “certain ‘view’ of the world” in its own right (*ibid*). As well, as much as this other vehicle of behaviour which I perceive is an ‘object’, I too become an object for them, among the objects of the world that we share. But is this not a contradiction? Merleau-Ponty asks “How could there be an outside view upon this totality which I am? From where could it be had?” (1973, p. 134). And yet he moves on with the tension unresolved, “To the infinity that was me something else still adds itself; a sprout shoots forth, I grow; I give birth, this other is made from my flesh and blood and yet is no longer me” (*ibid*). It is not simply that the language here is pertinent — in fact one can argue that pregnancy and birth are precisely the prototype that Merleau-Ponty is drawing on. His phrasing is not merely germane to relationality in pregnancy but is actually derived from the experience of birth and pregnancy. Yet it remains implicit, and the female nature of intersubjectivity goes unacknowledged. Nonetheless, this forms the basis of his model of intersubjectivity, one predicated on intercorporeality.

It is precisely my body which perceives the body of another, and discovers in that other body a miraculous prolongation of my own intentions, a familiar way of dealing with the world. Henceforth, as the parts of my body together comprise a system, so my body and the other’s are one whole, two sides of one and the same phenomenon, and the anonymous existence of which my body is the ever-renewed trace henceforth inhabits both bodies simultaneously. All of which makes another living being (1962, p. 412).

And so it is that pregnancy nausea can be regarded as a legitimate intercorporeal relation with the being that is developing inside the pregnant mother-to-be. She experiences the subjectivity

of the developing life-form as it takes on and instigates its projects, using her body as an object of its world, producing in her subjectivity all the phenomena described under *lihi*. Phenomenologically then, one can find in the logic of *lihi* an entirely meaningful basis for experiencing early pregnancy as the coming into being of a person, a person endowed with a degree of agency, intentionality, and the capacity for relationality.

Conclusion

I do not extend this argument to all women who undergo pregnancy — it is not necessary to claim that all women experience nausea as this same phenomenon, as the intentions and motility of a being to be spoken with and understood. And yet the tools of this philosophical tradition allow us to understand Manileñan women's experience of fetal personhood, even in nausea, as something that has broader significance than just a local cultural model. In pregnancy nausea, there is overlap between Flakne's phenomenological account and Manileñas' experiences framed by *lihi*. This is because both draw on a notion of intercorporeality as present from the very beginning of life for the fetus and pregnancy for the mother. Nausea in the *lihi lihi days* is understood by Manileñas as the presence and movement of the fetus, and by Flakne as 'interoceptive annunciation'. This annunciation is a bodily one — the pregnant woman *feels* the presence of the unborn life through her nausea as a sensation of her body. In the next chapter I want to finally argue that because this intercorporeal relationship is developed throughout the early pregnancy period it forms the background to later phases of pregnant experience for Manileñan women. But it has a particular potential salience for women who first became pregnant as teenagers or in their youth, while still unmarried women. It is a specific yet common experience in Manila. It is to them that we now turn.

CHAPTER THREE: Pregnancy As Boundary Situation

Sarah's Story in Context

When Sarah was nineteen she was in a relationship with her present husband, Leo. She described him as being of high prestige in the barangay, very popular with many girls, charming, and employed. She said she knew that he was involved with any number of other girls at the time, which for her did not seem to be a cause for concern. After being together for a few months, he came to learn that it would be difficult for him to conceive a child. He vowed that whichever woman was able to bear his children, despite his fertility problems, he would marry them. Soon after Sarah learned this, she discovered she was pregnant.

Sarah told me about a memory of hers as a young girl, roughly ten or eleven, watching television with her mother. On screen was a program about teenage girls becoming pregnant outside of marriage. Her mother turned to her and said, "If you ever do that, I will kill you." When she became pregnant with Leo's child she was simultaneously elated and terrified. What could she do? Hide it? Run away? Somehow find someone to terminate the pregnancy? She decided to keep it a secret from her mother. This became tremendously difficult once her body started to change.

Sarah told me that almost every time her mother cooked it made her dreadfully sick. Her mother noticed this and interrogated her, "Every time I cook, you run out of the house", Sarah said, quoting her mother. She explained to me:

It was because I don't want to smell the garlic, and the onion, because the smell is not good for me, its a strong smell. I feel like, not feeling well if I smell that. And then you know *misua*? It's like a noodle soup. That is my favourite, with meatballs. That is my favourite. When my mum cooks that it is my favourite, always, but when she cooks that for me when I was pregnant, the smell is too strong, I can't eat it. I run out of the house to *suka* (vomit). My mother confronted me, 'Every time I cook, you run out of the house! What is going on? Tell me!' I tell her, 'Nothing ma, I'm just not feeling well, nothing is wrong'.

One day, around the time Sarah was eight weeks pregnant, she was feeling unbearably nauseous and so she hid herself in the bathroom. Right before she was about to be sick she noticed that someone was listening outside the door — it was her mother. Knowing that her mother had been growing more and more suspicious of her changing and strange behaviour, she had to somehow suppress the urge to empty her stomach.

So she spoke to her unborn child.

“I spoke to her in my mind, not with my lips”, Sarah said. She pleaded with her baby, ‘please don’t move, you’ll make me feel sick. You need to keep still so I don’t throw up.’ This wasn’t just a casual pleading. As Sarah was explaining this to me, she mimed looking down at her stomach, speaking to it, desperately asking, ‘please be still, if I throw up now, we will be caught’. The baby did as it was asked, as Sarah’s nausea subsided. Sarah didn’t throw up, but her mother was not deceived. She recalled her mother’s words.

“Sarah, come out of there now.”

She opened the door and stepped out.

“I’m going to ask you a question, and if you lie to me, bad things will happen.”

“Ok mama.”

“Are you pregnant?”

“Yes mama.”

Sarah acted out her mother’s rage. It was implied from her performance that the reprimand was physical and coupled with a brutal tirade.

Sarah's mother arranged for a *hilot* to terminate the pregnancy. She pleaded with her mother, explaining that she was to have Leo's child so this meant they could get married. After a few weeks, her parents agreed that the two could be wed. Once the wedding was over, Sarah began to show outward signs of pregnancy, namely, the protrusion of her belly. She told me quite succinctly, "Esther knew that everything was ok now, so she showed herself."

I returned to Manila in January of 2018. Esther told me about her own experience of becoming pregnant, which occurred some eighteen years after the events detailed in Sarah's story.

I sat down on the couch next to Ate Esther as she turned off the television. "So we can talk properly", she said. We were facing one another, our shoulders turned inward across the couch. Sarah sat behind her daughter, listening closely over her shoulder. I began by telling Ate Esther that during my last visit to Manila, Sarah had shared with me her story of becoming pregnant with her first child, and that the story stayed with me and that's why I was back, to learn more about the experiences of other women. She nodded in understanding and began.

"When I was in college, my father was working away from the home as a seaman but was supporting my studies. I went through a 'lazy time' and left college. When I came back I met Alex and we became girlfriend and boyfriend. We did the bad thing that boyfriends and girlfriends do." Here she awkwardly brought the tips of her fingers together, and said, "You know...made contact". I could not help but find her description funny. I nodded as we laughed.

"I became pregnant and I kept it a secret from my mother and father, and Alex, for three months". I looked at Sarah, her eyes fixed on the back of her daughter's head. Her eyes met mine and she smiled. I noted the parallel between their two stories, both becoming pregnant at a relatively young age, both being unmarried, both fearing the reactions of their parents, both feeling trapped, scared, alone.

"How did you know you were pregnant?" I asked.

"My monthly period was delayed two months. Which really scared me. So a week later I decided to take a pregnancy test and it was positive. At that time I asked my mother a

hypothetical question, ‘Mama, if I got pregnant, what would you do?’” She imitated her mother, “‘I will kill you!’” she said, contorting her face into a comically hyperbolic expression of anger. Sarah and I again exchanged a glance and laughed at the repetition of history.

Esther said that she thought about getting an abortion but knew that it was forbidden from God, that it was a grave sin. She recalled thinking, “Oh my God, I have a baby now, I have to protect it!” Ate Esther was stuck. Stuck between knowing that keeping the baby would mean facing harsh difficulty in light of her parent’s attitude (and that of her community’s) and her own moral sensibility (as well as the legal barrier) preventing her from terminating the pregnancy, also shared with her parents and community. Like a lot of women that I spoke with who became pregnant as unmarried teenagers, she kept her pregnancy a secret until it became almost impossible to keep it secret any longer.

I asked whether or not Sarah suspected that Ate Esther was pregnant during her *lihi* period. She shook her head, “No, I did not have any clue”. Just then, Ate Esther’s youngest, the four-year-old Nazarene and her six-year-old Paulo came into the room from outside, making lots of noise and climbing over the couch and on their mother and grandmother. She continued with the story.

“When I was three months pregnant, I knew that I had to tell my mother. I had been scared and nervous the whole time, and now I was very scared. I said to my mother, ‘Ma, let’s take a stroll on the bay walk’. She acted like she was very confused. ‘What? Why? Why do you want to take a walk?’ I didn’t want to tell her in the house so we went out along the bay, and I brought my friends with me”. “For support?”, I asked. “Yes, for a shield!” she replied. Everyone laughed as she brought her forearms together to hide her upper body and face.

“But I couldn’t tell her then. We came back to the house and I closed all the doors and all the windows. Mama said, ‘Why are you closing all the windows, its very hot in here!’” Ate Esther said she ignored her mother’s questions, who was apparently still oblivious to the news that was coming.

Esther recalled her own words, “‘Mama. I am very sorry, please forgive me. I am pregnant. Mama asked me, she was calm, ‘how long have you been pregnant?’ ‘Three months

Mama.' 'Ok. What is done is done. I forgive you'". I asked Sarah if she was angry. "No I was not angry".

It was then they talked about the option of abortion. "I did not sleep that night", Sarah told me. "I kept thinking, two times, ten times, a thousand times". She counted on her fingers, "One, maybe she will die, because abortion is unsafe. Two, she will do it again, and again, and again, and will not learn. Three, it is a very bad sin. In the morning we talked again. 'You will talk to the boyfriend, the father of your baby, you have to talk about it,'" she told her daughter. "They talked and decided to keep the baby. The parents of the father agreed but on the condition that they have a small, simple wedding".

The next hurdle was telling her father. "I was most scared to tell my father," Ate Esther said. Sarah and Ate Esther decided together to wait until Esther's birthday to call him and tell him what was happening. Ate Esther called his office and the call was transferred to Leo's desk. "How is my daughter?" he asked.

"Father, I have something to tell you." She repeated the same words she said to her mother. "I am very sorry Father, please forgive me. I am pregnant."

"It is ok my daughter. As a gift, I forgive you. What is done is done." The exchange instantly struck me as redolent of a confessional between sinner and priest.

The story continued, "Elijah started to show himself on my wedding. I had to wear, you know, the corset, which was very tight on my belly. I asked him, 'Can you please move a bit so that I can wear my dress?' He moved in to make it more comfortable to put on my dress, and I wore the dress the whole day with no problem. Then when I took off my wedding dress my belly just came out, much bigger than before, it was like a balloon". She gestured a forceful expansion with her hands around her belly.

In these two stories, we see how becoming pregnant is something both women feel is crucial to keep secret. For both of them, telling their family is scary and daunting. The prospect of being found out provokes a crisis of sorts — what existentialist philosopher Karl Jaspers would call a boundary situation.

Boundary Situations

For Jaspers, ‘boundary situations’ denote “extreme situations which mark the limits of one’s empirical existence with an uncertain future and which shake one’s sense of security, i.e. circumstances one cannot master” (Peach, 2008, p. x). A person may feel there is no way at all of overcoming such situations and be consequently thrown into a state of crisis that they try in vain to escape. The term boundary therefore does not function in this context as a kind of barrier to individual achievement but instead it is intended as a metaphor “which signifies a ‘critical threshold’” for the person involved (Peach, 2008, p. 58). We can say then that boundary situations ‘bring to light’ the limits of our capacity to function with any ease. These become apparent during crises in human existence. On entering situations beyond our ability to control, comprehend, or act within, we experience immense dissatisfaction and profound dread and anxiety. As Jaspers phrases it, “In every boundary situation, I have the ground pulled out from under my feet” (1969, p. 218).

The notion of boundary situations has been used by anthropologists working with existential and phenomenological approaches. Jackson (2009, p. 236) uses the term ‘limit situations’, for those moments “when little in one’s experience can be grasped or explained by reference to what is already known and named, or what can be thought and spoken.” Ram (2015, p. 35) explains limit situations as the severe disruption of ordinary experience which provokes “our anxious mode” (2015, p. 42). In such states of anxiety, our taken-for-granted involvement in situations and the world “is in a state of collapse” (*ibid*).

For some young women in Manila, pregnancy itself becomes a boundary situation in which familiarity with the world vanishes and a state of crisis is established. Below I explore the various social dynamics of the Manileñan lifeworld for young, unmarried women, in conjunction with pregnant bodily change, which coalesce to transform pregnancy into a boundary situation.

Shame, Fear, and Bodily Change

I will begin by addressing the disruption of regular bodily temporality, the delay of menstrual periodic flow, usually the earliest indication of pregnancy. A salient feature of many women's stories, as in Ate Esther's consisted of the "not knowing," the worrying, the waiting. The concerning *lack* that indicates that something has changed.

Buckley and Gottlieb's (1988) volume entitled "Blood Magic: The Anthropology of Menstruation" was a landmark work in redressing the fact that the ethnographic study of menstruation had "tended toward redundancy" (Buckley and Gottlieb, 1988, p. 4). They sought to diversify and problematise the anthropological understandings in the 1980s, concerning cross-cultural menstrual taboos, pollution, blood symbolism, and "the interface between biological and cultural systems in the making of human society" (Buckley and Gottlieb, 1988, p. 4). However, only a few authors in this volume feature in their analyses and discussion the cessation, absence and delay of menstruation, the presumably universal and often earliest sign of pregnancy. For example, in Delaney's chapter on menstruation in a Turkish village, she acknowledges the villagers' recognition of the relationship between first menarche and ability to become pregnant and that "cessation of menses is generally taken as a sign of pregnancy" (Delaney, 1988, p. 87).

McKechnie (2000), working with women in East London around meaning and menstrual losses, describes womens' reliance on their menstruation and changes in cyclicity as a means of deciphering pregnancy status (McKechnie, 2000, p. 56 - 57).

Working among the Wik Monkan Tribe of Archer River in Far North Queensland, Australia, Thomson (1936, p. 377), points out his interlocutors' recognition of the cessation of the menses as an early indication of pregnancy. According to an informant, "when the woman becomes aware of the cessation of the menses she talks only to her husband and to her mother."

In rural North India, Jeffery and Jeffery explain that the 'diagnosis' of pregnancy is dependent on the observations of other women in the young woman's husband's village. His mother or the wife of his brother may notice her displaying more 'shame' than usual, "in the way she dresses and moves" (1996, p. 21). According to Jeffery and Jeffery (*ibid*):

The young married woman herself...is unlikely to make an explicit statement that she believes she is pregnant...Her mother-in-law may guess that she is pregnant only by noticing when she last had the purifying bath signifying the end of menstruation, though some women regularly interrogate their daughters-in-law to check if they are menstruating normally.

For a young, unmarried girl in Manila who is sexually active, either without understanding that pregnancy could occur, ignoring it, not expecting it, but usually not *wanting* it, the cessation of menstruation, the *lack*, is a frightening occurrence. A few days late can be normal but the more time passes with menstruation not returning, the more real the pregnancy becomes. It is during this period, a period of heightened drama, of turmoil, of uncertainty and obscured and ambiguous potential, that her perception can start to become inwardly attuned.

Brave (nineteen years old and a neighbour of the Bautista's and member of the Reyes family) was fifteen years old when she became sexually active with her high school boyfriend. Just after she turned sixteen her menstruation was delayed for two months. She told me:

I read in a magazine that it's ok, two months is the most menstruation can be delayed without being pregnant, I just had to wait for it to come back. But then three months came and one day I thought, 'why is there something bothering me in my tummy?' I was stuck between 'am I pregnant or am I just delayed?'

She took a test and confirmed she was pregnant but for three months she was drawn in two directions, stuck in an ambiguous state.

Ate Esther too described how worried she was when she noticed her monthly period was delayed during her early college days. "At first I was scared, I didn't know what to do when I found out I am delayed, I just freaked out."

Flakne examines why at a fundamental level, this delay is so concerning. She describes the delay as "the *lack* of menstrual flow, the disruption of the *period*, of *periodicity*, the punctuation that marks the "normal" often predictable cyclicity of a woman's reproductive rhythms" (2016, p. 105).

And so, leaving aside the possibly unwelcome and certainly disruptive meaning and significance of this cessation of periods, namely, pregnancy, even just the disruption of regularity, of normalcy, of the expected functions of the body is an unsettling source of distress. To add to the anxiety then, this lack is most often just the beginning of a succession of new, perhaps unfamiliar, and disorienting bodily, affective, and sensorial perceptions, starting with delayed menstruation, through to all the features of one's *lihi-lihi*, particularly nausea and vomiting, and the expansion of the belly. These constitute the physical, bodily changes that occur more or less sequentially as the pregnancy progresses. For young, unmarried women who are keeping their pregnancy a secret, these changes are accompanied by fear, guilt, and shame. Most women I spoke with who became pregnant as unmarried teenagers told me that they were terribly afraid of telling their fathers. Additionally, there is the fear of social judgment, and the shame of failing to uphold the virtue of virginity prior to marriage. In her work on the 'reproductive dilemmas' Filipinos face in Metro Manila, anthropologist Christianne F. Collantes (2017) comments on the particular expectations of women and their sexual behaviour in the Catholic Philippines. She explains that the idealised woman is closely linked to the Virgin Mary, and so any sexual activity that women engage in which does not occur within the bounds of marriage is morally sanctioned and judged (Collantes, 2017, p. 13 - 14).

Collantes' notion of the 'reproductive dilemma' is particularly pertinent to this discussion. Collantes advocates for the term 'dilemma' as a way of encapsulating the scope of affective emotion and internal wrestling that occurs on an individual level when people are faced with difficult reproductive decisions. I quote her in full here as the language she uses is potent in illuminating the crisis of boundary situations.

In speaking to my interlocutors, what became evident were how *affective* such personal decisions and politics on reproduction are in actuality. In several cases, individuals articulated their own struggles with making reproductive choices, which sometimes resulted in long-lasting feelings of regret, shame, guilt and frustration. While the terms *choice* or *decision* can oftentimes indicate clear resolves to reproductive action, *dilemma* better captures the *back and forth*, the *what ifs*, the *hesitancies*, ambiguities, and the *changeableness* of views... (Collantes, 2017, p. 19)

Captured in this notion of ‘reproductive dilemma’, we can also speak of the overwhelming realisation of parental responsibility at a young age and the daunting notion and financial difficulty of raising a child in a working class context. Keeping pregnancy a secret is not just a logical consequence of the fear and shame that accompanies young pregnancy, but a way of delaying having to face the reality of the situation.

It would be wrong to think of some of the bodily changes accompanying *lihi* as separate to the social factors which throw up this existential crisis. In writing out this section on fear and shame, I reflected on an experience I had in my early teens. I had done something which to me at the time seemed absolutely unforgivable. I could not talk about it and thought I had to take it to my grave. Keeping this secret from my family and friends, living this lie, brought me intolerable suffering. The isolation and alienation from those around me, avoiding certain topics of conversation, avoiding eye contact, not replying to text messages or answering phone calls, all created what felt like a sustained, festering ball in my solar plexus which made me physically ill. For brief moments, I could temporarily forget my circumstances; then in an instant something would remind me of my situation and this ball would rapidly expand, like a small implosion in my stomach, filling me with nauseous dread and sending my pulse into a throbbing frenzy in my neck. It was exhausting. I did not want to leave the house, my bedroom was the only place away from everyone. Sleep could take me away and provided an escape from my body and emotions which had become a kind of prison.

I thought about how it must feel to be keeping a pregnancy secret from your parents and the moral gravity tied to unplanned youth pregnancy. This is coupled with the sheer fact of pregnancy itself as the development of a new human being, the shift in bodily regularity, the burden and joy and confusion and ambiguity of bringing forth life must be fundamentally overwhelming. It is shot through with the guilt in believing that what you had done was wrong, the fear and shame of knowing that your outward public appearance would soon embody your sinful act. What kind of nausea is it when ‘morning sickness’, that is, normal or expected physiological nausea that accompanies pregnancy in the first trimester, co-exists with this ‘fear nausea’, this sick with dread feeling that comes with anxiety, fear, alienation

and inability to act? Both Sarah and Ate Esther described hiding their gaze from their mother's eyes', avoiding verbal and physical contact as much as possible, having palpitations during their early pregnancy, feeling this morning sickness, and calling it *lihi* but knowing full well they were keeping a toxic secret that was festering away inside them. In Chapter Two I discussed the ways that *lihi* beliefs position pregnancy nausea not as a hormonal or physiological response to pregnancy, but as the result of the activity of the fetus. But what is nausea as it relates to pregnancy as a boundary situation?

Nauseous Anxiety and the Body of Habit

The term 'morning sickness' is a misnomer as it can occur throughout the day, not just in the morning as the term suggests. Approximately 50% of women experience nausea and vomiting in the first trimester and around 75% experience nausea alone (Gadsby, Barnie-Adshead, Jagger, 1993; Lacroix, Eason, Melzack, 2000). Although the exact causes of first-trimester pregnancy nausea are not completely understood in the biomedical literature, it is generally attributed to hormonal change (Mori et al., 1988; Niebyl, 2010) while some research suggests a correlation between pregnancy nausea and changes in standing body postural sway brought on by "weight gain, change in the location of the center of gravity, increased joint laxity, and changes in skeletal alignment" (Yu et al., 2013, p. 103).

It is not my intention to suggest that the cause does not have biological underpinnings. Instead, I draw attention to the fact that this nausea is lived, is given and creates meanings, and can in some cases be a concoction of both physiology and this existential nausea, as well as be taken as produced by the movement and activity of the fetus.

"If I eat any kind of dish, I throw up all my food, even through the whole pregnancy. I had to go to hospital because I couldn't keep any food inside my body." That's what Ate Donnie told me about being pregnant with her third child. "He was my secret baby, I didn't tell anyone for a long time that I was pregnant." Ate Donnie grew up with Ate Esther, their houses are quite literally a stone's throw from each other. Ate Donnie had her first two children at sixteen and eighteen years old while she was living with her parents. Both were

fathered by her husband at the time who then left her after only a few years. She described these first two pregnancies as welcome, “When I don’t have my period, I know for myself [that I am pregnant], that’s a blessing.” When Ate Donnie was twenty-five years old she became pregnant again to another man who was not her husband. Still living with her family she told her mother and sister of her pregnancy at four months.

I was so scared, my father would be so mad because the man who is the father is not my husband. Everyone in whole barangay knew except my father. He doesn’t leave the house much or talk to other people but everyone else knew. Here the walls have ears, people whisper about everyone’s pregnancies.

Why were you scared to tell him?

He is the father. He is the rule. He is the law. It’s like that even for ancient ones. He’s always the scariest one to tell. Once he asked, ‘Are you pregnant?’ ‘No father, I’m not,’ I said. He couldn’t tell because I am chubby anyway. Keeping it a secret was very hard. It was my worst pregnancy, the others were easy. This one I kept throwing up, and feeling dizzy, almost the entire pregnancy.

Lola Ba, who grew up in the nearby city of Pasay, has a similar story of distress.

I had no supervision, my mother was dead and my father was a drinker, that’s why I got pregnant at fourteen. The father of my first child was twenty-four. We were boyfriend and girlfriend. We had sex one time then I got pregnant. I didn’t know that could happen. I fainted at school one day and they took me to a clinic to confirm. They took a urine sample and told me. But I noticed that going to school every day my skirt was getting tighter and tighter, I was always feeling dizzy. Why am I dizzy? Why do I want to vomit? I didn’t know that having sex made you pregnant. At the clinic they asked me if I had my period. I told them it was delayed for two months. So they put a stethoscope on my belly but they didn’t hear a heartbeat. I went to the clinic on my own. I didn’t want to tell my father because I was scared, scared he would beat me, that he would force me to have an abortion. But I didn’t want that, this was my child. But I realised that my father and my sister [younger, twelve-years-old] were the only ones who could help me. I told my father first. I told him, ‘you know I had a boyfriend

and you separated us but I have to tell you, I am pregnant to him'. He wasn't angry with me. He accepted it. He didn't make me have an abortion.

Did you ever consider having an abortion before you told your father?

I never considered it. It's a sin. That child is a gift from God - it's a sin to kill innocent life and also because some women cannot have a baby, even if they want to. That's an innocent fetus, it's alive. It's not right to abort, it's another sin if you kill the innocent. It is also a sin that I go with the father [have sexual intercourse with him] but I did not know that would happen [become pregnant].

For women in Manila who are young, unmarried, dependent, and financially insecure, the event of pregnancy is evidently overwhelming and existentially fraught — they describe feeling trapped, afraid and alone, unsure of who to trust, scared of being harmed and scared of being judged. Pregnancy nausea and keeping pregnancy a secret are fundamentally irreconcilable. A boundary or limit situation such as this is fundamentally linked to anxiety. Ram (2015, p. 42) elucidates:

In anxiety, writes Heidegger, neither the world of entities nor being-with-others is able to provide what Merleau-Ponty describes as a “homeland for our thoughts.” Instead, in our anxious mode, all is rendered *unheimlich*, not only uncanny, but literally, not-being-at home.

In this anxious mode of ‘not-being-at-home’, the nausea, fear, secrecy, and unprecedented change of these young women’s early pregnancies threaten to sever their ties to a world which once was their ‘home’.

In both Sarah and Ate Esther’s stories, it was at this point they resolved to talk to their unborn babies for comfort, for support, and for respite. Sarah verbally asked her baby to stop moving so she would not throw up and risk being found out by her mother who was listening outside the door. Esther verbally asked her son to move and not show himself so she could fit

into her wedding corset, an occasion which would provide her pregnant belly with moral legitimacy. In both stories, the babies ‘revealed themselves’ *after* the marriage ceremony, because they knew it was safe to be seen. Tan also describes Filipino women engaging with the fetus through talk. He describes how women will often actually talk to their unborn child as they face the dilemma of deciding whether or not to have an abortion. Sometimes they have to explain why it is necessary for them to have an abortion as they seek forgiveness from their unborn child. One woman describes apologising to the unborn: “I’m sorry, but I have to do this so your brothers and sisters can live” (2004, p. 163).

When pregnancy has become a boundary situation, what does this kind of speech achieve? To answer this question, we must examine the phenomenological description of the ‘habitual body’. Havi Carel’s (2008) writing on the body in illness is apposite here, although I do not intend to describe pregnancy as an illness. Her aim is to show the way that when we are healthy and our body is functioning as it ‘ought to’, we move through the world with ease, our projects and aims are carried out in a relatively seamless integration between our bodies and the world. When illness befalls us however, the body becomes an object of conscious attention, something is *wrong*, and it can become a barrier, *a boundary or limit*, to what we can normally do, or want to achieve. Carel’s own experience was of an active outdoor life. When her illness struck, her ability to do these things was drastically reduced and she felt *betrayed* by her body. In this state, she realised the taken-for-granted background to her active existence had been her healthy body. As she says, “we do not stop to consider any of its functions and processes because as long as everything is going smoothly, these are part of the bodily background that enable more interesting things to take place” (2008, p. 26). This bodily background is then thrown into stark relief during illness. But this bodily background does not simply consist of the biological body as an inert, organic system just going about its processes beneath our conscious attention. As Carel demonstrates, building her case on Merleau-Ponty’s (1962) description of the body, the bodily background of everyday life is also *habitual*. Throughout our lives, our bodies become adjusted to carrying out given tasks with a certain degree of speed and efficiency. “Think of the way you do something that you do routinely: shave, play tennis, chop vegetables, sew, play the piano. These actions can be performed

expertly, efficiently, smoothly, because they have become habit” (2008, p. 27). Through repetitive and routine action, certain tasks and modes of doing and being become part of our taken-for-granted bodily background, what Merleau-Ponty calls our ‘customary body’ or ‘body of habit’. In boundary situations, in situations where we are unable to fulfill or maintain our habitual bodily orientations, this habitual bodily background is then thrown up in our conscious attention and we become aware of the taken-for-granted aspects of our existence. In anthropology, this very mechanism can be employed as a methodological tool. As Ram phrases it, “Limit situations are used to make the taken-for-granted background of everyday life “show up,” to become visible as foreground” (2015, p. 35). I have characterised early pregnant experience for young, pregnant, unmarried Manileñan women as a boundary situation, due to the overwhelming anxiety of keeping a secret from a perceived hostile community, a secret that is slowly being revealed in a betrayal by one’s very own body. In that case, what taken-for-granted habitual bodily background is revealed in Sarah and Esther’s stories? The speech and pleading with the unborn as a means of comfort and coping is only possible if a certain level of inter-corporeal relationship with the unborn is already in place, proving elements of a habitual taken-for-granted level of facility. This background of intercorporeality must be in place for speech and pleading, or for seeking forgiveness, as in Tan’s example, to be able to unfold. Without the inter-bodily exchanges between mother-to-be and fetus that come to form a habitual relationship, verbal pleading with the fetus cannot be employed as a strategy in crisis situations.

Sarah stressed how close she felt to her baby, to Esther, after the confrontation with her mother. Evidently, for Sarah her unborn baby was a person who she could speak to and depend upon. While Sarah was pregnant, Esther had her own intentions and her own awareness of the broader social community. It was Esther who decided not to show herself until Sarah’s marriage to Leo was complete, because she then deemed it safe, for both of them, for her presence to be known.

Esther’s personhood was not predicated on her having reached a certain stage of development. It was in relationship with Sarah that her personhood was determined, known, and made. This latter aspect is crucial — it was Sarah who in a sense *made* Esther through

their intercorporeal communication. Without acknowledging Sarah's contribution to the status of Esther's personhood, we cannot understand how personhood is formed, constructed, or made meaningful.

CONCLUSION: Further Research, Missing Links, and Summary

I want to now acknowledge a few elements in this thesis that could have been expanded on, afforded more attention, or that were otherwise not addressed and yet bear significance on the discussions within. The first is that the focus here has been on pregnancy experiences where the pregnancy was carried to term. Of course, this is not always the case, and indeed Lola Ba disclosed that she had suffered two miscarriages in the period between giving birth to her third child and fourth child. Central to Bulloch's (2016) article on fetal personhood is the way that beliefs around fetal personhood can in part be discerned by examining the kinds of mortuary rites practiced in the event of miscarriage and infant death. As she argues for a 'processual' personhood among her interlocutors on Siquijor, "rituals and procedures for miscarried and stillborn fetuses reflect the views of fetal personhood" she describes (2016, p. 209). The prescribed ritual procedure in the event of miscarriage varies in complexity depending upon the developmental stage of the fetus, despite the presence of a soul throughout the entire pregnancy. Lola Ba's story attests to a similar formulation. She describes her first miscarriage as occurring early on in the pregnancy. "The first was when I was around one and a half months pregnant. I fell, like I slipped, and slid across the floor in the house. The next day the blood came out of me, and then a big ball of blood," she told me. Lola Ba clenched her hand in a fist to show me how the ball looked. I asked her what she did with the blood. "I just threw it away with the rags. I thought, 'It's *dugo lang* (only blood, or just blood), it's not yet a baby'". Her second miscarriage was dramatically different. At five months of pregnancy Lola Ba had a visual encounter with an *aswang* (malignant spirit entity or creature). Three days later she miscarried the fetus into a bucket in the house and saw the *anak gumagalaw* (the baby is moving). She put the fetal remains in a jar of alcohol, named him *Niño*, had the remains blessed by a priest, and buried the jar in the ground near where other family members had been laid. This was the only story of miscarriage I had been offered. Lola Ba's testimony does suggest a similar pattern to that espoused by Bulloch's. However, with more time in the field and after spending more time with community members, the question of fetal personhood in Manila could be better addressed by exploring mortuary rituals around

miscarriage and stillbirth. As it stands, my ethnographic material is insufficient to speak confidently to these aspects of Bulloch's work.

In any case, a complete phenomenology of pregnancy must address the scenarios of unwanted pregnancy and miscarriage, as Lundquist (2008) and Scuro (2017) assert respectively. Both authors argue against the dominant narrative that pregnancy is always something that women positively respond to *naturally*, and that there must be something missing from or wrong with women who do not. In Lundquist's case, she discusses the experiences of rejected pregnancies and denied pregnancies, which she argues are separate phenomenon. The first is when the pregnant woman experiences "the enduring perception of the unwanted fetus as a hostile being, or invasive growth (2008, p. 143). Denied pregnancy on the other hand refers to those experiences where women lack any "subjective awareness of a pregnancy until the end of the gestational period" (2008, p. 146). I did not encounter any such experiences during my fieldwork, and all women's stories, save for the examples given by Lola Ba, featured pregnancies that were known, accepted, and eventually welcomed, as well as carried to term.

Scuro's (2017) book is entitled 'The Pregnancy Does Not Equal Childbearing Project: A Phenomenology of Miscarriage'. It is a philosophical hypothesis which seeks to disentangle the conceptualisations of the phenomenon of pregnancy from the phenomenon of childbearing. Scuro critiques this entanglement as a master narrative which gives women desiring to become pregnant a false hope, as well as a sense of failure, in the event of miscarriage. Her argument is that pregnancy should not be thought of as always resulting in the creation of a child. She presents a phenomenology of miscarriage, based on her own experience, and explores the feelings of loss, grief, anger, and sense of failure, that comes with the erroneous belief that pregnancy will always lead to the birth of a child.

With an eye to address such an argument with regard to fetal personhood in Manila, speaking with women who have had miscarriages or abortions may lead to alternate conceptions of personhood, or may bring to light different meanings around pregnancy in the event of various forms of pregnancy loss. Alas, insufficient time in the field and lack of such testimonies has prevented me from addressing such questions in this thesis. As such, I do not

purport to have put forward a complete phenomenology of pregnancy, only a phenomenology of early pregnancy, among those women who come to accept and bring their pregnancies to term.

In conclusion, this thesis has demonstrated two key elements of early pregnant experience in Manila. The first is that the bodily, sensorial, and affective changes associated with early pregnancy, such as nausea and vomiting, cravings and aversions, and mood fluctuations, are experienced and interpreted by Manileñan women as the presence, activity, and characteristics of the fetus. The second is that these explanations are indicative of the existence of a deep relational connection between the pregnant woman and unborn whereby the mother's actions, desires, consumption habits, and thoughts are instrumental in the development of the very materiality of the fetus. Likewise, the fetus's existing personal attributes and gendered characteristics are manifested in the mother's subjective experience, behaviour, and physical body. As these exchanges and developments occur as the earliest indicators of pregnancy, a relationship with the unborn is cultivated almost from the very beginning. This intercorporeal mode of relation then takes up residence as a habitual, taken-for-granted background to pregnant experience. In the experience of young, unmarried women, whose pregnancies often reach a point of crisis as they wrestle with moral, social, and bodily limitations, this relationship is a recourse to resolution of tension, ambiguity, and extremity.

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